

August 30th 2011

To whom it may concern,

My name is Pamela Carroll and I have practiced as a Maternal and Child Health Nurse in Victoria for the past 5 years. I have worked continuously with Frankston City Council since commencing this career move.

My qualifications are:

- Registered General Nurse- 1982 (Prince Henry's Hospital, Melbourne)
- Registered Midwife – 1986 (Mercy Hospital, Melbourne)
- Post Graduate Diploma in Child, Family and Community Health- 2005 (LaTrobe University, Melbourne)

These qualifications along with my vast nursing experience are pre-requisites to the job of Maternal and Child Health (MCH) and are essential to executing the role at the highest level.

My submission is limited to Chapter 12 of the Early Childhood Development Draft Report, and the "Child Health Workforce".

I am concerned regarding the recommendations 12.3 and 12.2 of the Draft Report regarding removal of midwifery as a qualification prerequisite for MCH nurses.

Midwifery skills have assisted me to perform my role to a high level. It has provided a critical body of knowledge and brought invaluable understanding to my practice.

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

Only recently I was home visiting a family and the mother was having significant issues with breast feeding. As a midwife I was instantly able to offer her breast feed assistance at that time. I observed her attachment of baby to the breast, ensured effective suckling at the breast and the evidence of milk exchange. The mother was more confident in her breast feeding abilities following this. During my time with her I was able to promote and encourage the benefits of breast feeding to both mother and baby.

Without my midwifery qualification knowledge to draw on, I would have needed to refer to an outside service which would have had a delay of several days, in which time the mother may have given up breast feeding.

I can recall a family where I home visited 4 days post discharge from hospital. The baby displayed signs of increasing jaundice and I was able to advise the family to have the baby assessed immediately at the local hospital. The baby was admitted for phototherapy on arrival to hospital. Had I not had my

midwifery qualifications to draw on, this scenario would have been missed at the home visit and the outcome not as positive for the baby and the family.

I could list a hundred other examples of where my midwifery qualifications have improved the outcome for families because of the knowledge base acquired with the role. I strongly believe that the MCH role requires the qualifications of Midwife and Maternal and Child Health to be able to practice safely whilst providing the highest standard of care.

I have families that have birthed their babies in Victoria and have attended Maternal and Child Health Centres here, before relocating interstate. These same families have then contacted my centre at a later date requesting to have their appointments at my centre when they are back visiting family in Melbourne. Their reasoning: they are not happy with the level of service or knowledge base of the practitioners in other states outside of Victoria.

I also wish to voice concern over the suggestion that practice nurses may be a substitute for Maternal and Child Health nurses. Whilst I value the role that practice nurses provide in general practice, there are vast differences in their education that does not prepare them for the scope of practice required in Maternal and Child health. The suggestion completely underestimates the complexity of the MCH nurse role.

I thank you for considering my comments.

Regards,

Pamela Carroll