

Submission in response to the Productivity Commission, Early Childhood Development Workforce Draft Report (June 2011)

1. Introduction

My name is Carol Goddard, I have practiced as a nurse and midwife in Victoria over a 30 year period and am now currently studying Masters in Child Family and Community which will lead to working as a Maternal and Child Health Nurse in Victoria in 2012.

I am registered as both a nurse and midwife with the Australian Health Practitioner Regulation Authority. I became a n International Board Certified Lactation Consultant in 1992, completed a Diploma in Child Psychology in 1995, and in 2000 completed a Masters Degree in Health Science (Nursing) with the Research Thesis Topic: “Developing Midwifery Practices which enhance Women’s Confidence in their ability to Breastfeed: A Critical Approach”. I am a Fellow of the Australian College of Midwives and a member of the Victorian Association of Maternal and Child Health Nurses.

I have received a scholarship from the City of Casey this year to undertake Masters level post graduate studies in Child Family and Community, leading to working as a Maternal and Child Health Nurse in 2012. Access to this scholarship was pivotal in my decision to become a Maternal and Child Health Nurse, by assisting me to complete the required study to practice competently in this role.

2. Overview

My submission is responding to Chapter 12 of the Early Childhood Development Draft Report, and the “Child Health Workforce”.

I am most concerned with recommendations 12.2 and 12.3 of the Draft Report regarding removal of Midwifery as a qualification prerequisite for Maternal and Child Health Nurses, and also questioning the value of scholarships for the Maternal and Child Health programs of Study. I believe that these recommendations would reduce the quality of the Victorian Maternal and Child Health Nursing Service, which in no small part, is dependant on the robust qualification requirements and educational preparation of Victorian Maternal and Child Health Nurses.

3. Draft Recommendation 12.2

I strongly support the ongoing provision of scholarships for Maternal and Child Health post graduate programs of study. These have proven very successful in Victoria in attracting potential Maternal and Child Health Nurses and were pivotal in my own decision to choose Maternal and Child Health Nursing as a career.

4. Draft recommendation 12.3

I am very strongly apposed to the proposed removal of midwifery as a qualification prerequisite for Maternal and Child Health Nurses and believe my qualifications in midwifery has given me a critical body of knowledge and invaluable professional skills to practice as a Maternal and Child Health Nurse once I complete my studies this year.

I can clearly see already during clinical placement experience while studying to be a Maternal and Child Health Nurse, that Midwifery skills are vital for holistic care of families during the childbearing years. Family centred care is enhanced because of the full understanding that the Maternal and Child Health Nurse has of pregnancy, birth and the postnatal period both in the short and long term from the Nursing, Midwifery and Maternal and Child Health qualifications.

Midwifery is an essential qualification to practice as a Maternal and Child Health Nurse, as it informs everyday practice in Maternal and Child Health Nursing. I also believe that it is critically important that Maternal and Child Health Nurses be registered nurses. The knowledge gained through undergraduate nursing degree provides a strong foundation to use in everyday Maternal and Child Health Practice.

It is vitally important that Maternal and Child Health Nurses complete a post graduate Maternal and Child Health program of study. This additional study is providing me the necessary knowledge and understanding to provide quality Maternal and Child Health Nursing care. Possessing these qualifications does not need to be seen negatively as a barrier to Maternal and Child Health Nursing, rather the cornerstone and foundation for providing quality evidence based Maternal and Child Health Nursing care.

Breast feeding is now nationally seen as a key health priority and as the Australian National Breastfeeding Strategy 2010-2015 (2009, p.37) clearly identifies the longer postnatal period as six months and beyond, it is critical that Maternal and Child Health Nurses have the prerequisite qualification as a Midwife to provide assistance to women to continue breastfeeding. Breastfeeding is recommended exclusively to six months and then in combination with nutritionally appropriate family foods to two years and beyond (World Health Authority). Current research has established that there are many significant short and long term health risks and costs associated with not breastfeeding (Australian National Breastfeeding Strategy (ANBS) 2010 – 2015, 2009, p. 3).

The Headline Indicators for Children's Health, Development and Wellbeing 2011 (p. 33) identifies that "there are currently no national data available on 'exclusive' breastfeeding of infants up to 4-6 months of age", the Victorian Maternal and Child Health Service does currently collect this data in Victoria, so given the strong national priority given to breastfeeding and breastfeeding monitoring, it makes sense for the initiative and lead that Victoria has taken, be expanded so that families in all states in Australia can then benefit from the same level of service and monitoring. To do this Midwifery along with Nursing need to remain as qualification prerequisites for Maternal and Child Health Nursing qualifications.

5. Consultation

I am very concerned at the very limited consultation undertaken by the Productivity Commission with Victorian nurses. The Victorian service is widely considered the best in Australia and has many strengths. It is therefore surprising to me that the Commission has not held Public Sitings with Victorian Maternal and Child Health Nurses. To help the Commission understand the many strengths of the Victorian Maternal and Child Health Framework, I would be very grateful if the Commission would meet with me, fellow postgraduate Maternal and Child Health Nursing students and other Maternal and Child Health Nursing colleagues.

6. Conclusion

I thank the Commission for considering my comments above.

I trust that the far reaching strengths of the Victorian Maternal and Child Health Nursing service are recognised as a foundational cornerstone and be adopted by other states and that recommendations are not imposed that reduce and diminish the quality of the current evidence based Victorian Maternal and Child Health Nursing Service.

Carol Goddard