

To whom it may concern

I am a registered nurse, midwife and maternal and child health nurse (M&CH nurse). The majority of my working history has been working with mothers and children. Initially I was employed as a midwife in a small family centered midwifery unit and for the past twelve years i have worked as a M&CH nurse in the outer suburbs of Melbourne.

I am registered as a midwife and general nurse with the Australian Health Practitioner Regulation Authority. I completed my general nursing training at the Alfred Hospital in 1982, and my midwifery certificate at Dandenong Hospital in 1985. In 2005 I undertook a Graduate Diploma in Community Health at Monash University followed by a Graduate Diploma in M&CH in 2008 at Deakin University.

My submission is applicable to chapter 12 of the Early Childhood Development Draft Report and the "Child Health Workforce"

As a M&CH nurse i am extremely concerned with the recommendation 12.3 of the draft report regarding the removal of midwifery as a qualification prerequisite for M&CH nurses. I believe that these recommendations if implemented would result in a reduction in the quality of the Victorian M&CH service, a service which is dependent of the comprehensive qualifications requirements and practical experience of the Victorian M&CH nurses.

I believe my midwifery qualification and work history in midwifery have provided me with the relevant knowledge and skill necessary to work effectively in the field of M&CH nursing. Examples of this include:-

(1) thorough knowledge of lactation and practical experience in assisting mother's with breast feeding. At the initial home visit and during subsequent centre visits/consultations assistance is given with attachment of the baby to the breast, management of damaged nipples, mastitis, nipple thrush, oversupply/undersupply of milk etc. The benefits of breastfeeding for maternal and infant health, and economic outcomes are well documented, removal of the need for M&CH nurses to have midwifery qualifications would only result in a reduction in support for mothers experiencing breast feeding difficulties and thus a reduction in mothers electing to breast feed.

(2) an awareness of the physiological aspects of pregnancy, labour, delivery and the post partum period if mothers and infants are to receive optimum care. Maternal health is always discussed at the home visit and subsequent centre visit, having this knowledge allows me to either normalize a woman's concerns, suggest appropriate management or referral if required to a GP for further investigation.

(3) Of equal importance is an awareness of the psychological implications of pregnancy, labour, delivery and the adjustment to parenting. The continuity of care and level of expertise offered by the Victorian M&CH nurse allows for follow up of women's mental health concerns, this cannot be underestimated especially with the increased incidence of postnatal depression in the community. A further role the M&CH nurse undertakes is debriefing women post traumatic labour and delivery, without the midwifery knowledge and skills gleaned from midwifery study and experience M&CH nurses would not have the same level of expertise, understanding and empathy to offer.

The above mentioned areas of M&CH practice are just a few examples which demonstrate the need for M&CH nurses to have a registered midwifery qualification. The body of knowledge and experience obtained in midwifery study and clinical experience influences our practice daily, often without us acknowledging it.

I also believe that it is critically important for M&CH nurses to have a Registered Nurse qualification. Maternal and child health encompasses family health, caring for the whole family unit at times, thus a good general understanding of medical and surgical conditions enables M&CH nurses to have an understanding of what challenges families are dealing with.

The final qualification, post graduate M&CH studies, builds on the existing knowledge of children's physical and emotional development from 0-5 years and maternal physical and mental health issues. Compulsory practical placements provide M&CH nurses with an excellent foundation to work with families in a community setting.

The educational requirement of Victorian M&CH nurses enables Victorian M&CH nurses to work independently in the community, offering comprehensive care to mothers, family and children. Research demonstrates a high level of satisfaction from families accessing the service, this is also reflected in the high level of participation rates by Victorian families (DEECD annual report 09-10). The key ages and stages framework which forms the basis to our practice is evidence based and is constantly evolving in response to current research and community needs. The Victorian M&CH service is a universal service, free of charge, and is accessed by some of the most vulnerable families in the community, a reduction in the education requirements of M&CH nurses (or 'dumbing down of the service') can only result in a reduction in the level of expertise of care now offered by the Victorian M&CH service. With current research demonstrating the importance of the 'early years of childhood' being a good predictor of health, both physical and mental in later life, why would anyone suggest changing a successful health program!