

**Submission to Australian Government Productivity Commission**  
**Allison Slykerman**  
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**1. Introduction**

My name is Allison Slykerman and I have practiced as a maternal and child health nurse in Victoria for 39 years. During this time I have worked in Melbourne metropolitan, outer suburban and rural fringe areas of Melbourne. For the last eight years to the present I have worked for the City of Whittlesea based in the Whittlesea township. Prior to this I worked for 10 years in the Shire of Yarra Ranges after six years with the City of Frankston.

I am registered as a midwife and a nurse with the Australian Health Practitioner Regulation Authority. I graduated as a General Nurse at Ballarat Base Hospital in 1969, after which I completed a 4 month course in Gynaecological Diseases Nursing at the Royal Women's Hospital also in 1969. I completed Midwifery in 1970 at the Royal Women's Hospital and worked there in the Labour Wards for the next two years. I completed the four month Infant Welfare Certificate at the Queen Elizabeth Hospital for Mothers and Babies, Carlton, Victoria in 1972 after which I gained employment in the Infant Welfare Service, later the Maternal and Child Health Service (MCH), where I have worked ever since except for a time at home with young children.

In 1991, I completed my Bachelor of Applied Science (Nursing) by distance education at Monish, Gippsland, and gained certification as a Lactation Consultant in 2006 with the International Board of Lactation Consultants.

**2. Overview**

My submission concerns Chapter 12 of the Early Childhood Development Draft Report and the "Child Health Workforce"

The two aspects I am particularly concerned with are the possibility of removal of Midwifery as a pre requisite for maternal and child health nurses and questioning the value of scholarships for MCH workforce preparation.

So much of the maternal and child health knowledge and understanding used to assist mothers in the first few weeks of their baby's life is gained in midwifery practice that I see this as essential preparation to enable maternal and child health nurses fulfill their role for the greatest benefit of the community and health of mothers families and their children. I believe removal of midwifery as a prerequisite would jeopardize the quality of the Victorian Maternal and Child Health Service for which thorough educational preparation is required.

The value of the scholarship program in the municipality in which I work has been amply demonstrated by the gaining of several new staff members who are guaranteed part time work in the municipality on graduation. This municipality is in a growth corridor with

rapidly increasing population, so the scholarship program has been vital to recruit new staff over the last three years to cope with the increasing birth rate. By the end of 2011 it is anticipated that as the new graduates commence in their centres, the scholarship program will have enabled full staffing despite the disadvantage of increased travel to an interface metropolitan / rural location. Because the scholarship recipients are already midwives they are much more competent to assume their new roles when they graduate.

### **3. Draft recommendation 12.3**

I am unable to support removal of midwifery as a qualification prerequisite for MCH nurses as I know how the knowledge gained in midwifery practice influences the way I work with new mothers and their babies. Midwifery has given me a critical body of knowledge and invaluable professional skills to practice as a maternal and child health nurse.

The World Health Organization (WHO) recommends that all babies are breast fed exclusively until six months of age and the Australian National Health and Medical Research Council (NH&MRC) in the Dietary Guidelines for Children and Adolescents 1995 and reviewed in 2003, recommends encouragement and support of breast feeding. Promotion of breast feeding as well as assisting the mother to overcome difficulties in the early breast feeding days and weeks is a fundamental part of the MCH nurse role. Midwifery provides the essential knowledge and hands on experience of assisting mothers attach babies to the breast as well as care for engorgement, mastitis and damaged nipples. Where else is the maternal and child health nurse is to get this foundation practical experience other than in midwifery? The theoretical basis is important but application of the practical skills gained during midwifery, at a maternal and child health consultation may be the difference between success and failure of breast feeding. Observation feeds and advice based on observation of the baby at the breast occurs frequently in my practice.

Many maternal and child health nurses are now lactation consultants. This qualification requires a considerable number of hours of assisting mothers with lactation before becoming eligible to sit the international exam. Midwifery lactation hours are included and thus having a midwifery qualification, allows newer maternal and child health graduates to obtain the Lactation Consultant qualification earlier in their careers which leads to a more skilled workforce to improve breast feeding rates.

Midwifery knowledge is required by maternal and child health nurses in Victoria because contact is made with new mothers and their babies within three weeks of birth. Many families have their first consultation with the Victorian Maternal and Child Health Service at a home visit in the second week of the child's life. Maternal and child health nurses may identify problems in the mother such as secondary haemorrhage or in the baby such as increasing jaundice or dehydration from inadequate feeding and refer the mother and baby back to the maternity hospital or General Practitioner. A maternal and child health nurse who has a background in midwifery is more likely to recognize early

symptoms and take action to prevent further problems than would a nurse who does not have this experience.

Last week I visited a mother and her one week old baby at home who was not doing well because of lack of weight gain and inadequate milk transfer. Attempts to re-refer this family to the Hospital In The home (HITH) program were unsuccessful. The birth hospital was not able to provide any further care because this mother was only funded for two home visits which she had already had, so maternal and child health assisted this mother in what should have been a birth hospital responsibility. A maternal and child health nurse without midwifery would possibly not have recognized this family needed extra care.

Another important aspect of the MCH role is to debrief parents about their experiences of pregnancy, birth and puerperium. An understanding of physiology is important for this but also of importance is the knowledge of midwifery care during labour and afterwards. This is a topic of conversation in each New Parents Group I run, as well as during the first home visit and subsequent consultations if necessary. The topic occurs again when the woman has a subsequent pregnancy. Appropriate referrals are made where necessary.

Maternal and child health nurses are usually well known in their community and may be called upon by pregnant women who have anxieties about results of tests or suspected foetal abnormalities. One example is a phone call two weeks ago from a mother whose 19 week foetus was diagnosed with a chromosomal abnormality, to ask if I had any experience of this condition.

I use knowledge gained from midwifery in these discussions which enables me to provide nursing care of a higher standard and where client care may have suffered had I not obtained this qualification.

The requirement to be a midwife has not been a barrier for me to practice as a MCH nurse but rather it has been an essential qualification that informs my every day practice as a MCH nurse.

I also believe that it is critically important that MCH nurses be registered nurses. The knowledge gained in my general nursing training has provided me with a strong foundation to use in my every day practice. It was through general nursing in children's wards that I gained knowledge of many medical and surgical conditions which occur in the age group of children attending the Maternal and Child Health Service. Some of the conditions for which I have used my experience from general nursing in maternal and child health are pyloric stenosis, inguinal hernia, food intolerances, allergies, Perthe's Disease, childhood leukaemia, failure to thrive, and infectious diseases such as chicken pox, measles and whooping cough.

#### **4. Post Graduate Study for MCH Nursing**

It is vitally important that maternal and child health nurses complete a post graduate MCH program of study. This also needs to be continually supplemented by in-service

education as the Service needs change practice becomes more evidence based. This additional study has provided me the necessary knowledge and understanding to provide holistic and family centered MCH nursing care in the community setting. This involves individual consultations, home visits to provide additional support, New Parent Groups and other groups when the need arises. Groups I have run in the last ten years include a Bereaved Parents Group, a Post Natal Depression Support Group, Parenting Courses, a Parents of Twins Group and a group for Parents and Children awaiting Early Intervention for Autism Spectrum Disorder. I was also instrumental in establishing a Group for mothers who has lost their houses in the Black Saturday bushfires which is now facilitated by the Australian Centre for Grief and Bereavement. Without the Post graduate education I have had I would not have had the skills or confidence to establish these groups.

## **5. Strengths of Victorian MCH Service**

It is of concern to me that the Draft Report has not identified the strengths of the Victorian Maternal and Child Health Nurse Framework such as the comprehensive educational requirement of Victorian Maternal and Child Health Service which enables Victorian MCH nurses to provide expert and comprehensive care to mothers, children and families as clients of this service. This contrasts with the fragmented approach to service delivery in other states which rely on many different health professionals to provide care.

I refer the Productivity Commission to the Evaluation of Victorian Maternal and Child Health Service undertaken in 2006 which found that

- *Clients of the service display a high level of satisfaction (in excess of 95 percent of clients are satisfied with the service) and endorse all components and aspects of the service.*

It was also found that individual nurse performance varied in individual centres *... in terms of personality, professional experiences , levels of on going professional development and supports received, local operational service models and professional networks with other members of the services systems. This issue is of critical importance when it is recognized that nurses, due to service distribution commonly work in isolation with few on site supports and assistance...*

## **6. Practice Nurses**

My other concern with the Draft Report is the suggestion that the *...substantial number of child health nurses working in general practice could therefore be thought of as a reserve pool of child health nurses, who may return to child health nursing over time... (page 225)*

There are important differences between the educational preparation and scope of practice of practice nurses and maternal and child health nurses and the fields are unrelated. For example:

- The education of practice nurses is not standardized or accredited.
- The practice nurse workforce is comprised of registered and enrolled nurses with very different levels of education.

- Whilst some practice nurses are involved in immunization, this is only one aspect of maternal and child health nursing. Practice nurses have limited education about maternal and child health which does not equip them with the body of knowledge or the scope of practice required of maternal and child health nurses in providing care to mothers, families and young children.

Because of their limited educational preparation, I do not believe practice nurses are a suitable substitute for the maternal and child health workforce, and the suggestion to the contrary significantly underestimates the complexity, depth and breadth of the maternal and child health nursing role.

Maternal and child health nurses care for the physical and emotional health and well being mothers including identification and referral for mental health concerns or domestic violence as well as the health, nutrition and development their children also with appropriate support, advice, intervention and referral. They often work alone and have to make decisions based on their own knowledge and experience. To be able to do this adequately Maternal and Child health nurses need multifaceted and robust educational preparation which is achieved through general nursing, midwifery and post graduate maternal and child health study.

## **6. Conclusion**

I thank the Commission for considering my comments above.

I hope that the far reaching strengths of the Victorian Maternal and Child Health Service can be adopted by other states and that recommendations are not imposed that reduce and diminish the quality of the Victorian Maternal and Child Health nursing service.

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