

Dear Sir/ Madam,

My name is Vanessa Meehan, and I am currently practising as a Maternal & Child Health Nurse in Victoria, and have done so for the past nine years. I also have Midwifery and General Nursing registration with the Australian Health Practitioner Regulation Authority. I completed my General Nursing at the Alfred Hospital in 1989, my Certificate in Midwifery at Monash Medical Centre in 1992, and my Post Graduate Diploma in Child, Family and Community Health Nursing at La Trobe University in 1999.

My submission is regarding the recent Early Childhood Development Workforce Draft Report. My concerns particularly involve the recommendations 12.2 and 12.3 that question the value of scholarships for Maternal & Child Health Study and the removal of Midwifery as a qualification prerequisite for MCH Nurses.

The extensive qualification requirements and educational preparation of MCH nurses in Victoria ensure the high standard of quality service the children and families receive.

Although I was not a recipient of a scholarship, many of my colleagues have had the fortune to be so. Many Midwives and hospital-based colleagues find the financial incentive a drawcard to extend their qualifications and move into the MCH field, and the lack of scholarships available have meant many have not been able to achieve this goal. This has been a notable influence on recruitment and retention factors within the local Government area in which I am currently employed.

I am strongly opposed to the removal of Midwifery qualifications as a prerequisite for MCH Nurses as this is the foundation of Women's Health and pregnancy/postnatal care. Although we see Families with Children from birth to approx 5 years, often the women is pregnant with subsequent children and needs additional support and advice during this time. With a push for early hospital discharge, we are often seeing women in the first week postpartum, and babies in the 28-day neonatal period, so experience and expertise is critical in the position. Supporting women to establish lactation is vital in that first few weeks, and this requires clinical skills honed in the midwifery wards.

Commonly we are supporting families with children with increasingly complex special medical needs/very premature babies. This is something that comes with experience in Special Care and Intensive Care Nurseries, which is part of our Midwifery education. From my experience there I have been able to detect potentially life-threatening cardiac conditions in the Community Health setting and referred for emergency care. On a daily basis I am supporting women with health issues like mastitis, uterine infections, wound management, contraception and postnatal depression/anxiety. The requirement to be a midwife has not been a barrier, rather an essential part of my knowledge and experience that informs my everyday practice as a MCH nurse.

Being a Registered General Nurse is also critical for my foundation knowledge –base and looking at the health of the individual and the family as a whole. Many Women and children are dealing with medical/surgical co-morbidities, which can impact on the family unit. eg chronic illness such as endocrine disorders, cardiovascular disease, cancers, substance abuse and mental health issues.

The additional Post-Graduate qualification in Child and Family health is vitally important in providing the necessary knowledge, experience and understanding of holistic family-centred health management in the community setting. The continuity of care we provide from birth to 4 years, and the trusting relationships we develop with families over time are invaluable to the families, which are reflected in the high participation rates, and the reported high levels of satisfaction with the service.

Another concern I have is the limited consultation by the Productivity Commission with Victorian Service Providers/MCH Nurses in relation to our framework, which is highly regarded by Service providers in other States and Territories. I would welcome the Commission to meet with me and other MCH Nursing Colleagues to discuss the many strengths of the Victorian model of care and the framework, which is not only evidence-based, but highly supported by the Department of Education and Early Childhood Development.

I hope the other States and Territories can adopt a similar framework to the Victorian MCH service rather than diminishing the quality if it by downplaying the importance of our extensive experience and qualifications. Rather than seeing it as a barrier to be overcome, it needs to be seen as being of vital importance in providing a high quality, family-centred service that is seen as a benchmark for others to try to achieve.

I thank the Commission for considering the above comments.

Yours Sincerely,

Vanessa Meehan (RN, RM, M&CHN)