Productivity Commission Submission

We, the Maternal and Child Health (MCH) Nurses based at Wyndham City Council in Victoria, are extremely concerned about the Draft recommendations 12.2 and 12.3 in the Early Childhood Development Workforce Study, which states that MCH Nurses should not require midwifery qualifications in addition to their qualifications in general nursing and in child and family health. We also believe that scholarships have been an effective method in assisting nurses to gain their MCH qualifications.

The 35 MCH nurses based at Wyndham City Council all hold qualifications in general nursing, midwifery and MCH. The three qualifications held by the MCH Nurses give them the knowledge and skills to provide a high quality service to the clients and their families. The extensive qualifications are necessary to meet the increasing complexity of the families we see which include Culturally and Linguistically Diverse (CALD) families, humanitarian refugees, vulnerable families, teenage parents, blended families, clients with substance abuse and mental health issues amongst others.

Wyndham City is large and diverse, based in the western suburbs of Melbourne. It is the fastest growing municipality in Australia and had 3,059 births in the last financial year, a 6% increase on the previous year with this trend likely to continue. Many of the families are lacking in support networks as their extended families and friends live in other parts of Melbourne, interstate or overseas. The MCH service is a valuable resource for them. In Wyndham City customer satisfaction is high with respondents giving a service rating of 99 %. (MCH Customer Satisfaction Survey 2010)

The Victorian MCH Nurses fulfil a public health role by providing a universal service which promotes the health and development of children 0-5years. “The service provides a comprehensive and focused approach for the promotion, prevention and early detection of the physical, emotional or social factors affecting young children and their families, and intervention where appropriate.” (Maternal and Child Health Service Guidelines, 2011)

A core component of the MCH service is the health and wellbeing of the mother, as the mother-child dyad is a major influence affecting the health, wellbeing, development and safety of the child. The MCH service also supports the role of the father in the health and development of the child. Families are being seen by MCH Nurses at a vulnerable time in their lives and the MCH Nurses are able to identify issues, provide anticipatory guidance, counsel and refer as appropriate.

Re: Draft recommendation 12.3

We would like to address the importance of the MCH nurse holding the midwifery qualification as well as general nursing and MCH qualifications (recommendation 12.3).

“Pregnancy, birth and the early years of mothering are significant life events. During the child rearing years women are at risk of experiencing physiological and psychological health disruptions and may require additional support. The maternal and child health nurse works with women and provides support and advocacy for them when necessary.” (Standards of Professional Practice for Maternal & Child Health Nurses 1999).

The midwifery component of the MCH qualifications is particularly important as it provides the MCH Nurse with the knowledge and skills to care for the mother antenatally and postnatally in the

community setting. The MCH Nurse understands the mother's pregnancy and birth experience allowing her to provide holistic care and to recognise complications in the postnatal period. In view of the increasingly early discharge from hospital the midwifery component of MCH Nurse's qualifications is becoming more essential in order to provide high quality care to both the mother and child. A number of hospitals in the Wyndham City Council catchment area are unable to provide Domiciliary Midwifery services to follow up after hospital care.

The midwifery experience enables the MCH Nurse to provide information and advice in the postnatal period as well as in the long-term on issues such as family planning, dealing with a subsequent pregnancy and ongoing breastfeeding issues. There are also times when the MCH Nurse provides follow up support after stillbirth, neonatal death and miscarriage.

In Victoria, 99.8% of all families receive a home visit from the MCH Nurse within a week of discharge from hospital and within four weeks of birth 98% of all families have engaged with the MCH Nurse at least once. (MCH Service Annual Report 2009/10) These rates of service engagement are enviable amongst community health services around the world.

Only minimal paediatric education is provided in general nursing courses, for example at La Trobe University there is only 35hours of paediatric tuition in the undergraduate nursing course. The majority of MCH Nurse's paediatric knowledge is received during their midwifery and MCH courses.

General nursing education provides the MCH Nurse with the knowledge needed to comprehend the numerous medical conditions families present with, for example, arthritis, diabetes, epilepsy, multiple sclerosis and thyroid dysfunction. We have an understanding of many medical conditions and are able to provide holistic care with an awareness of the impact the conditions may have for the parents health and on their parenting role.

The MCH Nursing course builds upon the general nursing and midwifery qualifications by adding detailed knowledge of child development, family dynamics, paediatric conditions such as Developmental Dysplasia of the Hip (DDH), parenting issues, situations that impair family function such as domestic violence and mental health. MCH Nurses provide First Time Parents Groups which build social networks and enhance communities.

The following examples provided by the Wyndham City Council Nurses will outline the use of the nurse's knowledge and skills as a general nurse, midwife and MCH Nurse to provide optimal physical and psychological care for the mother, child and family.

1. I saw a new mother in the MCH clinic with a four week old baby. She complained of a painful, lumpy left breast. On examination the right lower quadrant of the left breast was inflamed, hard and tender to touch. As a midwife and MCH Nurse I discussed treatment of blocked ducts to prevent mastitis. I recommended the following plan to the mother:
    - ensure loose fitting or no bra;
    - relax when feeding and rest between feeds;
    - change feeding positions;
    - gently massage the breast;
    - apply warmth and cold over the affected area
    - watch for signs of developing mastitis.

In implementing this plan she was able to avoid the common complication of mastitis thus avoiding a General Practitioner (GP) visit, antibiotics and preventing premature weaning.

2. During a home visit to see a new mother and her 7 day old son, I read the hospital discharge summary which outlined the details of the labour, birth and post-natal care. The mother had a prolonged labour, requiring a high forceps birth, an episiotomy and manual removal of the placenta. The parents had recently moved to Victoria leaving their families interstate and they had few friends in the area. The father had taken paternity leave for 2 weeks. The mother was feeling exhausted, had a tender perineum and she was constipated. As the mother had a normal pregnancy she expressed anger and disappointment at the prolonged labour, inadequate pain relief and complications.
   Using my knowledge as a midwife, I was able to inspect her perineum ensuring adequate healing with no infection and recommended salt baths to assist the healing. I advised a high fibre diet, adequate fluid intake and a laxative to treat the constipation. As a midwife I understood the traumatic nature of the labour and birth and the effects this could have on her emotional health, I was alert to the risk factors for postnatal depression especially given her social isolation.
   Using skills gained as a nurse and midwife I was able to counsel the mother who wished to debrief about her labour and birth experience. The mother expressed that she was glad somebody had finally listened and heard her story.
   I continued to monitor her moods and observed for signs and symptoms of depression by revisiting her birth experience. At the 4 week visit I used the Edinburgh Postnatal Depression Screen tool on which she scored 12 indicating mild depression. We discussed referral and treatment options and she chose counselling by a psychologist. I wrote a referral, documented a plan of care and gave her contact details for Post and Antenatal Depression Association and Beyond Blue. She attended the MCH First Time Parents Group and established a network of friends in the local area building her support network. She slowly recovered and is now able to enjoy her mothering role. My midwifery qualifications were vital to the appropriate care and timely intervention for this family.

3. I saw a baby who was brought into the MCH centre at 2 weeks old by the mother and grandmother who stated he was snoring, breathing loudly and breastfeeding poorly. On examination I noted that the baby had severe rib retraction and dyspnoea, I immediately arranged for the baby to go to the Royal Children's Hospital where he was admitted and diagnosed with partially blocked nasal septum. The family had noted the rib retraction but did not realise it was not normal and was life threatening.

4. I saw a young mother at the 4 week visit where I observed that the baby had a clicky hip and referred him to the GP. The GP checked the hip and referred the baby for ultrasound which diagnosed DDH and treatment was initiated. I was confident in my examination skills because of my MCH training which enabled DDH to be diagnosed and treated appropriately. Timely intervention minimised long-term complications for this child.

5. I visited a mother at home with a 10 day old baby. On reading the discharge notes I noted that she had a postpartum haemorrhage of 1,000mls. The antenatal history indicated she had been anaemic and took iron supplements throughout the pregnancy. The mother was pale, tired and weepy. She was discharged by Day 3 and did not have a blood test after the birth although she could recall test result of 7 antenatally. Due to my midwifery experience I realised the significance of the postpartum haemorrhage on her health and her ability to care for her baby. I suggested prompt consultation with her GP for review of her physical health, the GP diagnosed severe anaemia and appropriate treatment was implemented. With treatment, her health improved and she was able to care adequately for her family.

Re: Draft Recommendation 12.2

We strongly support the ongoing provision of DEECD and local government scholarships for MCH postgraduate programs of study.

At Wyndham City Council scholarships have been a very successful recruitment tool to attract potential MCH Nurses to work in the socioeconomically disadvantaged Western suburbs.

Over the last 6 years there have been 19 scholarships provided with a 97% retention rate. 58% of the current Wyndham City Council MCH Nurse workforce are recipients of a scholarship which is a glowing endorsement of the program. These MCH Nurses generally are at a stage in their lives when they have dependant children and financial needs so the scholarship has been an incentive to encourage them to study to improve their qualifications. Without the scholarship money many would have been unable to afford the time from work to enable them to attend lectures and clinical placements.

Re: Practice nurses

Whilst we value the role that Practice Nurses play in the general practice setting, we are concerned at the suggestion that "the substantial number of child health nurses working in general practice could therefore be thought of as a reserve pool of child health nurses, who may return to child health over time…."(page 225)

There are important differences between the education and scope of practice of Practice Nurses versus that of MCH Nurses. The education of Practice Nurses is not standardised or accredited. They are registered or enrolled nurses and there is no requirement that they have any qualification in MCH.

We do not believe Practice Nurses are a suitable substitute for the MCH workforce and believe the suggestion to the contrary significantly underestimates the complexity, depth and breadth of the MCH nursing role. Practice Nurses are not required to have Family and Child Health qualifications and we do not believe that the most vulnerable members of society should be having health checks by people with inadequate qualifications.

Re: Consultation

We are concerned at the limited consultation undertaken by the Productivity Commission with Victorian nurses. Our service is widely considered the best in Australia and has many strengths. We are surprised that the Commission has not held any public sittings with Victorian MCH nurses. To help the Commission understand the many strengths of the Victorian MCH Framework we would be grateful if the Commission would meet with us and other MCH Nursing colleagues.

We thank the Commission for considering our comments.

We hope that the far reaching strengths of the Victorian MCH Nursing service can be adopted by other states and that recommendations are not imposed that reduce and diminish the quality of the Victorian MCH Nursing service.

Prepared by Patricia Glynn, Carol McIntyre, Andrea McMahon and Sue Newman on behalf of the Wyndham City Council Maternal and Child Health Nurses:

Pauline Petschel, Sue Christo, Viv Thomas, Vania Silva, Robyn O'Dea, Karen Bell, Jo ErHardt, Dominique Molloy, Kaye Pilmore, Nerida Russell, Amanda Campbell, Wendy Avery, Libby Singleton, Lyn Sayers, Leanne Unsworth, Meagan Rufus, Karen Bennett, Gwen Stevens, Fiona Hunter, Chris Hore, Jenny Jaap, Diane Sheahan, Carole Assouad, Chris Dent, Lois Taylor, Rosalie Burns, Robyn Fearon, Kerry Wilkins, Jennifer Taylor, Jeanne Harrison.

REFERENCES

Maternal and Child Health Services Guidelines 2011. MCH, Office for Children and Portfolio Coordination, Department of Education and Early Childhood Development, February 2011, Melbourne.

MCH Service Annual Report 2009-2010. Statewide Report, Department of Education and Early Childhood Development, Sept 2010.
http://www.eduweb.vic.gov.au/edulibrary/public/earlychildhood/mch/report10annual.pdf

Standards of Professional Practice for Maternal & Child Health Nurses 1999. MCH Nurses Special Interest Group, ANF Vic Branch, 1999, Allegro Graphics.

MCH Customer Satisfaction Survey 2010 Wyndham City Council, April 2010.