

To the

**Productivity Commission,**  
**Early Childhood Development Workforce Study,**  
**Draft Report (June 2011)**

**SUBMISSION ON CHILD HEALTH WORKERS DRAFT**

My name is Carole Ellis and I have practised as a Maternal and Child Health Nurse in Victoria for 16 years, working across 4 Local Government Areas and also for a rural Community Health Service run MCH Service.

I am registered with APHRA as a Registered Division 1 Nurse and a Registered Midwife, having completed General Nursing (hospital based) in 1975 and Midwifery in 1977.

I completed the Post Graduate Diploma in Community Health- Child health, with Distinction, at Royal Melbourne Institute of Technology University in 1995; I also have a certificate in Neonatal Intensive Care -1992, and a Diploma in Business –Front line Management Diploma from Swinburne University in 2003.

I was not the beneficiary of a scholarship for my MCH studies as I was not aware of any such program back in 1993. I became a Maternal and Child Health Nurse (MCH) because this area of nursing incorporated all the skills and expertise I had built up through a number of nursing domains.

I feel compelled to respond to the Draft Recommendations, having been in the nursing profession since 1972, and never having, ever,

heard the recommendation to reduce skills and knowledge in the nursing workforce.

I specifically refer to Chapter 12 of the Early Childhood Development Draft Report and the Child Health Workforce.

### **Draft Recommendation 12.3 –the removal of midwifery qualifications**

Since skilled MCH practice relies on a strong knowledge base to facilitate best outcomes for children and their families, any reduction of that skill base would impact on the value of the service that can be provided. I strongly recommend you don't reduce the expertise from which nurses have been able to deliver a high standard of care.

The study and practice of midwifery forms the strong clinical and knowledge base which I draw on every time I meet a newborn infant and mother. We see around 98% of newborns in the post partum weeks, those vital weeks when breast feeding is being established and neonatal vulnerability is monitored closely.

The recommendation by the World Health Organisation that all infants be breast fed exclusively for the first six months, and up to 12 months requires that the nurse have the skills required to support these new mothers through the early days of establishing lactation. How would a nurse do this effectively without a very thorough knowledge of the physiology and factors that contribute to successful breast feeding, gained in the peri natal studies on the Midwifery Post Graduate Diploma?

I can think of many new mothers who I have been able to help through my knowledge of the contributing factors to poor breast feeding outcomes e.g., post partum haemorrhage , peri partum

infection, interventions such as caesarean section delivery and the role they play on delaying lactation.

Please remember when making your recommendations that most mothers are discharged within the first 3 days, some barely recovered from the birth process and for many the breast feeding is not yet established. It is critical that nurses have the expertise necessary to assist and support these mothers; otherwise we are failing in our attempt to meet WHO recommendations for optimal infant health.

Early and ongoing support for these families is critical if we are to achieve best outcomes for Victorian children. I don't have the very latest breast feeding data for Victorian infants but I do know we achieve very good percentages of babies still breast fed at 6 months and longer.

I believe all three current MCH qualifications are necessary to provide a skilled level of MCH nursing practice. We need a sound basis of anatomy, physiology and medical conditions (General Nursing) and a thorough knowledge of the processes of pregnancy that contribute to the health of the mother baby pair after the birth, and the maternal and neonatal problems that can have an adverse effect on post natal health (Midwifery).

It is also mandatory to have further study in child Health to be able to effectively monitor and promote best outcomes in the early years. There are many research papers that discuss the importance of a good start to life for children in the first years of life.

**Child Health Workforce** - no mention of 'maternal' in your discussions and yet many renown experts in the child health field cite the importance of the mother child relationship and its impact on the child. We need to keep 'mother' in mind if we want to do our best for the children.

The MCH service in Victoria is highly valued by most families, as evidenced by our uptake of 98% in the first 4 weeks, and still around 60% still attending for 3 ½ yr assessments. The parents report they value the comprehensive nature of the service from the early post natal support though to the quite different needs at the toddler and preschool visits.

It's imperative to have a highly skilled workforce to do this very important work.

I understand the difficulties in sustaining workforce where the average age is significantly higher than other areas of the nursing workforce, but 'dumbing the service down ' is not the way to go

Re Draft Finding 12.2 Scholarships for post graduate study

Many nurses like myself will pursue a career in MCH nursing regardless of any financial incentive, but there may be many nurses who are not in a position to pay the fees required or incur a large debt, and yet would make excellent MCH nurses. I request that you acknowledge the shortage of MCH nurses and the high costs involved in achieving the necessary qualifications, and, rather than taking expertise away, actually explore how best to assist nurses

enter this very rewarding field. The scholarship program is at least a start in the right direction

Finally, it is health dollars well spent to have a universal, well attended and expert screening health service to promote children's best health outcomes.

One final point, have you asked Victorian families if they would like their nurses to be less well educated?

I can recommend the latest Customer Survey by Knox City Council to ascertain how positively families feel about the MCH service.

Thank you for considering my comments

It is a difficult task to maintain an excellent service in the face of the many challenges that health planners must consider, but I sincerely hope that the Victorian MCH service will be able to continue its high quality of service to the children of Victoria and their families.

Yours Sincerely

Carole Ellis