

My name is Binky Henderson and I have practised as a Maternal and Child Health Nurse in Victoria since 1979. I have worked in both the Rural and Metropolitan sector, covering most parts of Victoria.

I am registered as a Midwife and a Division 1 Nurse with the Australian Health Practitioner Regulation Authority. I completed my Midwifery Certificate at the Mercy Hospital for Women in 1978 and I completed my Infant Welfare Training at Tweddle Baby Hospital in Footscray in 1979.

I was received a scholarship from the Department of Health for Maternal and Child Health.

I strongly support the ongoing provision of scholarships for M&CH post graduate programs study. Receiving a scholarship influenced my decision to study within the field of M&CH and scholarships provide an attractive inducement to encourage midwives to move into the field of M & C Health.

My submission relates to Chapter 12 of the Early Childhood Development Draft report and the "Child Health Workforce".

I am extremely concerned with recommendations 12.3 and 12.2 of the draft report regarding the removal of the midwifery qualification as a pre requisite for a Maternal and Child Health Nurse qualification and the ability to practice as a M&CHN and the questioning of the value of M&CHN Scholarships to allow and encourage midwives to undertake study in the M&CHN field.

The removal of the Midwifery qualification as a pre requisite for a Maternal and Child Health qualification is very concerning. The current high level of qualifications attracts committed professionals who are experts in their fields and allows Victoria to provide what is commonly referred to as Worlds Best Practice or the "Gold Standard" in Maternal and Child Health fields.

The high level of qualification required has equipped Maternal and Child Health Nurses with the education and knowledge to address in the workplace the demands of responding to issues regarding, antenatal, post natal, neonatal, maternal, infant and child and family needs within the Victorian community.

I do not support Draft recommendation 12.3. I am strongly opposed to the removal of midwifery as a qualification prerequisite for Maternal and Child Health Nurses.

As a Maternal and Child Health Nurse I have continued to practise as a Midwife on a casual basis. This has kept my Midwifery current and combined with my extensive Maternal and Child Health Career has given me a depth of knowledge enabling me to provide comprehensive support to both the mother and baby.

My knowledge covers the antenatal, the pregnancy, the Labour, post natal period and the preparation for increasing a family. I have countless examples in my practise where my

midwifery knowledge, dealing with a mother in her post partum period have prevented what could have been life threatening to both mother and baby.

One example was a routine home visit to a first time mother. At the visit it became apparent she was having a post partum haemorrhage, my midwifery knowledge enabled me to act quickly and arrange appropriate care for the mother, and the mother was admitted to hospital for an emergency D and C.

Midwifery knowledge is a vital component, when practising Maternal and Child Health.

- We provide support, education and advice around a vast range of issues that encompass both Maternal and Child Health that relate to Midwifery knowledge. We provide advice on the following :
- Prematurity and neonates who are discharged home.
- Advice regarding birthing choices.
- Provide debriefing to women following traumatic births.
- Provide advice re discussing the birth of a baby with older children and managing strategies for coping/ managing when the new baby comes home.
- Counselling to women who have experienced miscarriage, stillbirth or the death of a baby after birth. (All babies born after 20 weeks are notified to M&CH for follow up and counselling opportunities).
- Breast feeding advice, support and advice for those mothers unable to breastfeed.
- Assessment and support of the breastfeeding mother and referral for lactation consultant support or medical support for issues concerned with breastfeeding such as mastitis, breast abscess, nipple thrush and nipple pain.
- Counselling of the breastfeeding mother around use of medications, drugs and alcohol.
- Contraception
- Information on sexuality and sexual relationships after the birth of a baby.
- Assessment, information, support and referral around continence issues post birth.
- Assessment, support and referral around any Mental Health issues ,including antenatal depression, post natal depression, adjustment disorders, anxiety and recognition in M&CH practice and response to puerperal psychiatric emergencies.

It is also imperative that MCH Nurses are Division 1 Nurses. They need the comprehensive education on health and illness. The clinical practice and knowledge that is gained from General Nursing, Midwifery provides knowledge base on which Maternal and Child Health can be built on.

As a Practitioner of over 30years experience, I continually draw on all my Nursing education and knowledge.

We work with the Family as a whole and we need to have a working knowledge of the human body, illness, disease and preventative health.

We need to work together in a partnership with the child's parents to promote health, development and well being for the whole family as well as their children.

The level of Victorian M&CHN training and education enables the MCH Nurses to provide comprehensive care to the families they see .

The comprehensive nature of training to reach the qualifications necessary to practice as a M&CHN should not be seen as a barrier but as an asset, resulting in high standards of knowledgeable and quality care for children and families that result in better outcomes for the children of Victoria.

I also have real concerns around advice, continuity and support for the family when using Practice Nurses in General Practice as a substitute for M&CHN.

Practice Nurses play a valuable role in General Practice they do not have the level of education (required in M&CHN) or the scope of practice to equip them with the body of knowledge necessary to provide comprehensive and holistic developmental assessments or health and well being care to mothers, families, infants and children.

Finally in closing, as already stated, I have been a Nurse since 1973 and a MCH Nurse since 1979. I now find myself working with clients who are part of our declining health picture.

I am seeing many Mothers and Partners, from all ages with compromised health issues.

They are suffering from, Obesity, Diabetes, High blood pressure, mental health, poor mobility.

This is NOT the time to DUMB DOWN our training and education.

I am concerned with the lack of consultation by the Productivity Commission with Victorian M&CHN.

I would be very happy to meet with the Productivity Commission along with my M&CH colleagues to discuss the many strengths of the Victorian M&CH model via public sittings and for the Productivity Commission to also include members of the Victorian public who use the M&CH Service in any public discussions.

There are comments from the General Public on the face book site called :

"Save Maternal and Child Health". These are comments from the Public of both users and Providers.

Yours Sincerely

Binky Henderson

RN, RM, Certificate (M&CHN).