



Improving Maternity Choices - Consultation
Department of Health
Health Network Support Unit
Reply Paid 80686
Locked Bag 59
PERTH BC WA 6849
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Re: CHNWA Response to the Department of Health's policy proposal:
"Improving Maternity Choices: Working Together Across WA"

Community Health Nurses Western Australia INC (CHNWA) welcomes the opportunity to provide a response to the "Improving Maternity Choices" draft policy document. Overall, CHNWA supports the intent and direction of the draft policy and the use of an evidence based practice model to guide maternity service provision. CHNWA comments on the Policy are included in the attached documents.

Community Health Nurses Western Australia (CHNWA) are happy to assist the Clinical Reference Group in any further development of the Policy Direction

Thank you

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Comments on overall document

The draft Policy discusses family-centred practice. However, throughout the document, reference is consistently made to the services and approaches for the “women and her baby”. This gives a perception of the policy direction as being mainly maternal-centred and medically orientated, rather than placing the mother and baby in the context of the family unit, which in turn is located in the broader social, economic and emotional environment of the community.

There is an extensive focus on treatment of conditions in the acute maternity services, again leading to a perception of a clinical and medical orientation. There is considerable focus on treatment of conditions in the acute maternity services. There is little acknowledgement of preventative health services particularly in the antenatal period. The antenatal period provides an opportunity to identify vulnerable families and support them using family partnership principles. There is also little acknowledgement in the draft policy of the existing community service providers, who currently support women in the antenatal and postnatal period. These service providers include: general practitioners, child health nurses, lactation consultants, allied health professionals and Ngala Early Parenting Centre. These services are long-established and are well-known and utilised by families in the community.

CHNWA welcomes and strongly encourages the proposal to develop community clinics throughout the State as “Centres of Excellence” to provide services and information for families during ante-natal, delivery and post-natal period. There are opportunities to co-locate with existing service providers e.g. child health nurses in community health centres.

Child health nurses are already well established in local area health services and work jointly with midwives and other team members, to support and encourage families in their community.

The draft policy document does not mention that in many areas across the State, child health nurses deliver ante and post natal education to families. In particular, in the rural areas, child health nurses deliver the majority of ante natal and post natal education to families. Therefore it is essential that child health nurses are included in Strategy 8. (A comprehensive workforce strategy will be developed.....)



CHNWA welcomes the proposal for improved notification practices between maternity services and child health services (p. 52). To be effective, this should happen in the antenatal period, so that those families with complex issues, who need additional support, can be identified earlier and offered early intervention in their local community. Child health nurses (CHNs) already provide additional and often intensive support to families with complex needs. They have well established and long-standing referral networks and are well placed to access other community resources to meet the needs of these families. CHNs have built strong links with Aboriginal and Ethnic Health Workers and other non-government agencies.

It is important to note that child health nurses are already working at capacity. There has been a sharp increase in birth numbers in Western Australia since 2005, as well as an increase in the numbers of young families migrating to Western Australia. Strategy 40 (Establishing intensive home-visiting programs) will require additional resourcing (increased staffing levels and training) in order to be implemented effectively.

An explanation of the nebulous/ non-specific term 'child health worker' (p. 19) is needed. The term **child health nurse** should be defined and included in this section, and included in the Glossary. (See next para)

Child health nurses (CHNs) are Registered Nurses with post graduate qualifications in child and family health. CHNs provide a wide range of child and family health services, in partnership with parents and carers of babies and young children in the 0- 4 years age group. Child health nurses assess children's health and development as well as providing information and education about many aspects of parenting, maternal and family health and healthy lifestyles, including breastfeeding and optimising the nutritional health of mum, baby and the family.

Child health nurses (CHNs) also provide supportive counselling, undertake specific targeted screening e.g. the Edinburgh Post Natal Depression screen, and deliver preventative health and health promotion programs. They regularly work in partnerships with other professionals.

CHNWA questions Strategy 42, (Investigate the feasibility of introducing a telephone advisory service) when there is a telephone advisory service already in existence. This service is provided by Ngala Early Parenting Centre with funding from the Department of Health. CHNWA recommends that this service be extended to include a 24 hour service.

In Strategy 43,(Guidelines on breastfeeding will be available statewide) CHNWA recommends a change of wording: from “breast feeding advice” to “breastfeeding information”. The terminology is important because child health nurses work in partnership with families, providing education and information to enable families to make their own decisions.

CHNWA anticipates that the strategies contained in “Improving Maternity Choices” will also build on the achievements in upskilling Child Health Nurses in the ‘Breastfeeding Matters’ Program. This is a ‘Train-the trainer” program, in which child health nurses who are lactation consultants provide lactation education for other child health nurses in the Metropolitan and Rural Communities.

Child health nurses (CHNs) have been established as a first or early point of contact for new parents in the community for over a hundred years. They are a highly trained, effective and productive section of the health workforce and are recognised as such by many parents. CHNWA expects that this role is acknowledged, supported and promoted by the Department of Health and other health agencies and providers. CHNWA expects that the existing role of the CHN will continue to be built on, and will have a strong profile in planning for provision of services to mothers, babies and their families.