

Wednesday, 17th August, 2011

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Response Submission to :-

Early Childhood Development workforce Study
Productivity commission
Draft Report, (June, 2011)

To whom it may concern.

My name is Jill Maciver, and i have practised as a Maternal Child Health Nurse in Victoria for the past 2.5years at Moonee Valley City Council. I have worked in inner city Melbourne with predominantly socially disadvantaged Culturally and Linguistically Diverse population of families. I strongly believe that my previous 26 years of nursing and midwifery experience prior to commencing study as a Maternal Child Health Nurse has provided me with the essential qualities and qualifications to provide the range of care, skill and knowledge that is required in the Victorian Mchn framework. This is ultimately of benefit to the families themselves and the wider community through, support, advise, early detection of health and well being problems for mother's, babies and families in the antenatal, post partum and transition to parenting/family life.

The Victorian framework provides comprehensive health care and screening and health surveillance health promotion which is well regarded throughout the world and should be maintained at all cost.

You only have to compare outcomes and level of satisfaction on annual reports which are readily available to find the proof and evidence of such.

The system provides the bear minimum as it is, any reduction in services is going to come at extensive cost to individuals and community.

The increasing health burden on society financially and physically, mentally and emotionally will increase and have far and long reaching consequences if we do not work together to ensure its current survival as is.

I feel passionate and strongly about the points I am about to make and beg that the members of the productivity commission listen to those experienced nurses and families who are directly affected by any decision they may ultimately make regarding the future of MCH services in Victoria and Australia.

I am a registered General Nurse with Intensive Care Certificate and Registered Midwife with Australian Health Practitioner Regulation Authority. I qualified as a nurse in 1985, I have worked predominantly in the public health service in both the United Kingdom and Australia. I qualified as a Midwife in 1996, and thereafter as a Lactation Consultant in 2006.

In that time I have had a family myself and currently have 3 children. I was fortunate to receive a Scholarship through Moonee Valley City Council at a time when there was a shortage of MCH nurses and I have been employed with them ever since. I completed my studies in MCH as a Masters degree in Nursing Science Child and Family Health. MCH nurse stream at La Trobe University in 2008.

So as you can see I have a long and extensive career in the health industry and believe that I use all of my skills and knowledge to benefit the Australian community through my work in health assessment, disease prevention, health promotion and community health in my current role. Especially at this time of mother's and babies being discharged early from hospital to community care and increasing detection of developmental issues in children who require early intervention to assist them to become productive future members of society.

I strongly and passionately believe that MCH nurses should firstly be registered general nurses, secondly be registered midwives and be supported in their studies with scholarships to ensure that the workforce is adequately trained and supported to provide the highest standard of best practice and care that the community deserves and needs particularly in this time where research provides substantial evidence that there is increasing complexity of care in our child bearing community and society itself.

I would not have been able to leave my nursing position at the time, been able to study part time and give up a secure position and loss of income and sustain a study debt and re-pay this without the support of a scholarship and security of offer of employment afterwards, as well as paying a mortgage for family home and supporting 3 children. There are many people in society who would not be able to give the commitment to the community that nurses give and we therefore should be supported by the State and Federal Government to continually advance our knowledge and skills to meet the community needs.

Therefore, as you can understand I am particularly concerned with recommendations 12.3 and 12.2 of the draft report regarding the removal of midwifery as a qualification pre-requisite for MCH nurses and questioning of the value of scholarships for MCH study.

If you do not have properly supported and adequately qualified staff in the MCH nurse field then the cost to society is going to be enormous into the future. If the other states in Australia are not as well qualified as we are here in Victoria then it is they who should be being supported to come up to our level rather than we who should be reduced down to their level. It is well known and understood that the service provided in other states and outcomes achieved is far less than in Victoria.

You just need to see the information easily accessible on the Department of

Education and Early Childhood Development website and their annual report as well as the KPMG report and Maternal Child Health Annual Report for Victoria to be made fully aware of the points i am trying to highlight and support with evidence. These reports are available yearly and should provide you with sufficient evidence and information to see this for yourselves.

Midwifery is fundamental to practise as a MCHN on a daily basis with every consult carried out, you cannot teach someone from allied health or other nurse field how to use midwifery knowledge and skill if they have not had significant practical experience in the areas of Antenatal Care, Postpartum care and Lactation support. The practical knowledge provides the strong foundation and understanding to join with the theoretical knowledge. The mother and family pick up on this level of knowledge confidence and skill and this allows for a trusting and supportive relationship to develop overtime.

MCH nurses provide well baby and child health and developmental assessment and reduce the burden of care on GP's and practice nurses, who need to be focusing their time and energy and skills on providing care for society who are predominantly unwell. Practice nurses are not well enough qualified to carry out our role which is already well established and provided. They need to continue to support and work along side GP's to provide that specific care that the community needs when they are unwell. It is well known that there is a shortage of GP's so how can they take over providing the care that we are already adequately qualified and prepared and already providing so well?

I find it incredulous that this draft report states so many inconsistencies and provides such a serious threat to MCH nursing as we know it in Victoria despite the years of study and effort that has gone in to building it up to the level that we currently enjoy and I can only hope that those involved take my comments to heart and as seriously as they are intended.

Yours sincerely concerned and frustrated

Please find attached comments from 2 mothers who also feel strongly about midwifery being a retained requirement for Maternal and Child Health Practice. Contact details can be provided upon request.

The Maternal Child Health nurse with training as a midwife is a vital link in the chain of raising healthy families. Starting from an understanding of the pre, birth and post-natal phase, s/he can give more support to new parents as they get to know their babies.

Jane Lucas

The value of my mchn was not only the support I received with understanding the

needs of my new baby, but also that she understood my birth process and its impact on me as a person and mother.

Genine Clements

Jill Maciver.

RGN, RM, ECU cert, IBCLC, Masters of Nursing Science Child Family and Community Health / Mchn.