Australian Productivity Commission
Early Childhood Development Workforce
24th August 2011

I am writing to express my disappointment at the recommendations outlined in Chapter 12 of the Early Childhood Development Draft Report, and the "Child Health Workforce"

I have been working as a Maternal and Child Health Nurse (MCHN) since 2006. I am registered as both a general nurse and a midwife with the Australian Health Practitioner Regulation Authority. I completed my Bachelor of Nursing at ACU in 1998 and a graduate Diploma in Midwifery at ACU in 2001 before enrolling and completing a Masters in Child and Family nursing in 2005.

My experience in Maternal and Child Health nursing encompasses both metro and rural settings. Currently, I work in a rural environment which poses further challenges in meeting the needs of families that have limitations to accessing health services.

Recommendations 12.3 and 12.2 of the draft, proposes the removal of midwifery as a pre-requisite for MCH nurses and undermines the value of scholarships in completing MCH studies. In a country that is said to value knowledge and education I find it astounding that a proposal has been put forth that devalues the comprehensive education and knowledge base that a Victorian MCHN holds.

12.3
I strongly object to the removal of midwifery as a pre-requisite to MCH nursing. I call upon my midwifery knowledge and experience on a daily basis to support families in adjusting to parenthood.

In a society that recognises increased substance abuse, mental health issues and fragmented family support, my role is as important as ever with the Victorian Maternal child and health Service being recognised as a unique service in providing continuity of care. Other states are still following a fragmented approach to care which potentially leads to poor health outcomes particularly mental health outcomes with families often requiring rapport with a health care provider before disclosing feelings of depression, anxiety and family violence.

I could resite numerous examples where by, my midwifery knowledge has been vital in supporting families I engage with. For instance, early discharge from hospital has meant we are seeing mothers return home with their newborn baby before their breast milk has "come in" and often before the removal of any sutures. I regularly call upon my midwifery skills to check c-section wounds, perineums and haemorrhoids! Without having witnessed a mother give birth to a stillborn baby whilst I worked as a midwife, I would find it difficult to empathise with a mother that has returned home without her baby. Without witnessing a primary post partum haemorrhage as a hospital midwife I would not be able to manage a secondary post partum haemorrhage in the home. Without

understanding the trauma a woman and her partner may have experienced during the birth of their child I would not be able to provide emotional support and to debrief the family on their experience.

My midwifery experience has provided me with a sound knowledge base to the physical and emotional changes experienced by a woman and her family during pregnancy, the birth and indeed the postpartum period. I feel this experience has enhanced my role and that this deep level of understanding has allowed me to demonstrate empathy and social and physical support to families, I draw upon this knowledge daily.

Similarly, the knowledge base my general nursing practise has given me has held me in high stead to recognise various conditions, understand surgical procedures and medical terminology and provide families with advice and referrals to ensure optimal health care outcomes. For instance, I have drawn on my general nursing background to recognise that a mother I was seeing was experiencing a hernia, not post c-section pain! Hence, a referral to the GP ensured a surgical referral was made and her hernia was reduced, improving her physical mobility and in turn her emotional health. Without my general nursing knowledge how would I distinguish between a mother with bipolar disorder and a mother experiencing postnatal depression? How would I understand sterile technique, theatre procedures and triage processes? The foundations of learning the body systems and associated pathophysiology of these systems is crucial and cannot be learnt from a text book alone. To see these complex systems in failure and compromised, allows the practitioner to tune into the most subtle of symptoms that may signify a change in physical, social or emotional functioning, this in turn allows the MCHN to respond appropriately and effectively.

It is essential a graduate diploma in MCH nursing continues as this study helped me to recognise the differing factors in working in an autonomous role in a community based setting and targeted how the health of one family member impacts strongly on each individual family member. Maternal and Child Health nurses are highly regarded and trusted and this can be largely attributed to the depth of their knowledge and the understanding of family health and functioning being dependent on all members of the family, particularly the mother and child dyad.

12.2

As a MCH nurse working in a rural setting, I am acutely aware of the importance of recruitment. Scholarships have proved successful in attracting general nurses with midwifery qualifications to undertake further study in MCH nursing. In a profession, that values family centred care and consideration, scholarships have ensured that further study has been open to midwives that have family of their own. Without scholarships many of these midwives would not be able to afford the costs involved in undertaking further studies.

I believe the Productivity Commission has largely neglected to consult Victorian nurses. We pride ourselves on the strengths our service has to offer and believe that the Victorian MCH service is highly regarded amongst families and other health professionals alike.

This has been proven through client satisfaction surveys across rural and metro sectors and the high attendance at each key age and stage visit as evidenced by DEECD data. I would appreciate the opportunity to attend a public forum with the productivity commission to discuss the Victorian framework and its merits.

I am thanking you in advance for your consideration of the above matters and hope that the commission recognise the depth of knowledge the Victorian MCH workforce holds. It would be detrimental to the health of families to diminish the quality of our service, particularly when it is widely accepted that Victoria has set the benchmark for evidence based family centred practise.

Regards

Mekael Atkinson