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30th August 2011

My name is Eva Stiller and I have practised as a Maternal and Child Health Nurse in Victoria for 11 years. I am working in an acknowledged, high risk area, in the city of Frankston. (determined by the CFC - Community for Children). I am writing in response to the productivity Commission Early Childhood Development Workforce Report (2011). I am specifically responding to Chapter 12, particularly 12.3.

My qualifications include:
Registered Nurse since 1974 (School of Nursing Poland)
Registered Midwife in 1990(Frankston Hospital- Certificate of Midwifery)
Bachelor of Nursing 1993 Monash University-Caroline Chisholm School of Nursing
Post Grad diploma in Child, Family and Community Health- Latrobe University- Melbourne-1999
IBCLC- 1995-2005

My Midwifery, Registered Nursing and Maternal and Child Health Nursing are pre-requisites to the job of Maternal and Child Health Nursing (MCHN) in Victoria and provide me critical knowledge and invaluable professional skills to practice as a MCHN.

Chapter 12-

The context of this chapter has child health sitting on its own. In Victoria, we work with the family in context with the child and the community. Our required qualifications in Victoria support the ability to work with all aspects of the family to support the optimum outcome for the child. This is also reflected in the high percentage of families (95%) that attend our service. Removing of Midwifery qualifications as recommended in 12.2 and 12.3 of the draft would reduce the quality of the Victorian MCH nursing service which is no small part is dependent upon the robust qualifications requirements and educational preparation of Victorian MCH nurses.

As a midwife, I can and constantly do give

- Breastfeeding and formula advice
- Ante-natal advice : depression, anaemia, pelvic floor exercises, preparation for birth, sibling rivalry, preparation for breastfeeding
- Post-natal advice : post natal bleeding, wound infection , post-natal depression, care of stitches, care of breasts, post natal exercises, care of newborn
- Debriefing of labour experience
- Labour options advice

The role of midwifery in MCHN has even been become more important with the early discharge from public hospital over the last decade. Mother's are coming out of the hospital with minimal knowledge and advice due to time constraints. Many are discharged from hospital within 24 hours and with only one home visit from the hospital. Many women have not even established adequate breast milk supply at this stage. Without experience and knowledge of midwifery I would be unable to give that sort of holistic care.

I also believe it is critically important that MCH nurses be registered nurses. The knowledge gained through my undergraduate nursing degree has provided me a strong foundation to use in my everyday MCH practice.
As a Registered Nurse I can and constantly do give :

- Advice and referrals to G.P. re: maternal conditions after birth like wound infection , cholicystitis, anaemia, urinary tract infections, varicouse veins.
- Advice and referrals to Hospital or G.P. re: paediatric conditions like : jaundice, irregular heart beat, Developmental Dysplasia of Hips, anaemia, cord infection, , viral and bacterial infections.

Finally it is vitally important that MCH nurses complete a post graduate MCH program of study. This additional study has provided me the necessary knowledge and understanding to provide holistic and family centred MCH nursing care in the community setting .

As MCH nurses we are dealing with the whole family and very often our knowledge about domestic violence, relationship problems, financial problems, gambling problems enables MCH nurses to assist and even assess the families during often difficult times.
I have referred many mothers for treatment for anxiety and depression. Once again knowledge and expertise I have gained through my training in becoming a Registered Nurse, Midwifery and MCHN has been paramount in the care I provide.
I have referred many babies and children for treatment of DDH (hip dysplasia), microcephaly, anaemia, developmental delay , speech problems, vision and hearing problems, gait difficulties, failure to thrive, jaundice, feeding difficulties, breastfeeding problems, viral and bacterial infections , colic, GOR, sleep problems, cord infections, severe constipations, behaviour problems, genetic disorders.
I also referred many mothers for treatment of anxiety , depression, wound infections, UTI, domestic violence, grief after SIDS, medical conditions.

I find it hard to believe that limited consultation with MCHN in Victoria and very little recognition in the report re the very high participation with families in the Victorian system has occurred. Our service is superior. Families using the service report a very high level of satisfaction with the service. Where else in the country is there such high participation rates in child health services? I have families come from interstate and state that they cannot believe how much better our service is. Even families from overseas can not believe such a valuable service exists and how well it would work in their own country. This is a unique opportunity

to capitalise and use as the Victorian MCHN services a basis to strengthen services in the other states.

I strongly support the ongoing provision of scholarship for MCH post graduate programs of study. These have been proven very successful in Victoria in attracting potential MCH nurses and influenced my own decision to choose MCH nursing as a carecr.

I thank the Commission for considering my comments above.

Regards
Eva Stiller MCHN, Bachelor of Nursing, RM, RN, Grad Dip in Child, Family and Community