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Annette Houston

29/8/2011

Early Childhood Development Workforce Study  
Productivity Commission  
Locked Bag  
Collins Street East  
MELBOURNE VIC 8003

Dear Sir/Madam

RE: Chapter 12, Early Childhood Development Workforce Draft Report (June 2011)

My name is Annette Houston, I have worked as a Maternal and Child Health Nurse in Victoria for over 22 years in both rural and metropolitan areas. I have also worked as a MCH Coordinator and Children and Family Services Manager and Contact Manager in Victorian Local Government.

I am a registered Nurse and Midwife with the Australian Health Practitioner Regulation Authority. I completed both my General Nursing and Midwifery Certificates within the Hospital System. I completed my Diploma of Applied Science – Community Health Nursing at Phillip Institute in Melbourne in 1985. In addition I completed my Graduate Diploma of Business Management at Monash University in Melbourne in 1995.

My Submission is limited to Chapter 12 of the Early Childhood Development Workforce Draft Report (June 2011), the “Child Health Workforce”.

I have concerns with recommendations 12.3 and 12.2 of the Draft Report regarding removal of midwifery as a qualification for MCH nursing and also that scholarships to study MCH nursing are of little benefit in attracting nurses to do post graduate study. The quality of the Victorian MCH Service I believe would be reduced if these recommendations were to be adopted.

My qualification as a midwife has given me the ability and skills to provide a comprehensive holistic service to the families that I service.

Each day I practice I draw on my midwifery experience, and knowledge, whether it be to understand what a mother has experienced during her antenatal period, birthing experience and the implications particularly if she has had a traumatic birth, any issues during the postpartum period or to assist and advise her on breast feeding.

With the introduction of Early Discharge from Maternity Hospitals I do find that I am visiting families at home often on day 6-7 during the postpartum period, a lot have had long labours ending in Caesarian Sections, difficult traumatic births and have difficulties with breast feeding.

Recently I visited a mother at home who told me that she was passing clots, I advised her to attend

the Doctor or Hospital which she did and it was found that she had a Uterine infection which if had not been treated could have resulted in a serious haemorrhage or more serious infection. I visited another mother who had had a very traumatic labour and delivery and was finding that very difficult to deal with, I was able to discuss with her what she had experienced and clarify some of her concerns and to refer her for debriefing at the Hospital and for follow up Counselling and provide her with ongoing support. If I did not have that qualification and experience I would feel unable to deal with these examples competently as a MCH nurse.

I have worked as a MCH nurse in both metropolitan and country areas, my first MCH job was in the Victorian Mallee region where there were very few health and allied professionals, I was often the only health professional that families regularly saw, without both my General nurse and midwifery qualification I would have struggled to provide a holistic comprehensive service. Midwifery is by no means a barrier to my practice it has and continues to be an asset.

In regard to the ongoing provision of scholarships, I feel strongly that this should continue. When I decided to study to become a MCH nurse there were no scholarships available, I relied on my savings, I did however get HECS, without that I may not have been able to study. If a scholarship had been available I certainly would have applied for one. If I was to commence studying now I would not have been able to afford a course fee of \$15,000 which would eliminate me from going forward with the course.

The document did not look at any advantages the Victorian MCH Service has, such as its diversity, it is a complete package that provides continuity of care allowing trusting relationships with families, this is apparent when you look at the high participation rates within Victoria, 98% of all babies born in Victoria engage with the Service, this figure has remained at a similar level in all the time I have practised as a MCH nurse.

The Victorian MCH Service is seen as a quality service both Nationally and Internationally, it is staffed by well qualified staff, I therefore can not understand why there would be a recommendation to downgrade this service as the Draft Report is suggesting. Rather than looking to downgrade the strengths of Victorian MCH nursing service the Commission could be looking at opportunities to strengthen the services that are provided by other states.

Finally I am quite concerned that there has been no consultation with Victorian MCH nurses, why has there not been Public sittings or meetings with MCH nurses to assist the Commission in understanding the strengths of the Victorian MCH Service. Such an important document should be both comprehensive and accurate, I would have thought therefore that consulting with stakeholders would be a priority, those stakeholders would also include MCH Service users.

Thank you for giving me the opportunity to respond to the Draft Report I will wait with interest the outcome.

Yours Sincerely

Annette Houston