

My name is Catherine Owen and I have practised as a Maternal and Child Health Nurse in Victoria for 13 years. This has been in metropolitan Melbourne with many years before this working in a residential facility for Mother's and Babies - I then realised I needed and indeed was encouraged to formalise my qualifications. I am a registered midwife and general nurse with the Australian Health Practitioner Regulation Authority. I am a hospital trained general nurse and midwife - both qualifications gained in Melbourne. I then gained a Graduate Diploma of Public Health in Child and Family Health Nursing at Royal Melbourne Institute of Technology in 1998.

This submission is directed at Chapter 12 of the Early Childhood Development Draft Report and the Child Health Workforce.

I am particularly concerned with recommendations 12.3 and 12.2 of the Draft Report. These suggest removal of midwifery as a prerequisite qualification for Maternal and Child Health Nurses and the questioning of the value of scholarships for Maternal and Child Health programs of study. I believe that these recommendations would reduce the quality of the Victorian Maternal and Child Health Service.

Draft recommendation 12.3 - I am strongly opposed to removal of midwifery as a qualification prerequisite for Maternal and Child Health Nurses as I rely on my knowledge as a midwife to practice professionally as a Maternal and Child Health Nurse.

Without such knowledge I would not be able to assess the postpartum mother adequately - for example assessing blood loss and advising on a course of action for this mother; assessing post pre-eclampsic toxemia and this effect on mothers and their breast feeding for example and with midwifery you gain knowledge of the whole physical alterations to a woman's body. The midwifery qualification underpins all my day to day practice as a Maternal and Child Health Nurse.

I also use my knowledge gained as a registered general nurse daily - with knowledge of medical issues impacting on mother's health prior to pregnancy invaluable - otherwise how can advice be given on effects to breast feeding, mother's recovery post delivery etc let alone recognising illness signs such as what is a rapid pulse or a fever.

Without my post graduate studies I would have no foundation on which to build my knowledge, deliver a family centred practice and be able to assess early childhood illnesses, screen for things such as developmental delay in children nor advise on referral paths for such things as post natal depression, domestic violence and drug and alcohol issues. Working in a community setting has unique issues and my qualifications as a general nurse, midwife and Maternal and Child Health Nurse give me the skills to give a full service - a well rounded service not one with gaps to knowledge.

Draft recommendation 12.2 - I strongly support the on-going provision of scholarships for Maternal and Child Health Nurse post graduate study programs. Working with, mentoring and encouraging the students to gain their skills is a wonderful chance to shape our workforce and without some incentive the prohibitive cost to study would prevent many nurses entering Maternal and Child Health Nursing.

Consultation - I am very concerned at the limited consultation undertaken by the Productivity Commission with Victorian Nurses. Our service is widely regarded as the best in Australia and has many strengths. It is therefore surprising to me that the Commission has not held Public Hearings with Victorian Maternal and Child Health Nurses. A meeting with myself and other colleagues would be appreciated.

Thank-you to the Commission for considering my comments.

I do hope the strength of the Victorian Maternal and Child Health Nursing Service can be adopted by other states and that recommendations are not imposed that reduce and diminish the quality of the Victorian Maternal and Child Health Nursing Service. We work hard to maintain our strengths and erosion to these would be unacceptable.

Thank-you