My name is Glenyce Sheean and I have worked as a Maternal and Child Health Nurse in Metropolitan Melbourne for over 15years. I have been both a reliever in a number of different municipalities and also a permanent nurse in two very different locations one being a predominantly Anglo Saxon middle class area and the other a municipality with a large Multi Cultural population.

I have registrations with the Australian Health Practitioner Regulation Authority in general nursing and midwifery having originally trained at The Geelong Hospital in 1970, completed Midwifery at Western General Hospital in 1972 and then my Diploma of Applied Science (Maternal and Child Health/Community Health) at Latrobe University in 1985.

This submission deals with and is limited to Chapter 12 of the Early Childhood Development Draft Report and the "Child Health Workforce".
My concerns are about recommendations 12.3 and 12.2 of the Draft Report that discusses removing midwifery as a compulsory prerequisite for MCH nurses, and questions the validity of offering scholarships for study in the current MCH programs.
I firmly believe that enforcing these recommendations would reduce the quality of the service offered by the Victorian MCH service that currently has a highly educated, qualified workforce.

I am strongly opposed to draft recommendation 12.3 and believe that it is vitally important to maintain the existing qualifications as mandatory for MCH nurses.
I believe that my midwifery qualification has given and continues to give me a solid knowledge base on which to practise as an MCH nurse.
It is my firm opinion that my midwifery training is put to use every working day when dealing with new mothers and babies. With early discharge from hospital comes a compounding of problems that previously would have been dealt with by the midwives in a hospital setting. These include care of the mother following birth, breast care and feeding, normal and abnormal blood loss, wound care following caesarean section, perineal care, and changes in family dynamics. New babies also present with issues such as cord care, jaundice, breast-feeding problems and unsettled behaviour. These are just a few examples of the ongoing, constant issues that new parents wish to discuss on a daily basis and without a sound midwifery knowledge and skill base most could not be satisfactorily addressed. We live in a society where the MCH nurse is often the first person that families call when they have queries about the growth and development of their baby and the recovery of the mother following the birth as the service is free and access is generally accessible 24hrs a day.
The requirement to be a midwife has been an essential qualification and skill that forms a basis for my everyday practice as an MCH nurse and I personally could not imagine how difficult it would be to answer the questions posed and deal with the issues that families present with without that that knowledge.

I also believe that it is essential that MCH nurses must have the basic knowledge gained in an undergraduate nursing course and also that they have completed a post graduate program of study in MCH nursing. As MCH nurses we must be able to provide holistic, family centred care to our clients and our qualifications are what underpins our ability to do just this.

Draft Recommendation 12.2 deals with the provision of scholarships to give midwives the opportunity to expand their knowledge and skill and become MCH nurses. I strongly support the ongoing provision of these scholarships. A number of my colleagues have completed their training using the support of the scholarship program and have stated that they would not have been able to undertake the training without that assistance.

I also have concerns that there was very limited consultation undertaken by the Productivity Commission with Victorian MCH nurses. Across the board, our service is envied by many others and is widely considered to be the best in Australia. Clients moving from interstate and overseas often comment just how much better and more detailed our service is, and how much they appreciate what they learn and the support they are given.
It is therefore difficult to understand why the Commission has not held any Public Sittings with Victorian MCH nurses and my colleagues and I would be glad to meet with the Commission and discuss the many strengths of the Victorian MCH framework and how it benefits our families.

I thank the Commission for reading and considering my comments and hope that the Victorian MCH framework can be adopted by other states of Australia and that the recommendations in the Draft Report are not adopted leading to a reduction in the skill and knowledge base that currently is the backbone of our wonderful service.