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My name is Anita Swales and I have practised as a Maternal and Child Health Nurse in Victoria for the last seven months. I work permanent part time 3 days a week in two metropolitan centres providing the universal MCH service to families with children from birth up to the age of 6 years. Initially I also worked as a casual reliever between three councils covering sick and annual leave.

I am registered as a midwife and a nurse with the Australian Health Practitioner Regulation Authority. My education began in 1993, at Portsmouth University in the United Kingdom, with a Diploma of Higher Education in Nursing, completing this in 1996. Then in 1998 I completed my Bachelor (Honours) of Science Degree in Midwifery at Thames Valley University in London. In 2010 I additionally completed my Post Graduate Diploma in Child, Family and Community Nursing Science in 2010 at La Trobe University Melbourne. I feel that this education has given me a wide-ranging knowledge and background thus allowing me to provide a comprehensive service to children and their families.

I was provided with Commonwealth funding and a scholarship from the City of Kingston Council in 2010 to undertake MCH post graduate studies. Following completion of my studies this scholarship had allowed me to establish relationships within the council that created an opportunity to gain employment within the MCH field. Access to this Commonwealth Supported funding and scholarship greatly influenced my decision to become a MCH nurse because it helped me to complete the program of study necessary to practice competently in this role. I feel that remunerations from the job would not be reflected in the cost of the university fees.

I strongly support the ongoing provision of scholarships for MCH post graduate programs of study. These have proven to be successful in Victoria in attracting potential MCH nurses and influenced my own decision to choose this career path of nursing.

My submission is limited to Chapter 12 of the Early Childhood Development Draft Report, and the "Child Health Workforce".

First of all I feel that it is discriminatory to suggest that there is an older workforce within the profession. This is a representation of the experience within the workforce and this could influence retention of staff as they are more settled within their lives and may not want to move jobs.

I am particularly concerned with the recommendations 12.2 and 12.3 of the Draft Report regarding removal of midwifery as a qualification prerequisite for MCH nurses and questioning the value of scholarships for MCH programs of study. I believe that these recommendations would reduce the quality of the Victorian MCH

nursing service, which in no small part, is dependent upon the robust qualification requirements and educational preparation of Victorian MCH nurses.

I am strongly opposed to the removal of midwifery as a qualification prerequisite for MCH nurses as outlined in recommendation 12.3 and believe my qualification in midwifery has given me a critical body of knowledge and invaluable professional skills to practice as a MCH nurse.

I can think of many examples where I have drawn upon my midwifery knowledge and experience in providing MCH nursing care where client care may have suffered has I not obtained this qualification.

- My comprehensive experience as a midwife has equipped me with numerous skills and knowledge including teaching skills, thus being comfortable conducting education session for new parents. My community experience through extended postnatal care which all enhances the promotion of health for the family unit. I use these skills everyday in my current position as a MCH nurse.
- A knowledge and understanding of the birthing process and what effect this can have on the health and development of the child. This includes terminology used with the field of midwifery. Being able to understand the impact of the type of birth has on the child and family assists and improves the relationship between client and professional. For example a woman who had her first child was discharged following a traumatic birth on day 4 after an emergency caesarean section under general anaesthetic. As a result of my midwifery experience I could discuss with her and debrief with her about the experience thus potentially reducing her anxiety/risk of postnatal depression. It is a well known fact that postnatal depression can have a negative influence on child development and family relationships.
- A comprehensive knowledge of breastfeeding which is well researched highlighting the health benefits for both mother and child and good support within this area which is known to promote the longevity of breastfeeding. During a home visit to a family I was able to use my knowledge and skills to detect mastitis and assist in this lady obtaining an appointment with her GP that same day. If this had been left untreated the woman may have required a hospital admission for antibiotics and possible drainage of an abscess, thus reducing the monetary and psychological cost.
- Comfortable working within a multidisciplinary team and referring to necessary professionals outside our scope of practice.
- Having had the opportunity to work within the community and clinic setting time management skills have been enhanced within my midwifery experience, therefore these can be transferred to the MCH setting.
- Understanding the impact of postnatal depression on the child and family.
- Knowledge of neonatal jaundice allows me to assess the child and determine whether treatment is required early thus preventing potential developmental delays.

As it is known that the early years (BEST START 2006) of a child are a critical time for promoting optimum development and learning giving them the best start, the framework we follows allows an opportunity for early detection and intervention if

required and providing important health promotion such as immunisation, healthy eating and activity thus offering preventative primary health care. This is known to be cost effective in the long term.

Comprehensive education prevents a fragmented service provision as seen in other states; this education enhances the care given to not just the children but their mother and families, thus building a trusting relationship to achieve optimum outcomes. I feel, and there is evidence to suggest that the Victorian MCH service that operates within an evidenced based framework is well regarded, creating high satisfaction and participation rates from the families using the service.

The requirement to be a midwife has not been a barrier for me to practice as a MCH nurse but rather has been an essential qualification that informs my everyday practice as a MCH nurse. The team I work with are diverse in their skills and all call upon their midwifery skills. I enjoy the work and have job satisfaction due to the professional autonomy it entails and the ability to establish relationships with families

I also believe it is critically important that MCH nurses also be registered nurses. The knowledge gained through my undergraduate nursing diploma has provided me with a strong foundation to use in my everyday MCH practice.

- Comprehensive drug knowledge and interactions.
- Awareness and knowledge of medical and surgical nursing especially when pregnancy and birth can be complicated by a medical condition. I once cared for a woman who had a child and she had had a kidney transplant. Also certain medical conditions that a child or family may have an impact heavily on the family, for example I cared for a woman who had had a brain aneurysm during pregnancy which required brain surgery so I could draw upon my surgical nursing knowledge regarding rehabilitation and the care she received.
- Women are being discharge earlier thus a wider knowledge is required to provide the medical and psychological care to these families.

Finally it is important that MCH nurses complete a post graduate MCH program of study. This additional study has provided me the necessary knowledge and understanding to undertake holistic and family centred MCH nursing care in the community setting. And also has equipped me with skills to provide evidence based care within the work environment.

I strongly believe the requirement to be a midwife, registered nurse and to have undertaken MCH post graduate program of study are crucial to my ability to provide quality MCH care. Possessing such qualifications should not be seen negatively as a barrier to MCH nursing, but rather the cornerstone and benchmark of providing quality MCH nursing care.

I am very concerned at the limited consultation undertaken by the Productivity commission with Victorian nurses. Our service is widely considered the best in Australia and has much strength. It is therefore surprising to me that the commission has not held Public sittings with Victorian MCH nurses. To help the Commission

understand the many strengths of the Victorian MCH Framework, I would be grateful if the Commission would meet with me and other MCH nursing colleagues.
I thank the Commission for considering my comments above.

I hope that the far reaching strengths of the Victorian MCH services can be adopted by other states and that recommendations are not imposed that reduce and diminish the quality of the Victorian MCH service.

Yours sincerely

Anita Swales