Maternal and Child Health

Investing to build capacity for the future;

The argument
The politics
The nurse in the service
MCH Today - the guiding principles

The Future directions for the Victorian MCH service 2004
Funding Bodies – DHS + 79 LG bodies
Policy Guidelines;
  - Municipal Early years Plan
  - Joining the Dots
  - Protecting Children
Standards; Professional Practice for MCH nurses
  Program Standards DHS 1995

Data collection;
  - 3 + software programs,
  - history cards

Models of Service Delivery
  LG 79 service requirements,
  MCH Line
  EMCH
The politics; the research

- **International**
  - WHO Beyond the Numbers
    - 8 million women each year suffer pregnancy related complications – few studies maternal morbidity
  - Brain research - “the early years”
  - Avon Longitudinal Study of Parents & Children
    - 10% mothers
    - 4% fathers depressed
    - at 3 ½ years these children are effected psychologically
The politics; the research

- National studies
  - Mother and Child Health Research
  - The Australian Longitudinal study on women’s health
  - “Beyond Blue”
  - Centre Child & Community Family Health
  - Parent Infant Research
  - Aboriginal Health Studies
The politics; the research

- National agenda
  - Obesity
  - SIDS
  - Immunization
  - Breastfeeding
  - Low birth weight
  - Mental Health
  - Domestic violence
  - Substance abuse
The politics; the logic

- The ever widening gap between those families who access and utilize a wide knowledge base and those who cannot
- Key ages visits – when is a key visit?
- Family orientated service
- Valued relationship between family and provider
The argument; the facts

- MCH service is Primary Health Care providing universal access for all families
- Limited resources for both professionals and families
- Referral services; families have a long wait to gain support and advice
- Constraints if management have poor appreciation of the value of MCH services
- Few nurses taking up MCH nursing
The argument; the facts

- Family expectations of accessing advice, information and support are diverse, there is a broad range of need
- Families with additional needs require more nurturing
- The service is seen as a recruitment base for research bodies to access infants children and families
The argument; family needs include

- Negotiating changing family structure
- Capacity to manage resource rich – time poor constraints
- Search for quick fix solutions
- Y generation as parents
  virtual reality Vs reality
- Information overload – sometimes very inappropriate
The argument; family will need

- MCH nurse to be consulting face to face to assess infant/child and parent well-being
- The MCH line will continue to provide valued support, information and referrals
  - because; parenthood needs to be treasured
Towards best all round development of the normal child

- Dr Vera's 1944-45 Annual Report – the last she wrote before her death in 1946 wrote that “It is necessary to make all these Social Services freely available as a civic right to those needing them”
DEPARTMENT OF HEALTH, VICTORIA
MATERNAL & CHILD
HYGIENE BRANCH

THE CHILD THROUGH
ALL
STAGES & ASPECTS
OF
GROWTH

PARENTAL
AFFECTION

FAMILY
LIFE
LOVE AND
LAUGHTER

HEALTH
EXAMINATION
AND CARE
FAMILY & CHILD

GROUP
ACTIVITY
ADULT & CHILD

GUIDING
ADVISORY
SERVICE

THE
HOME
GOOD HOUSING
HEALTH ESSENTIALS
HAPPY LIVING
SECURITY

THE
SERVICES
SOCIAL
RECREATIONAL
HEALTH
EDUCATION
SPIRITUAL

HELP TO THE HOME
The MCH Nurse in the Service

- How the nurse supports the family results in the degree of well-being that is part of their health status.
- The MCH nurse will need to keep the politics, the argument and her practice like balls being juggled in the air to deliver the MCH service.