

I am writing in response to the Commission's draft report on Early Childhood Development and Chapter 12 ( Child health workforce) in particular.

### **My Experience and Qualifications**

I am a fully qualified maternal and child health nurse and have been working in the local government sector (Maroondah City Council) in outer Eastern Melbourne for four years.

I gained the relevant nursing qualifications as a registered Division 1 nurse in 1980 through hospital based training after working to consolidate these skills, I completed my midwifery training to become a registered Midwife again through hospital based training in 1982. I worked for 17 years as a Midwife and then went onto complete my current qualifications of a Post Graduate Diploma in Child, Family and Community Nursing through La Trobe University finishing in 2006

I am keen to make a submission because I am deeply concerned that the report, as it is currently drafted, runs the risk of undervaluing the importance to our community of supporting happy, healthy children and their mothers and fathers with the skills to cope with the responsibilities of and adjustment to parenthood.

### **Benefits Of Primary care**

The report is right to identify the benefits of increased rates of immunisation in the community and of a greater uptake of breastfeeding as a result of child health services.

What is not acknowledged is the confidence provided to first time mothers( and fathers) of dealing with highly qualified and experienced maternal and child health nurses and the improved outcomes for families in feeling supported in their new and often challenging roles as parents.

We are in a unique position of trust and we draw heavily on our midwifery skills knowledge and experience constantly in practise .This is a positive and valued support to families most often at a time when they are most vulnerable.

### **Clinical Examples**

#### ***At Home***

Every family receives a home visit from a maternal and child health nurse within the first 7-10 days after birth. At this home visit midwifery knowledge is fundamental to the assessment. All women require a detailed history to be taken of their pregnancy and birth and in most cases a discharge summary is provided that as a midwife I can read, understand and highlight significant issues that impact mothers' and babes' health.

For example most women are unaware of the meanings of medical terminology because no-one has informed them and this midwifery knowledge opens a dialogue to discuss perineal trauma, pelvic floor, prolapses, instrumental delivery, Caesarian delivery and wound care, nipple damage/ trauma, retained placental products, low breast milk supply, per vaginal blood loss- odour, amount, consistency, urinary issues, haemorrhoids, birth trauma etc and these are only a few of the areas that may be covered. Most families have no information given to them and are unaware of the consequences or where to seek help and when they are informed of my qualifications are able to list their medical/health issues and other concerns and I am able to advise, counsel or refer as necessary.

The home visit also focuses on the baby with an assessment of their colour/vigour/eyes/umbilical cord/output/behaviour/feeding issues and weight loss/gain, many babies are sent home jaundiced and parents will need guidance and advice on care and often referrals back to hospital settings for interventions. Commonly mothers have feeding difficulties and my skills as a midwife allow me to assess for tongue-tie and refer for snipping, observe a breast feed and offer advice with attachment and positioning as needed and cover all aspects of breast-feeding advice and if needed a referral to a

Lactation Consultant. These points listed only skim the surface of issues families face and my midwifery guides all my assessment and advice.

### ***In the Centre***

The centre visits are also fundamentally guided by my midwifery skills as well as built upon by my general nursing knowledge and experience and then complimented by my further post graduate qualifications as a maternal and child health nurse.

All centre appointments focus on both the mother and babe/child and often a list of questions is brought and answers sought for a complex set of issues. Ranging from physical health, emotional and mental health, parenting skills, nutrition and diet, child development, sexual health, relationships, pregnancy, family-work life balance, social isolation, family violence, dental health, sleep and settle, and immunisation just to list a few. I am acutely aware that for the majority of families the Victorian maternal and child health service provides a safe place to voice their concerns and have questions answered from qualified professionals who are respected for their knowledge and skills.

### **Vital Role**

In addition, we form a vital part of the observation and referral chain for all parents to other health and medical professionals and we link parents with resources. Post graduate qualifications and extensive work experience improve our ability to more quickly make the right referrals and access the right resources for families.

The report underplays each of these dimensions of our work and gives the impression that less experienced, often younger nurses without a midwifery qualification could do an equally good job. This is not borne out in practice and I am sure would be rejected by our clients who value our highly professional standard of care. This is evident in consultations by the long lists of questions asked at appointments on a cross section of issues as previously mentioned.

Midwifery qualifications are identified in the report as "unnecessary" and creating "additional hurdles." I find this observation ill-informed and not reflective of our experience with parents and children across the spectrum. Many midwives look positively at the structured career path of gaining further qualifications as maternal and child health nurses in Victoria, because they are aware they have the essential qualifications from years as midwives to work confidently and competently in this complex role.

Much of our work is about the birth and post birth experience where midwifery qualifications make a material difference. With breast-feeding too, midwifery qualifications and experience are of essential in identifying problems and implementing strategies to support breast feeding from birth and to the second year of life, as recommended by the World Health Organisation.

The report identifies gaps in data collection and the need for more research.

Research and data can come in many forms. I would love the opportunity to share our work with the commission. This would educate you first hand about the positive impact we have on the lives of mothers, fathers and their children in the community. Many outcomes are measurable through our MACHS computer system and are evidence of the support we provide, as well as the complex range of problems we encounter. Our qualifications inform our clinical practice and our many interventions avert problems because of the speed at which we arrange extra assistance and referrals.

The report, as it is currently drafted, undervalues our work and suggests standards should be dropped in the recruitment of the people who provide vital maternal and child health services in Victoria. This decision would come at significant cost to the families who access our services.

I strongly recommend that more investigation takes place in order to gain a complete understanding of the value of having appropriately qualified and experienced maternal and child health nurses in our community.

To go backwards and even consider reducing the professional qualifications of a valued resource at a time when families are most vulnerable, will negatively impact these families and ultimately the entire community.

Yours sincerely

Susan Young

Maternal and Child Health Nurse