

Submission to Productivity Commission : Early Childhood Development Workforce Draft Report (June 2011) Limited to Chapter 12- "Child Health Workforce ".

Writer : Jennifer Irving, MCH nurse for 28yrs, Midwife 35yrs, Division 1 Nurse 37years. I have been employed as a Maternal and Child Health nurse for almost 25yrs in the eastern suburbs of Melbourne.

This submission outlines concerns I have with draft recommendations 12.3 and aims to highlight some of the many strengths that exist in the KAS Victorian Framework, which have been overlooked in this report.

12.3 MIDWIFERY AS A REQUIREMENT TO DO M&CH URSING

The Victorian M&CH framework, includes maternal health checks, interventions, and starts in the early post partum period with a home visit, and sometimes starts ante natally when mothers visit during their pregnancy with older children, or when women with complex needs are referred just prior to the birth of their babies to EHV.

My midwifery training has given me a wealth of knowledge about the impact of antenatal complications, difficult births, intra partum complications, congenital defects, continuing illness in the post partum period, prematurity, birth injury, breast feeding, and feeding problems have on the health and well being of mothers and babies. Midwifery has taught me how to help women initiate and maintain breastfeeding, to recognize maternal post partum complications such as urinary incontinence (up to 30 % incidence), the 10 % of mothers who develop post natal depression, and the ability to refer women to appropriate services. Midwifery knowledge also assists in effectively

managing the 10 % of babies that are born, low birth weight, sick or premature, and to understand the strains this can place on families.

I draw on my experience as a midwife on a daily basis, it is an essential part of my knowledge base. I see it as a major strength, not as a barrier or weakness as it is portrayed in the draft report. It should remain as a requirement for registration, and I strongly support the NHMRC which states that nurses undertaking child health checks should have adequate training.

In conclusion Maternal and Child Health nurses in Victoria, provide an outstanding service that values the professional standards developed and recently revised. The Victorian public, Maternal and Child Health nurses, and all those who dedicate themselves to improving the health and wellbeing of children and families, will not welcome or support a National Universal Service that is anything less than what we currently provide.

Our determination to maintain our qualifications, does not seek to denigrate nurses working in other states and territories but rather supports the belief that it is essential that Maternal and Child Health Nurses have the skills to support the health of mothers upon whom children rely for the majority of their care. Our extensive knowledge is a strength not a liability.

I trust that these comments will be considered .

Yours Sincerely

Jennifer Irving