

Maternal, Child and Family Health Nursing

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KEY STATEMENT

The Australian College of Nursing (ACN) is committed to our strategic intent of advancing nurse leadership to enhance health care. ACN recognises the vital role nurses play in providing high-quality, expert-informed and person-centred care across the lifespan. The delivery of maternal, child and family health nursing (MCFHN) requires a highly specialised skill set, gained only through practice as a registered nurse (RN) and on completion of a postgraduate MCFHN qualification.

The Nursing and Midwifery Board of Australia (NMBA) undertakes functions as set by the Health Practitioner Regulation National Law, in force in each state and territory (the National Law). The NMBA regulates the practice of nursing and midwifery in Australia, and one of its key roles is to protect the public. Registered nurses and registered midwives (RMs) are their own independent professions, having their own registration standards, professional codes, guidelines and standards for practice which establish the requirements for the professional and safe practice of each profession. Under the National Registration and Accreditation Scheme (the National Scheme), there is a national register for nurses, and a separate national register for midwives (Nursing and Midwifery Board of Australia, 2018).

ACN believes that child and family health nurses are RNs with a qualification in the specialty of child and family health nursing, and possess knowledge and skills regarding child development, family functioning, infant mental health, perinatal mental health and health promotion. ACN recognises the critical role midwives play in the care of expectant and new mothers and their infants during and up to six weeks following birth. ACN does not support RMs, who are not RNs, completing post graduate qualifications and practicing as a maternal, child and family health (MCFH) nurse.

BACKGROUND

The recent shortage of MCFH nurses has seen discussion among some higher education and health care providers in various states and territories about RMs – who are not RNs – completing postgraduate qualifications in MCFHN and undertaking MCFHN roles. This signals a concerning shift in the scope of practice of RMs that could have significant consequences for MCFHN care delivery, the infants, children and families receiving this care and for midwives employed in these roles.

There is emerging evidence to suggest educational institutions and employers are changing qualification and position descriptions to allow midwives to study or work in these roles, as they are unable to use terms such as ‘nurse’ or ‘nursing’. ACN is committed to ensuring nurses remain leaders in maternal, child and family health (MCFH) care. Real or perceived shortages in the MCFHN workforce must be addressed through greater support for transition to practice, succession planning, enhanced employment conditions for MCFH nurses (Johnston, Sunners, & Murphy, 2020), and adherence to state and federal MCFHN standards, rather than through substitution.

The MCFH nurse works in partnership with new parents and provides therapeutic support and health advice, from birth up to the age the child starts school, generally five years old. MCFH nurses are RNs who hold additional postgraduate qualifications in MCFHN, and may have additional breastfeeding and immunisation qualifications.

The MCFH nurse offers:

- comprehensive child health and developmental assessments 0-5 years
- maternal psychosocial assessment and screening for perinatal depression
- breastfeeding assessment and infant and child feeding support
- immunisation
- parenting education and health advice
- new parent group facilitation (Grant, Mitchell, & Cuthbertson, 2017).

Meanwhile, a midwife in Australia is authorised to provide maternity care to women with non-complicated pregnancy, labour and birth and during the postnatal period up to six weeks after their baby is born (Australian College of Midwives, 2016). An extension to the midwifery scope of practice is allowed beyond the postnatal period through additional education, competency, and authorisation (Nursing and Midwifery Board of Australia, 2018). The midwife's practice may extend to women's health, reproductive and sexual health, and child and family health care; however, this doesn't enable them to work as MCFH nurses.

Higher education providers offer MCFHN courses in most states and territories. The standard entry requirement for these courses is to be a RN, with some higher education providers requiring both registered nursing and registered midwifery qualifications as prerequisite.

In Australia, just 5727 individuals hold a midwife only registration with the NMBA. Extending the scope of practice of a RM, who is not a qualified RN, to undertake MCFHN will not address perceived or real issues related to a shortage of MCFH nurses.

ISSUES

Complexity of maternal, child and family health care

Numerous studies highlight the unique, highly specialised and complex role of MCFH nurses in their communities. MCFH nurses undertake health promotion, care provision for parents and their infants and children up to five years old (Child and Family Health Nurses Association NSW (CAFHNA), June 2016). Additionally, they are required to have a sound understanding of breastfeeding, growth and development and perinatal mental health (Fraser, Grant, & Mannix, 2016). A literature review found that MCFHN entailed navigating a complex set of challenges, including assessing parent-infant attachment, working with vulnerable and at-risk families, infant health surveillance and developing therapeutic, multidisciplinary relationships (Fraser, Grant, & Mannix, 2014). For parents and their children, the period between birth and five years old is a critically important time. It requires health care professionals with a holistic, family-centred approach, and in-depth understanding of the various physical, mental, and emotional needs families face during this time of tremendous change (Rossiter et al., 2017). A RN has the required education to undertake postgraduate qualifications to work closely with families and children up to five years in the complex and critical early childhood development stage.

Child and Family Health Nurse Professional Practice

ACN is concerned midwifery-only qualifications do not meet existing national and state-based frameworks to provide high-quality maternal, child and family health care. The CAFHNA have recently mapped the RN standards for practice, Maternal, Child and Family Health Nurses Australia (MCAFHNA) standards, the Child and Family Health Nursing-Professional Practice Framework (PPF) and First 2000 days framework (CAFHNA, 2020a). This mapping process concluded that the RN training and scope of practice, with

the addition of a replace with MCFHN postgraduate qualification, adequately prepares nurses to work in MCFHN roles. Conversely, midwifery standards for practice and scope of practice were found to have significant gaps in relation to these frameworks and standards (CAFHNA, 2020b). The midwifery program only covers care of infants up to six weeks of age while the child and family health nursing course covers care up to five years of age (CAFHNA, 2020b). This is troubling, as it suggests midwives accepted into MCFHN courses or employment positions will not be equipped to meet existing standards for practice. A 2012 study found significant shortfalls in education and training for MCFH professionals, particularly those with midwife-only qualifications (Kruske & Grant, 2012). There is growing concern that MCFH training courses intended to supplement the RN nursing qualification – with significant assumed knowledge underpinning the curriculum design, approach and skill development will leave direct-entry midwives ill-equipped and unprepared for practice.

RECOMMENDATIONS

ACN calls on nursing and midwifery regulators to protect the public and maintain the role of MCFHN as a nursing specialisation. ACN is committed to collaborating with regulators, state and federal nursing union representatives and professional organisations to ensure the MCFHN workforce is job ready and fit for purpose. ACN supports an appropriately qualified MCFHN workforce, skilled, and equipped to provide the best possible care to parents, children, and families. ACN recommends state and federal governments and health care service providers:

1. support higher education organisations with scholarships to support RNs to complete postgraduate qualifications in MCFH and work in MCFHN roles, particularly in rural and remote areas
2. address concerns among recent newly RNs that dissuades them from pursuing MCFHN roles

SUMMARY

ACN is committed to ensuring nurses remain at the forefront of MCFHN care provision. The direct-entry midwifery curriculum does not provide a sound foundation for the complex, specialised and highly challenging nature of MCFHN roles, and should not substitute the expertise of RNs. Parents, children and their families deserve the best possible foundation for a happy and healthy future, supported by MCFH nurses working within their scope of practice to provide holistic, family-centred and high-quality care.



POSITION STATEMENT Maternal, Child and Family Health Nursing

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