

29/08/2011

Early Childhood Development Workforce Study  
Productivity Commission

To whom it may concern,

I am writing in response to the recent Early Childhood Development Workforce Study Draft Report which was conducted in June 2011.

My name is Elizabeth Singleton and I have been practicing as a Maternal and Child Health Nurse (MCHN) for the Wyndham City Council for the past 5yrs. I am a registered Midwife and Registered Nurse endorsed by the Australian Health Practitioner Regulation Authority (APHRA).

I attained my Master's in Community and Child Health at Latrobe University in 2005.

I was fortunate to receive a scholarship/sponsorship from the Wyndham City Council (WCC) to complete the course at Latrobe University in 2005. This sponsorship enabled me to cover the expense of the course, and I was also supported by the council by attending clinical placement's within the municipality. After successfully completing the course, I gained part time employment with the WCC. I thoroughly enjoy my vocation and see myself as an asset to promoting child health in our municipality. I am also aware that at least 6 other MCHN have been sponsored by the WCC and have gained employment to work as MCHN after completing the course. The WCC sponsorship/scholarship program has been extremely successful in recruiting and retaining MCHN. Scholarships and sponsorships should be recommended as a positive move to attract new nurses to complete the course in MCHN, and help increase the number of MCHN working in Australia.

I am writing in concern to the report's recommendations (12.3) that 'Midwifery Qualifications' be removed as a qualification to achieve new child health nurses into both the states and territories of Australia.

Throughout my career as a MCHN, I have always utilised my skills and knowledge as a midwife when providing education and care to the new families I meet. Midwives are trained and specialised practitioners, and have a broad knowledge base about childbirth, breastfeeding, postnatal depression and maternal health.

I strongly oppose the study's recommendations to remove midwifery qualifications for MCHN, and I believe this would be a detriment to the professional and exceptional practice of the Victorian Maternal Child Health Service and future MCHN services in Australia. The Victorian Maternal and Child Health Service is widely respected by the community and is an invaluable service to the families in Victoria. The service's 'high standards' of care are evidenced base and should be endorsed to use throughout Australia.

On many occasions I have drawn on my midwifery knowledge to provide appropriate care families. As a midwife I have excellent knowledge and skills in breastfeeding. For example, at a home visit with a mother, I was able to assist and correct her breastfeeding technique which prevented further damage to her nipples, and enhanced a successful breastfeeding relationship with her new baby. This mother is still breastfeeding her baby at 6 weeks of age.

In our current health system, women often leave hospital within hours or 2 days of giving birth. My midwifery qualifications assist me in helping these women debrief about their birthing experience and also encourage the mother to be aware of their own health needs during the postnatal period after birth. There are many instances where I have successfully helped a mother to understand her newborn's behaviours and needs. I am able to support them during this vulnerable time in their life and help them to enjoy their new baby.

On another occasion during a home visit, the mother asked me to assess her cesarean section wound. I found her wound to be moist, red and smelly. It was also gaping, and oozing serous fluid. I advised this mother to see her doctor (GP) as soon as possible as she had a wound infection. The mother attended the doctor and was prescribed antibiotics. This mother was breastfeeding her baby. I advised her that breastfeeding was safe when taking antibiotics, however her baby may experience episodes of diarrhoea due to the antibiotic medication. Throughout this consultation I was drawing on both my registered nursing knowledge and midwifery skills. The mother's health improved with medication, and she went on to successfully breastfeed her infant. This is a 'better' outcome for both mother and child.

The study suggests there is 'little' evidence to suggest midwifery qualifications lead to better outcomes for children, however I strongly oppose this statement as I believe the qualification of midwifery not only enhances a child's health outcomes but also supports and encourages a mother's skills in parenting and understanding the health needs of her child. The MCHN has to draw on the midwifery knowledge she has acquired, to give the appropriate care and 'evidenced base' knowledge to the mother's/families she meets throughout her practice.

I thank the commission for understanding my concerns, and hope this letter enlightens the commission's stance on midwifery qualifications for MCHN.

Yours Sincerely,

Elizabeth Singleton (MCHN, Wyndham City Council).