

30 August 2011

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Early Childhood Development Workforce Study
Productivity Commission
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Dear Ben,

I am writing to you regarding the, "Productivity Commission Early Childhood Development Workforce Draft Report". My concerns are related to chapter 12 of this report that suggests that Maternal and Child Health (MCH) nurses do not require midwifery as a pre requisite for the course and that scholarships are not a cost effective way to attract staff.

I am a practicing MCH nurse who is currently /and has been working in metropolitan Melbourne as a MCH nurse for the last 20 years. My qualifications include Registered Nurse Division 1, Registered Midwife, Bachelor Of Applied Science In Advanced Nursing (In MCH nursing and Community Health Nursing)and a registered Lactation Consultant with the International Board of Lactations Consultants.

The MCH service is a profession unique to Victoria which supports the physical and emotional health of new mothers, to promote the optimal growth, health, development and socialization of their children from 0-6 years of age. This encompasses care for the whole family but the mother and child dyad is the primary focus. The Victorian MCH service is unique in promoting this holistic, one stop assessable service which is reflected in the high attendance of the target population to our service and the high regards the community has for the service. Government agencies rely on this fact when the MCH Service is targeted for delivery of health promotions such as SIDS, QUIT, Immunization information, post natal depression and the opportunity for research. Canada has researched our service and found it to be the gold standard in promoting child health care.

To deliver this service I have drawn heavily on my qualifications. General nursing provided an all-round knowledge of nursing and professional conduct essential for this role. Midwifery provided core essential knowledge in maternal disease during pregnancy, the normal pregnancy and delivery and paediatrics. A deep understanding is needed of the normal condition of pregnancy, labour and the complications that could occur, the perinatal period and paediatric diseases of the neonate. Breastfeeding is also an invaluable tool gained from midwifery essential to the support of women in the MCH service.

My MCH qualification did not repeat the midwifery course but gave me skills in child development and assessment, nutrition, family dynamics, research, microbiology, sociology, legal studies, parenting,

emotional development, child temperament, counseling, group facilitation amongst others things. It was a very full course including a work experience component.

Each day I use my midwifery knowledge in daily practice. Every new mother attends with a discharge summary of her antenatal, delivery, postnatal and health of her infant. Last week one client had recorded that 2 vessels were present in the umbilical cord. Without midwifery knowledge I would have not picked up that this was abnormal. Other issues such as the meaning of the APGAR score (a guide to the neonate condition at birth) amount of mothers blood loss at delivery (which can impact on mothers health and breast milk supply) severity of perineal tears and the ongoing care and implications of urinary and bowel continence and complications of delivery are but a few.

Each new mother is invited to a New Parents Group where they can share their experience of delivery and each normal side effect of pregnancy is discussed as well as the overall effect these will have on the mother's future. Pelvic floor exercises are discussed, PND, gestational diabetes are all part of midwifery knowledge.

There is very little pediatrics covered in general nursing and MCH studies concentrate on wellness not illness. My midwifery knowledge has been invaluable when caring for normal infants, premature babies, genetic abnormalities and neonatal conditions such as jaundice, birth marks, reflux and hip dysplasia to name a few. Midwifery is a major source of knowledge for the infant nutrition in the first 28 days after birth. The mother who is breastfeeding her infant is supported by her midwife and her MCH nurse during this period. There are no opportunities to practice or research breastfeeding skills in general nursing. It is midwifery where these skills are nurtured and perfected and the nurse works with the mother right from delivery.

The termination of scholarships appears to negate the importance of the MCH service. Nurses engaging in MCH studies are experienced nurses usually in the middle of their busy family lives who are recommencing arduous study to begin a new field of nursing as a lone practitioner. They also have to manage a large financial commitment to fund the MCH course. Scholarships help to encourage nurses to take on this challenge.

I hope you find my arguments compelling enough to recommend that the MCH course require a pre requisite of Midwifery and well as general nursing and scholarships are necessary to maintain the recruitment into the MCH service.

Kind regard

Cheryl Kessler.