

Response to Australian Government

Productivity Commission Draft Research Report

Early Childhood Development Workforce

June 2011

The Maribyrnong Maternal and Child Health nurses actively support the work of the Victorian Maternal and Child Health Service. The service places the child in the context of family, and has an emphasis on prevention, early detection, health promotion and intervention where necessary to enhance the optimal development of the child.

This is important work as it provides a non threatening systematic approach where families who are in need of further support can be assessed and supported with suitable intervention if needed; where social networks and community social capital can be developed and where parents can be informed about preventive health information such as immunisation services, early years support services.

The underlying concern of the draft of the Productivity Commission is the potential “dumbing down” of services provided to mothers and families with young children. The questioning of the need for a midwifery qualification in addition to a basic nursing undergraduate qualification is an example of this. While there has not been a need to question the need for medical students to gain experience in obstetrics as part of their general practice requirements why is it that this nursing profession composed mostly of women is having the need for qualifications questioned. The report does not call for the replacing of the extra midwifery qualification with another qualification such as psychiatric health nursing. It seems a minimal cost approach.

Herewith is the response of the Maribyrnong Maternal and Child Health nurses to the Draft Recommendations in Chapter 12 for your consideration.

To ensure the cost effectiveness of child health services and better inform consideration of future child health workforce needs, state and territory governments should seek to improve the evidence base for child health services, in particular to determine the optimal number and timing of child health checks.

In Victoria the local government is required to make contact with all mothers who have given birth and reside in the area. This does not happen in other States and Territories.

Subsequently a home visit is made by a Maternal and Child Health nurse with follow-up appointments for Key Ages and Stages visits. Currently there are 10 Key Ages and Stages Visits available to families in Victoria from birth to school age. Recent statistics show that 98% of Victorian families attend the service for these assessments. These statistics identified that for the 3 ½ to 4yrs child health check 63.1% of Victorian families attended the Maternal & Child Health Service, compared with 7% attended GP's. This demonstrates the confidence of Victorian families in the Maternal & Child Health Service.

Maribyrnong City Council, Maternal and Child Health nurses have at Key Ages and Stages (KAS) visits, identified conditions that have resulted in early intervention for the optimal health outcome for children and families. While there have been many outcomes from these visits, the following is an example from each KAS visit :-

- 1) At the Home Visit a child was recognised as having a severe degree of jaundice. The child was referred back to the hospital where the jaundice level was so high that immediate phototherapy was required. Had this remained undetected the child may have had brain damage.
- 2) At the 2wk KAS visit a Maternal and Child health Nurse identified weakness in the baby's right hand and right foot. The baby was referred to the paediatrician with possible diagnosis of cerebral palsy and is now under paediatric review and investigation.
- 3) At the 4wk KAS visit a Maternal and Child health nurse found a mother had an Edinburgh Postnatal Depression Scale score of 24. This mother was referred to her GP and subsequently was under the care of a psychiatrist for many months to treat her post natal depression.
- 4) At the 8wk KAS visit a baby was identified with positive Ortolani's sign, as in need of further assessment of her hips. Subsequently the baby was placed in splint for developmental dysplasia of her hips.
- 5) At the 4mth KAS visit a child was found to be not turning to sounds and was referred to audiology. Subsequently the child was found to have profound hearing loss and was fitted with hearing aids.
- 6) At the 8mth KAS visit a baby was found to have a squint which had not been obvious previously. The child was referred and subsequently found to have vision impairment which required treatment to correct the vision.
- 7) At the 12m KAS visit a child was reported to be not interacting with mother, and had no eye contact with mother or Maternal & Child Health Nurse. The child was referred to developmental paediatrician and subsequently diagnosed as autistic spectrum disorder.
- 8) At the 18mth KAS a child was weight bearing with extremely bow legs. The child was referred to the GP and subsequently diagnosed as having a severe form of rickets and is currently undergoing treatment.
- 9) At the 2yr KAS visit a child was found to be grossly overweight. The child was subsequently referred to dietician as her BMI was 21.
- 10) At the 3.5y KAS visit a child had a poor response to the Melbourne Initial Screening Test (vision test). Following referral to an optometrist the child was diagnosed as having Marfan's Syndrome.

Scholarships for postgraduate study in child health nursing may encourage a small number of additional nurses to obtain qualifications in child health or to practice in areas of high demand. The cost effectiveness of scholarships as a method of achieving this goal should be assessed by governments before any expansion of scholarship programs.

- 1) Scholarships enable those women with families to consider studying maternal and child health training (which can cost \$13,500 approx) as an option that will not compromise family income.
- 2) Scholarships are only one method to encourage the uptake maternal and child health nurse training.
- 3) In order evaluate cost effectiveness a group that has benefited from scholarships needs to be studied. Withdrawing funding will not provide sufficient numbers for this research to be undertaken.
- 4) Other methods that could be encouraged include reducing the overall cost of postgraduate study.

Case

Many current Maternal and Child Health nurses undertook training when it was provided cost free. This enabled hospital trained nurses to gain a broader understanding of the work in the community and appreciate the need to make evidence based decisions in the nursing management of the families in their care. The provision of cost free training for Maternal and Child health Nurses should be considered.

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.

Early discharge from Victorian public maternity hospitals usually within 24 to 48hrs post delivery followed by 1-2 home visits by hospital midwives ceasing usually by Day 5.

In Victorian Private maternity hospitals mother's & babies are discharged after 3-4 days and have no midwifery follow-up. This impacts on breastfeeding if problems arise. Maternal and Child Health nurses currently visit families from seven to ten days of age (earlier if necessary) providing comprehensive care and referral if needed for those mothers struggling with breastfeeding and post delivery complications.

Maternal and Child Health/midwifery qualified nurses usually home visit within a few days of a mother being discharged from the Midwifery service. At this time mothers/parents are often experiencing post partum difficulties, not necessarily requiring referral to specialist agencies.

If the nurse has the knowledge / skills of a Midwife and maternal and Child Health Nurse immediate and appropriate advice/support can be offered to the parents, eg. breast feeding postpartum delivery problems (episiotomy, lochia, LUSCS wound issues)

A Maternal and Child Health Nurse who has midwifery skills can advise on appropriate care and support, possibly not requiring referral to a specialist agency eg Lactation Consultant.

Midwifery skills should be vital for the care and support new parents require for their own and their infant's physical and emotional health, and well being, especially in remote areas of Victoria where specialist agencies are not always available.

Maternal and Child Health Nurse opinions:-

Nurse 1

I believe that the midwifery qualification is vital because we are then aware of what has "come before" our association with new mothers and their babies. We have knowledge of the post partum changes occurring in both the newly delivered woman and the neonate. We make decisions about the health and wellbeing of each of those individuals because we have the knowledge and expertise. We are aware of the emotional health of the women and the impact that pregnancy and birth has on the ability of women to parent and provide care for the baby and herself. Being a midwife means that we can still support the woman in the days after birth and be confident that we can identify health issues related to pregnancy and birth ie retained products, engorgement, infection, care of wounds eg C/S or episiotomy.

Nurse 2

Families are discharged from hospital using formula supplementation but at home have little idea how to prepare feeds and sterilise bottles. Breastfeeding support services assist with education for these families.

.....Midwifery knowledge is essential when Maternal and Child health Nurses and midwives are assessing mother's milk supply as there are endocrine implications that affect milk supply. These problems may include:- Retained placenta, Post Partum Haemorrhage, Gestational Diabetes, Pre-eclampsia, Depression, Polycystic ovary syndrome and Hypothyroidism.

Nurse 3

I would say the most obvious things I use my midwifery skills for are to debrief about the birthing process with women and being comfortable to discuss all things women's health related that I have a large understanding of

due to my mid practice. As a new grad I have found having mid has given me confidence in dealing with the young babies and thus leads to greater confidence in working with families with older children

Nurse 4

*Midwifery is the icing on the cake. For me at least. It gives us the skill and knowledge and insight, and confidence to keep the Holistic approach going, for the family.
The ante natal period and what happens to the mother and how it impacts on her mental and emotional health and well being after birth, impacts her family too.*

The knowledge attained in training with regards the physical health of the infant in the crucial few weeks after birth. It is not the reading up, it is the actual knowledge of recognising and identifying early warning signs, for mother and infant. Early Detection and PREVENTION

Nurse 5

I feel my midwifery training gave me skills which now alert me to subtle changes to what is going on for the baby as well as the mother eg sleepy baby = jaundice/anaesthetic or analgesic effect; foetal distress/ low apgars = developmental alerts....all of which are not covered in paediatric training and which impact on long term health and development.

DRAFT FINDING 12.1

While child health nurses are, on average, older than other nurses, this reflects their higher level of qualifications and experience and does not appear to be a cause for concern.

The concern is the attitude of not bothering to attract younger nurses. The younger nurses should be attracted to Maternal and Child Health nursing so the experienced nurses can mentor and transmit a knowledge base in Maternal and Child Health Nursing. Then evidence based practice can grow.

The successful management of the most vulnerable in our community is a task that involves addressing and solving many obstacles. In order to provide a family centred approach to the child in the family years of experience and training are required. Minimal tertiary qualifications are not going to provide this knowledge base and life skills to manage these families.

Case

Family presented to Maternal and Child Health nurse as a loving couple who would provide a secure environment for their child. The Maternal and Child Health nurse saw the family for the normal visits. Eventually the mother disclosed that her husband had episodes of violent episodes in that he would chase her around the back yard with a knife but later would be kind and loving and assure her he would not do this again. The nurse was able to remain objective and provide a plan for the mother to seek help.

DRAFT RECOMMENDATION 12.4

In areas where children are unlikely to have access to a child health nurse, other health professionals, such as remote area nurses and Aboriginal health workers, should receive training in child health.

Training for remote area nurses should include midwifery and child health training to provide a comprehensive service to families. Remote area families are entitled to expert opinion in the interactions with health professionals. It could be argued that it is more vital to remote families because the nurse may be the only health professional in the area. This could be provided by online learning which would improve quality of health service to families.