

Dear Early Development Workforce Study Productivity Commission,

My name is Angela Fitzpatrick and I have practised as a maternal and child health nurse in Victoria for four and a half years. Prior to graduating as a maternal and child health nurse I worked as a midwife at Cabrini hospital in Melbourne. I have worked for the City of Glen Eira and the City of Port Phillip, both located in metropolitan Melbourne since graduating. At present, I am employed at the City of Glen Eira as a permanent part time employee.

I am registered as a midwife and nurse with the Australian Health Practitioner Regulation Authority. I completed my registered general nursing course at St Vincent's Hospital in Melbourne and my midwifery at The Mercy Hospital for Woman in Melbourne. I completed my Bachelor of Social Science at Deakin University in 1996. I also completed a Post Graduate Diploma in Child, Family and Community Nursing Science at La Trobe University in 2008. I was fortunate to be granted a Commonwealth Supported Place to study my post graduate diploma at La Trobe University. The federal government recognised there was a need to supply more qualified maternal and child health nurses in Victoria, and as such provided help in the form of lower course fees for my postgraduate course. I was also the recipient of a scholarship from the City of Port Phillip to study my university course, which is a local government initiative to provide their communities with sufficiently qualified maternal and child health nurses.

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 12.3 and 12.2 of the Draft Report regarding the removal of midwifery as a prerequisite for maternal and child health nurses, and also questioning

the value of removing maternal and child health nurses sponsorships which provide financial assistance when studying at university. I believe that the implementation of these recommendations would substantially reduce the quality of care to Victorian families that the Victorian maternal and child health nursing service currently provides. I also question the wisdom of the Productivity Commission in wanting to “dumb” down qualification to anyone working with mothers and babies in their early years. The importance of quality instruction and care in the early years of a babies life has been shown to dramatically increase children's potential throughout their lives.

I am strongly opposed to the removal of midwifery as a qualification prerequisite for maternal and child health nurses. I believe that my midwifery qualifications have given me a critical body of knowledge and invaluable professional skills in my day to day practice as a maternal and child health nurse. Examples of these include helping to establish lactation, maintaining and supporting the lactating mother. The WHO believes that breast milk should be the only source of nutrition for an infant receives until they are 6 months of age. My midwifery qualification has also allowed me to possess the knowledge to understand a mother's birth experience and how that may have impacted on her mothering experience. I understand about the body's adjustment to pregnancy and the return to its pre-pregnant state, and the role that hormones play. I am also familiar with the role of the midwife in a hospital and how I can assist the mother and baby as they return to the community setting. The requirement to be a midwife has not been a barrier for me to practice as a maternal and child health nurse. It has instead been a valuable asset and an essential qualification that informs my practice everyday.

I also believe it is critically important that maternal and child health nurses should also be registered nurses. The knowledge gain from my general nursing course has provided me with a strong foundation to use in my every day practice. Examples of this include the effect of medication on breast feeding, being able to inform my clients about procedures that their babies may need to have or undertake, such as renal or hip ultrasounds. It also helps me to understand the health implications for mothers who have a pre-existing medical condition.

Finally it is vitally important that maternal and child health nurses complete a post graduate program of study. This additional study has provided me with the necessary knowledge and understanding to provide holistic and family centred maternal and child health nursing in the community setting. The knowledge that I gained from my post graduate studies has made me acutely aware of promoting, establishing and supporting the establishment of a strong maternal-infant attachment, which can be affected by maternal factors such as post natal depression, in providing the best start to life for the family. The course also educated me about normal infant and childhood development, which enables me to refer children to the appropriate agencies when they are failing to achieve these milestones. This ensures that children receive the early intervention services that are paramount to them achieving their full potential.

I strongly believe the requirements to be a registered nurse, registered midwife and to have undertaken post graduate in maternal and child health have been critical in my ability to provide quality, evidence based care to the families who attend my centre. Possessing such qualifications should not be seen as a barrier to maternal and child health nursing but instead be the minimum standard that should be afforded to every family in Australia.

I strongly support the ongoing provision of scholarships for maternal and child health post graduate university courses. They have proven to be very successful in Victoria in attracting potential maternal and child health nurses and were very much an influence in my own decision to choose this as my career.

I am very concerned about the limited consultation that was undertaken by the Productivities Commission with Victorian maternal and child health nurses. Our service is widely considered the best in Australia and has many strengths. It is therefore surprising that the Commission did not hold any public sittings with Victorian maternal and child health nurses. To help the Commission have an understanding of the many strengths of the Victorian maternal and child health framework, I would be grateful if the Commission would meet with me and other maternal and child health nursing colleagues to discuss our objections to the findings.

I thank the Commission for considering my comments. I hope that the far reaching strengths of the Victorian maternal and child health nursing service can be adopted by the other states in Australia and that recommendations are not imposed that reduce and diminish the quality of care provided to Victorian families.

Yours sincerely,

Angela Fitzpatrick