



Episode 4: Maternal and Child Health Nurse with Claire Peake from Epworth Freemasons Hospital

Maternal & Child Health

Everything you need to know about a Maternal Child Health Nurse.

Tiffany: Hi everyone, and welcome back to Pure Parenthood. In today's episode, we discuss everything you need to know about a maternal and child health nurse. We're joined by Claire Peek, who is a recently graduated maternal and child health nurse, and is also a registered nurse and midwife at Epworth Freemasons Hospital.

Hi, Claire, thanks so much for coming on to chat today.

Claire: Hi, thank you so much for having me. I'm excited to be here.

Tiffany: Yeah, it's so great to have you. Claire, in my mind the first obvious question would be, what exactly is a maternal child health nurse? For all the listeners out there, because I think a lot of people may have heard of one, but not necessarily know what they do and what their role is.

Claire: Yeah, sure. In Victoria, maternal and child health nurse is a qualified registered nurse and a registered midwife with additional qualifications in maternal and child health, which can usually be done either in a post-graduate diploma or a Master's Degree in Child and Family Health, but depending on where you are and the state that you live in, that can vary.

Maternal and child health nurses, they focus on the growth and development of your baby, as well as supporting the entire family unit as a whole. This includes things like helping new parents with things like health, development, behaviors, immunizations, feeding, and settling. As well as connecting families to local support groups, we also write referrals, and we run new parents' groups as well, so it's very busy.

Tiffany: Yeah, it sounds it!

Claire: When you're pregnant, it's the midwives, obstetricians, or GP who are usually your link care providers. However, in Victoria when you leave the hospital, your care is taken over by a maternal and child health nurse in your local council.

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Claire: (cont...) You'll have regular appointments at key age and stages to check the growth and development of your baby.

Tiffany: Okay. Wow. The role of maternal and child health nurse is clearly so important in providing care after you leave the hospital. I know that with my first, I learnt a lot from her when she came to visit me. It's so great to know that those sorts of services are still available. I'm sure this role has evolved even more since I had my first, sort of 19 years ago.

How does someone become one, and how long does it take to complete the training, because it sounds like you know a lot and it's taken you a fair while to grasp all that information, I'm sure?

Claire: Yes. It has taken a while. In Victoria, to become a maternal and child health nurse, you need to have already completed a Bachelor of Nursing and Midwifery, and worked a minimum of one year full-time in both of these areas. Then you go on to study the Post-graduate Diploma of Maternal and Child Health or a Master's Degree in Child and Family Health.

Depending on which route you take and where you're studying, it can differ in how long it takes, but for me it took six years full-time. Six years full-time and then part-time, so it's a bit confusing, but pretty much what I did was I studied nursing first, and I did that for three years full-time. Then I worked for a couple of years in general nursing, and then I studied midwifery one year full-time, and worked as a midwife for about three years. Then I started the Graduate Diploma in Child and Family Health, and that took me two years, and that's where I did it part-time.

Tiffany: Yeah. Wow. There's such a lot of study involved, Claire, well done on all of that. Having all those years of prior study, as well as a nurse and midwife and taking on that Graduate Diploma in Child and Family Health Nursing for another two years, no wonder maternal child health nurses have such a wealth of knowledge to offer.

How does the role of maternal child health nurse differ from a midwife and traditional nurse? I guess, as you've sort of explained, you have to have those other things first, but what is the main difference, I guess, between the maternal child health nurse and then the traditional nurse and midwife?

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Tiffany: (cont...) Really, what are the main things we need to think about there?

Claire: Sure. Midwives have an expertise in pregnancy, birth, and the first six weeks postpartum, whereas maternal and child health nurses learn about the growth and development of babies and children up to actually, the age of six-years-old.

Tiffany: Wow.

Claire: It's quite a big range of age there. In general, your maternal and child health nurse is there to be a really great support system for you in the community. Although you may not have 24 hour access to that particular nurse, there is a Maternal and Child Health Line that is a 24 hours, seven days a week service with very experienced maternal and child health nurses on the other side of the line. That's a really fantastic service that I really wish to promote. Maternal and child health nurses have an extensive knowledge of child and family health, but also the development and the behavior of children. They aim to develop and maintain working relationships with parents and families. They link families to services within the community. They'll see you for 10 key age and stage visits. They focus on the sort of weight and measurement of your babe. They'd also check if your baby's up-to-date with their vaccinations.

They also provide families with evidence-based information regarding health and wellbeing of their baby and family. They can assist you with providing referrals to early parenting centers, or sleep schools as some people know them as. Just to name a few aspects of our role.

Tiffany: Yeah. Wow. There's so much there that you obviously offer. It's great to define these a little bit more, so everyone can kind of understand out there, sort of what your role is. Then we can understand a bit more about the incredible care that you guys provide, and I guess, to know that there is that support once you leave hospital, because I think, there's so much knowledge about, I guess, what people get before birth, and then during the birth and when they're in the hospital, but not so much about after.

Claire: Yeah. That's usually the main focus, what seems to be.

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Claire: (cont...) You sort of go through so much about getting pregnant, and the pregnancy, and the birth, and that sort of going home part seems to be a little bit forgotten sometimes, so I think it's a really important area.

Tiffany: Absolutely. From memory, I think I had a maternal child health nurse first come visit me about a week after I had my first baby, so that was, as I said, 19 years ago now, but I was in Sydney at the time.

Obviously New South Wales and Victoria might be a bit different, but when do you sort of typically get that first visit from the maternal child health nurse, Claire, because I guess that's a really important thing that people want to know? It might differ from state to state, but it'd be just good to know, I guess, from your perspective, what happens sort of in Victoria, and when you can typically expect that first visit?

Claire: You normally see a nurse at the home visit, and that's usually around sort of seven to 10 days following the birth of your baby. This is the first visit that you'll have with the nurse. This is usually an opportunity for the nurse to see how things are going in the home environment, and the nurse will also check where the baby's sleeping at the home visit, your baby will be weighed well. Then however, the focus is usually sort of around gathering information, assessing sort of any feeding issues that you might be having, discussing any concerns, and just ensuring that your recovery from the birth is going well.

Tiffany: Things haven't changed that much, I guess, in the sense that you'll still see that maternal child health nurse sort of roughly seven to 10 days following the birth of your baby. When you come home, you can expect to have that bit of help, I guess. It's so convenient having someone come to your home, I think. Well, in my experience it was.

Claire: Definitely.

Tiffany: Having someone there that you can chat with, and you can ask questions, and to reassure you that everything's okay, and kind of watch what you're doing, and you can ask questions and get them to show you things. Yeah, I remember that was just so incredible having that bit of advice and support at home.

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Tiffany: (cont...) For everyone listening today, Claire, what service, and advice, and support should we expect from a maternal child health nurse, in a bit more detail, from all the visits and things, and what types of real support are you going to get?

Claire: I mean, depending on what support people want as well, it's really client based. What they're wanting from you, is sort of how you guide your visits, but we do give a lot of advice in regards to parenting and there's so many different ways to parent your baby and child. We're not here to tell you how to do it. We're just here to tell you, make it safe, and again, as I said, there's going to be many different ways.

We go through starting solids around the four months and healthy eating. We talk a lot about sleep and settling, including the Period of PURPLE Crying. Some people might not have heard of the Period of PURPLE Crying, but it's a way to help parents understand what's happening in their baby's life. It's a really normal part of an infant's development. PURPLE is actually an acronym and P stands for the peak of crying, U stands for unexpected, R stands for resist soothing, P stands for pain like face, L stands for long lasting, and E stands for evening. It's sort of a more complicated way of explaining colic, but I think it really gives parents that word that they can actually relate to.

We talk a lot about unsettled behavior and tantrums, with obviously older babies and children. We do a lot of help with breastfeeding or bottle feeding depending on what you've chosen to do. Development, and learning and behavior, child safety, immunization information, as well as self-care, so lots of information in regards to mental health and as well as family violence.

Tiffany: Wow. You really do cover so many topics in your role, Claire, it's just incredible. There's so much that you guys offer, and in the way of support and all that sort of thing. I think it's so great. All these first-time parents out there are going to love to be reassured that there is that bit of support out there. Obviously you provide so much help.

To give us a little bit more in-depth understanding about each visit, could you take us through what typically would happen in each of those sessions or visit?

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Claire: Sure. Again, it'll vary depending on the key age and stage visit, but in Victoria, you'll see the maternal and child health nurse for 10 key age and stage visits. This list is for Victoria only, so other states may vary slightly, but this includes the home visit, and as I said, that's around about one week of age. Between sort of seven to 10 days following the birth of your baby, and then we'd see you again at two weeks, four weeks, eight weeks, and then what happens is they start to become a little bit longer in the gap. Then we see you at four months, eight months, 12 months, 18 months, two years, and three and a half years.

That three and a half years is usually the last visit. However, as explained before, we actually can see you later on, so if there's issues coming up to school, we can actually see children a little bit later as well. Again, that service is so ranged. At each of these visits, the topics discussed will change depending on the age.

As I said, at these visits, your baby will be weighed and measured, you'll be asked questions about your health and the wellbeing of your family. You'll be asked questions about family violence, which is a really big thing at the moment, and you'll also be given up-to-date information regarding parenting, and the health and wellbeing of your baby. Depending again, on the age and stage a maternal and child health nurse will offer you lots of information, support, and guidance on many different aspects of your child's growth and development.

This will include things like feeding, settling, sleeping, newborn behaviors, SIDS, and safety. We'll go through prone play, immunizations, breastfeeding or bottle feeding, recovery from your birth, self-care, car safety, safety in the home, especially when your little ones get up and moving, which can be a bit scary sometimes.

Also, family and relationships, so just making sure your mental health's okay. Again, we just go through the Edinburgh Postnatal Depression Scale, which is just a little scale that we do to assess how you're going, as well as family violence questions.

Tiffany: Yeah, that's great. There's certainly a lot of things that you cover, and I think it's critical information. So many of these things are things that you don't necessarily know where to go to get support from, or there's just so many resources and you don't know. When you start Googling, you've got no idea what you're going to come up with, so it's so wonderful to know a bit more about that.



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Tiffany: (cont...) Thanks so much, Claire.

Where can you find your maternal and child health nurse or suggested providers? Because I think again, a lot of people will be like, “Oh wow, these guys offer so much. Where do we find them? How does that all work?”

Claire: Nurses are based in the local community, and there’ll be many centers depending on your council, especially in the inner city Melbourne. Then if you’re in rural areas, there might only be one center per council. Usually women are assigned to the center closest to their home address, which can make it really convenient for them to walk to, especially if they’ve had a caesarian section, or drive to the center as well.

There’s also, the Maternal and Child Health Line, so this is a 24 hour confidential line that gives you information and advice about the care and health of your child. When you call the service, a qualified maternal and child health nurse can discuss any concerns you’ve got. Whether it’s your child’s health, nutrition questions, feeding, or your own health and wellbeing as well, or any parenting issues that you might have.

Tiffany: Yeah, that’s great. I remember there were times late at night when I had questions that I wanted to ask about the health and wellbeing of my baby, or just how I’m going, and not knowing sort of where to turn, so it’s great that you’ve got that 24 hour access, because I think that gives people a bit more reassurance, to know that they can get that information, advice, and care at any time of day, because it often happens middle of the night when you’re thinking, “Oh my God, where do I turn?”

Claire: Absolutely. It’s usually the middle of the night- when you just don’t know what to do, and you’re just thinking who is out there for me. It’s a fantastic service. We’re really, really lucky to have it.

Tiffany: Yeah. So lucky, and we’ve got so many incredible services now, I guess, available to us with all the technology that’s available now, too, but just knowing that there’s someone on the phone you can actually physically talk to, I think is so wonderful.

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Tiffaney: (cont...) You can obviously Google, you can ask questions via that way, but I think physically talking to someone is such an important thing these days, to be able to have those conversations.

What would you wish that first-time parents knew before they had their first visit and what resources are available between the time that, I guess, they leave the hospital and then they have that visit with the maternal child health nurse. You mentioned that 24 hour line, but what are the other resources, what are the types of things that they can access between that period?

Claire: Yeah, sure. I think it's really important that we try to normalize the newborn behaviors. There's so much focus, as I said before, on the pregnancy, and the birth and that immediate postpartum period. However, there's usually not that much information out there on what new parents need to know about taking their baby home for the first time.

I think it's really important to read your baby's cues and learn your baby's body language. That gives you so much important information about what he or she is trying to tell you. Are they hungry? Are they tired? Are they ready for play? Or are they just really needing a break. It's really important for parents to learn their baby's particular cues, and this will allow them to respond appropriately to their baby's needs.

Limiting too many visitors as well, in the first few weeks, I think, it's really important until you're really settled in the home and you've recovered from the labor and birth. I think, not having too many people around. You might want to have your immediate family, but think of some ways that people can actually help without actually lingering in your home for too long, whether they can cook you a meal, or pick up your other child, or something like that, that can help. Get support from your support system, as I said.

Just your partner, or your other family members, or any friends that are willing to help, accept that help. I think that sometimes it's really hard to actually accept the help that's offered. Try not to put too much pressure on yourself in the first sort of few weeks to start a routine.

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Claire: (cont...) I think babies, they're not really able to follow routine until that sort of six to eight week mark anyway, so try not to think that your baby's going to sleep through in the first few nights, because it's probably just not going to happen. You start to sort of see a bit of a pattern, if you're following one, around the 12 week mark, but again, try not to put too much pressure on yourself.

As for resources, that I normally recommend, you just talked a couple of times about Google. We normally recommend not using good old Dr. Google for your resources, just because sometimes they can be a little bit unreliable and can lead you down a bit of a scary track. It's really important to use evidence-based resources that are out there, and we're very lucky that we've got so many.

The first one is the Raising Children's Network, and this is a fantastic website with evidence-based up-to-date information, and it's easy for new parents to use. There's a little search button up the top that you can actually just pop in what you want to know and it'll come up with the relevant information, so it's really, really easy to use. There's the Nurse On Call, which is a 24 hour, seven days a week telephone help line that provides immediate expert advice from a registered nurse.

Again, the Maternal and Child Health Line. I've spoken about this a couple of times already, but again, this is a 24 hour, seven days a week telephone helpline providing advice from a maternal and child health nurse. There's the Maternal & Child Health app, which is a really good app, because you can plot in your baby's growth and development into it, but it also comes up with relevant developmental information, depending on how old your baby is.

There's also the Australian Breastfeeding Association, so this is a service that supports and encourages women who are wanting to breastfeed or provide breast milk for their babies. This service has a 24 hour breastfeeding helpline and informative website with numerous print and digital resources.

Tiffany: Wow. Yeah.

Claire: Then PANDA. PANDA is a website and core service that supports women, men, and families across Australia, who are affected by anxiety and depression during pregnancy and the first year of parenthood, as well as your green book. Your green book actually has all of this information as well.

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Claire: (cont...) Usually most parents I speak to haven't actually had a chance to go through the green book, before they get home from hospital, but it's a really, really good resource, and when you get a moment, it'd be really good to have a look through it.

Tiffany: Yeah. Some great tips there, Claire, thanks so much. The resources available today are phenomenal, like we mentioned before, and highlighting some of these for everyone I think will be so helpful. The green book, Claire, I'm guessing that's the same as the blue book I would have received in New South Wales when I had my baby all those years ago. I actually had all my children sort of interstate, so I'm guessing it would be a little bit different. I'm sure it's just the color of the book that differs, but I remember that there was so much information that was in there. That was sort of like my Bible, I guess. The green book is the same sort of thing as the blue book, is it?

Claire: Yeah. As you said, it is like a baby Bible. You're going to hold onto this, hopefully forever. It's a really great resource, and it has so much information that it appears really overwhelming at first, and I think since the blue book, the green book that we have now have so much more information in it. I've seen the blue book and it's quite thin, whereas the green book is literally the size of a bible, it's huge.

Tiffany: Wow.

Claire: There's so much information, and like I said before, most parents I speak to in the hospital, they haven't even had a chance to even flip through it while they're having their hospital stay, so it's really good to try and have a look at it just before you get home. Or when you get home and you've got a moment, just read through it and you'll see it's got little tabs on specific key age and stages that we see you, but behind those key age and stage tabs, they've actually got things that you can do in regards to play with your baby, and things that you might expect at this age, so really, really good information.

Tiffany: Yeah. Well, I don't think I looked at mine until I got home and was feeding my baby, because it was just so overwhelming. I guess, having your first baby, there's so many things you're trying to take in, and you're tired, and there's all these different things that you're kind of...

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Tiffany: (cont...) it's such a massive learning curve, so to sit down and read a book is not often something you have time to do, but I really wish that I had looked at it more actually, before I went home, just so I knew that those things were available, but I definitely found it helpful once I did. I referred to it a lot. I remember in that first little while, particularly once I realized that that information was there. Yeah, it is amazing, and so much work's been put into it. You can tell, so that's great to know.

Claire: Yeah. Definitely.

Tiffany: Yeah. Claire, before we finish up today, as a maternal child health nurse, what are your top tips for first-time parents? Because I think, it's always great to get those last sort of few things from you that you would love people to know, or that you really feel like are those top things you would want to really get through to people.

Claire: Yeah. Again, just making sure you're watching your baby for their cues. Try to let them tell you what they need, because they're all just so different. Just try and work down a bit of a list of what could be happening for your baby. Are they tired? Are they hungry? Have they got a wet or dirty nappy, or just, do they want a little cuddle from you as well? Making sure that you remember you can't really overfeed a breastfed baby. We get a lot of questions about this in the center, and some babies will, they'll feed every three to four hours, and others will want to feed every one to two hours, and this will change. You might have a really good night where you get a really good stretch of sleep, four or five hours. Then the next night, your baby's feeding every one to two hours, and that's absolutely normal. You're not doing anything wrong.

The witching hour, so this is not just one hour. A lot of parents refer to the witching hour. I call it the witching hours as it usually lasts more than one hour, and it tends to be in the evening. Usually it's just due to a bit of buildup of wind, and the wind throughout the day just slowly builds up and builds up, and then it just really starts to irritate them in the end of the day, and they can get that pain life face. You know what I'm talking about, with PURPLE Crying. Just ensure that you're frequently winding your baby throughout feeds, if you're finding this happening, and as well, just throughout the day when your baby wakes up, just make sure that you're giving them a wind, and especially straight after a feed.

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Claire: (cont...) Ensure you do lots of tummy time, so this can really help with the head neck and strength of your baby's head and neck. You can start this straightaway. We get a lot of questions in the hospital. "Is it safe to start this?" Absolutely.

We get a lot of questions about dry skin. I just wanted to try and normalize dry skin, and it is very normal. Babies have been floating around in water in utero for the last nine months. It's very normal for their skin to be dry. What you can do is you can just apply a bit of a gentle non-perfumed moisturizer on their skin morning and night, or straight after a bath, whatever you want to do.

Again, I just wanted to reiterate the Period of PURPLE Crying. This relates to specific characteristics during the first few months of life, and usually that peak of crying happens around two months of age, so it is normal. Around that eight week mark, and then it usually settles around five months. Parents have actually said, "The Period of PURPLE Crying has finally given them something that describes what they're going through." The word colic was actually really hard to get a handle on.

Yeah. If your baby's unsettled though, make sure you do seek assistance, because it can be really distressing, and speak to your maternal and child health nurse about it.

Finally, ask for help if you need it. Having a new baby can be a really, really anxious time for some parents. Calling a friend or a family member to come over and give you a hand, just to give you a break, even if it's just for a shower, it'll make the world of difference.

Tiffany: Yeah. Thank you so much for your wonderful insight today, Claire. We really appreciate you taking the time out of your busy schedule to chat with us about this really important topic, and to reassure the parents out there that they can get help. There is that support there, and what they can expect once they leave the hospital and get settled into their new home and space with their little one. I really appreciate your time. Thank you again, Claire.



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Claire: (No worries. Thank you so much for having me and good luck everyone out there.

Tiffaney: Thanks so much. For more information on any of the topics covered in today's episode, you can head to www.raisingchildren.net.au or our blog on this episode.