My name is Julie Long. I have practised as a Maternal and Child Health Nurse for 8 years, predominantly working in the outer metropolitan area. I completed my Post Graduate Diploma in Family and Child Health at La Trobe University in 2003. I received certification as an International Board Certified Lactation Consultant in 1998, and this qualification was maintained until 2008. I completed my Midwifery graduate certificate in 1984 at Frankston Hospital and my General Nurse training in 1981 at the Queen Victoria Medical Centre.

I use all aspects of this training and clinical experience daily in my work as a Maternal and Child health Nurse working alone in the community. I did not receive a scholarship to undertake my postgraduate studies in Maternal and Child health as these became available after I had commenced studying part-time in 2000.
I am writing in response to the Productivity Commission's Early Childhood Development Workforce Draft Report (June 2011). I am specifically responding to Chapter 12. My major concerns are twofold (re: items 12.2 & 12.3) the removal of Midwifery qualifications as a prerequisite for MCH nurses; questioning the value of scholarships for MCH programs.

I am deeply concerned that if these changes are implemented there will be a significant reduction in the quality of the Victorian MCH nursing service. This service is currently renowned world-wide as innovative and evidence based, with 95% of families utilising the service.

I am strongly opposed to the removal of midwifery as a prerequisite qualification for MCH nurses. I believe my midwifery qualification has given me an extensive body of knowledge and invaluable clinical skills to facilitate my practice as a MCH nurse. There have been many situations in which I have been required to draw upon my specific Midwifery knowledge and experience in providing MCH nursing care. Early discharge policies occur in Victorian Public hospitals due to the increasing birth rate. Mothers and babies come home within 48 – 72 hours post birth and receive limited home visits from midwives. I often need to assess and provide management plans relating to feeding problems, poor weight gain and neonatal jaundice. My midwifery training has also enabled me to recognise uterine and perineal infection and cases of mastitis in mothers, and facilitate referrals to general practitioners for early antibiotic treatment preventing complications such as secondary postpartum haemorrhage and breast abcess.
The requirement to be a midwife has not been a barrier for me to practice as a MCH nurse. It is an essential qualification that informs my daily practice as a MCH nurse.

I also firmly believe that it is critically important that MCH nurses be first Registered Nurses. The knowledge gained through general nurse training and clinical experience provides for a strong foundation to use in everyday MCH practice. Families can have underlying health problems which impact on their ability to care for their children. One mother who attends my centre suffers cerebral palsy. She has problems with mobility and weakness in one side of her body. I have worked with a physiotherapist and occupational therapist to provide modified equipment to enable her to care for her baby. Another mother was diagnosed with ovarian cancer requiring surgery, radiotherapy and chemotherapy. With my underlying knowledge of the disease and health system I was able to provide support and guidance during this difficult time.

Finally it is vitally important that MCH nurses complete post-graduate MCH program of study. This additional study has provided me the indispensable knowledge and understanding to provide comprehensive family centred MCH nursing care in the community setting. Being a general nurse and midwife in addition to MCH post graduate program of study are critical to my ability to provide quality MCH nursing care. Ensuring such qualifications should not be seen negatively as a barrier to MCH nursing, but rather the cornerstone of providing a quality service and proper MCH nursing care.

I strongly support the ongoing provision of Scholarships for MCH post-graduate programmes of study. These have been very successful in attracting potential MCH nurses. If a scholarship had been offered I would have undertaken training earlier in my career.

I am concerned at the limited consultation undertaken by the Productivity Commission with Victorian nurses. Our service is widely considered the best in Australia. Therefore it is surprising that the Commission has not held any Public sittings with Victorian MCH nurses. To assist the commission to understand the many strengths of the Victorian MCH Framework, I would be grateful if the Commission would meet with me and other MCH nursing colleagues.

I hope that the strengths of the Victorian MCH nursing service can be adopted by other states and that recommendations are not imposed which would reduce the quality of the Victorian MCH service.

I thank the Commission for considering my comments.