

Productivity Commission, Early Childhood Development Workforce

My name is Carol Pywell and I am a concerned Victorian Maternal and Child Health Nurse (MCHN). I obtained a Postgraduate Diploma of Nursing Science Child, Family and Community from the La Trobe University in 2008. I was a recipient of a scholarship from the City of Kingston which enabled me to fulfil my ambition to become a MCHN. This had been financially impossible prior due to the high fees charged for the course. Once I completed my studies the scholarship gave me the option of ongoing employment which enabled work security and also satisfaction as I had completed some of my clinical components of the course with the City of Kingston. Since graduating I have worked part time for the City of Kingston (in metropolitan Victoria) as part of the Universal Service and also the Breastfeeding Support Service.

I am a Registered Nurse and Registered Midwife since 1990 with the Australian Health Practitioner Regulation Agency. I completed my Nursing training at the Royal Melbourne Hospital in 1986 and Midwifery training in 1990 at the Mercy Hospital for Women. I then upgraded to a Bachelor of Applied Science Nursing at the Australian Catholic University in 1994. I also qualified as an International Board Certified Lactation Consultant (IBCLC) in October 2006.

My submission to the productivity commission is related to the draft report and the Child Health workforce, specifically chapter 12.

I am particularly concerned regarding the suggestions in 12.2 of the draft report regarding the possibility of reducing the number of health checks available for families; this is to ensure consistency with other jurisdictions. The benefits of breastfeeding are well documented and researched; supporting families in the early months may require extra Maternal and Child Health visits especially when establishing feeding. Evidence also supports better outcomes for children that have developmental delays if they are diagnosed early and then linked into appropriate services. The earlier the interventions for these children the research documents improved outcomes. If there are increased gaps between developmental assessments then potentially children will not be linked into appropriate services as early.

I am concerned that the current 3.5 year old checks which are undertaken by Victorian MCHN's, which are now being offered by Practice Nurses, who may not have such extensive qualifications in areas such as Maternal and Child Health. When a family visits the centre the child is assessed and this is all taken in the context of the family as well. The well-being of the mother particularly impacts on the well-being of the family. I have been involved in writing letters to agencies involved in allocating housing when a mother is struggling with a pre-schooler in an environment that isn't conducive to learning.

The intention to remove the necessity for the midwifery qualification for Maternal and Child Health Nurses is also very concerning. In my daily practice as a MCHN it involves debriefing women following sometimes traumatic birth experiences and having had over 20 years' experience as a midwife I feel that I am well qualified to do this and also answer questions antenatally when a mother of a child comes to the centre expecting another child. The incidence of both Vitamin D deficiency and obesity is on the rise and these issues can be discussed along with breastfeeding and many other questions during a consultation with the family. This can all help improve the general health and well-being of our population.

The new Victorian framework which we work under is a benchmark for other States. The framework is evidence based and provides family centred care for women and children and families from birth to 6 years of age. The new training that was completed included a SIDS component and my understanding is that Victoria has the lowest rate of SIDS nationally and MCHN's can only assist in reducing this figure by educating our families in SIDS compliant practices.

Services for young children and their families should be effective and efficient aimed at improving outcomes for the whole population as well as addressing those most in need (Policy Brief, NO 4 2006, Services for young children and families, The Centre for Community Child Health). The current Victorian Maternal and Child Health Service is ideally situated to promote positive functioning and decrease the likelihood of specific problems or disorders developing.

Studies have shown that postnatal depression can have a number of negative effects on the infant in the form of emotional and cognitive development. Emotional effects are an insecure infant-mother attachment and also behaviour. Cognitive effects include poorer motor and mental development, failures in achieving developmental milestones including language delays. As a MCHN I frequently work with families that are concerned re a toddler/pre-schoolers language development and as part of the Victorian framework can now do a detailed Brigance assessment and then refer the family appropriately. In my role as a MCHN I have supported mothers who have been suffering from Postnatal Depression and it seemed that good listening skills, some advice and guidance and especially understanding with empathy, all made a difference. If the woman has the opportunity to really feel "heard" she is on the road to recovery. If she is encouraged and not judged she will improve. The Health nurse needs to have the maternal component in her role so that she can adequately and holistically care for the whole family and not just the infant. Monitoring the infant is important as well as observing mother-infant interaction. Encouraging these mothers to attend new mothers groups/ baby well-being groups can assist in the recovery progress. (Rothman, November 2006, British Journal of Midwifery 14(11)). I would not have had the skills to do this well if I didn't have the midwifery education and experience as well.

12.4 of the draft outline concerns regarding the quality of the graduates of Child Health Nursing courses. I was the recipient of the City of Casey award for the La Trobe University which is for the most outstanding student in the Postgraduate Diploma of Nursing Science (Child, family and Community) for the year 2008 so I feel that there is no issue regarding the quality of the graduates and also there was no difficulty in obtaining employment in the field of MCH. The draft recommendation of 12.4 is concerning as surely by offering more scholarships then nurses will be encouraged to pursue and are able to, with financial assistance, achieve their goal. This will enable highly skilled nurses who perhaps would not otherwise be able to complete a Postgraduate or Master's Degree in Family Child and Community Health.

The limited time frame and consultation with Victorian Maternal and Child Health Nurses is very worrying as Victorian MCH Nurses are often referred to as the "Gold standard" of MCH nursing and the new framework which has recently being adopted and added to our scope of practice could be adapted for other states and help enhance the quality of care offered so that the quality of our service is not reduced.

Thank you for your consideration.