

### 1. Introduction:

My name is Roslyn Monagle and I commenced my general nursing in 1969 in Victoria and completed in 1972. Over my nursing career I have nursed in many areas, such as, Theatre, out patients & emergency nursing; Coronary Care & Intensive Care before completing my Midwifery and Certificate in Maternal & Child Health. I started my work in the Victorian Maternal & Child Health field in 1978.

I have completed a 2 year Grad Dip in Community Nursing which has provided extra skills that I use in my Practice as a Victorian Maternal & Child Health Nurse.

Therefore, I am registered with the Australian Health Practitioner Regulation Authority.

### 2. Overview:

My Submission is targeted to responding to Chapter 12 of the Early Childhood Development Draft Report and the “Child Health Workforce”.

My concern with recommendation 12.3 and 12.2 of the Draft Report indicates the removal of midwifery qualifications as a qualification prerequisite for MCH nurses. Midwifery is one of the major components I use to provide all families & their children with a high standard service delivery within my work as a Maternal & Child Health Nurse (M&CHN) Practice.

Since I use all facets of my nurse training within my Maternal & Child Health Service delivery eg

- General Nursing Skills
- Midwifery Nursing Skills
- Maternal & Child Health Nursing Skills

It is therefore vital that we retain scholarships for the MCH program studies to maintain the high standards of care for our most vulnerable members of our community – our children. I therefore believe that these recommendations would reduce the quality of the Victorian MCH nursing service and will impact on the robust qualification requirements and ongoing educational preparation of the Victorian MCH nurses.

### 3. Draft recommendation 12.3

M&CHN requires a nurse to bring other skills from her past training to her Practice. As nurses we are skilled in various areas due to the fact that our General Training grounded us with a large variety of nursing experiences and skills which you never know when you will use them again.

Example one: I was facilitating a first time parents group and one of the mother’s attending this session went into a hypoglycemic coma, therefore, my skills as a general & ICU nurse was invaluable at this time.

Example two: I was doing a home visit and found a mother trying to breast feed and a baby severely dehydrated and limp and unable to suck. Again my general training and ICU experience was required and I rang the Ambulance and Royal Children’s Hospital – this infant was admitted with severe dehydration and would not have survived the next 24 hours. This child is now an adult in her late 20ies.

The Victorian M&CH Service we also provide information on the QUIT program; SUDI program and helping in the fight to lower the Obesity levels. All these areas required my broad General Nursing knowledge and skills.

M&CHN also requires Midwifery as part of their skills of assessment and again provides a great platform for delivering a high quality / standard of Service Delivery.

Example one: I was doing a home visit with a mother who already had breast feed her other children with no problems. However, this mother was not feeling well, she was bleeding heavily and her baby had severely engorged breasts.

M&CHN referred:

- Mother back to Obstetrician for? Retained products. Mother was admitted back to Hospital & placed on I/V A/B's as mother was experiencing hemorrhaging.
- Baby to local Doctor who immediately referred to:
  - ❖ Pediatrician who rang the Royal Children's Hospital Endocrine Department.
  - ❖ Recommendation – wait for two weeks then review query may subside due to Maternal abnormal Hormonal Levels

Example two: Early discharge of mother's & their newborn infants have increased the breast feeding problems. At every Home Visit the M&CHN is required to oversee the Prenatal History specific to that mother and her delivery "story" is taken. Maternal Health & Wellbeing is reviewed with the post delivery follow ups or tests, that are specific to that mother, are arranged eg gestational diabetes; gestational hypertension. Observation of breast feeding, correcting maternal position & baby attachment is always required. Discussion around the importance of breast milk for infants and maternal well being, nutrition & emotional status always reviewed. We also assess the infant at ever home visit which includes jaundice levels, feeding patterns, alertness and hydration levels.

M&CHN also continues the post natal wellbeing reviewed at the 4 weeks mother wellbeing review which includes Edinburgh Postnatal Depression Review (PND) and Domestic Violence (DV) review; 3 months : Maternal wellbeing PND and DV reviews is an additional consultation we provide at the Moreland M&CH Service. Babies are always reviewed and assessment as per the Key Ages & Stages & Parent Evaluation of Developmental Status (PEDS).

Maternal & Child Health Nursing Skills requires nurses to continue to update and change their M&CH Practices by ongoing Education and attendances to seminars and to review the DEEC M&CH websites and training programs.

Mother's come to the M&CH Service with their own "story" and it is these skills that produce improvement to the service that produces a high quality service that meets the needs of all Australian Families and their children.

#### 4. Draft Recommendation 12.2

Therefore, I strongly support the ongoing provision of scholarships for MCH post graduate programs and courses of study. In Victoria this has proven very successful.

#### 5. Conclusion;

Therefore, why would any government want to lower these standards? It is a vital part of the Maternal & Child Health Service and Midwifery with General Based Nursing compliments the M&CH courses that provide Australia with the Best Service possible.

Australia should be striving for the Best Maternal & Child Health Service in the World.

I thank the commission for considering my comments.

Roslyn Monagle

M&CH Nurse