

31 AUG 2011

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

My name is Anne Schmitt, and I have been practising as a Maternal and Child Health Nurse for 17 years. I have worked in both an outer urban area (City of Casey), and a rural / regional centre (Baw Baw Shire Council), both in the capacity of a Nurse in the Universal service, and the Enhanced Maternal and Child Health Service.

I am a Registered Midwife and Nurse with the Australian Health Practitioner Regulation Authority. I completed my basic Nursing training at The Alfred Hospital in 1975, and my Midwifery qualification at St George's Hospital, Kew in 1976. Additionally I have completed a Post Graduate Diploma of Child, Family and Community Nursing at La Trobe University (1992).

I was provided with a Scholarship to complete my Post Graduate Studies in respect of my single parent status at the time. Access to a scholarship influenced my decision to study in Maternal and Child Health, as I would otherwise have had to wait quite a bit longer to save sufficient funds to cover my costs (very difficult working part-time with a young family, on my own).

My submission is limited to Chapter 12 of the Early Childhood Development Draft Report, and the 'Child Health Workforce'.

I am particularly concerned with the references in the Draft to the 'expense' and 'irrelevance' of Midwifery as a qualification requirement of Maternal and Child Health Nurses in Victoria. There are many inconsistencies in the Draft, and the criticism of the expense of the added qualification seems to be pivotal to the argument. However 4 States and Territories are equivalent in their remuneration of Child Health Nurses who work in this area – it is only NSW, WA, & TAS that pay their nurses poorly in this area of expertise, which is an indictment of the importance these states place on this vital area of nursing. Surely we do not need to 'fall to the bottom of the barrel' when Victoria's Maternal & Child Health Service is considered world best practice!

I do not support the Draft recommendation in 12.3, as each of the qualifications obtained in Victoria for a nurse to practise in Maternal & Child Health Nursing (M&CHN) are vital to the holistic practice. General nursing is important for the basic structure, function and care in human services when dealing with families. There are many situations in a routine week when a M&CHN would be confronted with unwell babies, unwell mothers, and questions about the health of extended family members. Families have an expectation that they can ask a Nurse about issues not necessarily confined to the parameters of the infant/child assessment, and expect a professional response. Examples would include issues around skincare and dermatological diseases; a pregnant woman suffering a medical or surgical condition, like gallstones; accidents / injuries; teaching CPR or First Aid; and so on.

Midwifery is an enormous area of expertise drawn upon daily in the practice of a M&CHN. The nurses deal with ante-natal mothers, ante-natal complications (eg. Pre-eclampsia), immediate post-natal mothers (from day 5), post-natal complications, breastfeeding and breast health issues, post-natal depression, miscarriages, stillbirths, neonatal deaths, etc – all needing a high level of midwifery expertise and care. Removing this requirement, or allowing Nurses to practise without this qualification, is endangering mothers and babies' lives, and limiting the holistic care of the family. I personally would draw on this midwifery expertise daily, and it informs my practice. I believe other States need to include a Midwifery component in their training for all Child Health Nurses working with mothers in the child-bearing years. I am strongly opposed to the removal of the Midwifery qualification as a pre-requisite for M&CHN training.

Post Graduate qualifications in the areas of child health, primary health care, preventative nursing, community nursing, psychology, research and statistics are all vital to the M&CHN in practice in Australia. These Post Graduate studies in Victoria have a strong placement focus, and the Nurses are in M&CH Centres for up to 200 hours over their training. They also have placements in Child Care settings, Early Integration (Disability) Services, Children's Court, and Paediatric Specialist Clinics. This should surely be what all States and Territories aspire to, as it emphasises the breadth and depth of M&CHN practice.

M&CHN is a complex and demanding area of nursing, with increasingly more complex families, and we are often dealing with clients who have Department of Human Services (or DOCS in NSW) involvement and/or Child Protection issues, requiring strong liaison with other Health and Social professionals; such as Social Workers, Psychologists, Family Therapists, Psychiatric Services, as well as Childhood specialists - Speech Pathologists, Occupational Therapists, Paediatric specialists, Physiotherapists, Family Counsellors, etc., especially for children with special needs. The Enhanced M&CHN component of our Service requires a mature, insightful and resilient practitioner to work in these complex situations.

I have attached a Table outlining the participation rates for Victorian regions in the Key Ages & Stages visits from birth to 4years (DEECD Annual Report 2009-2010); these visits are well attended by families, who report very high levels of satisfaction in the service. These visits are founded on the evidence-based Key Ages and Stages Framework. This service provides continuity of care from birth to Pre-school and School transition, and offers families a trusting professional relationship between mother, families and the M&CH Nurse during this vitally important period.

In reference to Draft recommendation 12.2 regarding Scholarships for attracting nurses into post-graduate M&CHN studies, I am very supportive of this practice continuing , as it has proven to be very successful in Victoria in attracting potential M&CH Nurses into the profession. It was certainly a factor in my becoming a M&CHN.

I was very concerned that the Productivity Commission undertook such limited consultation with the Victorian Nurses in the preparation of this Draft. Our service is widely recognised as the best in Australia, and has many strengths, yet no Public Sittings were held with Victorian M&CH Nurses. To help the Commission understand the many strengths of the Victorian M&CH Framework, I would be grateful if the Commission would meet with a delegation of M&CH Nurses, DEECD, MAV, ANF and Educators.

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I thank the Commission for considering my comments above.

I hope the far reaching strengths of the Victorian M&CH Nursing Service can be adopted by other States, and that recommendations are not imposed that will in any way diminish the quality of the Victorian M&CH Nursing Service.

Yours faithfully,

Anne Schmitt (on behalf of the M&CH Nurses at Baw Baw Shire Council)

Participation Rates for Key Ages & Stages Visits

Statewide

Region	Home Consultation %	2 Weeks %	4 Weeks %	8 Weeks %	4 Months %	8 Months %	12 Months %	18 Months %	2 Years %	3.5 Years %
Barwon South Western	99.7	97.4	95.4	96.3	94.7	83.1	83.2	75.1	71.1	63.9
Eastern	100.6	98.8	98.1	97.1	94.8	88.1	86.5	79.5	76.6	67.3
Gippsland	97.7	95.0	92.1	91.9	91.6	82.1	80.4	70.1	72.0	73.1
Grampians	99.1	97.1	96.2	96.7	96.9	85.5	88.4	81.3	75.1	76.6
Hume	98.0	96.4	95.0	94.8	93.0	83.1	78.6	71.4	71.2	72.0
Loddon Mallee	96.1	92.4	91.4	91.1	90.8	79.8	77.9	64.9	62.6	68.6
Northern	100.1	97.1	94.9	94.6	90.4	83.2	78.9	71.1	68.3	61.4
Southern	100.8	97.3	96.3	95.1	92.1	83.9	81.8	71.8	70.9	63.5
Western	99.5	94.2	94.2	93.0	86.2	75.6	72.1	63.5	58.2	48.3
Total for Victoria	99.8	96.6	95.4	94.7	91.5	82.7	80.3	71.6	69.1	63.1