

31 AUG

28th August 2011

**Re: Individual Submission regarding the Early childhood development workforce draft report**

To Whom it May Concern

I am a Registered Nurse and Registered Psychiatric Nurse (hospital based training with two separate qualifications) practicing in Victoria as a Perinatal Emotional Health Nurse. I have been employed in this specialist role in the Bendigo region for 12 years and prior to that had an interest in the area through my portfolio of Womens Mental Health Worker for the Loddon Southern Mallee region.

In my current role I work closely and at times practice from the same premises as Maternal and Child Health Nurses (MCH)

My submission is limited to Chapter 12 of the early Childhood Development Draft Report and the "Child Health Workforce".

I am particularly concerned with recommendations 12.3 and 12.2 of the Draft Report regarding the removal of midwifery as a qualification prerequisite for MCH nurses, and questioning the value of scholarships for MCH programs of Study. I believe that these recommendations would reduce the quality of the Victorian MCH nursing service, which no small part, is dependent upon the robust qualification requirements and educational preparation of Victorian MCH nurses.

I am strongly opposed to removal of midwifery as a qualification prerequisite for MCH nurses and believe this qualification in midwifery gives the Victorian MCH a critical body of knowledge and invaluable professional skill to practice as a MCH nurse.

Many is the time that I have worked collaboratively with the MCH nurse and her specialist knowledge has meant that the client has not suffered by the nurse not having this background. When working collaboratively I rely on the MCH nurse having the background so that we can provide comprehensive care that involves understanding fully the journey throughout pregnancy into the early years on both a physical and emotional level.

I believe that the basis in being registered nurses, midwives and then MCH nurses means that they have the essential knowledge and understanding to provide holistic and family centred care in the community setting. I agree wholeheartedly that possessing these qualifications is not a barrier to MCH nursing but in fact the cornerstone of providing quality MCH nursing care.

I also support the ongoing provision of scholarships for MCH post graduate programs of study. These have proven very successful in Victoria in attracting potential MCH nurses and assisted many of my colleagues to choose to enter this specialist field.

I am very concerned at the limited consultation undertaken by Productivity Commission with Victorian Nurses. The Victorian service is widely considered the best in Australia and has many strengths. It is therefore surprising to me that the Commission has not help Public Sitings with Victorian MCH nurses and I believe this

step needs to be taken to help the Commission understand the many strengths of the Victorian Framework.

In concluding I thank the commission for considering my comments and hope that the far reaching strengths of the Victorian MCH nursing service can be adopted by other states and that recommendations are not imposed that reduce and diminish the quality of the Victorian MCH nursing service, of which it is my privilege to work alongside.

Please do not hesitate to contact me should you require further information.

Yours sincerely  
Wendy Lauder

**RN RP**  
**Perinatal Emotional Health Program**