

Submission to Productivity Commission: Early Childhood Development Workforce Draft Report (June 2011) Limited to Chapter 12- “Child Health Workforce “.

Writer : My name is Anne Ferrie and I am a Maternal and Child Health Nurse with a Midwifery qualification practising in Victoria. I Have been a Registered Nurse (Diploma in Applied Science, Nursing) for 31 years, a Registered Midwife for 29 years and a practising Maternal and Child Health Nurse (Bachelor of Applied Science, Advanced Nursing) for 22 years. I also hold the internationally certified qualification as a Lactation Consultant for the past 15 years as well as a Certificate in Continence Promotion from Latrobe University completed six years ago.

This submission pertains particularly to draft recommendations 12.3 and 12.4, which look to the recommendations about qualifications and training for nurses working in the Early Childhood Area. I am particularly concerned with the recommendations in the Draft Report regarding the removal of Midwifery as a qualification prerequisite for Maternal and Child Health Nurses in Victoria

Why in Victoria are the Nurses practicing in the Maternal and Child Health Service so emphatic that we need to keep Midwifery qualifications as a prerequisite for being able to register to practice as a Maternal Child Health Nurse?

Let me share one scenario from my day today that clearly illustrates how important this qualification and training is to the wellbeing of Victorian families.

Mother of a five day old baby phones the Maternal Child Health Centre to speak to the Nurse. This mother had been discharged, with her very small baby, from a large Victorian Public Hospital the day after she delivers her baby. This babe was born weighing just 2430grams (almost a kilo below average birth weight), a very tiny baby despite being close to full term of pregnancy. The mother and infant were visited just once by the hospital Domiciliary service on Day 3 after the baby was born and at this visit baby then weighed 2310grams. There has been no further contact from the hospital.

From Midwifery practice we know it is normal for babe to loose up to 10 percent of their birth weight which means we would expect this babe to come down in weight to just over 2 kilos. In the past, a babe this small and vulnerable would have remained in hospital, in the Special Care Nursery, for assessment of feeding capability and “fattening up” before discharge. In recent years it is the nurses in the Maternal Child health service that monitor these vulnerable infants using the knowledge of neonatal care from our Midwifery training and experience. In recent years we are seeing many of these tiny, vulnerable babies discharged with only Maternal and Child Health follow up. Over ten percent of the babies at the Centre where I work come home after admission to the Special care nursery following delivery. Most of

these are small premature or Intra-uterine growth retarded babies who require monitoring with a knowledge of the problems these babies are likely to encounter, a knowledge that I would not possess without my Midwifery Training and experience. The families of these babies also require support and education.

Babes mother informs that the baby is fully breastfed but only feeding at the breast for about five minutes before going to sleep. Mum is trying to express some breast milk to give the baby some extra milk but she is not sure whether to express before or after she feeds the baby.

How without Midwifery do we know that at this early age if babe is getting enough milk? That the babes bowel actions should have changed in colour from black to yellow, curdy bowel actions as a sign that babes gut in these early days is getting a reasonable amount of milk. How do we know what should be happening in terms of being able to assess urine output in these little babes? How long should we persist with feeding these vulnerable babes from the breast before bottle or tube feed is indicated to maximise their caloric intake without compromising their well being with fatigue from feeding? How do we know what questions to ask to assess if this vulnerable babe can continue to be managed at home or needs to return to hospital? How do we know about the assessment of jaundice at this early stage as a real risk to the babes health and well being?

Without the skills learnt in my Midwifery training dealing with these Premature and Inter Uterine Growth Retarded (IUGR) babies in Special Care Nursery I would not know that these babes are very vulnerable to fatigue and their feeding and well being needs close monitoring and babes mother given the information and education to also monitor her babes progress.

There are many more challenges for this baby and family in the next few weeks. This family is not an isolated case but rather a common one. Each day as a Maternal and Child Health Nurse in Victoria, I deal with families such as this one. It is not only for the ongoing postnatal care of the mother where Midwifery is needed but very much for the ongoing well being of the baby particularly in these early dates. Earlier discharge of both mother and baby has made this even more imperative.

When I finished my General Nursing Training I worked in a remote community in the Northern Territory managing the Baby Clinic with Aboriginal health workers. I know now that working without my Midwifery and also without post graduate training in Maternal and Child Health in this environment with families who had young babies and children, deprived this community of a wealth of knowledge and experience that could have led to much improved health outcomes for these families.

I strongly believe the requirement to be a Registered Nurse, Midwife and have post graduate study in Maternal and Child Health are critical to my ability to

provide ongoing education, support and assessment to families with young children.

I thank the Commission for considering my comments above. I hope that the strengths of the Victorian Maternal and Child Health service in supporting families will not be compromised but rather that all families in Australia have the opportunity to be supported by expertly qualified Maternal and Child Health Nurses drawing on their experience and expertise from General Nursing, Midwifery and Maternal and Child Health Qualifications.