

29 August 2011

To
Early Childhood Development Workforce Study
Productivity Commission
Melbourne

My name is Lye Fernandez and I have been working as a Maternal & Child Health Nurse in Victoria for nearly 16 years. I am currently working fulltime, in the metropolitan area and in a community that is very multicultural, fairly low socio-economic part of the state, with immigrants and refugees.

Besides working as a Maternal & Child Health Nurse (MCHN), I also do some part time/casual work as a midwife in a local public Maternity Hospital to keep up with my midwifery skill and knowledge.

I am a registered midwife and nurse with the Australian Health Practitioner Regulation Authority. I obtained both my General Nursing and Midwifery qualifications in the UK. In addition to these qualifications, I have also completed a Post Graduate Diploma in Child, Family and Community Nursing at La Trobe University in 1995.

As I was very passionate in this area of nursing (and still am), I completed this degree with my own finances and have never regretted that decision.

Recently, following news about the Child Health Workforce Report recommendation, Chapter 12, which suggest removal of midwifery as a qualification prerequisite for MCH, I feel very strongly that this recommendation would negatively affect the service that we provide to all families, especially mothers in the early postpartum period.

Hopefully the executives that are involved in writing out these recommendations are aware of the fact that all mothers that have just given birth are discharged from hospitals far too early on Day 2 to 3, well before they are confident in parenting and looking after a newborn, let alone, understand the changes in their body and lifestyles that a new baby can bring. I can think of numerous examples of how my midwifery knowledge and experience has helped and supported mothers throughout this challenging period of their life.

My knowledge and skill in helping mothers with Breastfeeding is an integral part of being a Midwife. Most mothers are discharged from hospital even before they establish their lactation supply; they have not being given adequate guidance and support from the maternity hospital.

Would a nurse with just basic nursing or even with just child health qualifications be able to offer advice how to assist a mum with Mastitis, cracked or sore nipples from incorrect nipple attachment; a mum complaining of painful episiotomy or unusual heavy bleeding?

Yes, one may suggest they can go to their doctor for these issues. However these are not abnormal situations that require medical attention, but just reassurance and guidance from an experienced midwife.

I had recently 'saved a mum's life' by my prompt action of calling an ambulance because when a pregnant mother expecting her 2nd child, was attending an appointment with her 2 year old son, started complaining of headache and gastric discomfort. I noticed that she had swellings on her hands and feet.

My Midwifery experience prompted me to think that this mother may be suffering from 'fulminating pre-eclampsia' which could be life-threatening.

Had I not been aware of this condition, she would have ignored these symptoms and may end up with serious medical complications for her and the unborn baby.

The Victorian Maternal & Child Health service had been praised and well received by families who have moved from other states to us. They embraced how much more supported they are in Victoria, especially in the early postpartum period.

The new MCH practice framework is founded upon the evidence based Key Ages and Stages Framework which seriously address parental concerns of their children. This framework also focuses on maternal health and wellbeing throughout the 3½ to 4 years that the family is engaged with the service.

I would like to raise the question of how the Productivity Commission gathered information and fact to produce this Report. There had been limited consultation with Victorian MCH nurses or even survey what families need and want to give their children a good start in life. A happy and confident mother who has the support of an experienced MCH nurse will definitely lead to a happier more content baby and children.

I strongly believe that being a registered nurse, an experience qualified midwife and to have undertaken a Post Graduate Diploma in Maternal & Child Health had contributed to the level of care and support I offer to families in my daily working life. Possessing all these qualifications should not be seen as a barrier to MCH nursing but in fact is most useful and enhances the quality of care I provide to families.

I would like to thank the Commission for considering my comments above and would be very grateful if the Commission would arrange to meet with me and other MCH nursing colleagues to review recommendations in the Report.

Kind Regards,

Wendy Lye Fernandez