28/08.11

My name is Kathy Gratton and I have been a registered general nurse and midwife for almost 30 years. I currently work in an emergency department in a Maternity tertiary hospital. I commenced my maternal and child health course in 2010 and will finish later this year. The benefits of being a Maternal and Child Health Nurse (MCHN), almost qualified, and holding qualifications as a registered nurse midwife is invaluable in addressing many phone queries and presentations to the department at all hours of the day and night. My submission is in response to Chapter 12 of the early childhood development draft report and the child health workforce.

In response to Draft recommendation 12.2

I have long wanted to undertake this course but this has not been financially possible with a family, school fees, cost of the course. Fortunately I obtained a scholarship with the City of Whittlesea which has enabled me to attend university for this course. I was also granted a commonwealth supported place. This means that most of my HECS fees will be covered by the granting of the scholarship. In return for accepting this scholarship I am guaranteed employment on completion which will consolidate the course and teach me so much in relation to practical professional learning with support. I would never have been in a position to undertake this course without the scholarship support.

In response to Draft 12.3

I am so strongly opposed to the removal of midwifery as a pre requisite for MCH nurses and can not imagine ever contemplating the career path without this general and especially midwifery expertise. I can not think of one visit with a family where my additional skills have not be utilized whether acutely during the home visit phase (within the first 2 weeks of birth) or ongoing maternal and family health promotion and education for the duration of contact with families. Just this week I attended a home visit to a family with an 8 day old infant. Unbeknown to the mother, this infant was

not receiving adequate nourishment from her mothers breasts despite being attached well and effectively sucking constantly. Mother had had breast surgery which can impact on lactation. This mother was eager to continue breast feeding and through my observation of the breast feed and knowledge of lactation, ~~I was~~ we were able to support mother's wishes and baby's health concerns by implementing the correct services, feeding management etc urgently. I know that this would not have occurred without my midwifery knowledge.

Another concern is that mothers and new babies have a very short stay in hospital in the Public system, often home within 48 hours of birth. The support required to establish and maintain lactation, due to changes in breasts as lactation occurs is essential to empower women to have the confidence to continue breast feeding and nurturing their infants. We are all aware of the benefits to our nation with the promotion of breast feeding!. Our expertise is essential in assisting our families with this. The smallest adjustment can make the world of difference to a lactating mother and infant. It is important to note that many families in the public system do not qualify for a maternity domiciliary visit and privately insured families are not offered this support at all. Also of note is that many Breast feeding support services have had their services severely reduced, therefore limiting more support to families so recently discharged from hospital support.

Additionally, MCHS is about health promotion and education of mother, baby and family and this is a crucial role in midwifery also. The expertise required complement each other in every detail of a family's lives. As we know if one family member is vulnerable, the whole family is vulnerable. Clients often plan their next pregnancy while being part of the universal service and due to the relationship formed, will ask for guidance with both physical and emotional education with their family planning and caring for their infants. If time permitted, I could continue elaborating on the important role of the Midwife/MCHN extensively. Therefore I strongly believe that my strong foundation of knowledge with my previous qualifications combined with MCHN is essential to continuing to provide the high standard of care that all families are entitled to.

In closing I wish to express my concern at the limited consultation undertaken with the Productivity Commission with Victorian nurses. We are proud of our many strengths and hope that the far reaching strengths of the Victorian MCH nursing service can be adopted by other states and that the recommendations are not imposed that reduce and diminish the quality and expertise of the Victorian MCH nursing service.

I thank the commission for considering my comments as above.

Kathy Gratton