



## Maternal, child and family health nursing

Maternal, child and family health (MCFH) nursing, however titled, involves the provision of primary health care to families with infants and/or children aged 0-6 years. Through partnerships with families or guardians, and a focus on anticipatory guidance, targeted health promotion information and early identification and intervention for infants and young children at risk for suboptimal growth and development, MCFH nurses aim to support families to achieve the best start to life and positive public health outcomes.

MCFH nursing practice is undertaken in urban, regional, rural and remote locations, commonly across community health and local government services, but also hospital-based in- and out-patient services, telephone support lines, and specialist early parenting services.

MCFH nursing is provided by registered nurses with additional qualifications in maternal, child and family health nursing, and midwifery, depending on the state- or territory-specific requirements for practice. Whilst the additional qualifications required for nurses to practice in the MCFH sector can vary across the country, the principles guiding practice, regardless of jurisdiction, are congruent with the Nursing and Midwifery Board of Australia's *Registered nurse standards for practice*. The qualification requirements of MCFH nurses must align with the legislative, regulatory, professional and industrial frameworks governing their practice in each jurisdiction.

Nurses and midwives are essential and leading providers of primary health care to families with infants and young children. Specifically, MCFH nurses are required to provide comprehensive nursing care which can include, but is not limited to, assessment of the infant/child, maternal, paternal, and family health and wellbeing across multiple domains (often concurrently); thinking critically; monitoring; planning; providing; and evaluating responsive nursing care; and, developing trusting therapeutic relationships with families, infants and broader health networks to provide that care. They are highly skilled autonomous health practitioners with broad, expert knowledge in infant, child, maternal, paternal, family and community health developed through higher education, continuing professional development and clinical experience. MCFH nurses practice collaboratively with other health care practitioners and support services involved in the care of families.

### **It is the position of the Australian Nursing and Midwifery Federation that:**

1. The early years are a crucial developmental phase for infants, young children, and families as a whole. Access to primary health care during this phase is essential to promote the health of both individuals and communities.
2. MCFH nurses incorporate the principles of cultural safety and respect into all aspects of their practice. They respond to diversity through promotion of equity, access, inclusiveness and responsiveness for culturally and linguistically diverse people, refugees, people with a disability, and sexuality, sex and gender diverse people.
3. MCFH nurses possess the skills, knowledge and expertise to address the unique and broad health needs of families with infants and children aged 0-6 years.
4. MCFH nurses must be registered nurses with the Nursing and Midwifery Board of Australia (NMBA). The use of the term 'nurse,' with or without any other words, is a protected title under the Health Practitioner National Law <sup>1</sup>. Where MCFH roles are inclusive of the title 'nurse', these roles must be filled by a registered nurse.
5. MCFH nurses must have education and experience that is relevant to their context, and scope of practice and consistent with local state or territory legislative, regulatory, professional and industrial requirements.



#### ANMF Position Statement

6. All nurses have a professional responsibility to maintain competence relevant to their context of practice. Additional postgraduate qualifications in MCFH is essential to practice effectively as a MCFH nurse. Midwifery qualification is considered highly valuable. In some states, one or both of these qualifications are mandatory. Further education in areas such as, but not limited to, maternal health, lactation, infant and childhood nutrition, perinatal mental health, infant mental health, counselling, family violence, family planning, and immunisation is also highly regarded.
7. Credentialling of MCFH nurses is opposed.
8. MCFH nurses undertake continuing professional development (CPD) relevant to their context of practice and maintain a record in accordance with NMBA requirements.
9. Employers should support nurses to maintain their CPD by providing study and conference leave, staff replacement for nurses on study leave, and assistance with the cost of CPD, such as awarding scholarships.
10. MCFH nurses should receive remuneration consistent with advanced practitioner roles, including recognition of all additional qualifications regardless of their jurisdiction-mandated requirement to practice.
11. State, territory and federal governments should develop workforce capacity and capability through support of:
  - a. Pathways for MCFH nurses to progress to nurse practitioners  
The scope of practice of the nurse practitioner builds upon registered nurse practice, enabling nurse practitioners to manage episodes of care, including wellness focussed care, as a primary provider of care in collaborative teams. MCFH nurses are highly skilled experts in this sector limited in their scope by their inability to make direct referrals to all professionals and services which may be drawn on to support wellbeing in families. Progression to nurse practitioner in MCFH nursing would enable integrated, collaborative, less fragmented care for families with infants and young children.
  - b. Best practice clinical (reflective) supervision for all MCFH nurses working in this context of practice.
12. National data collection pertaining to infants, young children, parents and families is required to promote excellence in care. To aspire to optimal outcomes for families, data is required to identify gaps in service provision and to support interventions and programs incorporated into MCFH nursing practice.
13. Research in MCFH nursing should be supported by employers and governments.

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#### Reference

1. Nursing and Midwifery Board (2019). *Fact sheet: The use of health practitioner protected titles*. Available at <https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/faq/the-use-of-health-practitioner-protected-titles.aspx>

This position statement should be read in conjunction with the ANMF Nursing and midwifery education – continuing professional development policy, available at: [http://anmf.org.au/documents/policies/P\\_Nursing\\_midwifery\\_education\\_CPD.pdf](http://anmf.org.au/documents/policies/P_Nursing_midwifery_education_CPD.pdf), the ANMF Clinical (reflective) supervision for nurses and midwives position statement, available at: [http://anmf.org.au/documents/policies/PS\\_Clinical\\_supervision\\_for\\_nurses\\_and\\_midwives.pdf](http://anmf.org.au/documents/policies/PS_Clinical_supervision_for_nurses_and_midwives.pdf), and the ANMF Credentialling for nurses and midwives position statement, available at [https://anmf.org.au/documents/policies/PS\\_Credentialling\\_for\\_Nurses\\_and\\_Midwives.pdf](https://anmf.org.au/documents/policies/PS_Credentialling_for_Nurses_and_Midwives.pdf)