

29/08/2011

Attention: Early Childhood Development Workforce Study  
Productivity Commission  
LBA Collins st East  
Melbourne 3008

Dear Ben McLean,

My name is Christine Killingsworth and I am currently working as a Maternal and child Health Nurse ( M&CHN)for the city of Yarra, a position I have held for the past three years. I completed my certificate of Nursing at the Royal Melbourne Hospital in 1992 and later in 1998, completed a bridging degree at ACU. After giving birth to my first child in 1999, I gained insight into the role of a Maternal and Child Health Nurse, as a consumer, and was then determined to join this great profession, knowing full well that I would have to study Midwifery first. I commenced Midwifery at RMIT in 2000 and studied part time, giving birth to twins at the end of the first year of the course. I took 6 months leave, then returned to my studies. After completing midwifery I worked 2 days per week as a midwife, until I gave birth to my 4<sup>th</sup> child. I resumed work months later , and continued to work as a midwife. When I felt the family could manage me studying yet again, I began my studies in Maternal and Child Health at RMIT in 2005,.

What I want to highlight from this, is that it took a long time, a big financial cost , both paying for the course and due to loss of income, to get to my desired qualification, but it has all been worthwhile.

My submission focuses on Chapter 12 , in particular recommendations 12.2 and 12.3 I value greatly the experience I gained in doing midwifery, supporting women and their partners through the joys and hardships of pregnancy and childbirth, understanding the procedures and events that occur in the hospital settings and supporting them through these.

It is through the skills that we obtain through our practice as midwives that sets the high standard of care provided by Maternal and Child Health Nurses in Victoria.

This is validated by the many clients who have moved to Victoria from other states and who comment on how impressed they are with the service. They are the ones who can see the difference and I have not had a single person who has moved interstate to Victoria who has not stated how impressed with the service that is provided in Victoria, in comparison to the service provided in their previous state.

This is not to say that they do not provide a good service elsewhere, but it is the level of training and experience that midwifery provides that sets Victorian Nurses apart from others.

### **Draft Recommendation12.3**

It seems very strange to me to remove a qualification and expect the same level of care, and as such I am strongly opposed to the removal of midwifery as a qualification prerequisite for Victorian M&CHNs. The M&CH service in Victoria is of a very high standard and it seems absurd to want to de skill staff.

There are countless examples that I could share and would be willing to share about my practice, which draws on my midwifery experience, general nursing and M&CHN studies and practice.

I work closely with newly arrived families to Australia. Recently a pregnant mother presented to me with her child who was born overseas in Africa. This woman could not speak any English so we used interpreters. I was able to ask and understand the process in which she gave birth in Sudan. The experience was very natural and there was no medical intervention. I was able to discuss with her what generally happens in our midwifery hospitals and to explain to her the choices that she has as well as the clinical pathways , highlighting medical intervention. This lady was overwhelmed by the intervention, and ended up having an emergency caesarean section. After sharing this knowledge with her, this woman was less overwhelmed by the experience. She actually thanked me as she felt that through the knowledge that she had gained she was slightly more empowered and was able to breast feed her baby in the recovery ward, as I had informed her. It is known that when women feel well informed and empowered it has a positive effect on their birth and subsequent parenting. I would not have had this insight and knowledge if I had not had the experience of working as a midwife.

Similarly my experience as a midwife has alerted me that all women are at risk of haemorrhaging up to 6 weeks post birth. I have seen horrendous haemorrhages, where women have lost their uteruses and even lost their lives. It is through these experiences that I truly understand the importance of educating women in relation to this matter. As a result I have had several women who have called an ambulance after having a post partum haemorrhage, after our discussions at the home visits. These women have thanked me because I had explained clearly what to look for, what to do, whilst emphasising the potential seriousness of the situation. Without imparting this knowledge gained from my experience as a midwife I dread to think what the outcomes could have been for these women and their families. I am not extraordinary, I am like my Victorian M&CHN peers, competent as a M&CHN due to my professional training and experience. This competence is gained from the combination of general nursing, midwifery and maternal and Child Health studies. It is apparent to me that this competency will not be maintained if any of these three areas of nursing is removed. It is apparent to me that this competency will not be maintained if any of these three areas of nursing is removed. I believe that general nursing Division 1 training is the back bone to any higher nursing qualification and the aspects that perfect the practice of the M&CHN is the studies and experience of Midwifery and of the Maternal and Child Health studies. To remove one of these qualifications does not complete the equation.

## **Draft Recommendation 12.2**

I have always enjoyed the various nursing positions I have held, but none so much as that of M&CHN. I believe that the fulfilment is because I feel extremely capable and competent. Having a young family and studying would have been a financial impossibility, had I not obtained a scholarship to do Maternal and child Health Nursing. I do believe I offer a very high quality of care in my role as a M&CHN and I see myself as no different in this aspect than any other Victorian M&CHN. I would not have been able to do this course without a scholarship. Merely because a person can afford to do a course, does not in anyway imply that they will be good at it. Yes M&CHN is one of the higher paid areas of nursing ( a fact I had no idea about when I chose this path) And yes, it takes years of study to become a M&CHN, yet the pay is not for the years of study, it is for the knowledge and expertise that is gained from studying and working in the fields of Division1 Nursing, Midwifery and Maternal and child health.

Is it likely that in the future doctors or paramedics will be advised to drop cardiology or endocrinology, so as they can shorten the course and still expect the high level of service? Why then is this expected of Victorian M&CHNs, who provide a high standard of care?

It must be remembered that we often practice on our own and it is our knowledge and experience that we rely on to direct our assessments and interventions on a daily basis. Why deprive future M&CHNs of these valuable skills?

## **Consultation**

It concerns me that the process of considering stripping Victorian M&CHNs of an imperative qualifications, has not involved public sittings with Victorian M&CHNs. It appears that the commission would hugely benefit from input from Victorian M&CHNs in relation to this matter and my colleagues and I would be very willing to meet with the commission.

I sincerely thank the commission for allowing me the opportunity to have my say and welcome any future opportunities. I urge the commission to talk with members of the Victorian M&CHNs as well as the clients who utilise the Victorian Maternal and Child Health Service, so as the commission can gain insight into what it is that we do with our qualifications that makes this such a unique wonderful community service.

Regards

***Christine Killingsworth***

Maternal and Child Health Nurse