

My name is Lisa Horgan, I am a registered Nurse Div 1 , Midwife and became qualified as a Maternal Child Health Nurse in December 2009.

My submission is limited to Chapter 12 of the Early Childhood Development Draft Report and the "Child Health Workforce". I am very concerned that the Draft report recommends the removal of midwifery as a qualification prerequisite for MCH nurses and that it also questions the value of scholarships for MCHN study.

I do not support the draft recommendation 12.3 that aims to remove midwifery as a pre requisite to becoming a MCHN. My midwifery qualification has given me extremely valuable experience and expertise that greatly enhances the quality of care I give to women and their families from the immediate post partum period to providing holistic care to women through their subsequent pregnancies. The post partum period when as a MCHN we make contact with women within the first week and continue to provide care is an extremely important time for the health and wellbeing of mother and baby. This is especially relevant with early discharge that sees women home 48 hrs after having their baby in some situations.

My midwifery qualification has given me the expertise to effectively assist women with breastfeeding problems and help them to successfully breastfeed where if my help had been unavailable they may have not continued breast feeding. Identifying serious conditions such as severe jaundice for the baby, or postnatal depression in the mother are examples of how midwifery further enhances the care that I provide to clients. There have been many instances where I have coordinated the care of women who simultaneously have had Breastfeeding problems, Postnatal Depression and social problems such as isolation or family violence. When this situation arises I may be typically liaising with the GP, Child Protection, the Enhanced Maternal and Child Health Service and other community health professionals. Our role in our job is much more than just measuring and weighing babies- It is extremely complex with many demands.

The Draft report also questions the evidence for the Key Ages and Stages visits and diminishes the educational requirement of Maternal Child Health Nurses. In Victoria a strong evidence base supported by DEECD has informed and led to the development of the current framework of 10 key visits where the PEDS and Brigance is used to identify parental concerns and provide a clear referral pathway. I have performed at least 40 Brigance screening tests on children. Many of these have gone on to have further paediatric assessment and been found to have developmental or speech delay. In Victoria our comprehensive depth of study means that we can give the highest quality of care to children with accurate screening and surveillance. This affords children and families the best outcomes and ultimately will save money as early detection and intervention for concerns with children acts to prevent more serious problems developing in the future. It is therefore vital that all nurses complete a postgraduate MCH program of study. The specialist training we receive during a post graduate diploma or in my case a masters was not limited to developmental and physical screening, family violence, clients with complex needs, SIDS education, QUIT education, counselling skills, the changing nutritional requirements of a child, child behaviour and development, cultural and social and economic determinants of health. To reduce the educational requirements of MCHN's will definitely compromise the care of our most important and vulnerable of clients children and their families.

I strongly support the ongoing provision of scholarships for MCHN postgraduate study. I received a scholarship with Knox City Council which enabled me to study as a MCHN. As a mother of 3 dependent children, without this scholarship of \$6000 I would have been unable to undertake this study. To continue to attract midwives who wish to study Maternal Child Health Nursing it is vital that scholarships continue.

I am extremely concerned that limited consultation has been undertaken by the Productivity Commission with Victorian MCHN's. Our service is widely recognised as the best in the Australia and is unique not only in Australia but also internationally. I would appreciate the Commission meeting with me and my MCHN colleagues to better understand the strengths of the framework that guides our professional practice. I suggest that Commission members sit in with actual MCHN consultations from other states as well as Victoria to gain a real picture of the comprehensive care we provide. I offer myself as willing to participate in this, should my employer, the family and all relevant parties give permission.

I thank the Commission for considering my comments above. I sincerely hope that recommendations are not imposed that diminish the superior quality of care that is only maintained due to the high educational standard and professional framework currently existing in Victoria. I hope that the strengths of the Victorian MCHN service may be broadened to be adopted by other states.

Yours Sincerely,

Lisa Horgan RN, RM, MCHN.