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Dear Sir.

My name is Ann Dykes and I am a Maternal and Child Health Nurse employed by the Moira Shire in Victoria. I have worked as a Maternal and Child Health Nurse with the additional qualifications of Lactation Consultant and Immunisation Nurse for the past 10 years in both rural Victoria and remote Northern Territory.

I am registered as a midwife and nurse with the Australian Health Practitioner Regulation Authority. I completed my General Nursing in 1974 and obtained my Midwifery qualification in 1975. I then spent 26 years working as a midwife in a rural hospital, all the time looking to see if I could obtain a Maternal and Child Health qualification while living in the country. I finally enrolled in 2000, and completed my Post Graduate Diploma in Family and Child Health through LaTrobe University in 2001. I was fortunate because at the time the course had some HECS funding attached to it which made it affordable. The high cost of Maternal and Child Health post graduate studies would at this point be a prohibitive factor if I were considering this field of tertiary study at the present time.

My submission concerns Chapter 12 of the Early Childhood Development Draft Report and the "Child Health Workforce" particularly recommendation 12.3 and 12.2 regarding the removal of the midwifery prerequisite for Maternal and Child Health nurses and questioning the value of scholarships for MCH studies. I believe these recommendations would reduce the quality of the Victorian Maternal and Child Health Service which has always been the "benchmark" for other states and is dependant on the thorough study criteria and educational preparation required of clinicians in this field.

My general nursing and midwifery background has been essential to the body of knowledge I bring to my Maternal and Child Health practice. They provide me with critical skills that I use everyday when working with mothers and children and ensure that these families get the best possible care. An example is the mother who told me that she was still bleeding heavily three weeks post delivery and when advised to return to the doctor was admitted to hospital for removal of placental products. Another is the mother who was 30 weeks pregnant when visiting with her 2 year old and told me that she had a terrible headache. When I sent her to the doctor immediately she was admitted with pre eclampsia and was very ill. If I did not have midwifery qualifications, both of these women would have been in a serious condition before seeking medical assistance. Many women require counseling after difficult births and need to talk over their experiences with someone who can help make sense of them. I am

constantly asked for advice on breastfeeding matters and if not a lactation consultant this would be impossible without midwifery.

I also believe it crucial that all Maternal and Child Health Nurses are registered nurses, providing strong foundations for evidenced based clinical judgement. Women often use the Maternal and Child Health Service as their first contact with medical services and it is essential that they get the correct information for any concern that they may have. My nursing background enables me to understand the disease process and give appropriate advice when mothers attend with sick children. Futhermore, whilst I hold Practice nurses in high regard for their specific service provision, education of practice nurses is neither standardised nor accredited and thus the suggestion that practice nurses may substitute maternal and child health nurses is unacceptable.

I strongly believe that the need to be a midwife and a registered nurse and then undertake post graduate studies in Maternal and Child Health is essential to providing quality care. Holistic and family centred care has evolved from my tertiary studies and possession of these qualifications is not a barrier to Maternal and Child Health Nursing, rather the basis of quality care. Our children are our most valuable resource and they deserve to have the care of nurses who have the highest qualifications and professional skills.

I also strongly support the value of expanding the scholarship programs and have experienced the enormous amount of work and high standard of clinical expertise exhibited by our recent graduates. Given the shortage of services in our rural environment the current study schedule and their previous qualifications ensures nurses are empowered to offer our families high quality care through their multi skilled capabilities. Encouraging more nurses into this highly specialised field by providing financial assistance has to be of help in maintaining and increasing the workforce.

I am very concerned about the limited consultation undertaken by the Productivity Commission with Victorian MCH Nurses. Our service is widely respected and I would be grateful if the Commission would meet with myself and my colleagues to expand their knowledge of the depth of service provided by current nurses.

I thank you for considering my comments.

Yours Sincerely,
Ann Dykes

Maternal and Child Health Nurse
Moira Shire