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My name is Catherine Hewett and I have practised as a General Nurse for 8 years, a Midwife for 5 years and a Maternal and Child Health nurse for 4 years. I work for Bayside City Council at the Highett Maternal and Child Health Centre.

I completed an Arts Degree at Monash University prior to my nursing qualification and both my Midwifery and Maternal and Child Health studies were Graduate Diplomas which were completed during the last ten years.

I received a scholarship from Glen Eira City Council which enabled me to complete my Maternal and Child Health studies without financial pressure and assured me of immediate work at Glen Eira and Bayside City Councils.

I am writing this submission to express my indignation at recommendations 12.3 and 12.2 of the Early Childhood Development Draft Report and the "Child Health Workforce" paper. These sections relate to a proposal to remove Midwifery as a pre-requisite qualification for Maternal and Child Health nurses. I also support the ongoing provision of scholarships for Maternal and Child Health post graduate programs of study. These scholarships not only encourage Midwives into the Maternal and Child Health profession and financially assist those wanting to study Maternal and Child Health nursing.

There are many examples in my current Maternal and Child Health practice where my Midwifery qualification has been essential to comprehend and analyse a particular situation with a new mother and baby. I do not believe a Maternal and Child Health practitioner could perform competently without the Midwifery and General Nurse Qualification.

A few examples where my Midwifery qualification has been relevant to my Maternal and Child Health practice:

- An understanding of special care nursery and the issues that premature babies have faced before being allowed to go home to their mothers
- Breast feeding issues and concerns that a Midwife is able to assess, assist, resolve and hence help to encourage increased breastfeeding rates:

*An example of a particular case (one of many) is a new mother that came to see me and wanted to breastfeed but had ongoing mastitis due to poor attachment and bleeding nipples. In this case, the new mother lost breast*

*milk supply, which was caused by poor advice from her GP whereby she did not continue to express her breasts during the antibiotic treatment. After speaking with the GP and new mother, educating both in regard the breast feeding process, I showed the mother the correct attachment, and she breastfed correctly, initially, with a nipple shield whilst expressing afterwards with a breast pump, at regular intervals. Supply was again established, the correct method of attachment was applied and the mother gained confidence and has subsequently breast fed all three of her children successfully.*

- A knowledge of the birthing experience of the mother and issues arising from this – such as ligament pain, perineal infections, retained placenta, pain and healing from caesarean, a compromised pelvic floor, the range of perineal tears and treatment, babies' injuries resulting from the birthing experience such as shoulder dystocia
- A knowledge of neonatal hyperbilirubinemia and a correct assessment of the baby's stage of jaundice at the home visit which may mean that a new born baby is not mentally compromised
- An understanding of the birthing experience which may have contributed to a mother's post natal depression and a knowledge of methodology to assist that mother to find support and reconnect with her baby and family

My undergraduate experience as a Registered nurse is invaluable in my Maternal and Child Health role as this training allows me to understand general illness and medical conditions that the new mother or father may suffer from, and which may have ramifications on the new baby.

I firmly believe that my background with Midwifery and General Nurse training makes my contribution to new mothers, new babies and their families' valuable and informed.

It is of importance to note that the Report was printed **without** Victoria Maternal Child Health nurses or their' mothers being invited to give evidence before the Commission.

The **incorrect assertion** made on page 230 of the Report stating that the Midwifery qualification does not contribute to 'better health outcomes' for the child, is easily refuted when the 'outcome of the child' is seen as the 'whole journey' not just a child achieving a two year old birthday. For example, that very two year child might not be in the same place if the mother was suffering severe postnatal depression and had ongoing issues from a Caesarean section and acute ligament pain from the hormones released during the pregnancy. The Maternal and Child Health nurse, thanks to her Midwifery qualification, is able to bring to the mother and her new baby a holistic approach and deal effectively with all issues with knowledge and practical advice. Hence 'the journey' for that child up until his second birthday is happy and wholesome as his mother is well supported.

**Our Health System** is considered to be 'meeting' public needs when health practitioners are bringing relevant training and education to their role. Education is about '**developing**' not '**dumbing down**' the credentials of its' practitioners.

Furthermore the importance of allowing Maternal and Child Health nurses to be awarded a scholarship influences many Midwives in Victoria to take up the Maternal and Child Health profession which is in great demand for our growing population. The Maternal and Child Health Profession takes pressure off the General Medical Profession and advances the role of Maternal Child Health nurses as '**Primary Care Givers**' in our community.

Please consider my submission and **do not** remove Midwifery or General nursing as qualifications for Maternal and Child Health practitioners and maintain the high standard of practise in Victoria, which should be a pre-requisite on a national level, and continue the provision of scholarships to attract Maternal and Child Health nurses to this honourable profession.

Yours sincerely

Catherine Hewett