

SUBMISSION FOR THE PRODUCTIVITY COMMISSION, Early Childhood Development Workforce Study (Draft Report 2011).

My name is Helen Park and I have practiced as a qualified Child and Family Health nurse in New South Wales for 7 yrs and in Victoria for past 10 years. Metropolitan locations have been my main employment in both Sydney and Melbourne. For the past 10 years I have worked in a private Mother and Baby Unit which has enhanced my skills out in the community as a permanent Maternal and Child Health nurse.

I completed my Diploma of Nursing in 1979 at Preston Institute of Technology and Austin Hospital combined education course for General Nursing, then completed my Midwifery at Box Hill hospital in 1981. My Diploma of Child and Family Health at Tresillian by distance education was completed in 1993 in New South Wales.

I am particularly concerned about the recommendations in the draft about 12.2 and 12.3 of the Draft Report regarding the removal of midwifery as a qualification pre requisite to register as a Maternal and Child Health nurse.

I strongly oppose removing Midwifery qualification as a prerequisite for Maternal and Child Health nurses.

I believe this qualification combined with General Nursing and Child and Family health nurse qualifications enhance my skill ability to support new mothers and the child along with their families. These qualifications provide MCH nurses with critical knowledge for good quality care of the mother, child and family.

An example is earlier this year a mother, father and their 2 wks old baby attended my Maternal and Child Health centre for the 2 wk Key Age (KAS) assessment .Within about 10 minutes of speaking with this migrant family the mother went pale and clammy and stated that she had sudden severe shoulder tip pain . I then assisted the mother to lie down on the couch in the waiting room. On examination she was drowsy and clutching left shoulder stating the pain was severe and her vital signs were observed and recorded indicating a need to phone for an ambulance to assess this mother. The paramedics arrived within 6 minutes and on examination stated that she may have a pulmonary embolus (blood clot) which was my concern. This mother then had investigations and treatment at the hospital which saved her life. My midwifery and general nursing knowledge provided me with the knowledge that this incident needed to be treated urgently to save her life. This mother and her baby are now progressing well with no ill effects from this event.

Another example is while attending a home visit for the first home visit I observed the 7 day old baby to be drowsy and he was not waking for feeds easily mother had reported and I arranged for this baby to be readmitted to hospital for jaundice

that had increased since discharge from hospital. He also had a further weight loss from his discharge weight from the midwifery unit indicating that he was not breastfeeding well and needed a medical and lactation assessment. The baby had phototherapy for his jaundice which he was given at the hospital of delivery and lactation support offered. This may have been a different outcome if I had not had midwifery qualifications and experience working as a midwife.

Maternal and child health nurses or Child and Family Health nurses benefit from being qualified midwives to assist their clients after their first baby and then for subsequent pregnancies to assist the mothers with questions about their pregnancy or assisting the older children to accept the new baby. Behaviour management is a regular support offered to families for siblings of a new baby.

Attached are other letters from my clients to support the need to have midwifery qualifications for Maternal and Child Health nurses or Child and Family Health nurses across Australia to enable these colleagues to offer a high standard of care to their families to ensure better health outcomes.

I believe the extra qualification of General Nursing and Midwifery are an asset and support my practice daily when working in the Universal or Enhanced maternal and child health service in the parent's homes and not seen as an obstacle as stated in this draft report recommendations.

In regard to the Draft Recommendation 12.2 about Maternal and Child Health nurse scholarships. I believe these scholarships are vital to ongoing recruitment in our service .I have spoken to many students over the years and all have been grateful. They also stated without the Scholarships they may not have chosen to attempt the Maternal and Child Health course due to the costs involved, family commitments and household budgets being stretched. Many students are mature age and need to work while doing the course to balance their personal and family needs.

Consultation does not appear to have been done openly with any Victorian MCH nurses to assist with the recommendations stated in the draft report. The Victorian MCH service has many important points to be acknowledged as the service has been standardized since the Key Ages and Stages (KAS) program has been implemented across Victoria. This has been accomplished with State conferences to inform all MCH nurses about the programs and training done with the same trainers to ensure the same information is offered to all Victorian parents. Extra training was given to all MCH nurses and now KAS information packs are sent to all councils to distribute to all MCH centres to ensure the same standard of care is given for all children and their families. The Department of Early Childhood Education have conducted surveys and collected data to support the Victorian MCH nurse service to support my statements in my submission.

To Whom It May Concern,

As a single parent of two children (eldest has started school and the other a new born baby). I have found the services of my Maternal and Child Health nurse Helen Park invaluable. I experienced issues with my second baby putting on weight until he was 8 weeks old. It was Helen Park who helped me through this difficult stage. Helen was able to give me all the information that I needed to know and told me the process of getting an appointment with a paediatrician.

During that time it was very hard for me to get out of the house and Helen Park was able to arrange to see me at home to review his weight and general health state and report to the paediatrician.

I don't have a lot of family support so it was great being able to give me information of local playgroups in my area to be able to meet other parents and for socialization for my children.

At times it is hard to get into see a local doctor so any minor issues I have experienced I have been able to attend the drop in sessions to see Helen Park my MCH nurse for answers. Since she has general nursing and midwifery experience plus many years of MCH nurse practice her knowledge has been able to support me. Sometimes it has even been a phone call to ask a question or get a supportive voice on the phone for myself. Having such an experienced nurse with such a professional approach and easy to talk to has been very comforting and great is not a big enough word some days.

Please don't take this experience away from so many families that need this MCH service to support them to raise their children into the future.

Many thanks Susan A. Dandenong Victoria. (26/8/2011)

26 August 2011

To Whom It May Concern,

RE: Maternal and Child Health Nurses Support

This letter is a glimpse into the story of how MCH nurse assisted and supported me when I had my baby daughter. It is a reflection of how important it is for these nurses to be equipped with all the skills, knowledge and qualifications that are needed to do their job at optimum level, especially midwifery.

I had my baby 18 months ago. She is the most wonderful baby any mother could ask for – healthy, vibrant and always happy. We have a great mother and baby relationship, however, that was not always the case.

After my baby was born, I wasn't feeling myself and saw the signs at an early stage. I was always sad, crying and had negative thoughts. At the time, I wasn't ready to talk to anyone or seek assistance from the professionals as I knew it was due to my hormones and it will get better with time. However, it got worse, much worse as the days went by.

Being a first time mum I didn't know anything about raising babies eg. feeding, sleeping, crying, settling etc. After two months of sleep deprivation, having had only four hours of sleep a day, the negative thoughts escalated. This was when I finally decided to seek help.

During the 8 weeks checkup – I met Helen Park, whom became my EMCH nurse. In this meeting I finally opened up and told her about the constant crying, anger and negative thoughts I was having. I had put it down to sleep deprivation and also the fact that I didn't know why my baby was crying all the time, why she wouldn't sleep and what her feeding routine should be.

Helen made me fill out the *Edinburgh* Postnatal Depression test and discovered that I was suffering from severe Post Natal Depression. She immediately got the wheels in motion and took all the necessary steps to ensure that I got the correct help. She made an appointment for me to see a GP whom specialized in PND, called the HELP hotline and got QEC to contact me. Her midwife knowledge played an integral role in recognizing my symptoms and call for help, as well as being able to give me advice on how to look out for my baby's sleep cues, when to feed and most importantly how to settle her to sleep. Equipped with this information, I was able to for the first time settle my baby to sleep until I got into QEC.

Helen continued to monitor our process through home visits as I wasn't ready to leave the house and called me on numerous occasions to touch base.

Till this day, I can sincerely conclude that on a personal level – if it weren't for MCH nurse support I wouldn't be where I am today. One cannot underestimate the benefits and importance of all these

qualifications combined. If the level of qualifications and knowledge were to be reduced, then people like myself would not get the correct assistant.

Kind regards,

A handwritten signature in black ink, appearing to be 'Tu Nguyen', written on a light gray background.

Tu Nguyen

23 August 2011

To Whom It May Concern:

As a new parent, my experience of the Victorian Maternal & Child Health service has been outstanding. If the qualifications of the Victorian Maternal & Child Health Nurses are reduced I believe the quality of the whole service will be detrimentally affected, putting our children's health at risk. Becoming a new parent is a most overwhelming experience and having the expert guidance and support of our M&CHN's makes the experience much easier.

My local M&CHN's specialist advice, support and knowledge of early childhood development has been invaluable to my family in the first year of my child's life. She diagnosed my child's "clicky hips" at her home visit at eight days old. Because it was diagnosed early we were able to have it monitored and treated. She was also extremely helpful in advising me on how to treat my infant's eczema outbreak. At each visit she is always supportive, listens attentively and is full of advice when needed. I trust her experience.

At our New Parent Group sessions held at our local MCH Centre, our nurse was a wonderful source of information, comfort and guidance to us as brand new mothers.

I also had a stay at Mitcham Private Hospital's Mother-Baby Unit over four nights earlier this year. All of the nurses on duty during my stay were incredibly helpful and knowledgeable. Their expertise made a great impact on my baby's sleeping pattern – and mine! They do an amazing job.

If my local M&CHN's were to have only general nursing qualifications I would not be confident in their abilities. I would be less inclined to listen to and take their advice as I would not trust it; I would be less inclined to attend appointments and I would be less inclined to reach out to them for help if I needed it and I would not know who to turn to.

I believe the consequences of reducing the qualifications of Victorian Maternal & Child Health Nurses will be harmful to our society. Please leave the qualifications at the current high standard level.

Sincerely,

J. McCandless
Chirnside Park, Victoria, 3116

Dear Productivity Commissioner,

I am Janine and would like to inform you of the importance of Maternal and Child health nurses having their General nursing, midwifery and maternal and child health qualifications as I am currently in hospital due to complications after my 2nd baby. Thanks to my MCH nurse diagnosing my upper abdominal pain as a gall stone I am now awaiting surgery tomorrow to hopefully solve my pain.

Another important aspect of these qualifications is that they were able to debrief me about my miscarriages and complex birth of my first child who needed to be resuscitated and he had low apgars at birth which was very frightening for myself and my partner. Thanks to the professional confidence and reassurance we decided to have another child 10 weeks ago.

My MCH nurse Helen Park has been a wonderful support throughout my pregnancies and post natal depression also.

Please support these wonderful nurses who are a major cog wheel in today's busy isolating society when we do not have the support of family due to distances and relationship issues at times when we need their support.

Many thanks for reading my story also.

Janine from Knox Council area.