

My Submission re:

Productivity Commission, Early Childhood Development Workforce

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I have worked as a Maternal and Child Health Nurse for the last 14 years

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

After reading the Early Childhood Development Draft Report I have grave concerns with a number of points, especially in Chapter 12, regarding the removal of midwifery as a qualification prerequisite for MCH nurses. I would also like to highlight the need for the ongoing support of the Scholarship for MCH programs of study. I have a firm belief that both of these two points are integral to the ongoing support of a service that would have to be close to 'best practice' in a global sense.

Unlike this Draft report, I, like the World Health Organisation will be continuing to include 'Maternal' when referring to Maternal and Child Health and not 'Child Health Nurse'. It was a shame that the Draft Report was been unable to identify the critical link between 'maternal' and 'child'. Every MCH Nurse both in ACT and Victoria will categorically say that while their 'name' is Maternal and Child Health they deliver a service that is all-inclusive of family health.

In order to reduce unnecessary obstacles to attracting new child health nurses, state and territory governments should not require child health nurses to have qualifications in midwifery in addition to their qualifications in nursing and in child health.

I am strongly opposed to such a recommendation. The need for midwifery as a prerequisite to obtaining a MCH Nursing qualification is paramount to maintaining a quality service 'second to none' in both the developed and the developing world. It is more important than ever, that general nursing and midwifery qualifications remain a prerequisite for obtaining entry into MCH study program. Both these qualifications have given me a critical body of knowledge, confidence and invaluable professional skills to allow me to deliver a service that meets the needs of clients in 2011.

I am disappointed that the Draft Report has not identified the numerous strengths of the Victorian MCH Nurses Framework such as:

- The comprehensive educational requirements of Victorian MCH Nurses enable Victorian MCH nurse to provide comprehensive care to mothers, families and children as clients 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.
- The Maternal and Child Health Service offers anticipatory guidance in many areas of children's health, well being, nutrition, behaviour etc to all parents

- The universal framework is founded upon the evidence based Key Ages and Stages Framework.
- Families utilising the service report very high levels of satisfaction demonstrated in the high levels of attendance.
- Participation rates for KAS are very high
- The Victorian Framework provides continuity of care for families from birth to 8 years. As a result the framework facilitates the development of trusting relationships between mother, families and the MCH nurse from birth onwards.
- The Victorian framework is structured and well support by DEECD

Thank you to the commission for considering my submission.

It would be great if the strengths of the Victorian MCH nursing service can be adopted by other states and that the recommendations in the Draft report are not imposed. If the recommendations were to be adopted it would reduce and diminish the quality of the Victorian MCH nursing service and lower the service to the standard of the lowest common denominator nationally, instead of lifting it to the highest standard available nationally.