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Productivity Commission
Early Childhood Development Workforce Study
Draft Report (June 2011)
Dear Sir/Madam

My name is Anne Smith and I work as Maternal Health Coordinator and midwife at Swan Hill Aboriginal Health Services. I have had extensive experience in nursing and midwifery having gained initial registration as a nurse over 40 years ago and midwifery registration over 20 years.

Currently I am registered as a nurse and midwife with the Australian Health Practitioner Regulation Authority. I have completed my Bachelor of Nursing at Flinders University in 1993 and was awarded the Irving Buzzard Prize for midwifery in 2002.

My submission relates to Chapter 12 of the Early Childhood Development Draft Report regarding the removal of midwifery as a prerequisite for MCH nurses and the education of Aboriginal Health Workers

Draft Recommendation 12.3

Data for the health of Aboriginal women and their babies indicates that there are immense gaps in well-being outcomes when compared with mainstream Australians. Complications in pregnancy and low-birth weight babies lead to on-going problems that continue to affect those individuals as they grow-up and shorten their average span of life as well as increasing the number of debilitating health issues they will suffer.

As the sole midwife practising in an Aboriginal health setting and providing care for pregnant women, I have a very close professional relationship with the visiting MCH nurse. I rely on her midwifery knowledge and her contacts with pregnant clients who may not be attending antenatal care to recognise and report pregnancy-related issues and problems that together we are then able to address. It is because of her

midwifery qualifications and midwifery experience that she is able to identify concerns that may be subtle and not obvious to a non-midwife and if attended to promptly, improve the outcomes for Aboriginal mothers and their babies. This ability has proven invaluable on many occasions and we liaise weekly to provide optimal care to a disadvantaged Aboriginal community.

In view of the above, this Aboriginal Health Service would be severely disadvantaged by the withdrawal of the midwifery requirement from the MCH nurse.

Draft Recommendation 12.4

In my experience working in a number of Aboriginal Services including remote (Katherine West, NT) and rural, it is obvious to me that the Aboriginal Health Workers, in their daily work, deal with extremely complex situations that require a high degree of education, experience and skill. With the current level of remuneration available, it is difficult to attract motivated and qualified personnel who can practice in a semi-autonomous maternal and child health position and at the same time excel in detecting pregnancy and childhood problems and refer appropriately.

Often the Aboriginal Health Worker is the first contact for women with children. The Aboriginal Health Worker should be given every opportunity to become a well-regarded professional, so remuneration, education, mentoring and financial support in the way of scholarships would enhance this most important community role which will result in better outcomes in '*closing the gap*' for Aboriginal families including their babies.

Thank-you for this opportunity to comment on the draft report.

Yours sincerely

Anne E Smith

Maternal Health Coordinator

Midwife

Swan Hill, Victoria