

To The Productivity Commissioner,

23 AUG 2011

My name is Kerri Robinson and I have been employed as a maternal and Child Health Nurse in the rural Shire of Moira in northern Victoria for about 13 years now. My role is as Maternal & Child Health Nurse and Immuniser responsible for 4 townships,

I am registered as a midwife and nurse with the Australian Health Practitioner Regulation Authority. I completed my Post graduate Diploma in Family and Child Health through La Trobe University in 1997 during my time as a night shift midwife in Williamstown where I worked full time and cared for my youngest 2 children. I found my study was impeded by time constraints incurred as a result of my working and home life. Without the support of my colleagues, and my husband financially, I could not and would not have completed the course due to the high pricing of tertiary studies and since completion I have often thought how much easier it would have been with a scholarship. Living where I do now – in rural Victoria – there would be no way that I could endeavour to complete such a task without the assistance of a scholarship due to the financial commitments to be undertaken. I strongly support the value of expanding the scholarship programs and have been fortunate to experience the result of the enormous amount of work and the high standard of clinical expertise exhibited by a recent graduate working with us in our Shire. Without the new graduates we would be hard pushed to find enough staff with appropriate tertiary education to service our area.

My submission is limited to chapter 12 of the Early Childhood Development Draft Report, and the "Child health Workforce". It is the recommendations 12.2 and 12.3 of the Early Childhood Development Draft Report that concerns me, in particular the removal of the midwifery qualification prerequisite for Maternal and Child Health Nurses. This service which I am proud to wave the banner for is upheld as one that requires a sound knowledge base contributing to a thorough education in the factors that influence our decisions in dealings with families. Midwifery has enhanced my clinical skills and I find that I draw on this base knowledge when engaging in breast feeding issues many times a week; as well as the after care of the mother involved in traumatic birth scenarios. Whether dealing with post partum haemorrhages, 3rd degree tears or support with the occasional Fetal death in Utero - the women in rural country don't just see us for after care of the baby but also for personal care and advice during stressful moments in their lives. Health promotion during pregnancy is another area where as the sole MCH Nurse (and indeed as often is the case - the sole nurse in town) I am responsible to deliver aspects of education as a result of my midwifery training. Thus I believe it is crucial that all Maternal and Child Health Nurses are nurses basing their decisions on a strong foundation built from evidence based knowledge together alongside their clinical judgement. This knowledge stems from the base training we receive during our endeavours to become a registered nurse and is slowly built upon with midwifery experience followed by further training with a post graduate Maternal and Child Health program of study. This additional study has provided me with the necessary knowledge and understanding to provide holistic and family centred Maternal and Child health nursing care in the community setting.

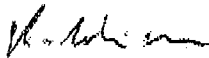
Possession of these qualifications is not a barrier to Maternal and Child Health Nursing, rather the basis of quality care.

Furthermore, whilst I do not question the standing of the Practise nurse and in fact hold them in high regard for the services that they do deliver, education of practice nurses is neither standardized or accredited and thus the suggestion that practice nurses may substitute Maternal and Child Health Nurses is unacceptable.

I am very concerned about the limited consultation undertaken by the Productivity Commission with Victorian Maternal and Child Health Nurses and I would be grateful if the Commission would meet with myself and my colleagues to expand knowledge of the depth of service provided by current nurses.

I thank the commission for considering my comments above. I hope the far reaching strengths of the Victorian Maternal and Child Health nursing service can be adopted by other states and that recommendations are not imposed that reduce and diminish the quality of the Victorian maternal and Child Health service.

Yours Sincerely,



Kerri Robinson

Maternal and Child Health Nurse

Moirā Shire Council.