

Early Childhood Development Workforce Study

Productivity Commission

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MELBOURNE VIC 8003

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My name is Maree Burgess. I have practised as a Maternal and Child Health Nurse (MCHN) in Victoria for twenty-five years. I have worked in a range of centres in metropolitan Melbourne, and currently work in West Heidelberg, an identified high needs area of Melbourne's north.

I am a registered nurse and midwife with the Australian Health Practitioner Regulation Authority. I completed my initial certificate in General Nursing at St. Vincent's Hospital in Melbourne in 1978 and Midwifery at the Mercy Hospital for Women in 1979. In addition, I completed a Diploma in Applied Science in Community Health Nursing at Phillip Institute of Technology in 1984 and a Bachelor of Education at La Trobe University in 2000.

My submission is limited to Chapter 12 of the Early Childhood Development Draft Report, titled "Child Health Workforce". In particular, my concerns relate to recommendation 12.3 – proposing that midwifery be removed as a prerequisite qualification for Maternal and Child Health Nurses and 12.2 which questions the value of scholarship support for studies in Maternal and Child Health programs of Study.

Recommendation 12.3 – Retention of Midwifery Qualification for MCH Nurses

I am strongly opposed to the removal of Midwifery as a prerequisite qualification for Maternal and Child Health Nurses. I believe my qualification in Midwifery informs my practice in working with families following the birth of a baby.

My midwifery skills underpin the day to day clinical practice of Maternal and Child Health Nursing. In many instances, either at an initial home visit following the birth, or in the subsequent weeks, months and years following birth, midwifery qualifications ensure that appropriate clinical assessments, guidance and referrals are made.

In Victoria, Home visits are made within the first week of discharge from hospital. Given that the hospital stay is between 1 – 3 days, women are discharged from hospital still recovering from the physical impact of birth, with lactation not established and variable levels of family support. Complications following discharge are common and demand a skilled maternal and child health nurse with midwifery skills to assess maternal and infant health. On many occasions I have referred women back to hospital with conditions such as retained placental tissue, mastitis, uterine infections/ prolapse and signs of deep vein thrombosis. In addition, infants with jaundice, infections and undiagnosed congenital abnormalities have also been appropriately referred.

The psychological impact of giving birth can be profound for both parents. In cases where birthing is associated with traumatic and life threatening obstetric complications and/or infant morbidity, the need for a maternal and child health nurse with midwifery qualifications is critical. The early intervention of an appropriately qualified Maternal and Child Health Nurse enhances a family's ability to adapt in the weeks and months following the birth, debriefing as needed and to be monitored for interventions and/or referrals as required.

In one such instance, a young couple, both doctors were traumatised by a difficult labour and delivery. The baby suffered severe birth asphyxia, spending over a week in an Intensive Care Unit (ICU). On discharge from hospital, they remained distressed by their experience and concerned for their baby's developmental wellbeing. Over a period of one year, I was able to work with both parents to debrief about their experiences, screen for Post Natal Depression, make appropriate referrals for counselling, understanding their trauma experienced in the delivery suite and subsequent time spent in the ICU. Early support was provided in establishing and maintaining lactation until the infant was able to attach and successfully breast feed. Appropriate developmental information and monitoring of their infant's health was provided, their concerns discussed and interventions offered. Invitation to a new parent group was extended and engagement encouraged. This family continue to be anxious, often debriefing their concerns at each visit to the Maternal and Child Health (MCH) Centre. This family will continue to need support, monitoring and guidance by the MCH Nurse to achieve optimal health outcomes. This can only be achieved if their nurse is appropriately qualified with Midwifery qualifications.

It is also essential that general nursing qualifications underpin the practice of MCH Nurses. At the initial home visit an assessment is made of the health status of each family member. Identification of risk factors and early intervention and/or referral is offered by the MCH Nurse. On a day to day basis, General nursing qualifications enable the nurse to identify acute and/or chronic health conditions which will impact on the health outcomes for each family engaged with the service in Victoria.

Finally, it is imperative that the MCH nurse has a specific, post graduate qualification in MCH nursing. This provides the necessary skills and knowledge to work with families in the community setting. Working in West Heidelberg requires an ability to respond to the needs of families with a range of cultural and social backgrounds, where there are high levels of unemployment and disadvantage. Identifying the strengths and responding early to risk factors such as domestic violence and child abuse can impact on health outcomes for families and the community in which they live.

I worked closely with a single mother with six children who had escaped a Domestic Violence situation in rural Victoria and had been settled into emergency housing at West Heidelberg. In recognising her isolation, need for support in settling traumatised children into a new community and providing ongoing key visit health assessments for her newborn, I was able to draw upon my educational background in Maternal and Child Health Nursing and my experience in working with vulnerable families.

Draft recommendation 12.2 Scholarship Program in Victoria

I have mentored many MCH Nursing Students over the past twenty five years. Several students have expressed the opinion that if not for the scholarship they received either through the Municipal Association in Victoria or through local Government, they would not have been able to commence their post graduate studies. I believe it is essential to continue to support students through the provision of scholarships. To argue that there is "little evidence to suggest that scholarships encourage the retention of child health nurses in underserved areas" as reported in the Draft Report (pg 231) warrants the provision of supporting evidence.

In summary

The Victorian MCH framework provides a structure of visits and key health checks which support families and provide continuity of care from birth to four years of age. It is an evidenced based program of visits which has excellent participation rates and in which satisfaction with the service is very high.

The comprehensive educational requirements of Victoria's Maternal and Child Health Nurses enable us to deliver comprehensive care to mothers, families and children as clients of the service. This is in stark contrast with a more fragmented approach to service delivery in other states. Of concern is the suggestion that Practice Nurses could substitute for Child health nurses. The educational preparation for practice nurses is not standardised or accredited and they do not have the educational preparation and scope of practice to deliver care to mothers, families and young children.

Emeritus Professor Dorothy Scott OAM, noted during the Inquiry into Victoria's Vulnerable Children, "The Victorian Maternal and Child Health Service is the envy of the rest of the country and well beyond the shores of this country, as some of us have long known....." (Spark and Cannon. p. 9 Transcript of Proceedings, Thursday, 7.7.11) It is critical that the Victorian Maternal and Child Health Nursing Framework be recognised as a leader in Family Health Nursing in Australia. It should become the benchmark for best practice in Maternal and Child Health Nursing Australia wide.

I thank the Commission for considering my comments above. I would welcome an opportunity to consult with the Commission to further discuss the Victorian Maternal and Child Health Nursing Framework and its many strengths.

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