

To Whom It May Concern:

My name is Catina Adams (BA Hons, GDipEd, BNursing, BMidwifery, MCLinNrsng in Child and Family Health).

I am registered as a midwife and nurse with AHPRA. In 2006, I gained a DEECD scholarship to undertake my postgraduate studies in Maternal and Child Health. On completion of my Masters, I received an award for achieving the highest results in postgraduate coursework for the Faculty of Health Sciences at La Trobe University for that year. The scholarship assisted me in being able to complete my studies in the shortest possible time, thereby enabling me to re-enter the workforce.

My submission is limited to Chapter 12 of the Early Childhood Development Draft Report and the "Child Health Workforce". I am most concerned about Recommendation 12.3 which suggests the removal of the midwifery qualification for Maternal and Child Health nurses.

What I find most difficult to accept about this suggestion is that the proposer has not acknowledged that in Victoria, we are not only Child Health nurses, we are Maternal and Child Health nurses. The ongoing health and well being of the mother is a major focus of the work we do with families, not just in the initial post-partum period, but extending throughout her time as a mother and leading into subsequent pregnancies. The nature of the relationship between MCH nurse and the mother is often long term, and the MCH nurse remains one of the few health providers in the family's life, providing any kind of continuity of care.

I can think of many examples where my midwifery qualification has enriched my practice with women – whether it is debriefing a difficult birth, breastfeeding support, arranging referrals for postpartum concerns, including gynaecology, mental health, social issues, etc.

The requirement to be a midwife has not been a barrier to me; rather I have seen MCH as a natural extension of my midwifery knowledge and experience. The women I work with value this additional breadth to my knowledge.

I worry that if midwifery is not an intrinsic part of the education and skills required for Maternal and Child health nurses, the service we offer to families will be significantly diminished.

And for what reason? So that qualifications across Australia for this profession can be uniform. The fallacy in this proposal is that what we do in Victoria is inherently different to other states – we are Maternal and Child Health nurses, not just Child Health nurses.

This Productivity Commission Draft Report is concerned with reviewing Child Health nursing. Why does it consider it appropriate to make recommendations on a specialisation that is both Maternal and Child Health?

I await your report with interest,

Catina Adams