

Ms Neeltje Houting

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Productivity Commission

Early Childhood Development workforce Draft report 2011

As above my name is Neeltje Houting, I have been practicing Maternal and Child Health in Victoria (MCH) for the past twenty eight years, in rural and metropolitan locations. I am a registered midwife and nurse with the Australian Health Practitioner Regulation Authority. I completed my midwifery in 1980 and completed my Post Graduate Diploma in Applied Science for Maternal and Child Health in 1983.

My submission is limited to Chapter 12 of the Early Childhood Developmental Draft Report and the "Child Health Workforce". I am particularly concerned with recommendation 12.3 and 12.2 of the draft report regarding removal of midwifery as a qualification prerequisite for MCH nurses, and questioning the value of scholarships for MCH programmes of study. I believe that these recommendations would reduce the quality of the Victorian MCH nursing service, which is dependent upon the robust qualification requirements and educational preparation of Victorian MCH Nurses.

In 1983 when the MCH service was managed by the then Health Department I was fortunate to obtain a monetary Scholarship to help finance my studies. I think that if scholarships are removed there will be hardships for many well deserving nurses.

Every day in my practice as a MCH nurse, I feel that I use my expertise as a general and MCH nurse but especially a midwife. With our Key Age and Stage framework (KAS) we visit mothers at home as early as Day 4 following delivery. It was only recently that a Mother was having difficulty breast feeding her baby when I visited her at the home, when reading the discharge summary I noticed that the "membranes were ragged", calling on my midwifery expertise I was able to establish that because of this her breast milk had not yet "come in" as her body hadn't registered that the delivery was complete, that the complicated "chemistry" of delivery/lactation hadn't run its course.

As for the "aging workforce" I think this is a huge positive rather than a negative factor. You will find that most of the MCH Nurses have had a vast range of experience in Nursing and in life itself. This experience I find has been fundamental in working with families in primary health promotion as well as being able to detect abnormalities/differences in the newborn and children in the first 6 years of their development.

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 to reduce and diminish the quality of the Victorian MCH nursing service.

Yours sincere
N. Houting.