

To whom it may concern:

I am writing in response to the Productivity Commissions Early Childhood Development Workforce Draft Report (June 2011).

I am specifically responding to Chapter 12.

I am a practising Maternal and Child health Nurse since 2004 and I am currently working within a 'Enhanced' role that provide extra support and visits to particularly vulnerable families.

My Qualifications are

Higher Diploma in Nursing Studies: Registered General Nurse 2008 from the European Institute of Health and Medical Sciences, University of Surrey, UK

Postgraduate Diploma in Midwifery Studies Trinity Collage Ireland Registered Midwife 2001

Postgraduate Diploma in Public Health Nursing (maternal and child health) 2004 University Collage Dublin Ireland

Masters in Healthcare Practice (first Class Honours) Dublin City University Ireland 2008

My qualifications are of the upmost importance in my daily work and they allow me to practice to a skill that is research based and competent in my skills. I am dealing with individual's families and children that are complex and require me to use all my qualifications on a daily basis.

I'm writing this submission in relation to the current recommendations 12.3 and 12.2 of the draft report regarding the removal of Midwifery qualifications as a prerequisite for MCH nurses. Also questioning the value of scholarships for MCH programs and their possible redundancy.

I strongly believe that the removal of midwifery qualification will destroy what is essentially a world renowned service that families voluntary engage with. My midwifery qualification is used daily particularly when I'm dealing with young babies. I can think of one particular experience that I used my midwifery skills that enabled me to assess a family and have a young mother transferred to hospital shortly after. This mother attended my centre and appeared pale and said that she was very tired. While some nurses would assume this was a normal part of being a new parent, my midwifery qualification helped me further assess this woman. She was bleeding very heavily on day 19 and passing large clots. Her uterus was not contracted and in the centre she complained of feeling faint. I immediately called her partner and he attended the centre and the woman was transferred to the hospital with a secondary post partum haemorrhage. She was an inpatient for 6 days and she received 2 units of blood. I believe that both my general nursing and midwifery qualifications saved this woman.

Another example of using my general nursing skills is when a mother was diagnosed with a pulmonary embolism and was receiving anti coagulation therapy. I was able to assist her with knowledge regarding the importance of her treatment and explore options of reducing further risks to her and her family.

Finally my maternal and child health nurse post graduate qualification has enabled me to bring all my skills and qualifications together and provide a holistic approach to the families that I work with. It has also helped me develop an intuition that allows me to just 'know' when I feel something is amiss with a child development. I can then use my learned education and life knowledge to work with the parents in exploring ways that this child could be assisted. My post graduate training has given me the knowledge and skills that I implement and use daily with families that benefit greatly from my expertise.

To write all the examples of when I utilise my qualifications would take me days but to summarise I believe that what I know is formed on the basis of my qualifications. My qualifications allow me to look at families and gather information that provide me with a clear picture of where my expertise can be utilised.

My second point in this submission is the importance of providing the ongoing provision of scholarships for the MCHN post graduate programmes. This provides assistance to potential students in commencing a rewarding career in MCH nursing.

Finally I am very concerned that it was not seen as imperative that Victorian MCH nurses were not more involved in the consultation undertaken by Productivity Commission. As MCH Nurses we have worked hard to obtain our qualifications and we are passionate about our job and I feel that the commission would be benefit if they would have consultation with us. **These recommendation are basically asking us to aim low why not ask other states to aim high. We are professionals should we not strive to be our best? Not just to accept a low level of qualifications.**

I would be very grateful if the commission would meet me and my colleagues and help us give them a better understanding of the reasons we are passionate about these draft recommendations.

I would like to thanks the Commission for reading and considering my comments.

Yours sincerely

Catriona Cochrane