



Maternal & Child Health Nurse Position Statement

Purpose

This position statement has been developed by the Maternal and Child Health (MCH) Nurses Special Interest Group (SIG).

This position statement will assist the nursing profession, employers, governments and consumers to understand the roles and responsibilities of MCH nurses inherent in the provision of safe, competent health care to mothers and their babies and, by extension, their contribution to the health and well-being of families and communities.

The purpose of this statement is to articulate the roles, responsibilities and accountability of MCH nurses, and to identify the underpinning education required to fulfil these.

Background

Nursing takes a holistic rather than a task orientated approach to health care, and includes the physical, mental and emotional care of individuals. While focussing on the person requiring the care, nursing is inclusive of the person's family and friends.

Nurses are regulated by specific legislation and regulation in order to protect the health and safety of the public. The Nurses Board of Victoria maintains and promotes professional standards of nursing practice by all nurses registered in Victoria.

MCH nurses undertake the initial and ongoing assessments of the health and well-being of new mothers and their infants.

The comprehensive and specialised educational preparation of MCH nurses provides the necessary skills and knowledge to enable them to carry out, in consultation with the mother, the assessment, planning, delivery, ongoing monitoring and evaluation of maternal and child health care.

In order to provide safe and competent care all MCH nurses must have successfully completed postgraduate study in midwifery as:

1. Midwifery care encompasses the needs of the mother and baby, family, significant others and community, as identified and negotiated by the woman herself (ANMC, 2006).
2. Midwifery reinforces a wellness and social model of health, whereby mothers are seen as partners during pregnancy, the birthing experience, and the post-natal periods.
3. Midwifery provides a sound understanding of the entire range of issues that may impact on women and their partners as they become parents.
4. The midwife plays a pivotal role in promoting mother/child bonding, which ideally happens with the initiation of breastfeeding. However, breastfeeding may not be spontaneous or problem free, and the midwife is able to provide counselling and strategies to assist the mother in the establishment of successful breastfeeding.[1]
5. Midwifery experience informs MCH practice in addressing issues related to early discharge from hospital. Post-natally, mothers generally remain in hospital from one to four days, and on her return home the mother is usually entitled to only one or two visits from hospital midwives. (This protocol refers to public hospitals only, and there are often no domiciliary visits offered by private hospitals.)
6. The length of the post-natal period is considered to be six weeks. Complications specific to this period, which requires early recognition and midwifery management, may arise. Such complications may include, but are not limited to, uterine infection, bowel and urinary trauma, mastitis, low birth weight, neonatal jaundice, umbilical infection.

7. Midwifery includes the ability to recognise early signs of post-natal depression, a vital consideration in the health and well-being of mothers and their babies.
8. The MCH nurse's understanding of the mother's pregnancy and birthing experience enhances the holistic approach to care in the normal post-natal period, when complications or difficulties occur, and when the mother is again pregnant.
9. Midwifery knowledge assists the MCH nurse to recognise when more specialised assistance is needed, and to make timely referrals to other health professionals.
10. MCH nurses offer timely information, assistance, support and guidance on issues that include:
 - Pregnancy
 - Labour and the birthing experience
 - Prematurity
 - Neonatal special and intensive care units
 - Care of the unwell and premature infant
 - Death and disability
 - Grief counselling
 - Maternal health and well-being
 - Transition to parenting
 - Advocacy
 - Family planning
 - Infant resuscitation
 - Domestic violence
 - Sleeping and settling difficulties

Conclusion

MCH nurses work as autonomous specialist nurses and midwives in the community. They have the competence to provide safe and competent nursing care, based on sound decision making. Such competence is underpinned by extensive comprehensive and specialist nursing and midwifery knowledge.

By supporting mothers and their partners in the transition to parenthood, healthy communities are created.

References

1. See www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-pubhlth-strateg-brfeeding-index.htm. Breastfeeding is one of the most important contributors to infant health, providing a range of benefits for an infant's growth, immunity and development. It also benefits maternal health contributes to the family, health care system and workplace.

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