I wish to thank the Productivity Commission for this opportunity to comment on its draft report on the Early Childhood Development Workforce (June 2011). My submission is limited to Chapter 12 of the Early Childhood Development Draft Report relating to the "Child Health Workforce".

I have been practicing as a Maternal and Child health nurse for the last six years for a local government in metropolitan Melbourne. I completed my undergraduate Degree in nursing at La Trobe University. Then went on to study a Degree in Midwifery in London, England and achieved a First Class Honours. I consolidated this education and worked as a midwife for seven years. I returned home to Australia and with the assistance of a scholarship from Bayside City Council I completed my Master's Degree in Maternal and Child Health Nursing.

After reading the Productivity Commission's Draft Report I am very concerned that the contribution of the Victorian Maternal Child Health (MCH) Service to early childhood development has not been fully understood or recognised. Consequently, if the commission's draft report is accepted it will dramatically undermine the service I and fellow MCH Nurse's currently provide to our communities. Therefore, I am writing to explain some of the strengths of our Victorian service. Additionally I would be grateful if the Commission would find the time to meet with me and my other maternal and Child Health colleagues if any points need further clarification.

It is concerning that the draft report is considering removing scholarships as stated in recommendation 12.2. Personally I would not have applied for Post Graduate studies if I had not been successful in securing a scholarship. It was hard enough studying for the year without pay let alone having to also find the money to pay for the course. Additionally I personally know six other Midwives who have been attracted to this field due to the assistance of the scholarship. Based on this experience, I believe that scholarships and incentives should be offered to attract new Maternal and Child health Nurses with both undergraduate nursing and postgraduate midwifery into the areas that are finding it difficult to fill positions.

I believe it is wrong to reduce the qualifications expected by a position just because the post cannot be filled and this is essentially what draft recommendation 12.3 and 12.4 are proposing. It is like recommending a fourth year Medical Student to fill the short fall of General Practitioner's positions. Now would something as obvious as that be accepted by the community to whom they would service?

This brings me to my next objection about this report. Draft recommendation 12.3 suggesting that having a midwifery qualification is an obstacle to our practice. I would like to point out that not a day goes by for me without drawing on my midwifery skills. Possessing such qualifications should not be seen as a barrier but as a foundation to providing quality Maternal and Child Health Nursing care. In fact, the quality of new practitioners entering child health services in Victoria is noted on page 228 of the draft report.

My midwifery Skills enable me to assist the mother and child from the first time I engage with them in the Home visit (incidentally which appears to be occurring earlier due to hospitals offering early discharge). I utilise my knowledge around breastfeeding to assist each Mother to make informed choices. My midwifery background gives me a strong understanding about the benefits of breast feeding. Just one example would be that a Mother who breast feeds reduces her risk of developing Type two diabetes. For the child the benefit may be less potential risk for childhood obesity, which if continued into adult life once again could lead to poorer health outcomes in regards to cardiovascular disease, or diabetes.

To highlight this theory with a practical example, I can recall a situation when a first time mother was discharged from hospital before establishing a sustainable breast feeding pattern. She was both expressing and breastfeeding which had caused oversupply. I was able to recognise that in her case she was not just suffering from engorgement but that she had mastitis. She was referred back to her

Obstetrician whilst still at the centre. Treatment was promptly commenced and a hospital readmission avoided. We met again for lactation counselling and she was determined to continue with breastfeeding since she knew the benefits. With continuity of care and continued support she successfully re-established breastfeeding and breast fed her child for eighteen months. Therefore, reducing potential health risks for both herself and child.

My Midwifery education also gives me an understanding of the birth process. Therefore when I read a hospital discharge that states, this woman has experienced premature rupture of membrane requiring medical augmentation, had an epidural for pain relief which lead to a delay in second stage resulting in forceps delivery. I already know that she may not only have more difficulty establishing breast feeding, due to drug interactions, fluid overload and physical exhaustion. But she may also be emotionally exhausted since labour did not go as she had hoped or planned. As her Maternal and Child Health Nurse with a midwifery background I am able to understand the care she received why it was required and help her emotionally to understand or come to an acceptance of the birthing experience. But also emotionally help her to move forward to looking where to next for herself, baby and partner. For this child I have then understanding that such a prolonged and assisted birth may result in a jaundiced lethargic baby that required additional care and attention from both parents and health professionals.

The draft report makes frequent reference to a lack of evidence regarding child health services, such as on page 221. Rather than risking the quality of child health services in Victoria due to an inadequate evidence base, consistent with draft recommendation 12.1 it would be more appropriate for recommendation 12.3 to propose improving the evidence base on barriers to entry for new child health nurses and factors leading to differences in maternal and child health outcomes, such as breastfeeding rates and hospital readmissions.

I feel this draft report has not captured the essence and scope of the Victorian Maternal and Child Health Practice with all our qualifications. Our practice is holistic and focused on prevention (which is far more cost effective than cure). I strongly urge you to reconsider the dulling down of our qualifications. I believe that the Victorian model should be held up as an example to the other states and territories to aspire to.

Finally I would like to thank the commission for taking the time to read and consider my comments. I truly hope that the strengths of the Victorian Maternal and Child Health Service can be adopted by the other states and Territories rather than the contribution of our service to early childhood development being compromised by the loss of relevant skills and experience that qualified midwives bring to the role.

Yours sincerely,

Robyn Corser.