

My name is Ann O'Doherty and I have practised as a Maternal and Child Health Nurse in Victoria for 7.5 years. I have always worked in the rural sector.

I am registered as a Midwife and a Division 1 Nurse with the Australian Health Practitioner Regulation Authority. I completed my Midwifery Certificate at the Ballarat Base Hospital in 1993 and my Post Registration Bachelor of Nursing at the University of Ballarat in 1998. I then went on to further study and completed my Post Graduate Diploma in Child, Family and Community Nursing Science in 2003 at Latrobe University.

I was fortunate to receive a scholarship from the Department of Human Services in 2002 to undertake Maternal and Child Health post graduate studies. Without access to this scholarship I would have been unable to undertake studies to become a Maternal and Child Health Nurse (M&CHN) due to the cost. I was the mother of 3 young children at the time and the cost of the course on top of child care costs would have been too great.

My submission relates to Chapter 12 of the Early Childhood Development Draft report and the "Child Health Workforce".

I am extremely concerned with recommendations 12.3 and 12.2 of the draft report regarding the removal of the midwifery qualification as a pre requisite for a Maternal and Child Health Nurse qualification and the ability to practice as a M&CHN and the questioning of the value of M&CHN Scholarships to allow and encourage midwives to undertake study in the M&CHN field.

I believe that that these recommendations would allow for the undermining of the quality and expertise of a future M&CHN workforce. The current high level of qualifications attracts committed professionals who are experts in their fields and allows Victoria to provide what is commonly referred to as Worlds Best Practice or the "Gold Standard" in Maternal and Child Health fields. The high level of qualification requirement and educational preparation results in a passionate, committed and stable workforce responsive to antenatal, post natal, neonatal, maternal, infant, child and family needs within the Victorian community.

I do not support Draft recommendation 12.3. I am strongly opposed to the removal of midwifery as a qualification prerequisite for Maternal and Child Health Nurses.

My study, practice and qualification in the field of midwifery has given me a vital and critical body of knowledge, skill, empathy and understanding of women, infants and their families through conception, pregnancy, labour, birth and the post natal period and beyond. These skills are invaluable in the field of Maternal and Child Health Nursing.

I can relate many examples where my midwifery skills in my role as a Maternal and Child Health Nurse have altered the course of a family's well being in life saving as well as positive ways.

My knowledge of the breastfeeding woman postpartum and knowledge of breast feeding and medications garnered through my midwifery qualifications enabled me to recognise the symptoms a young mother was describing to me as life threatening cardiac arrhythmias with

a high risk of stroke after her General Practitioner had placed her on a medication no longer used for the purpose of ceasing lactation (Bromocriptine). The young mother in question was hospitalised after her consultation with me, the medication ceased and she survived.

I have been contacted by rural women after discharge from hospital following the birth of their baby experienced symptoms and on their past obstetric history my midwifery knowledge alerted me to the risk of impending post partum haemorrhage and I was able to advocate immediate transport to hospital and to alert the hospital of the type of obstetric emergency presenting to them.

My knowledge of midwifery and neonatal care (part of midwifery training) has enabled me on many occasions within my M&CH practice to

- Support, provide education and advice and advocate for parents caring for premature and sick neonates on discharge from hospital through sleeping and feeding advice, medication advice, safety advice around home oxygen, identification of illnesses and when to seek medical assistance, early referral to appropriate medical and allied health agencies, early developmental support and having an understanding of and knowledge about the stressors experienced by parents of premature /sick infants.
- Provide advice re birthing options and antenatal care pathways and antenatal health and well being information including maternal diet, common conditions of pregnancy and breast feeding while pregnant to M&CH clients during subsequent pregnancies.
- Provide advice re discussing the birth of a baby with older children and managing strategies for coping/ managing when the new baby comes home.
- Provide debriefing to women following traumatic births.
- Provide information and explanation around obstetric discharge summaries to women following their births who have concerns and questions around their birth process.
- Provide counselling to women who have experienced miscarriage, stillbirth or the death of a baby after birth. (All babies born after 20 weeks are notified to M&CH for follow up and counselling opportunities).
- Provide breast feeding advice and support and nutrition support for those mothers unable to breastfeed.
- Assessment and support of the breastfeeding mother and referral for lactation consultant support or medical support for issues concerned with breastfeeding such as mastitis, breast abscess, nipple thrush and nipple pain.
- Provide counselling of the breastfeeding mother around use of medications, drugs and alcohol.
- Provide contraceptive choices information.
- Provide information on sexuality and sexual relationships after the birth of a baby.
- Provision of assessment, information , support and referral around continence issues post birth.
- Provide assessment, information, advice and referral for women experiencing perinatal emotional well being issues including antenatal depression, post natal

depression, adjustment disorders, anxiety and recognition in M&CH practice and response to puerperal psychiatric emergencies.

The requirement to be a midwife has not been a barrier for me to practice M&CHN but rather is an integral part of the vital body of knowledge that enables me to provide accurate, knowledgeable and safe responsive care to families, mothers and babies in Victoria.

It is also critically important that M&CHN are also Division 1 registered nurses. The knowledge gained through my practice as a registered nurse informs and underpins my practice as an M&CHN.

Study to obtain registration as a Division 1 Registered nurse provides comprehensive education on health and illness. It provides knowledge on social issues that impact on health and enables the nurse to understand processes leading to health and illness.

It provides a framework and knowledge base about the human body and illness and disease processes that is built on over the years through clinical practice, knowledge acquisition and is gradually added to with the study of midwifery and child health and community to eventually result in the competent, knowledgeable and valuable M&CHN.

Completing a post graduate degree in child, family and community has provided me with the necessary knowledge and skills to provide a comprehensive, responsive, holistic and family centred practice within the community.

I have been able to integrate all my prior learning in Division 1 general nursing and midwifery training within my practice as an M&CHN.

The vital comprehensive knowledge base in M&CHN is then drawn upon at the beginning continuum of a child's life to support and inform and work together in a partnership with the child's parents to promote health, development and well being for the whole family and to give children the opportunity to reach the zenith of their potential and to maximize their health and well being.

Due to the level of their training Victorian M&CHN are able to provide comprehensive care to the families they see and early and targeted referrals for identified needs. Families state frequently that it is the continuity of trusted responsive care that keeps them coming back and therefore enables ongoing assessment, referral and health promotion until a child is 6 years of age.

The comprehensive nature of training to reach the qualifications necessary to practice as a M&CHN should not be seen as a barrier but as an asset, resulting in high standards of knowledgeable and quality care for children and families that result in better outcomes for the children of Victoria.

Families using the Victorian M&CHN programs report high levels of satisfaction with the service.

<http://www.eduweb.vic.gov.au/edulibrary/public/earlychildhood/mch/reportmchevaluation.pdf>

Participation rates by Victorian families with the current evidenced based M&CH Key Ages and Stages framework are high.

<http://education.vic.gov.au/ecsmanagement/matchildhealth/policyreports/default.htm>

<http://www.eduweb.vic.gov.au/edulibrary/public/earlychildhood/mch/kasevalyear1.pdf>

I strongly support the ongoing provision of scholarships for M&CH post graduate programs study. Receiving a scholarship influenced my decision to study within the field of M&CH and scholarships provide an attractive inducement to encourage midwives to move in to the M&CHN field.

I am concerned at the suggestion that Practice Nurses in General Practice could substitute for M&CHN. While Practice Nurses play a valuable role in General Practice they do not have the level of education (required in M&CHN) or the scope of practice to equip them with the body of knowledge necessary to provide comprehensive and holistic developmental assessments or health and well being care to mothers, families, infants and children.

I am concerned by the lack of consultation by the Productivity Commission with Victorian M&CHN. I would be very happy to meet with the Productivity Commission along with my M&CH colleagues to discuss the many strengths of the Victorian M&CH model via public sittings and for the Productivity Commission to also include members of the Victorian public who use the M&CH Service in any public discussions.

Please follow the link below to a community page on face book where concerned Victorians are detailing their distress at the thought of decreasing qualification levels and decreasing numbers of health visits to their M&CHN

<http://www.facebook.com/pages/Save-Maternal-and-Child-Health-Victoria/134949713266654?ref=ts>

Thank you for considering my comments above and I hope that the strengths, high standards and resulting positive outcomes for children and families through the Victorian M&CH program are not reduced or diminished but are integrated throughout Australia so that every Australian child and their family can receive the opportunity for consistent quality early childhood development support and family health and well being care.

If you are parents yourselves, consider what standard of service you would want your family to receive.

Yours Sincerely

Ann O'Doherty

RN, RM, Grad Dip Child, Family and Community (M&CHN).