

To whom it may concern:

My name is Margaret van Langenberg and I am a Maternal and Child Health Nurse in Victoria.

I am writing to express my concern at the suggestion in Chapter 12 of the draft report, that there is no evidence to support that higher qualifications achieve better outcomes p.17).

I suggest that this is because research in this area has not been done. What are the markers for better health outcomes that were used? What types of health surveillance are performed by Maternal and Child health Nurse (MCHN) in each state? How are the roles different because of the different qualifications? Can a nurse who has had less training adequately screen for the variety of illnesses and disabilities that young children acquire?

I recently graduated as a MCHN in Victoria. I had to do a re-entry to Midwifery as it was some years since I had practiced as a midwife. I was able to do this by receiving a Commonwealth supported place. I then gained a scholarship through a council as well as a commonwealth supported place to do the post graduate qualification required to practice as a MCHN. I am 51 years old and was only able to do this study when my children were at an age that I was then free to do this. I was very glad to have the scholarship – this was a definite incentive and made study a possibility as well as being able to use HECS. Knowing that there would be a high possibility of gaining employment through the scholarship was also an incentive.

The fact that I am over 50 has not been a problem to study or my role or my ability. I believe having had the years of experience enhance my role and I am able to draw on the skills and knowledge I have gained over the years.

I believe that midwifery is essential to the role. The first four months after a primipera and her baby arrive home from hospital, is a time of enormous lifestyle changes and there is much evidence to show this. In Victoria, 5 of the 10 visits are organized during the first four months. The knowledge and experience of midwifery are invaluable and I am not sure I would have been able to advise clients appropriately if I had entered the role of MCHN without having done the refresher to midwifery plus the three years working as a midwife.

This has enabled me to understand the reactions a woman may have to a difficult or traumatic birth experience and how this may affect her attachment to her child. I have been able to help numerous women with breast feeding problems and see them go on to breast feed successfully.

In Victoria, MCHN also have a General Nurse qualification which is also necessary for depth of knowledge and skills. Since only recently commencing this role as a MCHN, I

have already seen the benefit and the skills gained from the focus on just the early childhood, rather than trying to cope with a broader range of skills day to day as a Practice Nurse does. I had had only limited experience with children prior to my role as an MCHN. In my short time as an MCHN, I have learnt a lot from being with children all day that it is now much easier to see variations from “normal” and to see what is appropriate within the normal range for each stage of development. I am by no means an expert, and would never claim to be. However, my point is that I believe it is wiser to have a specialty of nursing of Maternal and Child health than to make the role of the practice nurse even broader.