My name is Nicole King. I am at present practising as a Maternal and Child Health Nurse (MCHN) for the Bayside City Council in Melbourne.

I am a registered nurse, and a midwife. I am registered with the Australian Health Practitioner Regulation Authority. In 1991 I completed my Diploma of Applied Science, Nursing at the Australian Catholic University. I then completed my Graduate Diploma of Midwifery through the La Trobe University in 1995. I completed this over a two year period as a part-time student so that I was able to support myself financially. In 2008 I obtained a sponsorship through the Bayside City Council to undertake my studies at La Trobe University in a Masters of Nursing Science in Child Family and Community.

I am writing in relation to Chapter 12 of the Early Childhood Development Draft report and the "Child Health Workforce".

Draft recommendation 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 the utmost care to my clients.

On a daily basis I am caring for women who are struggling with breastfeeding. I have been able to manage women with the early signs of mastitis. For example I had one woman who came to a 4 week Key Age and Stage assessment. She stated that she was feeling unwell with a headache and her right breast felt very tender. On observation I noted a reddened area to her breast that was hot to touch and hard in comparison to the rest of her breast. I discussed the likelihood of her having Mastitis. I spent time informing her on the correct management of Mastitis and ways to prevent further incidents of Mastitis. She was then referred to a GP for antibiotic therapy. I was able to assist this woman my assessing her breast feeding attachment and positioning. I helped her to find a position which helped to further drain the milk from the blocked milk duct which was causing the infection. I gave further advice on how to manage blocked ducts.

I help women on a daily basis to correctly attach their babies for breastfeeding so as to prevent further damage to tender grazed nipples. All the skills I have obtained in helping women with their breastfeeding concerns have come from many years of experience as a midwife.

As a midwife, I am proficient at assessing the hips of children for congenital hip dysplasia. At all developmental assessments for children under 12mths I perform a hip assessment and have identified a number of children who required further assessment, 3 of which required treatment. Without my years of experience as a Midwife I would not have detected these children's need for further assistance as easily.

After looking after women in the early postpartum period as a midwife, I have learnt the symptoms of retained products and the management of women with post-partum haemorrhages (PPH). I am able to use this information on a daily basis when discussing with women how their bodies are returning to normal post delivery. For example I had one mother ask me about a large clot she had passed about the size of her palm. I was able to discuss with her the circumstances at the time of passing this clot, identify any need for further investigation and alert the woman to signs that she was having a PPH or developing a uterine infection. I gave the women a list of symptoms to monitor and when to seek further assistance or immediate medical attention. I would not have these skills or

be able to assess these women effectively without the skills I obtained through working as a midwife.

With women being discharged from hospital earlier and earlier, and not seeing their GP or Obstetrician until 6-8 wks, the MCHN is the first line of support and is able to evaluate how the woman is going post delivery.
Midwifery training covers the women and child up to 6 weeks post delivery. By 6 weeks the Victorian Maternal and Child Health Service has seen these women at least 3 times. Maybe more if they required extra support. Without midwifery training I would not know about normal blood loss, blood clots, retained products, episiotomies and their management. I would not be as experienced in breastfeeding, or the management of breastfeeding issues, for example, sore nipples, mastitis, and engorgement the correct attachment and the various breastfeeding positioning. I am able to assess women for early signs of anxiety and postnatal depression. Educate women on caring for their newborn, its cord, urine output, and bowels.

Having trained and worked as a General Nurse, I have further knowledge of illnesses, which have helped me to meet the needs of the families I see as a MCHN. I remember one infant that was not gaining weight, despite extra measures undertaken by the family and myself. On a further assessment I felt that the child was in fact quite unwell and questioned whether the child had contracted a urinary tract infection. The family was directed to take the child to the Monash Medical Centre Emergency department urgently. The child was admitted and remained in hospital for 5 days receiving intravenous antibiotics for a urinary tract infection. My skills as a General Nurse made a difference to this child.

The Draft Finding 12.1 suggests that on the whole child health nurses are older than nurses working in other areas of clinical areas. I would suggest that this is to be seen as a great advantage to children and families as it reflects the years of experience and the dedication of these nurses to working in this area. It takes many years of study and experience to become a Maternal and Child Health Nurse in Victoria. The removal of any of these steps will lead to a less educated and less experienced work force, which can only lead to less effective care of the child and their family.

Draft recommendation 12.2 suggests that Scholarships for postgraduate study in child health nursing need to be assessed for their cost effectiveness. I am a past recipient of a Scholarship to study Masters of Nursing Science in Child Family and Community. As a mother of 3 children and a mortgage to pay, I would not have been able to afford to the cost of this study if I had not been supported financially. The requirements for the course made working and studying difficult with meeting the needs of my family. Adding to this the cost of the University fees meant I would not have been able to undertake these studies.

The Victorian Maternal Child Health Service is the best in the country. It is ridiculous to take something that is working well and make it less effective. Surely the best plan of attack would be to make the other states and territories work towards the effective Victorian program. We are competent and well trained and take a lot of pressure off the Medical sector by seeing these families free of charge. The Key Age and Stage program gives comprehensive, anticipatory guidance to families to further decrease the risk of problems that will put further pressure on the health resources and medical system. It is far more cost affective to work with families to prevent future illnesses than dealing with the illness when it develops.