

My name is Valerie Rutherford and I am at present practising as a Maternal and Child health Nurse(MCHN) for Bayside City Council .

I am a registered nurse, and a midwife. I am registered with the Australian Health Practitioner Regulation Authority. In 1995 I completed my Bachelor of Science (Hons) Community Health Studies / Public Health Nurse in the UK and worked as a full time Health Visitor in the UK . In 2004 I emigrated with my family to Australia and have worked full time as a Maternal and Child Health Nurse.

I am writing in relation to Chapter 12 of the Early Childhood Development Draft Report and the “Child health Workforce “.

Draft recommendations 12.3 relates to removing midwifery as a requirement to be a Nurse in child health. In my practise as a MCHN, I am constantly relying on my experience as a Midwife and a registered nurse, to provide optimum care to my clients. I vigorously oppose the recommendation being made in 12.3.

On a daily basis I am caring for women who have been discharged midwifery units soon after delivery. Last week I visited a mother who had chosen to come home at day 1, postnatal, due to pressing commitments at home. Hospital follow up for this lady was planned for 6-8 weeks. I saw the mother on day 4 and diagnosed puerperal infection that required urgent attention. The client was readmitted to hospital immediately. My midwifery skills were crucial to my decision making in this case.

During parent education sessions I am able to speak confidently with women about how their bodies are returning to normal post delivery. For example, I had one mother ask me if it was normal to be still experiencing urinary incontinence several months after the birth of her first child. This mother had sustained a third degree tear during her delivery. This mother had suffered in silence for months and it was having a significant impact on both her physical and emotional health. I referred this mother to a genito – urinary specialist. The information I had learned during my midwifery training helped me to take this action.

After working in the UK and now in Victoria, I can say without hesitation that women and their children living in Victoria currently receive a “Rolls Royce Service” . I am extremely proud and grateful that I have been given the opportunity of working here. Please don't change a system that is working well and make it less effective. Surely the best option would be to make other states and territories work towards the effective Victorian program. It is far more cost effective to work with families to prevent future illnesses than dealing with them when they develop.

Please consider my submission and do not remove Midwifery or General Nursing as qualifications for Maternal and Child Health Nurse Practitioners.

Yours sincerely

Valerie Rutherford.