

Productivity Commission
Early Childhood Development Workforce Study
Draft Report (June 2011)

29 August 2011

Dear Sirs,

Submission in relation to the Early Childhood Development Workforce Study Draft Report (June 2011)

My submission relates to Chapter 12 of the Early Childhood Development Workforce Study Draft Report and the "Child Health Workforce". I am concerned with draft recommendation 12.3 of the Draft Report regarding the removal of midwifery as a qualification pre-requisite for MCH nurses. Based on my experience with the service, which is discussed below, I strongly believe that this recommendation would reduce the quality of the Victorian MCH nursing service.

I delivered my daughter by emergency caesarean in June 2010. When our MCH nurse conducted our home visit a week after the birth I was able to have an informed discussion with her about the consequent issues I was dealing with, particularly with respect to breast-feeding. This was of invaluable assistance to me as a first time parent, especially as we did not have a large support network in Melbourne, since our families live inter-state and overseas. It also provided me with a continuity of care, following my discharge from hospital. Without midwifery qualifications I do not believe our MCH nurse could have satisfactorily provided me with this support.

Over the next three months I experienced a number of difficulties with breast-feeding my daughter. These included supply issues, a grazed nipple and problems establishing a reasonable feeding routine. Each of these problems, which were at times occurring simultaneously, caused me great anxiety. Of course this would have also affected my newborn daughter. It was only the support and advice that I received from our MCH nurse that enabled me to continue persevering with breast-feeding. Ultimately I was able to continue breast-feeding my daughter until she was 10 months old. I sincerely believe that I would have given up breast-feeding almost at the outset if it were not for the help our MCH nurse gave me. I do not consider that she could have given that advice without having a midwifery qualification.

Aside from the fact that this support enabled me to continue breast-feeding for longer, it also increased my mental wellbeing. Without this support from our MCH nurse, and with little physical contact with our families, I may have been more prone to suffer from post natal depression.

I note that on page 231 of the Draft Report it states: *"...while the costs of the [midwifery] qualification requirements are considerable, the benefits are both diffuse and uncertain. The Commission was not told of, nor could it find, any evidence to suggest that Victorian children have better health outcomes than their counterparts in other states as a result of being seen by more highly qualified child health nurses."* As a consequence of not receiving such evidence the Commission concludes that there is little justification for child health nurses to hold midwifery qualifications.

With respect I believe that this conclusion is wrong. There is evidence that Victorian children receive better health outcomes as a result of being seen by more highly qualified child health nurses. My daughter's experience as outlined above is one illustration. She benefited by receiving breast milk for 10 months, rather than formula had I not been able to continue breast-feeding, and in addition had a mother providing primary care to her who was not suffering from post natal depression.

Also, it is unclear from the Draft Report whether the Commission received any evidence from the MCH nurses and parents using the service as to their experiences and whether in their opinions Victorian children receive better health outcomes as a result of being seen by more highly qualified child health nurses. Unless the Commission obtains such evidence from the 'grassroots' level it is premature for the Commission to suggest recommendation 12.3 in the Draft Report. I was unaware that I could have made submissions to the Commission at an earlier date. This suggests to me that there was limited, if any, consultation with parents using the MCH service in Victoria. I believe that if the Commission had received submissions from MCH nurses and parents, it would not have suggested recommendation 12.3.

I thank the Commission for considering my comments above. I hope that the Commission will reconsider its draft recommendation 12.3.

Yours faithfully