

SUBMISSION**24/08/2011****To Early Childhood Development workforce Study.**

I have a master of nursing child Family and Community I also have a diploma in health Studies and am a Registered nurse and midwife.

The recommendation 12.2 which questions the benefits of scholarships for maternal child health makes no sense to me and I strongly disagree with this view.

I was given a full scholarship to do maternal and child health at Latrobe university in 2003. There was no way I would have done it otherwise.

I was a single working mum who was given a chance to be something more. Without the scholarship I would not be in this job today.

I work part time as a maternal and child health nurse. I am confident that I can and do a good job everyday when I go to work for families just like my own family.

More importantly today I am a mother of 3 children aged 15yrs ,5 yrs and 2 yrs.

Together my husband and I are raising a young family. Times are hard and we budget fortnight to fortnight. The cost of living is insane. There is no way I could go back to Study unless offered a full scholarship.

I envisage the only Nurses who will do the Maternal and child health studies without scholarships will be those few, who are in privileged positions either financially or socially. This workforce will be looking after our struggling families.

The recommendation 12.3 which questions midwifery as a pre requisite to maternal child health is also another view which I strongly disagree with.

I'm a mum and I see my maternal and child health nurse because I respect her for her knowledge and empathy. I cannot imagine going to see someone who has less knowledge and skills. I cannot imagine debriefing over my birth and pregnancy with someone who doesn't have pregnancy and birthing knowledge.

I trained as a midwife in England in 1994. I was already a division 1 Registered nurse. The course was a diploma in health Studies Registered Midwife. It took 18 months full time. This was a far superior course to the Australian one, which is only 12 months. We had to observe 10 births and manage/deliver at least 40 babies after this, along with many checked and signed off antenatal and postnatal checks, and vaginal examinations. I was paid whilst doing this diploma.

Midwives in the UK followed their families up to 28 days post birth before their community health visitor took over care. Midwives visited as many times as the family required in that 28 days. In Australia our new midwives have far less training (12 months) and when a woman is discharged from Hospital the midwives usually only do 1 post birth visit at home to families who are often discharged within a couple of days. Who will help our families with postnatal care, and breastfeeding help and advice if our maternal health nurses are not midwives?

Australia needs well trained professionals who have been properly trained to care for our families. We could be world leaders, with high standards of care, both in hospital and out of hospital.

Our little ones need a good start in life. They can't speak up and tell us. Breastfeeding and a healthy confident mother baby bond in the Early years of development are so important, aren't we letting them down if we don't aim high for their sake?

The easiest options are not always the best options. I strongly recommend Midwifery as a pre requisite to Maternal and child health. I also believe that scholarships will be necessary to entice others to maternal and child health. I hope that the high quality of service that Victorian Maternal and child health nurses provide is not reduced by new workforce recommendations.

Angela Browning

Maternal and child health nurse, Midwife and mother of three beautiful children.