Early Childhood Development Workforce Study 30/8/2011

Productivity Commission

LB2 Collins Street East

Melbourne Vic 8003

To whom it may concern,

My name is Angela Harris and I have practiced as a Maternal and Child Health Nurse for 7 years. I have worked within the universal Maternal and Child health service within eastern metropolitan Melbourne for approximately six years. During the past twelve months I have worked as an Enhanced Maternal and Child Health Nurse predominantly caring for families whose children are at risk of poor health and developmental outcomes.

I am registered as a midwife and nurse with the Australian Health Practitioner Regulation Authority. I completed a Diploma of Applied Science in Nursing at Lincoln Institute of Health Science (now part of La Trobe University) and qualified as a registered nurse in 1987. I then completed a Bachelor of Nursing in midwifery at La Trobe University and qualified as a Midwife in 1989. I worked as a midwife for fifteen years and then completed a Master of Nursing in Child and Family health in 2003-2004.I qualified as a Maternal and Child health Nurse in 2004.My Master's project involved researching the role of the Enhanced Maternal and Child health Nurse in minimizing the adverse effects of maternal substance abuse on child health. I also gained the qualification of International Board certified Lactation Consultant in 2000 and maintained this qualification for ten years.

My submission is related to chapter twelve of the Early Childhood Development Draft Report, and the "Child Health Workforce"

I am very concerned with recommendations 12.3 and 12.2 of the Draft Report regarding the removal of midwifery as a qualification prerequisite for MCH nurses, and questioning the value of scholarships for MCH programs of study. I believe that these recommendations would reduce the quality of the Victorian MCH nursing service, which in no small part, is dependent upon the robust qualification requirements and educational preparation of Victorian MCH nurses.

I am strongly opposed to the removal of midwifery as a qualification prerequisite for MCH nurses and believe my qualification in midwifery has given me a critical body of knowledge and invaluable professional skills to practice as a MCH nurse.

The requirement to be a midwife has not been a barrier for me to practice as an MCH nurse but rather has been a crucial and essential qualification that informs my everyday practice as an MCH nurse.

Whilst studying to be a registered nurse, I spent a day with a Maternal and Child health Nurse as part of my community health nursing clinical placement. During this time, I realised how much knowledge and expertise the nurse possessed, and how skilled she was not only in child health and developmental assessments, but how well she engaged with and formed a relationship with the mothers. The mothers seemed pleased to see her and appeared to trust her assistance and advice. She was an inspiration and since becoming a MCH nurse myself, I realised that she was able to engage the mothers so well because she was an experienced midwife.

Midwifery practice requires working with women (and their partners) during pregnancy, labour, birth and postnatal period. MCH nursing is a natural progression as it involves working with mothers and their families in partnership during their early parenting experience. To be able to develop a therapeutic relationship with mothers and their families is a skill and I believe my midwifery practice gave me an excellent grounding in developing this skill. In my professional practice (and through evaluation of the service), I have realised that one of the reason's mothers bring their children to the MCH nurse is due to the trusting and often long term relationship they have with the nurse. I believe the nurse's skill to promote uptake of the service and hence health and developmental assessments of more children, is enhanced by the fact that she/he has midwifery skill and knowledge underpinning practice i.e. the ability to form a relationship.

I can think of many examples where I have drawn upon my midwifery knowledge and experience in providing MCH nursing care and where client care may have suffered had I not obtained this qualification and subsequent clinical experience.

I was able to utlilise my midwifery knowledge of assessment of the neonate when I undertook a routine health and developmental assessment on a 2 week old baby brought in by his mother to the MCH centre. Mum reported that her baby was not feeding well and had been sleepy. On examination, I could see the baby had an elevated respiratory rate and further examination revealed pale and cool lower extremities. The baby had gained some weight but not as much as I would have expected. As I had studied signs of cardiac malformations during my general nursing and midwifery education and assessed many newborns as a midwife, I knew immediately that this baby was in need of urgent medical care. As a midwife, I had developed the skill of using a stethoscope and assessing normal heart sounds in neonates. I was then able to recognize very abnormal heart sounds and ensure that the baby was transferred to hospital for urgent assessment. The baby was operated on that evening at the Royal Children's Hospital to repair a Coarctation of the Aorta. I believe that had I not been a registered nurse and experienced midwife, I may have missed the urgency of this baby's condition which may have delayed the family seeking medical advice. This could have resulted in a very adverse outcome for this baby and his family. It was on that day that I fully realised why I had studied for five years and had ensured that I had many years of clinical midwifery and nursing experience before taking on such a responsible role as a MCH nurse (i.e. working as a lone practitioner).

I have been able to ensure mothers receive urgent medical care because of my midwifery knowledge for the following conditions:

Post partum hemorrhage

Retained products of conception

Mastitis/ breast abscess

Severe wound infections

Postpartum psychosis/post natal depression.

I utilize midwifery knowledge everyday in my assessments of maternal and infant health and health promotion activities such as discussions about:

Contraception and sexual health

Breastfeeding

Medications and breastfeeding

Pelvic floor exercises and the importance of

Assessment of jaundice in the neonate

Maternal adjustment to motherhood.

Explanation of obstetric/paediatric terminology to parents

The birthing experience for parents. I.e. assisting them to understand what happened, terminology.

The grief process following the death of a baby

Prevention of SIDS.

I also believe it is critically important that MCH nurses be registered nurses. The knowledge gained through my undergraduate nursing course provided me with a strong foundation to use in my everyday MCH practice.

Examples include:

Effective communication and counseling skills which have been built on in subsequent midwifery and child and family health studies.

Effect of hospitalization on a child or parent

Ability to explain medical terms to parents.

Have an understanding of underlying medical illnesses and impact on the child or their parents i.e. Asthma, allergies, MS, Diabetes

Understand which illnesses/conditions may have a hereditary component.

Ability to assess wounds/ skin infections

Thorough understanding of infectious diseases and their prevention of i.e. importance of public health/immunization.

Identification of infectious diseases.

Have an understanding of respiratory and cardiac assessment which is then built on with subsequent midwifery and child health knowledge.

A beginning knowledge of child development

Mental health assessment and a beginning knowledge of common mental health issues.

Finally, it is vitally important that MCH nurses complete a post graduate MCH program of study. This additional study has provided me with the necessary knowledge and understanding to provide holistic, comprehensive family centred MCH nursing care in a community setting where I am often a lone practitioner.

Specific knowledge gained through the study of child and family health included:

Comprehensive understanding of normal child development and the ability to perform developmental assessments on children from birth to 4 yrs of age

Specific health assessment skills for children from birth to 4

I.e. Assessment of hips for DDH

Cardiac and respiratory assessment

Visual acuity i.e. MIST test

Assessments detecting strabismus i.e. corneal light reflex

Assessment of reflexes

Gait

Social attention and communication skills

Specific indicators of child abuse and neglect and mandatory reporting requirements.

Understanding the effect of trauma on children

Assessment of Attachment/bonding b/w child and caregiver (this is crucial to MCH practice and I do this every day) and promotional activities to enhance positive r/ship b/w children and their caregivers

Comprehensive assessment of mothers with post natal depression

Facilitation of mother's groups to reduce isolation and promoted connectedness

Referral of mothers with mental health disorders to appropriate health professionals and promoting linkages with these professionals.

Family health assessment.

Discussing family violence with women, assisting them with seeking help and formulating safety plans

Family dynamics and promoting positive r/ships

Referrals to appropriate family support networks and establishing links with these organizations.

Parental substance abuse

Engaging young parents

Engaging migrant and refugee families.

Family partnership skills.

The list goes on!

I strongly believe the requirement to be a midwife, registered nurse and to have undertaken post graduate studies in child and family health nursing are critical to my ability to provide quality MCH nursing care. Possessing such qualifications should not be seen negatively as a barrier to MCH nursing, but rather the cornerstone and the gold standard to be able to provide best practice in MCH nursing care to all Australians. I believe that Utilising less qualified staff ie practice nurses, to undertake MCH nursing activities i.e. health and developmental assessments on children and their families would be detrimental to the quality of nursing care provided to our community.

I strongly support the ongoing provision of scholarships for MCH post graduate programs of study and these have proven to be very successful in Victoria in attracting potential MCH nurses.

I am very concerned about the limited consultation undertaken by the Productivity Commission with Victorian nurses. Our Maternal and Child health Service is widely considered the best in Australia, the Gold standard, with many strengths. It is therefore surprising to me that the commission has not held Public Sittings with Victorian MCH nurses. To help the commission understand the many strengths of the Victorian MCH framework, I would be grateful if the commission would meet with me and other MCH nursing colleagues.

I thank the Commission for considering my comments.

I hope that the high standards in the educational preparation of its workforce, the evidence based framework, high participation rates and satisfaction rates that have been attained by the Victorian maternal and Child health service are adopted by the rest of Australia. The current recommendations in my view seek to reduce and diminish the quality of the Victorian MCH nursing service and hence the level of health and wellbeing of children and their families.

Thank You

Yours Faithfully

Angela Harris