Maternal-Child Health Nursing (pregnant and postpartum women, infants, and children birth to age six)

CIS nurses provide comprehensive, community-based health education, advocacy, risk reduction, and case management activities. Expectant parents receive individualized assistance during pregnancy, preparing for childbirth and becoming a parent. New parents/guardians are supported in understanding the complex social, emotional, physical and economic challenges and changes that occur during these role transitions to becoming a parent, and learn about available community resources and supports. Infant and child health is monitored and supported through a prevention, anticipatory guidance and health promotion lens.

Maternal-Child Health Nursing Services include:

1. Nursing practice is an art and a science, based on knowledge and skills identified in nationals MCH perinatal nursing standards and competencies; the American Academy of Pediatrics Bright Futures Guidelines for Health Supervision (3rd edition); the Nurse-Family Partnership (NFP) curriculum as appropriate, and Vermont specific standards and guidance including:

   A. The VT Assembly of Home Health and Hospice Agencies (VAHHA) MCH goals and outcomes


2. Regions implementing Maternal Early Childhood Sustained Home-visiting (MECSH) evidence-based home visiting model will participate fully in all required trainings, meetings, community of practice and implementation activities, curriculum, tools and data collection as directed by the State. MECSH is an approved evidence-based home visiting model by the U.S. Department of Health and Human Services Maternal and Child Health Bureau and will:
a. adhere to the MECSH “5 Core Elements” which are as follows:
   i. Support mother and child health and wellbeing;
   ii. Supporting mothers to be future oriented and aspirational;
   iii. Supporting Family and Social relationships;
   iv. Additional support in response to need; and
   v. Child development parent education.

b. Collects and records data in order to meet model fidelity and CIS requirements; and

c. Administers the required MECSH parent surveys.

3. Nursing care for pregnant/postpartum parents, infants and children which:

A. Elicits health concerns and questions from the family;

B. Gathers on-going screening/assessment information about personal and medical history related to pregnancy and family health; access to prenatal and dental care; food security; nutrition and infant feeding; weight management and physical activity; substance use; depression; fetal and infant growth; development and attachment; safe sleep; family planning; safe housing; employment, etc.

C. Manages complex clinical, psychosocial, behavioral and environmental situations; advocates for the family and assists with links to community resources; and

D. Co-develops and monitors individual/family goals and outcomes for optimal health and quality of life; provides education and anticipatory guidance focused on fostering wellness and well-being.

4. Nursing support to ensure the child and/or parent has access to health insurance, utilizes their medical and dental home appropriately, and receives recommended and timely care, and;

5. Maintaining linkages with health and other community provider systems to ensure coordinated planning and service delivery for the maternal child health population, including addressing:
A. Barriers to health care access or other community services; and

B. Emerging population risks and/or trends