## Submission to the Productivity Commission Early Childhood Development Workforce Study

My name is Jennifer Carr and I have worked as a Maternal and Child Health Nurse (MCHN) within the state of Victoria for the past 25 years.

I am a registered midwife and nurse with the Australian Health Practitioner Regulation Authority.

I received a scholarship to undertake my post graduate Diploma in Child, Family and Community Health Nursing at RMIT and this scholarship greatly influenced my decision to undertake the course and follow a career path.

The provision of scholarships has been very successful in Victoria as it has attracted suitably qualified nurses/midwives to become potential MCHN.

My submission is limited to Chapter12 of the draft report and the "Child Health Workforce"

I am very concerned about recommendations 12.2 and 12.3 regarding the removal of midwifery as a qualification prerequisite for MCH nurse.

To work as a MCHN and to be able to provide a high quality service to families, it is essential that MCH Nursing maintain qualifications in Nursing, Midwifery and Post Graduate MCH Nursing.

During my career as a MCHN I have worked in local government metropolitan regions and also a state-wide service and I have become competent to provide holistic family centred care.

This competency can also be contributed to the fact that I constantly draw on my previous knowledge and expertise as a Nurse and Midwife to support mothers, infants and their families.

In my current role, I provide evidence based practice to women in the pre natal period and provide effective care on a range of normal and abnormal pregnancy presentations. Some examples from my practice include responding to questions about medications during pregnancy, threatened early pregnancy loss and identifying woman with symptoms of labour.

I frequently use my midwifery knowledge and skills to respond to concerns about maternal physical and emotional health in the immediate post natal period. Some examples include assessing maternal post partum bleeding and care after a caesarean, providing information about breastfeeding and assessing presentations such as infant jaundice.

My practice is guided by evidence based guidelines and I utilize my nursing expertise to respond to questions form families about childhood illness, accidents and childhood conditions.

I am very concerned about the limited consultation undertaken by the Productivity Commission. I would be very happy to be involved in public sittings around these important issues and have the opportunity to expand on the role of the MCHN in Victoria.

I would like to thank the commission for considering my comments and hope that the proud history of the MCH Service in Victoria is not diminished by the recommendations of this draft report.

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