The productivity Commission,

Dear sir/ Madame,

I am writing in regard to the early Childhood Development work force draft report (June 2011).

My name is Ann Power ,and I have practiced as a Maternal and Child Health nurse in Metropolitan Melbourne Victoria since 1995.

I am registered as a midwife, and general nurse with the Australian Health Practitioner Regulation Authority. I completed my general nurse, and my midwifery training through the hospital system completing same in 1969. I completed a Post Graduate Diploma in Child, Family and Community nursing science at RMIT Bundoora in 1995. Previously I had worked many years as a midwife in many smaller country hospitals, gaining a great range of experience, and knowledge in regards to the care of pregnant, laboring, newly delivered women and their babies which I feel has really assisted me to help families in the Maternal and Child Health setting.

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 of the Draft Report regarding the removal of midwifery as a qualification prerequisite for MCH nurses, and questioning the value of scholarships for MCH programs of study. I believe that these recommendations would reduce the quality of the Victorian MCH service, which in no small part, is dependant upon robust qualification requirements and educational preparation of Victorian MCH nurses.

I have seen first hand the value of the scholarships as the geographical area I work in, had always struggled to attract MCH nurses but more recently we have had students on the scholarship program ,and so we have been able to employ 3 new grads who have bought a wealth of knowledge ,and enthusiasm into our MCH team.

I am strongly opposed to the removal of midwifery as a qualification prerequisite for MCH nurses , and believe my qualification in midwifery has given me a critical body of knowledge ,and invaluable professional skills to practice as a MCH nurse.

I can think of many examples where I have drawn upon my midwifery knowledge and experience in providing MCH nursing care and where client care may have suffered had I not obtained this qualification. Breast feeding scenarios especially come to mind particularly now that many mothers are discharged from hospital so soon after delivery. I have seen many cases for the potential development of mastitis that I have been able to recognize, and give advice that has prevented the use of costly medication, some times hospitalization and the cessation of breast feeding.

Breastfeeding as we all know is one of the main Dietary Guidelines to prevent serious complications to children in the future, and our midwifery experience puts Victorian MCH nurses in a good place to assist with increasing the numbers of mothers continuing to breast feed until the recommended age six months.

Another aspect of midwifery knowledge is having the ability to be able to help women debrief and understand certain aspects of their labor and delivery thus helping women move on from unpleasant circumstances, and so help prevent possible post natal depression which can have far reaching complications for the women, their families, and can cause ongoing difficulties in regards to the mother baby relationship which can effect children for the rest of their lives.

I also believe it is critically important that MCH nurses be registered nurses. This became apparent to me when I was able to pick up an irregularity in a babe I saw for his two week assessment, and was able to make an emergency referral to hospital which led to this babe having complicated heart anomalies that needed major ongoing cardiac surgery. .It was reported back to me by hospital staff that because of my nursing / midwifery experience enabling me to recognize serious symptoms so promptly this babe now had a very positive outcome that could of very easily resulted in tragedy.

Finally it is vitally important that MCH nurses complete a Post Graduate MCH program of study. This additional study has provided me with the necessary knowledge and understanding to provide holistic and family centered MCH nursing care in the community setting.

An example of this is that on more than one occasion I have been able to ascertain irregularities of a baby's hips, which have led to referral, diagnosis, and early treatment that has enabled the babies to develop normally without restriction for rolling crawling and walking that would have occurred if diagnosis had been delayed.
In some instances if not treated early there will be considerable pain needing costly medication, and often hospitalization for surgery to correct this condition later on in life.

I strongly believe the requirement to be a midwife, registered nurse , and to have undertaken MCH post graduate program of study are critical to my ability to provide quality MCH nursing care. Possessing such qualifications should not been seen negatively as a barrier to MCH nursing but rather the cornerstone of providing quality MCH nursing care.

I strongly support the ongoing provision of scholarships for MCH post graduate programs of study. These have proven very successful in Victoria in attracting MCH nurses into our field of nursing.

I am very concerned at the limited consultation undertaken by the Productivity Commission with Victorian nurses. Our service is very widely considered the best in Australia and indeed the world and has many strengths.

To help the commission understand the many strengths of the Victorian MCH framework, I would be grateful if the commission would meet with me, and other MCH nursing colleagues to further discuss the above issues.

I thank the Commission for considering my above comments, and I hope the strengths of the Victorian MCH nursing service can be adopted Australian wide, and that the recommendations are not imposed to reduce and diminish the quality of the Victorian MCH nursing service.

I remain yours faithfully,
Ann Power.