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**Submission to Productivity Commission: Early Childhood Development Workforce Draft Report (June 2011) Chapter 12- "Child Health Workforce".**

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**12.3 MIDWIFERY QUALIFICATIONS NOT REQUIRED TO PRACTICE AS A CHILD HEALTH NURSE**

**I have worked as a Midwife for 20 years and a Maternal and Child Health (MCH) Nurse for 5 years. I am very concerned about the draft recommendation that midwifery qualifications are not necessary to practice as a MCH Nurse. In Victoria our first contact with women is in their own homes following the birth of their baby. Women often have early discharge (as early as 4 hours; commonly 24-48 hours in the public sector; 4 days in the private sector) the MCH nurse may visit these women a few days after giving birth.**

**Midwifery training has been essential to me in my role as a Maternal and Child Health Nurse. Midwifery training and experience has taught me to recognize a number of conditions which present themselves in recently birthed women. This enables appropriate and timely referrals so that these women and babies receive appropriate care. Women may experience anaemia from blood loss associated with the birth, postpartum uterine infection, retained products of conception, perineal infection, mastitis, urinary retention, urinary and faecal incontinence, urinary tract infection, postpartum psychological disturbances. Their babies may be premature, have feeding difficulties, fail to gain weight, be jaundiced, or be affected with**

**congenital conditions. Experience in the care of these babies is gained as a midwife in the hospital environment.**

**Midwifery training and many hours of practice also enables MCH nurses to provide assistance with successful initiation and maintenance of breastfeeding. The health benefits of exclusive and prolonged breastfeeding are well documented. Increased breastfeeding rates are promoted by governments as desirable.**

**The local area in which I work has a significant number of overseas students who come to Australia and have a baby but are not covered by Medicare. As they must pay for services provided by the hospital including inpatient accommodation and domiciliary visits many of these families decide to leave hospital early and return home, they also decline to be visited by the hospital. These women then present to the (free) Maternal and Child health service a few days after giving birth. They often have a lack of family support and therefore rely on the MCH nurse to provide education that would normally have been provided by hospital midwives if they had engaged with their service for longer. They may need assistance and information to enable them to attend to general hygiene, care for the umbilical cord, understand normal newborns patterns of feeding, elimination and sleeping and recognise signs of an unwell baby.**

**Antenatal women also attend the MCH service with their children and ask for advice and information about their pregnancy or impending birth.**

**Often women attending the MCH service need to debrief about their birth experience, an understanding of the issues involved including traumatic birth, adverse outcomes, hospital procedures associated**

**with birth is only possible when the professional is a qualified midwife.**