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My name is DIANA AMEND and I practise as both a Maternal child Health Nurse for almost 5 years and a Midwife for over 25 years.

I am registered as a Midwife and General registered nurse with the Australian Health Practitioners Regulation Authority (AHPRA). I completed my Graduate Diploma in Child and Family Health Nursing at RMIT University in 2006.

I was successful to obtain a scholarship from Department of Education and Early Childhood Development (DEECD) previously known as Department of Human Services (DHS) in 2004. Obtaining this scholarship influenced my decision to study and graduate as a Maternal + Child Health nurse. I have family commitments and without monetary assistance, I would not have been able to study.

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 R.2 of the Draft Report regarding removal of midwifery as a qualification prerequisite for Maternal and Child Health nurses, and questioning the value scholarships for MCH programs of study. I strongly believe that these recommendations would reduce the quality of the Victoria MCH nursing service which is reliant upon appropriate qualifications and educational preparation of Victorian MCH nurses.

I am strongly opposed to removal of midwifery as a qualification prerequisite for MCH nurses and believe my qualifications in midwifery has given me critical knowledge, understanding and experience to practise as a MCH nurse.

I have many examples where my midwifery knowledge and experience in providing MCH nursing care and where client care may have suffered had I not obtained this qualification.

At the home visit a detailed medical history of the mothers antenatal, delivery and postnatal case is taken. A nurse needs know how to assist with a mother/baby dyad when breast feeding. The principles of a good latch, different positions and strategies to try that are individualised. Breast and nipple care and variations. The normal progression of lochia. To inspect a mother's perineum, if asked and offer appropriate care and follow-up. How haemorrhoids are managed and the impact fibre, fluids and rest has.

A mother who has undergone a Caesarean section: The wound is inspected and appropriate follow-up made if required. Limitations in movement are shown and the importance of support from family + friends.

The baby assessment of colour, activity - posture and a systemic approach from head to toes, including reflexes and hip movement; Barlow and Ortolani Tests are taught as a midwife and used as a tool prior to a baby's discharge from hospital. This assessment is also conducted by a MCH nurse.

A MCH nurse needs a theoretical understanding and practical experiences as a midwife to draw upon when assessing a mother's physical and mental state. A full postnatal check is attended initially at

the home visit and again in subsequent centre visits at 2 weeks 4 weeks 8 weeks and 12 weeks. A mother's physical and mental health impacts upon her ability to mother her child

A mother and father ask a multitude of questions concerning their individual health and their baby's.

Evidence based research dictates the responses given though a working understanding and anecdotal examples makes understanding real and individualised.

The long term relationship that a nurse and family develop within the MCH setting is dependent upon the nurse actively listening to each family to support their efforts and guide by providing important health promotion information. The growth of an individual - both physically + mentally and the change in the family structure is a complex and ever changing. To be equipped to meet these needs a nurse needs both formal education and experience; Being a registered nurse, a midwife and also a MCH nurse enables me personally to meet these challenges.

I strongly support MCH nurse services and scholarships for post graduates to study. Offering a financial incentive to help meet the costs of study did allow myself to study and graduate, and now work as a MCH nurse.

If our system values and supports individuals to study we value and maintain.

It is of concern the limited consultation undertaken by the Productivity Commission with Victorian nurses. Our service is widely considered the best in Australia, if not the world and should be considered the gold standard and thus preserved. Families who receive our care value our efforts, our knowledge & our experience.

Today, I thank the commission for considering
my comments

Yours Sincerely

DIANA AMEND