

Productivity commission Early Childhood Development Workforce

Draft Report June 2011

My name is Sandra McSweeney. I have been practicing as a Maternal and Child Health Nurse (MCHN) in Victoria for three years. I am employed by a metropolitan council. I work in a multi ethnic community and it is not infrequent for clients to take early discharge from hospital, often against medical advice, due to cost factors.

I am a Registered General Nurse (RN) and Registered Midwife (RM) with the Australian Health Practitioner Regulation Agency (AHPRA). I obtained my education in Ireland. In 2008, I completed my postgraduate diploma in Child, Family and Community Health at Latrobe University, Melbourne Victoria.

This submission relates to chapter 12 of the Early Childhood Development Draft Report 'Child Health Workforce'. I am particularly concerned with the recommendations 12.2, and 12.3 of the draft report. These recommendations, relating to the value of providing scholarships for MCHN and that proposing the removal of the Midwifery qualification as a prerequisite for MCHN. Implementing these recommendations would greatly undermine the quality of the Maternal and Child Health service in Victoria that is currently based on well qualified staff as part of the 'Victorian Maternal Child Health Nurse framework, by which other states benchmark.

For my postgraduate study, I obtained a Commonwealth supported place and received a scholarship from the council for which I now work. Obtaining the scholarship was vital for commencing and successfully completing the course as it assisted with costs associated with loss of income due to the time required to complete course. Without the scholarship it would have been impossible for me to complete the course.

Draft recommendation 12.3 particularly concerns me. The consideration to remove the midwifery qualification as a prerequisite for MCH Nursing is 'deeply troubling,' our job title is 'Maternal and Child Health Nurse'. We hold a deep regard for the health of the mother in the family setting. As midwives we understand pregnancy, childbirth and the puerperium and adjusting to parenthood and family life. Hospital confinement times are becoming shorter for many reasons, women are discharged to the community with little education or support. Many times have I found myself debriefing with a woman her birthing experience and other concerns related to her delivery or the wellbeing of the neonate. MCH Nurses provide this care in the community. How would I do this if I did not have the knowledge gained from being a midwife?

The lack of consultation by the productivity commission with Victorian Nurses is most disconcerting. To assist the productivity commission to a greater understanding of the many strengths of the Victorian MCH service I and my colleagues would be pleased to meet with the productivity commission.

In conclusion it saddens me to consider the proposal of such a retrograde step to the MC HN service in Victoria in order to keep 'in line' with areas where lesser qualification is required. It would seem

that raising the standards elsewhere would be a more noble aspiration rather than reducing to the lowest denominator.

Yours sincerely

Sandra McSweeney RN, RM. MCHN

.