

My name is Isolde Busch and I have practiced as a maternal and child health nurse in Victoria for the last 3 years completing my Post Graduate Diploma in Child, Family and Community Health Nursing in 2008 at RMIT. I work in metropolitan Melbourne in a predominantly multi cultural setting. Even though I have only recently graduated as a maternal and child health nurse, I have many years of experience as a midwife. My past experience is invaluable in giving me confidence and competence in providing the care for new mothers and their families.

I was fortunate enough to receive a scholarship from both state and local governments to complete my course. If this had not been the case I probably would not have undertaken the study to become a MCH nurse as the fees would have been too cumbersome.

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

I am particularly concerned with recommendations 12.2 and 12.3.

I am concerned that the value of scholarships is being questioned. As I have already stated, I would not have undertaken the study without the financial support. I believe that there would be a reduction in the number of nurses wanting to complete the course.

I am strongly opposed to the removal of midwifery as a qualification prerequisite for MCH nurses as I think that the experience and knowledge gained greatly enhances my ability to provide the professional skills required to fulfil this specialised role. I am often asked questions focusing on midwifery and am thus able to answer them well informed but I also have some understanding of what the experience of childbirth has been for the woman concerned. I think that this understanding is essential to provide the empathy required at this vulnerable period of a woman's life.

I also think that the multi skilled and varied role performed by Victorian MCH nurses can only be adequately undertaken with post graduate study. This should not be viewed negatively as a barrier to MCH but rather as the foundation of being able to provide quality MCH nursing care.

I thank the commission for considering my comments and hope that the strengths of Victorian MCH nursing service can be adopted by other states rather than diminishing the quality of the Victorian MCH nursing service.