

AUGUST 26TH 2011

SUBMISSION TO: The Productivity Commission

Early Childhood Development Workforce Study

Draft Report (June 2011)

My name is Jennifer Johnston and I have practiced as a Maternal and Child Health Nurse in Victoria at an Early Parenting Centre since 2007. Immediately prior to this I had several years in various roles overseas and prior to this I worked with various Victorian councils in the 1990's and 1980's.

I am registered as a Midwife and Nurse with the Australian Health Practitioner Regulation Authority.

(Registration Number -NMW0001051358, NMW0001051359)

After completing my General Nursing Course at Preston & Northcote Community Hospital (PANCH) in 1979, undertook Post Graduate studies in Midwifery at PANCH completing these in 1981. Additionally I completed my Post Graduate Diploma of Applied Sciences in Community Health Nursing (MCHN) at Lincoln Institute of Health Sciences in 1983.

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

I would like to focus on Recommendations 12.1 and 12.3. regarding the optimal timing and number of child health checks and the removal of Midwifery as a prerequisite qualification for MCH Nurses.

Recommendation 12.1: While supporting the premise that the setting of the timing and number of child health checks, should be evidence based, I would encourage the research to not only include surveying child health outcomes, but to also review the mother/parent relationship with the Maternal & Child Health Nurse. If it was determined that visits should be *decreased*, then many isolated mothers/parents will have an important life-line diminished. This I believe will impact the mental and emotional wellbeing of the mother/parent.

Recommendation 12.3: I am vehemently opposed to the removal of Midwifery as a pre-requisite qualification for MCH Nurses and know that my Midwifery training, knowledge and experience has provided me with a critical body of knowledge and essential professional skills to practice as an MCH Nurse. In my current practice in an Early Parenting Centre my work involves caring, assisting and educating parents of children newborn to four years of age. Part of my care is to discuss in detail with parents their birth experience if their child is under 6 months of age. A recent client had suffered a traumatic delivery experience and in discussing her time, I was able to suggest debriefing to help her process some of the residual emotions. I believe that my understanding of pregnancy and delivery was invaluable in my complete care of this mother and family.

With early discharge of women after delivery, the need for having midwifery qualifications prior to MCH qualifications is of utmost importance. The MCH Nurse provides the first home visit when the mother and family are at a most vulnerable stage in adjustment: to breast feeding, parent craft not to mention post-natal physical and emotional adjustments, therefore extensive knowledge and experience in Midwifery including assisting mothers with breast feeding and observing physical complications and infant/parent bonding, is indispensable.

The requirement to be a midwife has not been a barrier for me to practice as an MCH but rather has been an essential asset that informs my everyday practice as an MCH Nurse.

Consultation: I am very concerned at the limited consultation undertaken by Productivity Commission with Victorian Nurses. Our service is widely considered of the highest standard in Australia and has many strengths. It is very surprising 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. 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 as it supports and promotes child, maternal and family health in Australia.

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