

24/8/11

Early Childhood Development Workforce Study
Productivity Commission
LB2 Collins St East
Melbourne Vic 8003

To whom it may concern,

My name is Jennifer Shewan and I have practised as a maternal and child health nurse in Victoria for more than 25 years. I have worked in inner metropolitan location for that time.

I am registered as a midwife and nurse with the Australian Health practitioner Regulation Authority. I trained for General Nursing at Repatriation General Hospital from 1971 to 1974 and trained in midwifery at Mercy Maternity Hospital in 1974-1975. In 1978 I trained in infant welfare nursing at Queen Elizabeth Hospital. Over the years I have participated in extra training and study to upgrade my skills to deal with the increasing complexity of the work as maternal and child health in Victoria. I returned to study and completed my Graduate Diploma in Community, Family and Child Health nursing at La Trobe University in 1998.

My submission is limited to Chapter 12 of the Early Childhood Development Draft Report regarding removal of midwifery as a qualification prerequisite for MCH nurses. I believe that this recommendation would severely reduce the quality of the MCH service that is dependent on rigorous educational preparation to practice MCH in Victoria.

I am strongly opposed to the removal of midwifery as a qualification prerequisite for MCH nurses based on the role and responsibilities of the MCH nurse practicing in Victoria at this point in time. I take great pride in being able to provide quality service to families of child bearing age in my care based on my general nursing, midwifery nursing and my family, community and child health nursing qualifications.

The following are situations in my work as a Maternal and Child Health Nurse where my knowledge in Midwifery was critical in the care of childbearing clients who have attended for infant and child health checks.

- The new mother complaining of severe headache at early home visit. My knowledge of management of pre eclampsia lead me to advise a visit to General Practitioner. Her blood pressure proved to be elevated and needing medical management.
- The mother with a very sore perineum at home visit. On inspection the episiotomy appeared inflamed and gaping. The mother was sent to obstetrician and was prescribed an antibiotic.
- New mother recently discharged from maternity hospital having difficulty with breastfeeding. Babe was unable to latch on for a feed as mother's milk had come in and baby was not able to get a good grasp of the nipple to feed.

Mother had not been instructed in expressing while in post natal ward and had a new breast pump to use. With my midwifery knowledge I was able to assist her at the visit. This is an example of how the Maternal and Child Health Nurse with midwifery knowledge to help with the transition from hospital to home.

- In conduct of New Parent Group at MCH there is included a session on maternal health. This session gives opportunity for mothers to debrief on their birth experiences. As a Maternal and Child Health Nurse with midwifery background I have guided mothers towards understanding and making sense of what, for some women, has been a traumatic experience both physically and emotionally.
- Knowledge of what is normal blood loss for a mother in the postnatal period is helpful to client wanting to know if she needs to seek medical care for Post partum haemorrhage.
- The mother phoning complaining of a reddened, hardened and painful area in her breast. She is instructed about the management of blocked milk duct and signs of mastitis. In the presence of flu like symptoms the mother is directed to see her doctor to obtain a prescription for a broad spectrum antibiotic. As a MCH Nurse who has midwifery knowledge I have given mothers instruction in how to manage breast feeding as they recover from mastitis.

Other areas where the Maternal and Child Health Nurse uses her midwifery knowledge when dealing with women of childbearing age include:

- Pelvic floor health issues.
- Family Planning and fertility issues.
- Post Caesarean recovery including pain management.
- Women's Health issues including self breast examination, stressing importance of Pap smear.
- Educating women of the physiological body changes associated with pregnancy and breastfeeding.
- Infant feeding including formula feeding

I thank the Commission for considering my comments and hope that in the search for solutions to the short fall in child health nurse across Australia that recommendations are not imposed that will in any way diminish the quality the Victorian MCH nursing service. The Victorian MCH service has far reaching strengths that can be adopted by other states.

Yours Sincerely,
Jennifer Shewan