

To Whom it may concern

I am writing in response to the Productivity Commissions Early childhood Development Workforce Draft Report (June 2011).

I am specifically responding to Chapter 12.

I feel particularly well qualified to provide this response as I have been a registered, practicing and motivated Maternal Child Health Nurse since 2003. Of further relevance is that I am working in an acknowledged High Risk Area of Enhanced Maternal and Child Health.

- I completed my Masters in Family and Child Health at La Trobe University
- I obtained my Midwifery Qualification (postgraduate) in 1998 at La Trobe University.
- I was registered as a General Nurse (undergraduate) in 1988
- Critical Care Certificate 1990
- ++ family Planning Certificate

It is recognised world-wide, the critical importance of the early years (0-5yrs), especially in vulnerable families, is beyond question.

As a “headline”, the skills that I obtained by completing my Masters in Family and Child Health, have without doubt, enabled me to confidently and professionally assist countless families with the early years 0 to 5 years of age, particularly those “vulnerable” families whose needs are the greatest.

My major concerns are twofold (re items 12.2 & 12.3)

1. The removal of Midwifery qualifications as a prerequisite for MCH nurses.

I strongly advocate that should these concerns be realised that the effect would be to reduce and potentially destroy the quality of the Victorian MCH nursing service.

The Victorian MCH nursing service is currently renowned world-wide as innovative, evidence based practice with outstanding attendance rates.

In a voluntary system, the current average of 95% of families attending MCH Centres is testament to the high regard that families place in the service. I maintain that the highly professional MCH nurses (qualified as such) have engendered generations to comfortably consider the service to be mandatory in nature.

The current robust qualification requirements and educational preparation of Victorian MCH nurses allows a streamlined experience for the families we are dealing with. Initially pre-natally, antenatal, postpartum and beyond to the age of 5 years, the current qualification requirements allow the MCH nurse to have a thorough understanding of all aspects when a couple decide to become a family.

Being a midwife has provided me with a critical body of knowledge and invaluable professional skills to practice as MCH nurse. There are many examples where I have been required to draw upon my Midwifery knowledge and experience in providing MCH nursing care. I firmly believe that client care may have suffered had I not obtained this qualification. Many of the vulnerable families I see often are unable to afford to see their local GP. So when the families are deciding to have another child or are pregnant I am able to provide them with important information concerning vitamins, folate, iron and Vitamin D to ensure that the possibility of neural defect, anaemia and rickets are minimised during their

pregnancy. Also, discussing listeria and what type of foods to avoid has been extremely important.

Another example is when a family had a child with a many mothers who have presented with inter-uterine infections ,while at their Child health centre visit , Mums have had a health assessment , to find that they have serious medical concerns and have not been to the Gp, these include Inter-uterine infections, wound breakdown, mastitis, cerebral leaks /bleeds post epidural insertion . This demonstrates where both my General Nursing and Midwifery qualifications were not just indispensable but requisite.

As a Midwife you have a thorough understanding of the changes to a women's body during pregnancy. Often during a consultation for a sibling the mother will ask questions, which I am able to answer with confidence. A thorough understanding of the types of antenatal care available is also invaluable. By example, I recently visited a Mother who was 16 who had very little family support and understanding I was able to assist in arranging some contraception with this Mum as I have a family Planning certificate , and the Mum had a comfortable knowledge that I was a Midwife and I had good understanding about her concerns.

Having a midwifery qualification, allows me to have a thorough understanding of the lactating mother. Our breastfeeding rates are low compared to the WHO recommendations, and would likely fall, without a MCH nurse having qualifications in midwifery to assist breastfeeding mothers.

I strongly feel that the requirement to be a qualified Midwife to practice as an MCH nurse is an essential qualification that informs everyday practice as an MCH nurse, often without realising it.

I also firmly believe that it is critically important that MCH nurses be first Registered Nurses. The knowledge gained through an undergraduate nursing degree has provides for a strong foundation to use in everyday MCH practice. As MCH nurses we are dealing with the whole family, so a good general understanding of medical conditions enables MCH nurses to assist and even assess the families during often difficult times.

As Maternal and Child Health Nurses it is vital to acknowledge the Maternal. Many recent studies indicate the importance of the Mother and Child bond. It is recognised by WHO (World Health Organisation) that whenever dealing with a young child the most important issues for good outcomes is the Mother. A mother with an undiagnosed mental health issue, such as postnatal depression (PND) has been shown in studies, the child has a developmental delay. This is not ignoring the importance of the father, just that the chemical bond between mother and child is extremely important and requires to be recognised. Referring a mother with severe PND to a mother baby unit, allowed the mother to be medicated and improve the bond between mother and child.

I work with many Mothers experiencing Postnatal depression, My experience gained through the Undergraduate general Nursing and further training while studying Midwifery and Maternal and Child health have given me skills to care for families experiencing Post Natal depression.

As a MCH nurse early recognition has insured that Development Hip Dyplasia (DDH) has been noted and referred to ensure that the child is walking without any concerns.

I have assisted in identifying many babies in Midwifery practice and Maternal and Child health with DDH. I have found many babies that have needed repeated referral back to the GP before detection was identified, if I had not been confident in my skills, I may not have been as diligent in re referring families back to the doctor

Another example is a close relationship that MCH nurses have with working with DHS (Department of Human Services), when it becomes clear that a child is neglected, physically or sexually abused. Having completed the masters in Family and Child, it has enabled me early intervention with these families and better outcome for the child.

In Enhanced Maternal and Child health I work very closely with DHS with many of my at risk clients. I have identified babies who have been at risk of sexual penetration, my advanced skills in physical assessment and newborn examinations I feel has been invaluable in this identifications

The issues that I am very concerned about, are the limited consultation undertaken by Productivity Commission with Victorian nurses. Our service is widely considered the best in Australia and has many strengths. It is very similar to those in Canada and United Kingdom. Therefore it is surprising the me that the Commission has not held any Public sittings with Victorian MCH nurses. To assist the commission to understand the many strengths of the Victorian MCH Framework, I would be grateful if the Commission would meet with myself and other MCH nursing colleagues.

The Commonwealth Government recognises the importance of the early years (0 to 5yrs) to ensure changes occur for the benefit of the next generation. Hence the introduction of 15 mandatory hours for kindergartens, ensuring there is a qualified Kindergarten teacher in every child care centre and increase the qualifications of early childhood workers. Introduction of mandatory 3 ½ year old checks, currently with which the Victorian MCH nurses already complete, as their standardised practice. I find it very interesting that with the above changes and recommendations and more to follow that the Commission has shown short sightedness with regard to the expertise the Victorian Maternal and child Health Nurses provide to the Victorian Public and great service.

Finally it is vitally important that MCH nurses complete a post graduate MCH program of study. This additional study has provided me the indispensable knowledge and understanding to provide holistic and family centre MCH nursing care in the community setting. Being a general nurse, midwife and to have undertaken MCH post graduate program of study are critical to my ability to provide quality MCH nursing care. Ensuring such qualifications should not be seen negatively as a barrier to MCH nursing, but rather the cornerstone of providing a quality service and MCH nursing care.

The Victorian model of care is valued by our families, we have service delivery to 95% of families in Victoria, families trust our skills and Knowledge.

This enhances the health care for Victoria.

We cannot allow health care in Victoria to go backwards. OUR BABIES ARE OUR FUTURE ADULTS

Jacqui Gilmour