

My name is Katie Cronin and I'm in my second and final year of the Master of Nursing Science in Child, Family and Community at La Trobe University. I have wanted to pursue a career in Maternal and Child Health since I started nursing in 1995. However, I wanted to gain experience both here in Australia and internationally in nursing in paediatrics and also completing my course in Midwifery and gaining experience in this area, prior to focusing on doing this course.

I am a registered midwife and nurse with the Australian Health Practitioner Regulation Authority. I completed my Bachelor of Nursing in 1995 at Massey University, New Zealand. I then worked in acute settings such as NICU and PICU both in New Zealand and internationally. I then completed my Post Graduate Diploma in Midwifery Science at La Trobe University in 2007. After completing this qualification I worked a few years doing Midwifery part time and I still do midwifery part time whilst funding my Masters course.

I was provided with two scholarships from 2010 to 2011. I received one scholarship from the Department of Health Services and one from a Municipality with high needs. Access to these scholarships influenced and allowed me to commence my course to become a Maternal and Child Health Nurse. I know that like my colleagues if these scholarships were not in place we would not be able to return to study and become Maternal and Child Health Nurses due to financial and family restraints. I am now ten weeks from completing my studies and am looking forward to commencing work at this Municipality.

My submission is limited to Chapter 12 of the Early Childhood Draft Report and the "Child Health Workforce".

I am particularly concerned with recommendations 12.3 and 12.2 of the Draft regarding the removal of midwifery as a qualification prerequisite for MCH nurses, and questioning the value of scholarships for MCH programs of study. I feel that this would reduce the quality of the Victorian MCH nursing service, the education level required of the MCH nurses allows for a high standard of care to be given to the public and improve the health of the future.

I am strongly opposed to the removal of the midwifery as a qualification prerequisite for MCH nurses and I believe that when I go out to practice in 4 months time it will give me a critical body of knowledge and invaluable professional skills to practice as a MCH nurse.

During this course I have done over 100 hours of clinical placement in many different MCH clinics with also different MCH practitioners. In these placements I have observed that in each appointment with the mother and their family's midwifery knowledge and skills have been used throughout the appointment, for example, checking for maternal wellbeing, breastfeeding, incontinence, PND assessment and asking about the women's recovery from the birth of their child. If I did not have a qualification in midwifery then I feel that I would be unable to give the service that these mothers and families need to be fully functioning and resilient. I have also drawn upon my own experience as a midwife when I have conducted an appointment which I would be unable to do if I did not have this prior experience and knowledge.

I feel that the requirement to be a midwife has not been a barrier for me to practice as a MCH nurse but instead has been an essential qualification that informs my everyday practice as an MCH nurse. I also feel that I would not gain the satisfaction in helping these mothers and their families build into loving well adjusted families, which is why I have wanted to move from the hospital setting into the community setting of a MCH nurse to have better satisfaction with each family. These comprehensive educational requirements Victorian MCH nurses enable the MCH nurses to give comprehensive care to mothers, families and children as clients of the service. This contrasts with fragmented approaches that similar services provide in other states that rely upon many different health professionals to provide

care. I feel that services are already stretched to capacity due to poor funding in the early childhood arena that this would further stretch the services that are already struggling. Also with the lack of education proposed MCH nurses would not be able to practice in an autonomous role, therefore decreasing the quality of care families deserve and require to function.

I strongly believe that possessing such qualifications should not be seen negatively as a barrier to MCH nursing but rather the cornerstone of providing quality MCH nursing. I strongly believe that Australia should strive to maintain high standards of care where it is internationally renowned for its practice. I as a nurse, a midwife and almost completed my masters to become a MCH nurse feel that to drop the midwifery qualification is very short sighted and a slap in the face to the care and service provided by MCH nurses in Victoria. I have great concerns about the thoughts that the service can be provided by non clinicians or by nurses who have not got Midwifery or qualifications in maternal and child health, this is clearly not in their scope of practice and therefore could lead to things being missed or families not wanting to use the service.

I am extremely concerned at the limited consultation undertaken by the Productivity Commission with Victorian Nurses. Our service is widely considered the best in Australia and has much strength. It is therefore surprising to me that the commission has not held public sittings with Victorian MCH nurses. To help the commission understand the many strength of the Victorian MCH Framework I would be grateful if 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 that families across the nation can benefit and the country can benefit from healthier future generations.