

My name is Jane McDonough and I am a registered qualified practicing Maternal and Child Health Nurse in Victoria.

I am very concerned with the new draft recommendations for the Child health workforce report.

With the early 24 hr discharge from many hospitals now in place , if Maternal & Child Health Nurses (M&CHN) are not required to have Midwifery, who is going to be qualified to see these mothers and babies? Who is going to be qualified to recognise the possible problems with feeding , babies health and or the mothers physical and mental health post partum. - A first year graduate nurse with a maximum of 39 hours of paediatrics? As this is part of my occupation to recognise these early problem signs and refer appropriately, how will this be accomplished you have no midwifery knowledge? In Victoria M&CH nurses see 98 % of all women within 2 weeks. The report forgets that most ovulating women have more than one child, often close together. We as midwives can and do often find problems antenatally. Often we are the main medical links that women have prior to birth of the next baby.

The draft also implies that rural areas dont need to have qualified nurses assessing their children, and other workers could be employed to do similar jobs.

There is a massive shortage of GPs and other health services in rural areas now. Can you imagine going to these practitioners for developmental assessments or the waiting times to see the Gp or the cost. Why should rural areas be even more disadvantaged with level of care service than metropolitan families? Victoria has an abundance of Midwives not practicing, rather than state there is a shortage of midwives why not address the problem of why they are not working?

The draft recommendations state that these recognised qualifications of General and Midwifery are huge obstacles to performing the service, but I see them as essential to being able to provide a complete package for the families I see. Families often ask about treatments/ surgeries that they may have to have. By having this knowledge we can prepare them and delay many of the fears, as well stop them from solely looking on the internet for the answers, which in itself can be daunting.

If these recommendations are passed as proposed, the potential for totally inadequately trained and properly educated people assessing our most precious children/mothers/families is going to be formalised.

I ask you to improve the draft recommendations to at least cover what we, as Victorians already have.

Yours sincerely

Jane McDonough
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