

Introduction

My name is Dianne Jackson. I have practiced in Victoria as a Maternal and Child Health Nurse for 14 years. I worked in the South Western Region for 10 years and more recently in the City of Port Phillip. My role is Team Leader of the Maternal and Child Health Service.

I am registered in General Nursing and Midwifery with the Australian Health Practitioner Regulation Authority. I completed my general nursing and midwifery training in Tasmania and my Child and Family Health Nursing Post Graduate Diploma at the University of Tasmania in 1995.

Overview

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

I am especially concerned with recommendations 12.3 and 12.2 of the Draft Report regarding removal of midwifery as a prerequisite qualification for MCH nurses and to the questioning of the value of scholarships for MCH Study programmes. I strongly believe these recommendations would impact greatly on the quality of the Victorian MCH service which is dependant on the qualifications and experience embedded by the educational preparation of Victorian MCH nurses.

Draft recommendation 12.3

I am vehemently opposed to removal of Midwifery as a prerequisite qualification for MCH nurses. The knowledge and experience of Midwifery has been the tool that has given me the professional background to enable my practice as a skilled and empathetic Maternal and Child Health Nurse.

The requirement to be a midwife has been an essential qualification to inform my everyday practice as an MCH nurse. Examples where this experience and knowledge has supported the service I have provided occur every day, e.g. a mother has a history of a difficult and traumatic birth and due to her immobility has required additional home visits to conduct the key age and stage consultations with her baby. I was able to monitor her physical recovery and adjust the positioning to allow her to breastfeed in comfort. I was able to reassure her that her discomfort would pass and discuss the physical problems with her obstetrician to ensure she received the care he advised.

On many occasions I have monitored the feeding and growth of small and compromised babies. I have immediately contacted a doctor when a baby had severe jaundice and no weight gain due to an oesophageal stricture.

I have supported many women with breastfeeding difficulties and the accompanying mental stress and fatigue this places on the mother and family.

The effect of pregnancy, labour, childbirth and the early postnatal period on a mother's emotions is something easily understood by a midwife having the experience of accompanying many women through this period. Many women express surprise at the level of their anxieties and their ability to adapt to their new role. This is a time they require empathy, reassurance and practical advice which is possible for a MCH nurse with a midwifery background.

The requirement to be a midwife has been a vital background to inform my everyday practice as an MCH nurse and nurse manager.

I also believe it is absolutely vital that MCH nurses are registered nurses. The knowledge of disease, illness and appropriate evidence based care has been invaluable to inform my everyday practice. An example of this is when I accompanied a mother to the hospital where she delivered when she had severe pain due to a contained haemorrhage that required draining.

Finally it is vitally important that MCH nurses complete a post graduate MCH programme of study. The additional hours of study and preceptorship have provided the necessary knowledge and understanding for me to work in the primary health area providing holistic and client focused nursing care.

The changing dynamics in a family are everyday conversations that occur in MCH practice. The ability to explain transition to parenthood is a topic for the New Parent Groups that I have conducted and the advice about practical strategies to help e.g. father to bath baby and settle after feeds, have enhanced the relationships that both parents have with their baby as well as allowing breastfeeding to succeed.

The Victorian Maternal and Child Health Service has a high uptake of parents attending the New Parent Groups that the MCH service run and these families continue to meet as Playgroups for many ongoing years. The number of mothers attending groups in the City of Port Phillip in 2010,2011 was almost 700 out of 825 first time mothers.

Draft Recommendation 12.2

As an MCH Nurse Manager I strongly support the ongoing provision of scholarships for MCH post graduate programs of study. These have proven very successful in Victoria in attracting potential MCH nurses and have allowed the service to maintain service delivery with a full workforce. The cost of study in addition to living costs prevent further education for many nurses. The scholarship has been an incentive for the nurses that have recently commenced working in the City of Port Phillip and ensures they have employment at the completion of their study.

Limited Consultation

I am very concerned that the Productivity Commission had limited consultation with the Victorian nurses and MCH service even though the service has received much recognition as a benchmark for health provision to new mothers and families. I would be grateful if the Commission would meet with me and other MCH nursing colleagues to familiarise with our Victorian MCH Framework.

Conclusion

I thank the Commission for considering my comments above.

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