Productivity Commission, Early Childhood Development Workforce Draft Report (June 2011)

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Our submission is confined to points raised in Chapter 12 of the Early Childhood Development Draft Report that relate to the scope and practice of Maternal and Child Health Nurses.

We are writing this submission on behalf of the thirteen Maternal and Child Health (MCH) nurses within the Child and Family Services team of Latrobe City.

Latrobe City is a regional council in Victoria. It is located 150 km from Melbourne and has four major centres; Moe, Morwell, Traralgon and Churchill. It is surrounded by smaller country towns. We have an industrial base in brown coal power generation and paper manufacture.

Our client base is diverse. Large sections of our communities are experiencing intergenerational unemployment and poverty. Our region has the highest Child Protection referral rate in Victoria. (Gippsland Child Protection Intake Data 2010-2011)There is a shortage of health professionals from Obstetricians and Paediatricians to psychologists and speech pathologists. General Practitioners' are difficult to access and our service provides grass roots support to families of the region. Access to specialist children's services is limited and waiting lists up to 12 months is common.

We are all registered nurses and midwives with Australian Health Professionals Registration Authority (AHPRA) and have Post Graduate qualifications in Child, Family and Community nursing. Some of us have gained these qualifications through MCH scholarships provided through Latrobe City which has relieved nurse shortages. This is highlighted in our concern if the recommendations 12.2 and 12.3 in the Draft were introduced. Due to our distance from University Postgraduate Programs in Melbourne and the lower wage offered to MCH nurses as compared to midwives at our local hospital there has been no financial incentive to pursue post graduate qualifications in MCH. It has also been historically hard to attract nurses to MCH without these scholarships. The three nurses who have received these scholarships are all current employees of Latrobe City and this bears out the effectiveness of scholarships in regional communities in the attraction and retention of MCH nurses.

Further to this we have serious concerns about the removal of midwifery as a prerequisite for MCH nurses. Our region has a shortage of Obstetricians and GPs' let alone GPs' with obstetric qualifications. Most women see GPs' antenatally and postnatally, and this leaves a void in pregnancy, postnatal care and health information that we as MCH nurses fill. Early discharge from Maternity units with limited domiciliary follow up makes midwifery knowledge a

key component of our job and this is used daily. MCH nurses regularly encounter in the early discharge days newborn babies with high jaundice levels needing medical intervention, poor feeding techniques, breast feeding problems from low supply, engorgement and mastitis. All of which require midwifery knowledge to advise and treat mothers and babies in these early postnatal days.
In fact 98% of families in Latrobe City are visited by MCH nurses' within one week of baby's birth / discharge and our role in the early recognition of these problems is vital. (Latrobe City Annual Statistics 2010-2011)
This early professional support is vital. An example of this comes readily to mind as last Friday at our local centre, a MCH nurse visited a woman six days postpartum, whom for cultural reasons will be home visited for four weeks. She asked her to examine the cause of her acute perineal pain, which revealed issues for which she required medical attention. The nurses' midwifery qualification was vital to her recognition of the woman's problem and subsequent referral for medical help.

We believe general nursing and midwifery qualifications are crucial to our practice of MCH nursing. In addition to this we believe that in Victoria the Post Graduate study we have undertaken gives us a solid knowledge base so we are able to work as competent individual practitioners giving our clients current, evidence based information.

On examining the Draft Report we believe it does not reflect the Victorian MCH Services high standards and evidence based practice which underpins New Key Ages and Stages Consultations introduced in 2010. This combined with high levels of client satisfaction from independent review KPMG Report indicates that the service is highly valued. To support this at a local level Latrobe City's Family and Child Services report shows that respondents rated nurses as very well informed and highly accessible. (Latrobe City, Internal review 2010) Latrobe City has extremely high participation rates across all Key Ages and Stages. These range from 98% at home consultation, to 73% at three and a half years. (Department Education and Early Childhood Development 2010-2011) In contrast to the Draft report it is our understanding that much research has been undertaken to determine at what ages these Key visits would provide best outcomes.

MCH nurses provide a cost effective service within a community that has a limited health care capacity and high need. We are practicing within a vulnerable region already experiencing uncertainty with the current carbon tax debate.

In Chapter 12.2 p 225 the Report suggests that GP practice nurses might be suitable substitutes for MCH nurses. We would like to refute this and say that medical practices have tried this in our local region and found that the registered nurses they employed even with the Get Set 4 Life Training found that the training was short and ineffective and emerged ill equipped for the task. They found community uptake was poor for 4 year visits and parents reported dissatisfaction. They subsequently ceased promoting this check. Practice nurses are a valuable addition to our community and have a breadth

of knowledge but do not replace the specialist knowledge in children's and maternal health that MCH nurses hold.
One of our colleagues recounts the story that she referred a child to a GP for several issues identified at the 3 and a half year Key Age and Stage assessment. The GP refused to deal with these issues until the child had a four year check by his practice nurse. The parent returned very angry about this and stated that "the practice nurse check was poor and did not cover what the MCH nurse had completed" This highlights the issue of inadequate training of practice nurses.

In fact our referral and developmental screening expertise is considered highly by Early Childhood Intake (ECI) Department Education and Early Childhood Development. (DEECD) Our use of the Brigance assessment of children thought to be "developmentally delayed" is considered a baseline for assessing priority need for waiting lists for ECI and specialist support services. Our participation is vital in a community with small pool of professional resources.

We feel concerned that the Productivity Commission has not consulted directly and widely with Victorian MCH nurses and professional and educational bodies and local governments themselves. We would embrace the opportunity to meet with the Commission to offer our insight into the MCH service and its cost-effectiveness in regional communities such as ours.

We would like to thank the Commission for giving us the opportunity to express our opinion. We see the high standard of service Victorian MCH nurses offers as the goal of all states and territories.