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To Whom It May Concern:

I am a Maternal and Child Health Nurse who has practised in Victoria for the past 15 years. All of my practise has been in the metropolitan area. I currently work 4 days a week and combine working in a centre with working with the more vulnerable families as an enhanced maternal and child health nurse.

I am a registered midwife and general nurse with the Australian Health Practioner Regulation Authority. I completed my General Nursing and Midwifery through the hospital system and then completed two Graduate Diplomas at La Trobe and Deakin Universities. I have gained a Graduate Diploma in Health Education, completed in 1990 and Child, Family and Community Nursing completed in 1995.

My submission is limited to Chapter 12 of the Early Childhood Development Draft report, and the "Child Health Workforce". I am particularly concerned about recommendations 12.2 and 12.3 of the draft reports regarding removal of midwifery as a qualification prerequisite for MCH nurses and questioning the value of scholarships in supporting MCH students. These recommendations will reduce the quality of the Victorian MCH service which is held in high regard around the world and is a service that others aspire to.

I am strongly opposed to the removal of midwifery as a prerequisite for MCH nurses. My midwifery knowledge guides my practice on a daily basis. Mothers are now discharged from their birthing hospitals within a few days of delivery, sometimes without any further follow up from the hospital. Currently women who deliver in private hospitals are discharged from hospital after 4 nights following caesarean section births. My midwifery knowledge is needed more than when I first started in MCH practice. A large component of our work is in breastfeeding. Many mothers are discharged home without established breastfeeding and rely on MCH nurses to assist this process. Breast feeding is vitally important to the long term health of children and has life long benefits. Government policy is to increase breast feeding rates and to achieve this needs community support.

I also draw on my General Nursing knowledge on a regular basis in my MCH practise. In Victoria a large percentage of our families attend MCH at some stage. We therefore, a see a large variety of people that have many different medical conditions. Having general nursing knowledge means I have a good insight into these conditions and medications they may be taking. After birthing there can be endocrine problems and with general nursing background I can be alert to the signs and symptoms of these. There is also a greater risk of deep vein thrombosis postnatally which needs to be detected and addressed as can have serious consequences. Infections are not

uncommon after birthing and as trained nurses we are able to identify these signs and symptoms.

The requirement for me to have a qualification in general nursing and midwifery has not been a barrier to going on to do Maternal and Child Health. In fact the knowledge from all these areas has been essential in informing my everyday practise. Post graduate study in MCH has built on previous nursing knowledge and given me an understanding of holistic family centred community care. Working in a community setting is quite different from working in a hospital environment. As an MCH nurse, I work more independently than in a hospital setting and need to have strong foundation of knowledge to inform my practice. Families we see are becoming more complex with multiple issues that need to be addressed. Mental health and family violence within families are issues that we tackle in our everyday practise. Families feel safe in discussing these issues with MCH nurses. When these issues are tackled the outcomes for families can be more positive than if left hidden. Postnatal depression affects 6-10%of women and also some men and if not managed can have a detrimental effect on babies, children and stability of the family unit. In my enhanced maternal and child health role I would regularly see teenage parents with issues of substance abuse coming from fractured families living in transitional housing. These families present complex issues and despite having many other workers attached to them- MCH deals with the maternal and child health and parenting issues. These families require intensive, long term MCH work.

I strongly support the ongoing provision of scholarships for MCH post graduate programs of study. In Victoria this has increased the uptake of further study and has started to replenish the depleted numbers of MCH nurses. I would now like to go onto further education but will only able to do so if I obtain a scholarship to assist me as I still have 3 dependent children to support at home. Post graduate education is very expensive and prohibitive to most MCH nurses.

I am very concerned about the limited consultation taken by the productivity commission with Victorian nurses. Our service is considered the "gold standard"- something to aspire to within Australia and around the world. I am surprised that there have been no Public Sittings with Victorian MCH nurses. I would be happy to meet with members of the Commission to discuss the strengths of the current service. The current framework of Victorian MCH service is too valuable to be tampered with and would undermine the service we offer to the families who are enrolled with us. No other service sees 99.8% of newborns, born in this state. We currently see 63% of 3.5 to 4 year olds for their preschool check. This is well above other states. We are in an ideal position to assess the well being of all Victorian children and their carers in the preschool years.

I thank the Commission for considering my comments.
I hope that the strengths of the Victorian MCH service can be adopted by other states and that recommendations are not imposed on the service that will diminish the quality of the current Victorian MCH service.

Yours, sincerely,

Maria Lay