Draft Recommendation 12.3

In order to reduce unnecessary obstacles to attracting new child health nurses, state and territory governments should not require child health nurses to have qualifications in midwifery in addition to their qualification in nursing and in child health.

The base principle for this submission is that the early years are critical to the healthy development of a child. It is our view that any reduction in the qualification threshold for nurses in Victoria may go some way towards reducing barriers to entry to the profession but it would be at a great cost to the positive development of children and the welfare of families, particularly mothers. It also runs counter to the policy objectives of all tiers of government which are fully cognisant of the imperative for quality early childhood services. For these reasons we do not support recommendation 12.3.

The requirement to be a midwife is an essential qualification to inform everyday practice as an MCH nurse. Examples where this experience and knowledge supports the service occur every day. For example, a mother has a history of a difficult and traumatic birth and due to her immobility requires additional home visits to conduct the key age and stage consultations with her baby. Her physical recovery is monitored and she is supported to breastfeed in comfort. She receives reassurance that her discomfort will pass and the physical problems can be discussed with her obstetrician to ensure she receives the care she advises. This expert advice and support aids the road to physical recovery and progression to a positive experience with breastfeeding.

On many occasions the feeding and growth of small and compromised babies is discussed. For example, a doctor is contacted to discuss a baby with severe jaundice or little or no weight gain. The resulting plan is implemented and monitored by an MCH nurse with the experience and knowledge to consult medical help if it is required.

By accompanying many women through the state of pregnancy, labour, childbirth and the early postnatal period a midwife is better placed to understand a mother's emotions. Many women initially have breastfeeding difficulties and the accompanying mental stress and fatigue this places on the mother and family is an experience that is more easily understood by a nurse with the background of midwifery. Many women express surprise at the level of their anxieties and their ability to adapt to their new role. This is a time they require empathy, reassurance and practical advice which is possible for a MCH nurse with a midwifery background to provide. The result is a more positive mental health outlook for the mother which also impacts on the child's mental health.

It is also vital that MCH nurses are registered nurses. The knowledge of disease, illness and appropriate evidence based care is invaluable to inform everyday practice.

It is equally important that MCH nurses complete a post graduate MCH programme of study. The additional hours of study and preceptorship provide the necessary knowledge and understanding required to work in the primary health area providing holistic and client focused MCH nursing care. The changing dynamics in a family are everyday conversations that occur in MCH practice. The ability to explain transition to parenthood is a topic for the New Parent Groups and the advice about practical strategies to help e.g. father to bath baby and settle after feeds, enhance the relationships that both parents have with their baby.

The qualifications required for Maternal and Child Health Nursing ensure the service is a quality service providing a comprehensive and focused approach to managing the physical, emotional or social factors affecting families in contemporary communities and promoting healthy outcomes for children and their families.