Introduction

My name is Marcia Armstrong and I have practiced as a maternal and child health nurse for 25 years. I have worked in both NSW and Victoria and currently co-ordinate the Wodonga City Council maternal and child health service.

I am a registered nurse and midwife and hold postgraduate qualifications in maternal and child health nursing. I have completed a Bachelor of Nursing (Conversion) (UNE); Graduate Diploma in Nursing Education (UNE), Post Graduate Diploma in Paediatric ICU (Melbourne), and a Master of Health Management (UNE). I am also an International Board Certified Lactation Consultant and have recently (2011) completed the Comprehensive Sexual and Reproductive Health (Nursing) from Family Planning Victoria. I was provided with a scholarship to complete the Sexual and Reproductive Health course.

I am a committed life long learner and strongly acknowledge every post graduate study I have attended has led me to become an expert practitioner in nursing.

Chapter 12 - Early Childhood Development Draft Report

My submission highlights concerns I have of Chapter 12 of the Early Childhood Development Draft Report, and the 'Child Health Workforce'.

I am particularly concerned with recommendations 12.3 and 12.2 of the Draft Report regarding removal of midwifery as a qualification prerequisite for MCH nurses, and questioning the value scholarships for MCH programs of study. I believe these recommendations would reduce the quality of the Victorian MCH nursing service, which in no small part is dependent upon the robust qualification requirements and educational preparation of Victorian MCH nurses.

I am strongly opposed to removal of midwifery as a qualification prerequisite for MCH nurses and believe my midwifery has given me a critical body of knowledge and invaluable professional skills to practice as a MCH nurse. Midwifery is recognised world wide as being the profession who is alongside and supporting women giving birth. However, the midwife also has a key role in promoting the health and well-being of childbearing women and their families before conception, antenatally and postnatally including family planning.

In my extensive experience, working as a maternal and child health nurse all your midwifery knowledge gained is utilised in practice. It is known from evidenced based research that infants who are born at

term and within normal birth weights have a significant improved developmental trajectory in life than others who are born outside these parameters. Our potential in life is dependent on our outcome at birth. It is midwifery knowledge that is utilised in the community to promote the health and well being of our expectant mothers. Over 60% of women seen by maternal and child health nurses are experiencing their second or more birth and MCH nurses play a significant role in maternal health and well being across the lifespan.

Of particular concern is the lack of recognition of where nurses will gain the appropriate knowledge without midwifery qualifications in the management of lactation and care of neonates. A significant time is spent on promoting lactation and managing difficulties within the neonatal period until lactation is established. There is no other avenue or experience that will provide nurses with this knowledge. This is even more evident with decreased length of postnatal stays with many women being discharged prior to 72 hours.

I have expanded on my lactation and neonatal knowledge with additional postgraduate courses but cannot understand how a nurse without the basic midwifery qualification can competently practice in this area. It is also a concern that many General Practitioners in the community have limited knowledge of lactation and neonates and if the maternal and child health nurse is not knowledgeable infants can and do slip through the system placing them at an unnecessary risk of harm.

A thorough knowledge of maternal health is of paramount importance and once again I cannot find any evidence to suggest that nurses can be prepared to practice competently without this qualification. If nurses are not knowledgeable about issues, the issues are not addressed and the standard of care decreased.

I strongly oppose the statement ‘there is little evidence to suggest that this requirement leads to better outcomes for children’. Breastfeeding rates are increased where maternal and child health nurses practice evidence based lactation knowledge and provide early intervention in the neonatal and postnatal period. This critical knowledge base is gained through midwifery.

Previous experience in NSW

I am working and living in Albury/Wodonga on the NSW Victorian border and it of interest to note when NSW had difficulties with recruiting to their equivalent maternal and child health workforce in

the 1980's. They removed the requirement for their nurses to hold midwifery or a post graduate qualification in maternal and child health. However, this made no difference to the recruitment of maternal and child health nurses in NSW. This would provide evidence to suggest that midwifery is not an obstacle to the recruitment of maternal and child health nurses. The obstacles are around pay and equivalent pay for the role that is undertaken. The ability for nurses to move between employers, for example health departments to local government without compromising their entitlements and pay rates are the major inhibitors to the maternal and child health workforce.

The commission comments that 'they were not told of nor could find, any evidence to suggest that Victorian children have better health outcomes than their counterparts in other states a s a result of being seen by more highly qualified child health nurses'. The results of the 'Australian Early Development Index' provide Victoria with better outcomes than other states with the lowest percentage of children developmentally vulnerable. This may well be attributable to Victoria's investment in the early years including a highly qualified maternal and child health service together with the highest representation of children attending kindergarten the year before primary school. These outcomes need to be further researched to provide evidence for such success.

Draft Recommendation 12.2

I strongly support the ongoing provision of scholarships for the MCH postgraduate programs of study. They have proven to be very successful and in particular in our local area in Wodonga, all new graduates of maternal and child healths in the last 7 years have been under a scholarship program. Nurses have been actively employed in the service either on a permanent or causal relieving basis. As a maternal and child health nurse coordinator I look forward to mentoring new students each year and having the flexibility of an experienced workforce when required. Maternal and child health nurses who are not working in maternal and child health are invariably working in the midwifery system.

Practice Nurses

Whilst I value the role practice nurses play in the general practice setting, I am concerned at 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 over time'. There are important differences between the educational preparation and scope of practice of practice nurses versus

that of maternal and child health nurses. These include: the education of practice nurses is not standardised or accredited; the practice nurse workforce is comprised of registered and enrolled nurses, and whilst some practice nurses are involved in immunisation, they have a limited education preparation that does not equip them with the body of knowledge or the scope of practice required of MCH 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 child health workforce and believe the suggestion to the contrary significantly underestimates the complexity, depth and breadth of the MCH nursing role.

Limited consultation with Victorian MCH nurses

I am very concerned at the limited consultation undertaken by the Productivity Commission with Victorian nurses. The service is widely considered the best in Australia and has many strengths. The comprehensive educational requirements of Victorian MCH nurses enable Victorian MCH nurses to provide comprehensive care to mothers, families and children as client of the service. This contrasts with the fragmented approach to service delivery in other states that rely upon many different health professionals to provide care. In addition the Victorian model has reviewed its service delivery through the Maternal and Child Health Practice Guidelines 2009. Maternal and Child Health Program Standards 2009 and the Maternal and Child Health Service Guidelines 2011. These have incorporated evidence based practice linked to child health out comes. The Victorian system in addition has provided extensive in-service education to its whole workforce to ensure that evidence based practice is attended.

It is surprising to me that the Commission has not held Public Sittings with Victorian MCH nurses. To help the Commission to understand the many strengths of the Victorian MCH Framework, I would be grateful in the Commission would meet with me and other MCH nursing colleagues.

I thank the Commission for considering my comments above. I hope that the far reaching strengths of the Victorian MCH nursing service can be adopted by other states and recommendations are not imposed that reduce and diminish the quality of the Victorian MCH nursing service.

Yours faithfully
Marcia Armstrong