



**Victorian Association of  
Maternal and Child Health Nurses Inc**

# **Victorian Maternal and Child Health Nurse Professional Standards for Practice**

**2024**

## Acknowledgement of Country

Victorian Maternal and Child Health nurses acknowledge all Aboriginal and Torres Strait Islander peoples as traditional owners of the lands and waters on which we live and raise children. We pay respect to Elders past, present and emerging and acknowledge the importance of connection to country, culture, community and family.

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This version of the Victorian Maternal and Child Health Nurse Professional Standards for Practice published 2024.

**Disclaimer:** The Victorian Association of Maternal and Child Health Nurses (VAMCHN) has guided the project to produce these Standards with the understanding that VAMCHN is not responsible, nor liable for any action taken based on information in this document.

The Victorian Association of Maternal and Child Health Nurses and the Project Review Committee thank all Maternal and Child Health nurses for their participation in, and contributions to, the review process and final document.

**Suggested citation:** Victorian Association of Maternal and Child Health Nurses (2024). Victorian Maternal and Child Health Nurse Professional Standards for Practice. VAMCHN, Melbourne.

Victorian Maternal and Child Health nurses Inc

The National Library of Australia Card Number and ISBN978-0-646-54482-3

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## Introduction

The Victorian Maternal and Child Health (MCH) Nurse is a highly regarded health professional, with qualifications as a Registered Nurse, Midwife and Maternal and Child Health Nurse. This triple qualification ensures the highest level of primary health care is provided for all Victorian families with children from birth to school age.

Standards of professional practice are critical to ensure high quality, safe, accountable and consistent practice. MCH nurse practice is informed by three Professional Standards: the Registered Nurse Standards for Practice, the Registered Midwife Standards for Practice and the Victorian Maternal and Child Health Professional Standards for Practice, 2024.

The MCH Professional Standards for Practice conceptualise the unique, specialised additional skills of the Victorian MCH nurse, in context to practice in Victoria and in addition to their registered nurse and midwife standards of practice.

To practice as a MCH nurse in Victoria, the MCH nurse must:

- Hold a current registration with the Australian Health Practitioner Regulation Agency as a Registered Nurse and Registered Midwife.
- Hold an accredited postgraduate degree/diploma (or equivalent) in Child, Family and Community Health Nursing (Department of Health, 2021).
- Practice in accordance with the codes, standards, guidelines and frameworks set out by the Nursing and Midwifery Board of Australia (NMBA).

The scope of practice of the MCH nurse is further informed by the many Victorian Government Service Guidelines, Frameworks and Standards (see Appendix A).

The first professional standards for MCH nursing practice in Victoria were developed in 1993 by the MCH Nurses Special Interest Group, a sub-group of the Australian Nurses Federation (Victorian Branch). Since this time, the Standards have been reviewed twice: in 1999 and 2010 (see Appendix B).

The Standards not only articulate the accepted standards of MCH nursing practice in Victoria but also promote evidence-based best practice in MCH nursing, and can be used by:

- Maternal and Child Health nurses across all practice settings
- Institutions providing post graduate nursing education in child, family and community health
- Employers and local government areas
- Government departments
- Professional associations
- The Nursing and Midwifery Board of Australia

## Review of Maternal and Child Health Competency Standards

In 2019, the Victorian Association of Maternal and Child Health Nurses (VAMCHN) established a Review Project Committee to lead the review of the 2010 Competency Standards for the Maternal and Child Health Nurse in Victoria.

The aim was to prepare and publish a revised iteration of the Standards, which reflect contemporary Victorian MCH nursing practice, and consequently, articulate the current accepted standards of MCH nursing practice in Victoria.

### The Review Project

Under the governance of the VAMCHN Executive Committee, the Review Project Committee developed a Project Plan and Terms of Reference to inform the review. Despite challenges associated with the Covid-19 pandemic (2019–2022), the review progressed, and the following processes were completed:

- Ethical approval was obtained from the La Trobe University Higher Research Ethics Committee and the Victorian Department of Health.
- Benchmarking the 2010 Competency Standards against other professional nursing and midwifery standards.
- Development of an MCH workforce survey to explore the purpose and use of the 2010 Standards and identify gaps and opportunities for the revised Standards.
- Consultations with the MCH workforce through a statewide survey (2020) and three focus groups (2021).
- Collation and analysis of data and drafting of the Professional Standards (2021-2022).

Consultations and draft reviews (2023) were undertaken with MCH managers, coordinators and team leaders, universities, MCH students, MCH graduates, Early Parenting Centres, Municipal Association of Victoria (MAV), Victorian Department of Health, Principal MCH Nurse Advisor, Safer Care Victoria and VAMCHN members.

These revised Victorian MCH Nurse Professional Standards for Practice (2024) are to be read in conjunction with the legal, ethical and professional framework set out by the NMBA and the Department of Health.

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## **Victorian Maternal and Child Health Nurse Professional Standards for Practice 2024**

The Victorian Maternal and Child Health Nurse Professional Standards for Practice 2024 are comprised of seven standards with supporting criteria that guide professional development and practice.

The Victorian MCH nurse practice is informed by three professional standards: Registered Nurse, Registered Midwife and Maternal and Child Health Nurse Standards, as described in Figure 1.



Victorian Maternal and Child Health Nurse Standards for Practice

Registered Nurse Standards for Practice	Registered Midwife Standards for Practice	Maternal and Child Health Nurse Standards for Practice
<ol style="list-style-type: none"><li>1. Thinks critically and analyses nursing practice</li><li>2. Engages in therapeutic and professional relationships</li><li>3. Maintains the capability for practice</li><li>4. Comprehensively conducts assessments</li><li>5. Develops a plan for nursing practice</li><li>6. Provides safe, appropriate and responsive quality nursing practice</li><li>7. Evaluates outcomes to inform nursing practice</li></ol>	<ol style="list-style-type: none"><li>1. Promotes health and wellbeing through evidence-based midwifery practice</li><li>2. Engages in professional relationships and respectful partnerships</li><li>3. Demonstrates the capability and accountability for midwifery practice</li><li>4. Undertakes comprehensive assessments</li><li>5. Develops a plan for midwifery practice</li><li>6. Provides safety and quality in midwifery practice</li><li>7. Evaluates outcomes to improve midwifery practice</li></ol>	<ol style="list-style-type: none"><li>1. Promotes health and wellbeing through evidence-based maternal and child health practice</li><li>2. Engages in ethical, professional, therapeutic relationships and respectful partnerships</li><li>3. Demonstrates the capacity and accountability for maternal and child health practice</li><li>4. Uses nursing, midwifery and maternal and child health knowledge and skills to conduct screening and assessment</li><li>5. Plans and monitors maternal and child health care, responding to family and child needs from birth until school age</li><li>6. Provides safe, quality care and excellence in maternal and child health practice</li><li>7. Evaluates outcomes to inform and improve maternal and child health practice</li></ol>

Figure 1: Victorian Maternal and Child Health Nurse Professional Standards for Practice.



## Maternal and Child Health Professional Standards for Practice

<b>Standard 1. Promotes health and wellbeing through evidence-based Maternal and Child Health practice</b>
1.1 Provides primary healthcare 1.2 Promotes the health, wellbeing and development of all children 1.3 Promotes maternal health and wellbeing across the reproductive life cycle 1.4 Promotes the health and wellbeing of fathers, partners and carers
<b>Standard 2. Engages in ethical, professional, therapeutic relationships and respectful partnerships</b>
2.1 Engages in ethical, professional, therapeutic relationships and respectful partnerships 2.2 Provides cultural safety and inclusion for First Nations people 2.3 Promotes and provides equitable access to Maternal and Child Health Services
<b>Standard 3. Demonstrates the capability and accountability for Maternal and Child Health practice</b>
3.1 Practices in accordance with Maternal and Child Health legal, ethical and professional frameworks 3.2 Participates in Maternal and Child Health professional development 3.3 Fosters nursing leadership and promotes the Maternal and Child Health nursing profession
<b>Standard 4. Uses Nursing, Midwifery and Maternal and Child Health knowledge and skills to conduct screening and assessments</b>
4.1 Assessment of child health and wellbeing, development and growth 4.2 Assessment of mothers' health and wellbeing 4.3 Assessment of family health and wellbeing
<b>Standard 5. Plans and monitors Maternal and Child Health care responding to family and child needs from birth until school age</b>
5.1 Collaboratively plans care with mothers, children and families
<b>Standard 6. Provides safe, quality care and excellence in Maternal and Child Health practice</b>
6.1 Safeguarding children for optimal health, wellbeing and development
<b>Standard 7. Evaluates outcomes to inform and improve Maternal and Child Health practice</b>
7.1 Engages in research, quality improvement and innovation 7.2 Critically reflects on clinical and professional practice

## **Standard 1. Promotes health and wellbeing through evidence-based Maternal and Child Health practice**

The MCH nurse provides primary healthcare to enable the optimal health and wellbeing of families and children.

### **1.1 Provides primary healthcare**

- Considers the social determinants of health in decision-making and MCH nursing practice.
- Enhances family health literacy through health promotion and health education using strength-based practice.
- Embraces and applies appropriate technology to implement primary healthcare.
- Develops community partnerships to identify and influence local public health issues.
- Advocates and influences policy that improves the status of public health.
- Strives to achieve the United Nations Sustainable Development Goals 1-6: No poverty, zero hunger, good health and wellbeing, quality education, gender equality, clean water and sanitation.

### **1.2 Promotes the health, wellbeing and development of all children**

- Considers ecological theory in understanding systems surrounding the child.
- Advocates for breastfeeding to be protected through policy development at all levels of government.
- Advocates and supports exclusive breastfeeding in the first six months of life and the continuation with addition of complementary foods for up to two years of age or beyond.
- Engages with families along their breastfeeding journey, supporting the many changes and transitions for the mother and child.
- Promotes breastfeeding-friendly environments in the home, community and workplace.
- Encourages appropriate age-related nutrition for optimal growth and development, in accordance with National Health and Medical Research Council (NHMRC) guidelines.
- Identifies and responds to factors that influence infant and child health, development and wellbeing.
- Acknowledges that parents and carers are experts of their child's health, wellbeing and development.
- Observes and assesses family health and wellbeing at each consultation and applies trauma-informed care.
- Considers child health and social history to identify protective and risk factors.
- Uses a partnership approach with the parent, child and family.
- Delivers primary prevention through evidence-based health education/promotion and anticipatory guidance.

### **1.3 Promotes maternal health and wellbeing across the reproductive life cycle**

- Advocates for and supports women during pregnancy and the perinatal period through health promotion, health education, and connections.

- Recognises and responds to the many socio-ecological factors that impact maternal health and wellbeing during pregnancy, birth and recovery
- Supports women in their transition to motherhood.
- Promotes the mother-child relationship.
- Implements a holistic approach to promote maternal health and wellbeing, including physical, psychosocial, mental health and safety.
- Promotes, protects and supports exclusive breastfeeding.
- Recognises the multiple factors affecting both the mother and child that influence breastfeeding choice and experience, including trauma.
- Strengthens maternal capacity through affirmation and engagement with community services and resources.

#### **1.4 Promotes the health and wellbeing of fathers, partners and carers**

- Recognises the importance of fathers, partners and carers' health and wellbeing on the lives of women, children and families.
- Promotes father-inclusive practice and an holistic approach to father's health and wellbeing, including physical, psychosocial, mental health and safety.
- Strengthens father's, partner's and caregiver parenting capacity through affirmation, engagement with MCH and other services.
- Ensures practice is culturally safe, inclusive and embraces diversity.

## Standard 2. Engages in professional relationships, therapeutic practice and respectful partnerships

The MCH nurse empowers families, using a strength-based approach for optimal maternal, child, and family health and developmental outcomes.

### 2.1 Engages in ethical, professional, therapeutic relationships and respectful partnerships

- Considers and applies the fundamental principles of ethical practice, including autonomy, beneficence, non-maleficence and justice.
- Develops a respectful partnership with women and families, and communicates sensitively using active listening, clarification and reflecting skills.
- Undertakes culturally safe and respectful MCH nursing practice to ensure all people feel included, safe and valued.
- Builds parenting confidence and capacity in all interactions with families.
- Advocates and guides families in navigating unfamiliar services and systems to ensure their voices are heard and their needs met.
- Engages in intersectoral collaboration to optimise maternal, child and family health outcomes.

### 2.2 Provides cultural safety and inclusion for First Nations people

- Maintains the rights and cultural identity of First Nations people.
- Considers the rights of individual families and recognises cultural diversity and equity within practice.
- Recognises Aboriginal and Torres Strait Islander self-management and self-determination as key principles when determining decisions that concern their children and families.
- Applies the Victorian *Charter of Human Rights and Responsibilities Act 2006*, which recognises that Aboriginal and Torres Strait Islander people hold distinct cultural rights, including the right to:
  - enjoy their identity and culture
  - maintain and use their language
  - maintain their kinship ties
  - maintain their distinctive spiritual, material and economic relationship with the land and waters and other resources with which they have a connection under traditional laws and customs.

### 2.3 Promotes and provides equitable access to Maternal and Child Health Services

- Creates a safe environment for all families, by considering own cultural identity and attitudes.
- Understands that culture defines a sense of identity and belonging and contributes to health and wellbeing.
- Adopts culturally safe and competent practice.
- Recognises that culturally and linguistically diverse communities differ, and may individually identify with unique ethnicity, language, faith, sexuality and gender.

- Embraces diversity, including culturally and linguistically diverse, gender diverse and lesbian, gay, bisexual, trans, intersex, queer, asexual (LGBTIQA+) families.
- Respectfully uses inclusive language, including gender pronouns as identified by individuals.
- Recognises that all families are diverse and that children are born into a broad community of care that consists of immediate family, extended family and the local community.
- Engages with families in development and co-design of MCH service programs that are culturally appropriate and responsive to their needs and aspirations.
- Delivers flexible and responsive models of care that meet the needs of individuals and families of all abilities.
- Provides services in ways that are nondiscriminatory and welcoming.
- Recognises intersectionality and the factors (e.g., age, ability, gender, race, ethnicity, sexual orientation) that may expose individuals to disadvantage, discrimination and marginalisation.

### Standard 3. Demonstrates the capacity and accountability for Maternal and Child Health practice

The MCH nurse complies with varied MCH policy and legislation, including participation in continuing professional development and leadership.

#### 3.1 Practices in accordance with Maternal and Child Health legal, ethical and professional frameworks

- Complies with the legislative requirements for registered nurses and midwives stipulated in the *Health Practitioner Regulation National Law (Victoria) Act 2009*.
- Practices in accordance with the regulatory requirements for Registered Nurses and Midwives set out by the Nursing and Midwifery Board of Australia (NMBA).
- Complies with legislative and regulatory requirements relating to *Mandatory Reporting, Reportable Conduct, and Child and Family Violence Information Sharing 2021*.
- Makes notification of unborn child at risk to Child Protection Services as required by the *Children, Youth and Families Act 2005*.
- Reports child physical injury and/or child sexual abuse to Child Protection Services as required by the *Children, Youth and Families Act 2005*.
- Protects family privacy and confidentiality.
- Obtains informed consent from families to provide a service, and to use and store data.
- Identifies, assesses and manages family violence risk in accordance with the *Family Violence Protection Act 2008*, including the Multi-Agency Risk Assessment and Management (MARAM) Framework (2020).
- Promotes the National Immunisation Program Schedule and may deliver vaccines (Victorian Schedule) in accordance with relevant legislation and local government policy.
- Completes documentation contemporaneously, accurately and comprehensively, and in accordance with the accepted standards of the profession set out in the Documentation Standards for Maternal and Child Health Nurses in Victoria (2016).
- Upholds duty of care by practicing safely, within the scope of practice of the individual and the profession of MCH nursing.
- Promotes health and wellbeing using public health strategies (including infection control) and guidance and responds to public health directives.
- Follows the Disease Information and Advice guidelines (Blue Book).
- Follows the Marketing in Australia of Infant Formulas: Manufacturers and Importers (MAIF) Agreement for promotion, use and storage of breastfeeding substitutes.

#### 3.2 Participates in Maternal and Child Health professional development.

- Maintains skills and knowledge through continuing professional development, including but not limited to, Nursing and Midwifery registration requirements.
- Is self-directed and autonomous in knowledge growth and addressing knowledge gaps.
- Undertakes reflective practice and acknowledges the importance of contributing to the profession, to research and service improvement.

- Extends evidence-based knowledge and skills in line with Maternal and Child Health nursing scope of practice.

### **3.3 Fosters nursing leadership and promotes the Maternal and Child Health profession**

- Advocates for the Victorian MCH service and promotes the MCH nurse role in the clinical and professional context.
- Promotes the role of the MCH nurse practice in enhancing health and wellbeing outcomes for children and families.
- Performs the role of MCH nurse student preceptor and/or mentor of new MCH nursing graduates.
- Provides professional support of nurse and midwifery colleagues and other MCH team members.



## **Standard 4. Uses Nursing, Midwifery and Maternal and Child Health knowledge and skills to conduct screening and assessments**

The MCH nurse undertakes a comprehensive child, mother and family health assessment and analysis.

### **4.1 Assessment of child health and wellbeing, growth and development**

- Completes systematic physical, growth and development assessments, including social, emotional, behaviour, vision, fine-motor, gross-motor, sensory, hearing, receptive and expressive language.
- Applies evidence-based and age-appropriate child assessment screening tools as per MCH guidelines/ framework.
- Identifies any altered nutritional status that may impact on growth and development.
- Uses knowledge, skills and a systematic approach to assess child and family safety, strengths and risks.
- Applies trauma-informed care and considers an intergenerational approach to assess children at risk.
- Recognises and builds on protective factors.
- Identifies and responds to risk factors that impair child health, development and wellbeing.

### **4.2 Assessment of mothers' health and wellbeing**

- Provides women-centred practice that focuses on the strengths of each individual woman throughout the reproductive life cycle.
- Develops a respectful partnership with women and communicates sensitively using active listening, clarification and reflecting skills.
- Identifies communication needs and implements supports as required, such as an interpreter.
- Completes physical health assessment as required.
- Conducts initial and ongoing psychosocial assessment for mental health.
- Screens for family violence and conducts risk assessment.
- Assesses and promotes attachment of the mother-child relationship.
- Plays a critical role in establishing women's lactation in the early postpartum period.
- Identifies breastfeeding challenges and predisposing factors for difficulties, providing early intervention and links to additional support services as needed.
- Systematically assesses breastfeeding at each consultation, including physical, emotional, and behavioural responses of the infant and mother.
- Provides sexual and reproductive health information, including contraception and preconception care.
- Facilitates and promotes opportunities for social engagement and maternal capacity building through social networking, community services and resources.

### 4.3 Assessment of family health and wellbeing

- Provides family-centred practice that focuses on the strengths of each individual family member.
- Uses the socio-ecological model to inform family health and wellbeing assessment and subsequent care.
- Supports infant and child mental health by facilitating parental attunement.
- Identifies, assesses and monitors the health of family members and provides professional support and response as indicated.
- Builds family capacity by promoting engagement with community services and resources.

## **Standard 5. Plans and monitors Maternal and Child Health care responding to family and child needs from birth until school age**

The MCH nurse uses assessment data to comprehensively plan care with parents and families.

### **5.1 Collaboratively plans care with mothers, children, and families**

- Analyses and interprets maternal, child and family health and wellbeing assessment data.
- Reviews assessment findings in collaboration with mother, child and family.
- In partnership with families, identifies priorities, goals and actions for optimising health, wellbeing and developmental outcomes.
- Uses findings and best evidence to develop a strength-based approach to planning care, in partnership with families.
- Documents, monitors, evaluates and modifies the plan of care according to agreed goals and actions.
- Consults and collaborates with medical, allied health and other supports to inform the plan of care.
- Provides case coordination for families with the greatest need/risk to support collaboration and engagement with other services.
- Continues to deliver and maintain MCH care while families are engaged with additional services.
- Works collaboratively with families to make referrals to ongoing care where required.

## **Standard 6. Provides safe, quality care and excellence in Maternal and Child Health practice**

The MCH nurse promotes safe and effective care to prevent harm to children.

### **6.1 Safeguarding children for optimal health, wellbeing, and development**

- Provides an accessible, safe and welcoming space for families.
- Recognises the United Nations Convention on the Rights of the Child.
- Maintains a child-centred approach when considering child safeguarding.
- Applies a clinical governance framework that includes processes, leadership and culture to ensure safe and effective MCH service.
- Promotes safety and early intervention for children and families, particularly those experiencing multiple complexities.
- Recognises and responds to immediate and ongoing child and family risk, including cumulative harm.
- Consults with, and refers to, secondary and tertiary child health and protection services as needed.

## **Standard 7. Evaluates outcomes to inform and improve Maternal and Child Health practice**

The MCH nurse supports, promotes, and engages in research and reflective practice to improve outcomes for children and families.

### **7.1 Research, quality improvement and innovation**

- Contributes to MCH nursing knowledge through research, service evaluation, education, consultation and presentation.
- Identifies service improvements and proposes and participates in quality improvement and/or research.
- Values and undertakes MCH data collection to provide evidence for service improvement
- Demonstrates an awareness of evidence-based MCH programs and the limitations of implementing into practice.
- Complies with human research ethics committee requirements when conducting research.
- Engages with governments to provide leadership on policy and planning relevant to MCH.
- Contributes to professional and industrial MCH policy at local, state and national level.

### **7.2 Critically reflects on clinical and professional practice**

- Utilises critical thinking and analysis as part of the clinical reasoning process, to reflect and learn from practice.
- Reflects on MCH practice and seeks secondary consultation as appropriate.
- Considers and supports the health and wellbeing of self and other colleagues in relation to quality and safe practice.
- Engages in interdisciplinary practice to improve maternal, child and family health and wellbeing outcomes.
- Provides and responds to timely clinical practice feedback, direction and coaching.
- Promotes and engages in individual and/or group clinical supervision.
- Ensures professional boundaries are maintained during the delivery of MCH services.
- Critiques early childhood and healthcare policies that have implications for the delivery of MCH services.

## Glossary

**Active Listening:** involves combined communication strategies that help you to listen and respond to another person to improve understanding (Higgs, 2012, p. 350).

**Anticipatory guidance:** the provision of age-appropriate information regarding the child's current and possible future development.

**Assessment:** a systematic process of gathering, analysing and interpreting evidence to inform nursing care.

**Attunement:** the alignment of a state of mind in moments of engagement, during which affect is communicated with facial expression, vocalisations, body gestures and eye contact (State of Victoria, 2016, p. 35).

**Beneficence:** is based on the belief that the likely benefits of research must outweigh any potential harms. People have the right to be protected from, and not experience, extraordinary exposure to the possibility of physical injury or discomfort, psychological injury, or distress, social disadvantage, invasion of privacy or infringement of rights as a result of research (National Health and Medical Research Council, 2018).

**Birth Notification:** documentation completed by the person attending to the mother at birth. The birth notification is forwarded within 48 hours to the Chief Executive Officer of the council in which the mother resides. On receipt, a copy of the notice is then sent to the council MCH nurse, who "communicate[s] with the house to which the notice relates" (*Child, Wellbeing and Safety Act 2005* (VIC), s. 7; s. 45(a) amended by Nos. 13/2010, s. 51(Sch. Item 11.3), 11/2018 s. 9(a)).

**Blue Book:** disease Information and Advice guidelines (Blue Book): The A-Z List of blue book diseases with descriptions, notification requirements, school exclusions and management guidelines.

**Child-Centred Approach:** is designed to build on the unique needs, interests, disposition and strengths of each child.

**Child Information Sharing:** improves early identification of risk to children's safety and wellbeing, increases collaboration between services involved in supporting children and families, promotes earlier and more effective intervention and integrated service provision, and improved outcomes for children and families (*Child, Wellbeing and Safety Act 2005* (VIC)).

**Child Abuse and Neglect:** all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power (Australian Institute of Family Studies, 2018).

**Child Protective Factors:** attributes or conditions that can occur at individual, family, community or wider societal level, and moderate risk or adversity and promote healthy development and child and family wellbeing (Australian Institute of Family Studies, 2017).

**Child Risk Factors:** the measurable circumstances, conditions or events that increase the probability of a child or family experiencing poor outcomes. When combined with limited protective factors, the risk of child abuse and neglect may be increased (Australian Institute of Family Studies, 2017).

**Clinical Governance:** the integrated systems, processes, leadership and culture at the core of providing safe, effective, accountable and person-centred health care that are underpinned by continuous improvement (State of Victoria, 2017, p. 4).

**Clinical Reasoning Process:** the logical process through which nurses collect cues, process the information and come to an understanding of a patient problem or situation, and then plan, implement interventions, evaluate outcomes, and reflect upon and learn from the process (Levett-Jones et al., 2010).

**Clinical Supervision:** a core component of professional nursing practice. It includes the provision of empathetic support to improve therapeutic skills, the transmission of knowledge and the facilitation of reflective practice. In a confidential relationship, participants have an opportunity to evaluate, reflect and develop their own clinical practice and provide a support system for each other (Australian College of Nursing et al., 2019; Winstanley & White, 2003).

**Continuing Professional Development:** how nurses maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives (Australian Nursing and Midwifery Federation, 2019).

**Cultural Identity:** refers to a person's identification with or sense of belonging to cultural, subcultural and or social groups. e.g., nationality, gender, ethnicity, sexuality or religion.

**Cultural Safety:** an approach that considers how social and historical contexts, as well as power imbalances, shape health and health care experiences. It involves self-reflection and self-awareness of one's own cultural background and biases, and respect for the identity and needs of the people who receive the service (Ward et al., 2016).

**Cumulative Harm:** refers to the effects of multiple and/or ongoing adverse or harmful circumstances and events in a child's life. The unrelenting daily impact of these experiences on the child can be profound and exponential, and diminish a child's sense of safety, stability and wellbeing (Bromfield & Miller, 2012; Sheehan, 2019).

**Early Intervention:** a means of identifying and providing effective early family support and education to promote positive outcomes.

**Ecological Theory:** in the context of child development, ecological systems theory refers to Bronfenbrenner's view of child development as a complex system of relationships affected by multiple levels of the surrounding environment, from immediate setting of family and school to broader cultural values, laws and customs (McLeod, 2023).

**Evidence-Based Practice:** to integrate the best available research evidence with clinical expertise and the patient's unique values and circumstances when providing care (Straus et al., 2018).

**Exclusive Breastfeeding:** feeding an infant/child breast milk only (including milk expressed or from wet nurse or breast milk donor). This type of feeding allows prescribed drops or syrups (vitamins, minerals, medicines) but nothing else (National Health and Medical Research Council, 2012).

**Father:** within the MCH Standards for Practice, refers to the birth, adoptive or step-father (Department of Health and Human Services (DHHS), 2019).

**Family:** may include mother, father, adoptive mother, adoptive father, grandparent, step-parent, foster parent, siblings, partner or carer. Other family members who may also share a concern for the child are referred to as 'extended family' (DHHS, 2019).

**Family Partnership Approach:** an evidence and strength-based partnership model of care between providers and families, devised by Hilton Davis et al. (2002) in the UK in the 1980s (Day & Harris, 2013).

**Family Violence Information Sharing:** Victorian legislation that enables authorised organisations to function as information sharing entities (ISEs), and to share relevant information about a person



who is a victim survivor, perpetrator or third party, for the purpose of establishing and assessing risk, and for managing risk (Victorian Government, 2022).

**Health:** a state of complete physical, mental and social wellbeing, not merely the absence of disease or infirmity.

**Health Literacy:** how people understand, access and utilise health information to enable informed health and care decisions to promote positive health outcomes (Australian Institute of Health and Welfare, 2022a).

**Health Promotion:** activities that help communities and individuals increase control over their health behaviours. Health promotion focuses on addressing and preventing the root causes of ill health, rather than on treatment and cure (Australian Institute of Health and Welfare, 2022b).

**Intersectionality:** the ways in which multiple social forces and identities can expose people to overlapping forms of discrimination and marginalisation. Examples include gender, sexuality, gender identity, ethnicity, nationality, refugee or asylum seeker background, language, religion, ability and age (Crenshaw, 1989).

**Mandatory Reporting of Child Abuse:** required by all MCH nurses practicing in the State of Victoria, Australia, who 'form the belief on reasonable grounds that a child is in need of protection due to harm from physical or sexual abuse. This requirement is known as mandatory reporting'. Maternal and Child Health nurses are required to report a child in need of protection, in accordance with the *Children, Youth and Families Act 2005*.

**Mother:** within the MCH Standards for Practice, refers to the birth mother or adoptive mother. Aspects of the Standards have particular relevance to physiological and psychological aspects of childbirth and therefore will be relevant only to birth mothers (DHHS, 2019).

**Multi Agency Risk Assessment and Management (MARAM):** a practice framework that provides guidance to Victorian organisations prescribed under regulations that have responsibilities for assessing and managing family violence risk (Family Safety Victoria, 2019).

**Malfeasance:** the performance of an act that is legally unjustified, harmful or contrary to law, especially by a public official or a person in a position of public trust.

**Non-Malfeasance:** the principle of non-malfeasance centres on an obligation not to inflict harm on others.

**Primary Healthcare:** a philosophy or approach to providing care that includes equity, access, social justice and the social model of health (Hooker, 2021).

**Quality Improvement:** a process by which members of an organisation systematically examine what they are doing, the purpose for which it is done, the environment in which it occurs, and the consequences or outcomes of their actions, with the goal of continually improving the services or products they supply to their customers.

**Reflective Practice:** the ability to be able to conduct self-analysis of one's own, or their peers', actions to engage in the process of continuous learning and adaption to enhance positive future outcomes. Reflecting on and critically evaluating practice is a core part of every early childhood professional's work. It is at the heart of maintaining a learning culture in a service, setting or network and is linked to continuous improvement (State of Victoria, 2016).

**Safeguarding:** in relation to children, this refers to the responsibility to adequately protect and keep children safe from harm.

**Secondary Consultation:** involves practitioners working collaboratively to share their knowledge, skills, connections and experience with each other to support of their patients or clients. It is a method of building trust while sharing expertise. In the context of family violence, secondary

consultation may assist professionals to determine the severity of risk, inform ongoing risk assessment and approaches to risk management and safety planning (Family Safety Victoria, 2019; Rajan et al., 2021).

**Social Determinants of Health:** factors that determine the health status of individuals and populations. These factors are often interrelated and associated with economic, social, political and environmental conditions. Examples include the social gradient, culture, social cohesion, environmental factors, work, education and other socioeconomic factors (Guzys, 2021).

**Standards for Practice:** are the expectations of the MCH nurse practice in all contexts. These inform the education standards for MCH nurses, and may guide consumers, employers and other stakeholders as to what one can reasonably expect from a MCH nurse, regardless of the area of practice or years of experience.

**Strength-Based Approach:** a philosophy and collaborative model that fosters opportunities for self-healing, promotes empowerment and engenders hope, enabling patients to draw upon their strengths even in difficult circumstances (Gottlieb & Gottlieb, 2017).

**Sustainable Development Goals:** the 17 Sustainable Development Goals (SDGs) were adopted by the United Nations in 2015 as a universal call to action to end poverty, protect the planet and ensure that, by 2030, all people enjoy peace and prosperity.

**Trauma-Informed Care:** involves carers understanding how trauma impacts the lives of people seeking services and aims to deliver better care for those who have experienced traumatic life events. It emphasises physical, psychological and emotional safety for both survivors of trauma and service providers. Trauma-informed care creates opportunities for survivors to rebuild a sense of control and empowerment (Raja et al., 2015).

**Wellbeing:** includes happiness and satisfaction, effective social functioning and the dispositions of optimism, openness, curiosity and resilience (State of Victoria, 2016).

## Appendices

### Appendix A. Legislation and Policy

The scope of practice of the Maternal and Child Health nurse is further informed by the Victorian Government Service Guidelines, Frameworks and Standards. The following is not an exhaustive list and will be altered, updated, renewed and deleted with the progress of time.

#### Legal Acts

- *Charter of Human Rights and Responsibilities Act 2006*. (Reviewed 2015-2016).
- Child Information Sharing Scheme, Ministerial Guidelines, Guidance for information Sharing Entities, Department of Health and Human Services (DHHS), 2018. (Part 6A *Child Wellbeing and Safety Act 2005*).
- *Child Wellbeing and Safety Act 2005* (Victoria)/Child Wellbeing and Safety Amendment (Child Safe Standards) 2015.
- *Children Youth and Families Act 2005*. Updated 2021.
- *Commission for Children and Young People Act 2012*.
- *Drugs, Poisons and Controlled Substances Act 1981*. [s 14 (3)].
- *Freedom of Information Act 1982* (Victoria).
- *Family Violence Legislation Reform Act 2020*.
- *Family Violence Protection Act 2008*.
- Family Violence Information Sharing Guidelines 2017. Updated 2021. Victorian Government, Family Safety Victoria. (Part 5a *Family Violence Protection Act*).
- *Health Records Act 2001*.
- *Gender Equality Act 2020*.
- *Health Practitioner Regulation National Law Act 2010*.
- *Health Practitioner Regulation National Law (Victoria) Act 2009*.
- *Health Records Act 2001* (Victoria).
- *Information Privacy Act 2011*.
- *Local Government Act 1989*.
- *Occupational Health and Safety and Other Legislation Amendment Act 2021*.
- *Privacy Act 1988* (Commonwealth).
- *Public Administration Act 2004*
- *Privacy and Data Protection Act 2014*.
- Safe Patient Care Amendment Bill 2020 (Added to the *Child Wellbeing and Safety Act, 2005*).
- *Racial and Religious Tolerance Act 2016*.
- *Public Health and Wellbeing Act 2008*. (Amended Act 2020).
- *Worker Screening Act 2020*.

#### Codes Of Conduct and Ethics

The MCH nurse acknowledges and works within the following codes as determined by the Australian Health Professional Registration Authority (APHRA).

##### Codes:

- International Council of Nurses, Code of Ethics for Nurses (2012).
- International Council of Nurses, Code of Ethics for Midwives (2014).
- Nursing and Midwifery Board of Australia, Code of Conduct for Nurses (2018).

- Nursing and Midwifery Board of Australia, Code of Conduct for Midwives (2018).

## Professional Practice

### Standards:

- Child Safe Standards, in accordance with *Child Wellbeing and Safety Act 2005* (Updated July 2022).
- Documentation Standards for Maternal and Child Health Nurses in Victoria, VAMCHN, Victorian Maternal and Child Health Coordinators Group, Australian Nursing and Midwifery Federation (Victorian Branch), Victoria, Australia, 2016.
- Maternal and Child Health Program Standards, DHHS, Victoria. Reissued 2019.
- Registered Nurse Standards for Practice, 2016 (Nursing and Midwifery Board of Australia).
- Registered Midwife Standards for Practice, 2018 (Nursing and Midwifery Board of Australia).
- Victorian Maternal and Child Health Nurse Standards for Practice, VAMCHN, Melbourne, Victoria, 2024.

### Guidelines:

- Australian Guidelines for Prevention and Control of Infection in Healthcare (NHMRC), Commonwealth of Australia, Canberra, 2019.
- Blue Book: Disease Information and Advice, Department of Health, Victoria, 2023.
- Clinical Supervision Guidelines: Enhanced Maternal and Child Health Program, Department of Health, Victoria, 2024.
- Enhanced Maternal and Child Health Program Guidelines, Department of Health, Victoria. Reissued 2019.
- First Time Parent Group Guide: Maternal and Child Health Program, DHHS, Victoria. Reissued 2019.
- How to Work with Interpreters and Translators: A Guide to Effectively Using Language Services, Department of Health, Victoria, 2023.
- Infant Feeding Guidelines: Information for Health Workers (NHMRC), 2012.
- Innovation Practice Guide for Maternal and Child Health Services, DHHS, Victoria. Reissued 2019.
- Maternal and Child Health Service Guidelines, Department of Health, Victoria, 2019.
- Maternal and Child Health Service Practice Guidelines, Department of Health, Victoria. Reissued 2019.
- Nursery Equipment Program, Kidsafe Victoria, 2023.
- Promoting Breastfeeding: Victorian Breastfeeding Guidelines, Department of Education and Early Childhood Development (DEECD), 2014.
- Perinatal Mental Health and Psychosocial Assessment: Practice Resource Manual for Victorian Maternal and Child Health Nurses, Department of Health, Victoria. Reissued 2019.
- Telehealth Guidelines for Maternal and Child Health Services, Department of Health, Victoria, 2022.
- Transition to Practice Guidelines: Victorian Maternal and Child Health Services, DHHS, Victoria. Reissued 2019.
- Victorian Department of Health Infectious Disease Management Guidelines, 2021.

### Frameworks:

- Delivering High-Quality Healthcare: Victorian Clinical Governance Framework. Safer Care Victoria, DHHS, 2017.
- Dhelk Dja: Safe our Way (Strong Culture, Strong People, Strong Families), 2018.

- Family Violence Multi-Agency Risk Assessment and Management (MARAM) Framework and information sharing schemes (2018).
- Healthcare that Counts: A Framework for Improving Care of Vulnerable Children in Victorian Health services, DHHS, 2017.
- Local Government Performance Reporting Framework, 2023-2024.
- National Framework: Protecting Children is Everyone's Business, Council of Australian Governments (COAG), 2009–2020.
- Nurturing Care for Early Childhood Development: A Framework for Helping Children Survive and Thrive to Transform Health and Human Potential (WHO, 2018).
- Practice Principles in the Victorian Early Years Learning and Development Framework (VEYLDF), 2016.
- Victorian Aboriginal Affairs Framework (VAAF), 2018–2023.
- Victorian Aboriginal and Torres Strait Islander Cultural Safety Framework, 2021.
- Victorian Public Health and Wellbeing Outcomes Framework 2019–2023, DHHS, 2019.

#### **Regulations:**

- Australian Health Practitioner Regulation Agency (APHRA).
- Current Police Check.
- Current Working with Children Check.
- Drugs, Poisons and Controlled Substances Regulations 2017, Regulation 8 (1) and Regulation 161.

#### **Governance:**

- The Maternal and Child Health Memorandum of Understanding (MOU) between The Victorian State Government and Municipal Association of Victoria (MAV) in relation to the Maternal and Child Health Service, 2022–2025.
- Supporting Children and Families in the Early Years: A Compact Between DET, DHHS and Local Government (represented by MAV) 2017–2027.

#### **Others:**

- Additional Family Violence Consultation. Practice Note for Maternal and Child Health services, Department of Health, 2021.
- Children's Health Care Australasia (Charter on the Rights of Children and Young People in Healthcare), 2010.
- Marketing in Australia of Infant Formulas (MAIF) Agreement, 1992.
- The Global Criteria for Baby Friendly Community Health Services in Australia, 2013.
- The World Health Organization International Code of Marketing of Breastmilk Substitutes, 1981 (WHO Code).
- United Nations Convention on the Rights of the Child, 1989.

## Appendix B: Victorian Association of Maternal and Child Health Nurses

Beginning as the Infant Welfare Section of the Royal Victorian College of Nursing (1942), the Victorian Association of Maternal and Child Health Nurses (VAMCHN) commenced its association with the then Royal Australian Nursing Federation (Victorian Branch) in 1976 through the formation of the Royal Australian Nursing Federation (Victorian Branch) Infant Welfare Special Interest Group. The group continued its affiliation with the Australian Nursing and Midwifery Federation (ANMF) through its evolution as the Royal Australian Nursing Federation (Victorian Branch) Maternal and Child Special Interest Group in 1987 and further evolution as the Victorian Association of Maternal and Child Health Nurses (ANMF) Special Interest Group until 2023. VAMCHN became an independent incorporated body in 2023.

VAMCHN continues to advocate on behalf of all Victorian MCH nurses at local, state and federal government levels. The Association provides peer support and networking for the exchange of knowledge and experience, and offers scholarships and awards to MCH nurses to support both their ongoing professional development and recognise excellence in MCH nursing.

The VAMCHN acknowledges the professionalism, knowledge and expertise of the previous authors of the Victorian Maternal and Child Health Standards in their different formats.

**Previous authors and collaborators of the Victorian Maternal and Child Health Standards include:**

**Competency Standards for the Maternal and Child Health Nurse in Victoria, 2010.**

Francis Bettenay, Chris Cooper, Irene Ellis, Joanne Fittock, Kate Geyle, Wilma Hills, Leesa Hooker, Wendy Jones, Toni Ormston, Lael Ridgway, Fran Sheean.

**Standards of Professional Practice for Maternal and Child Health Nurses Maternal and Child Health Nurses Special Interest Group, 1999.**

Action Research Team: Francis Bettenay, Carol Friday, Jill Lightfoot, Jan Roughley and Debra Welsh.

Research Lead: Professor Gaye Edgecombe, Clinical Chair Community Child Health Nursing, RMIT University

**Standards of Practice for Maternal and Child Health Nurses, 1993.**

Writer: Collen Rolls.

Education Committee: Patricia Glynn, Jeanne Harrison, Jill Lightfoot, Ethna Macken and Robyn Tickner.



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