

My name is Yvette Carrazzo and I graduated as a maternal and child health nurse in October 2010. While studying maternal and child health at RMIT in 2010 I was provided a scholarship from Glen Eira City Council to help me undertake my postgraduate studies. The scholarship was a big help to me and persuasive in helping me to decide to undertake the course. Both the financial support and the continuity I received in my student placements through having a scholarship through Glen Eira made my experience as a maternal and child health nursing student enjoyable and my transition into working as a maternal and child health nurse much smoother. Since graduating I have been fortunate enough to be working for the City Of Glen Eira as an MCH nurse for the past nine months.

I am also a registered midwife and nurse with the Australian Health Practitioner Regulation Authority. I completed my Bachelor of nursing in 2005 at RMIT University and completed my Post Graduate Diploma in Midwifery at Deakin University in June 2009. I then promptly went on to complete my Post Graduate Diploma in Child and Family Health at RMIT in 2010 as I was passionate to work in the community and support young families.

I am particularly concerned about the recommendations 12.3 and 12.2 of the Draft Report regarding the removal of midwifery as a prerequisite for MCH nurses and questioning the scholarships for MCH programs of study. I believe that midwifery is an essential part of MCH practice and without this qualification and knowledge it would certainly reduce the current high quality of the Victorian MCH nursing service.

I am strongly opposed to this proposal as I feel that as an MCH nurse I use the knowledge and experience midwifery has given me on a daily basis to provide a supportive and professional service to my clients.

There are many situations in which I have drawn upon my midwifery knowledge and experience to provide care as an MCH nurse to a new mum in the community. Many women find that having the ability to debrief about their birthing experience with a professional that is familiar to the hospital setting and has worked in delivery suite very beneficial in being able to move on from a sometimes traumatic experience that has not gone as planned. A client of mine had a traumatic birth and though the hospital midwives were willing to discuss this the next day after the birth the mother was not yet ready. But during a four week appointment when conducting a maternal health check mum unveiled to me that she was really traumatised by the delivery and was feeling anxious and possibly depressed because of her experience. Because mum was aware that I had worked in delivery suite and could understand her anxieties this enabled her to debrief about her experience and help her move on.

My midwifery knowledge has also been incorporated into my MCH practice in situations when we have clients that have either been premature or quite sick having lengthy stays in the special care nursery or neonatal intensive care. Having worked in these settings I feel I have had a better understanding of both the baby's conditions and treatments that they received. I also feel that parents feel reassured when they become aware that I understand and have some experience in dealing with some of the conditions that their baby has been treated for.

Breastfeeding issues are also something we as MCH nurses assist mothers with on a daily basis. During my Post Graduate Diploma in Midwifery I completed four units on Breast feeding and human lactation and went on to complete another unit in breastfeeding throughout my Graduate Diploma in Family and Child health. The knowledge that I learnt from these units is invaluable and I draw upon this knowledge daily to help mums with a variety of breastfeeding problems.

The requirement of being a midwife has seemed like an essential qualification that has given me a knowledge base to continue on and further my knowledge and practice as a MCH nurse. I can remember the huge learning curve that I underwent when I was going through my midwifery course and without gaining that knowledge and experience I don't see how I would have got through the Family and Child Health post graduate degree and be practicing as an MCH nurse today. Through midwifery I have gained knowledge on antenatal care, pregnancy, care during delivery and postpartum as well as learning about fetal development and caring for the infant after birth. All of the above has enabled me to then go on and continue learning about childhood development and provide holistic family centred care in the community. I struggle to understand how any course could replace the two and a half years of full time study that was required for me to complete my Midwifery and Family and Child Health Degree's. I feel that any reduction in the quality of study would impact the quality of MCH nursing care in a dramatic way.

I strongly support the ongoing provision of scholarships for MCH post graduate programs of study. This defiantly influenced my decision in choosing MCH as a career and would continue to attract many more MCH nurses in the future.

I am extremely concerned at the limited consultation undertaken by Productivity Commission with Victorian nurses. The Victorian MCH service is widely recognised as the best in Australia and is greatly appreciated by many Australian families. The Victorian MCH service has many strengths and in order to help the Commissions understand the many strengths of Victoria's MCH service I would be grateful if the commission meet with me and other MCH nursing colleagues to discuss the issue.

Thankyou for considering my views and comments as outlined above. I hope that the high quality of the Victorian MCH nursing service can be maintained and that the recommendations are not imposed on such a great service to young families.