

# Updated Enhanced Maternal Child Health Guidelines

27 August 2025



Department  
of Health

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# Acknowledgement of Country

We would like to acknowledge the Traditional Owners of the lands and waters on which we live, work and play. We pay respect to and recognise the contributions of elders past and present and extend that to any Aboriginal and/ or Torres Strait Islander people joining us today.

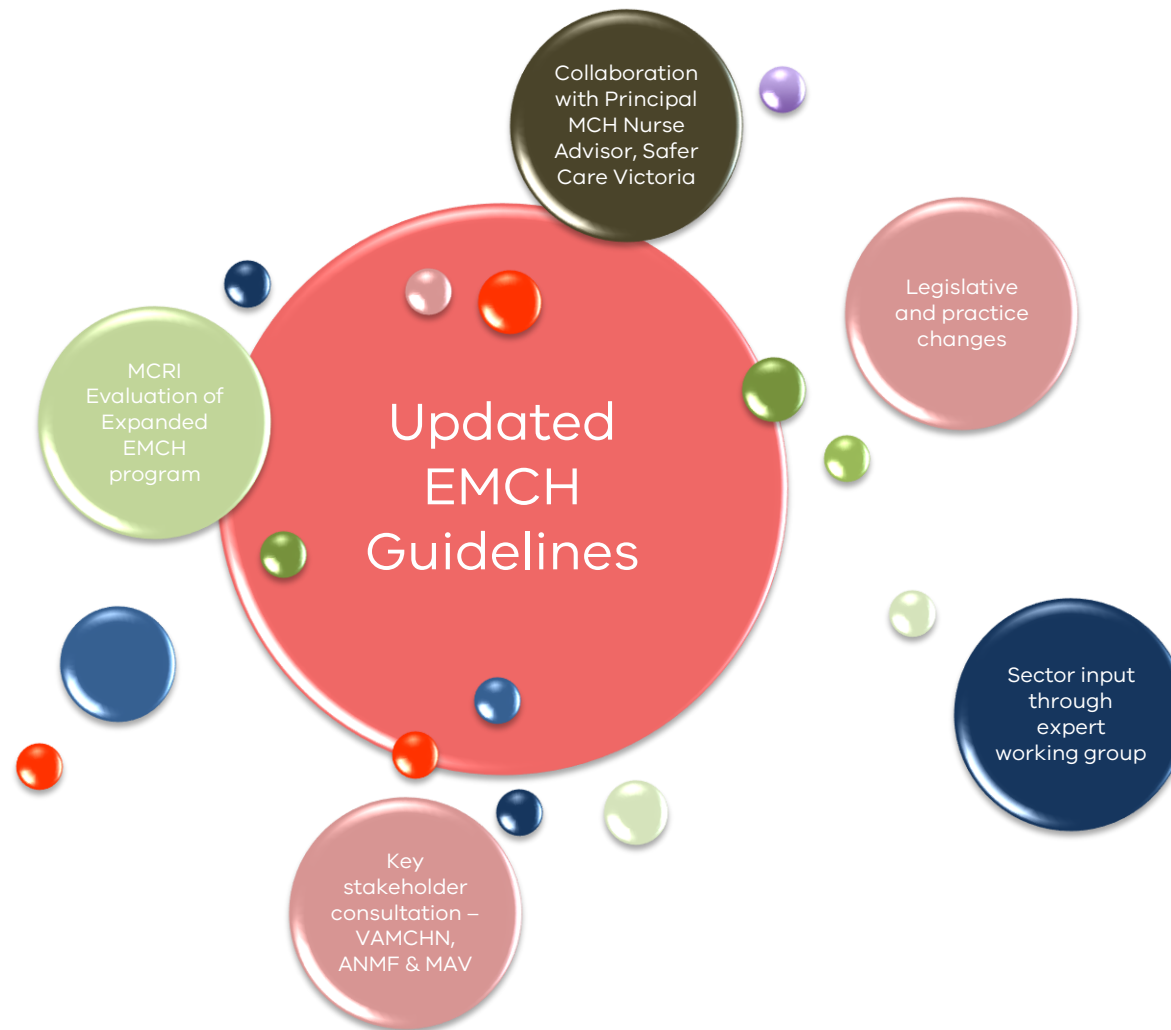


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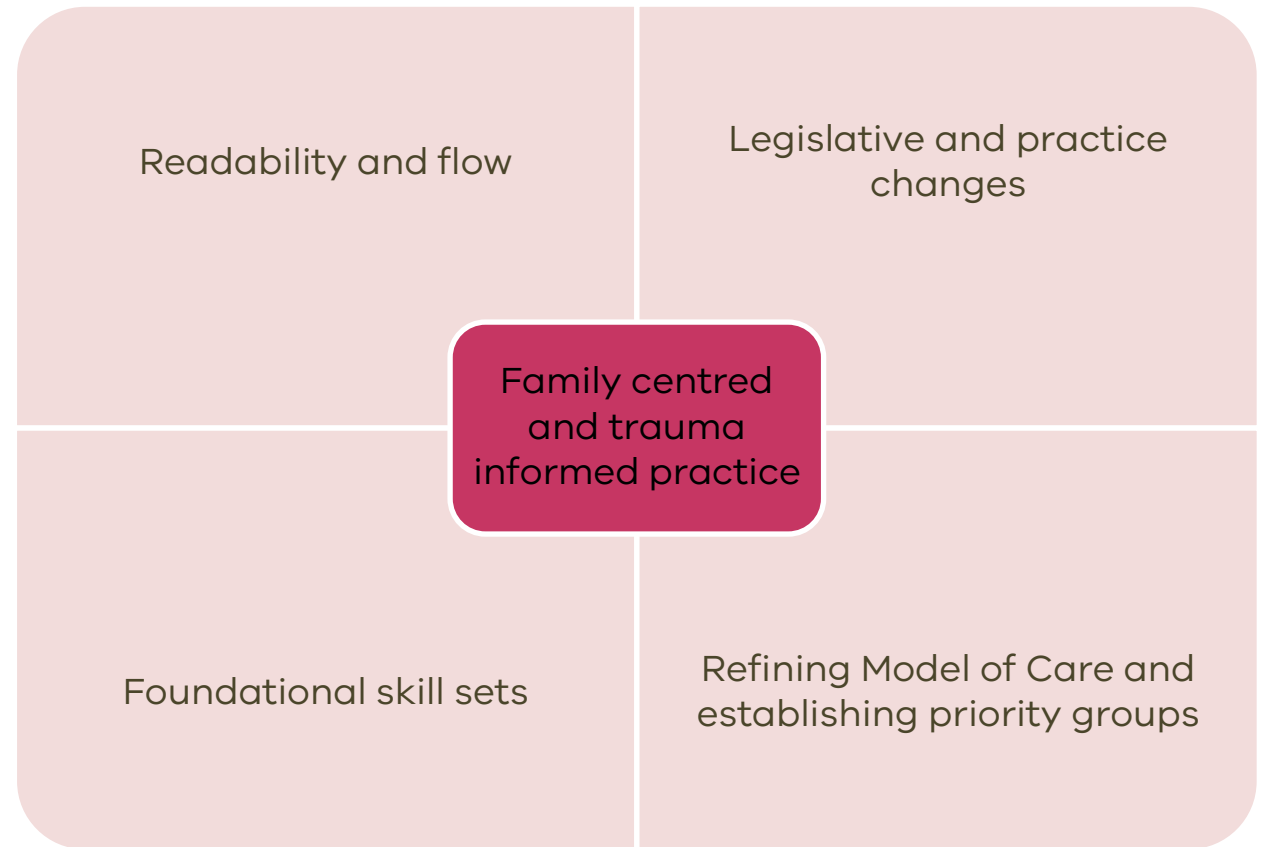
# Development of the updated guidelines



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# Guideline review

## Opportunities to strengthen guidelines

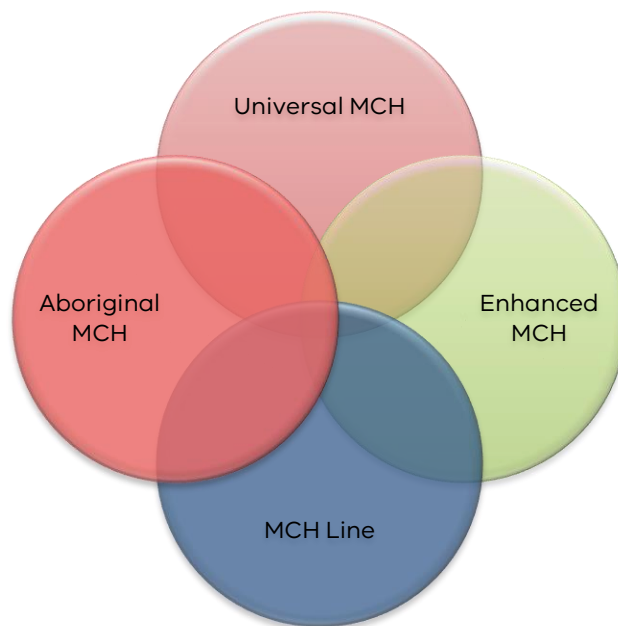


# Guideline structure

## Readability and purpose

- Broad, general program information at beginning of document
- More specific operational and funding guidance towards end of document
- Keeping the audience in mind and aiming to make the document as succinct and user-friendly as possible
- Simplifying language where possible and inclusion of plain-language program description.

## Updated description of service components and inclusion of Aboriginal MCH



## Purpose and overarching principles

**Child-centred, maternal, parent, carer and family-focused**

**Connection with parents as partners**

**Health promoting, early intervention and preventative health activities**

**Equitable, flexible and inclusive**

**Coordinated, collaborative and prioritises partnership**

# Legislative and practice changes

## **MARAM**

- Specific reference to and description of MARAM
- Correct terminology regarding MCH nurse responsibilities
- Consultation with Family Safety Victoria to ensure MARAM principles are embedded in the guidelines

## **CISS/ FVISS**

- Specific reference to and description of information sharing schemes
- Guidance on how the schemes should be used
- Strengthening of guidance around information sharing and collaborative responsibilities
- Incorporation of practice guidance on engaging families

## **ChildLink**

- Specific reference to and description of ChildLink tool
- Instruction for how ChildLink should be used in EMCH

# Establishing priority access

Aboriginal and Torres Strait  
Islander families

Families who need language/  
interpreter support

Children in Out of Home Care

Prioritisation for  
EMCH program

# Prioritisation vs risk

Aboriginal and Torres Strait Islander families

Aboriginal family and kinship systems are recognised as sources of strength, cultural continuity and support, and should not be framed as risk factors.

Emphasising choice for Aboriginal families to engage with Aboriginal MCH, Universal MCH or be prioritised for Enhanced MCH if a more intensive service is needed.

# Refinement of Model of Care

## **Triage process**

Guidance around assessment and intake process including requirement for this to be led by a MCH nurse

## **Guidance around eligibility**

Information about steps to take if family don't meet eligibility

Flexibility around

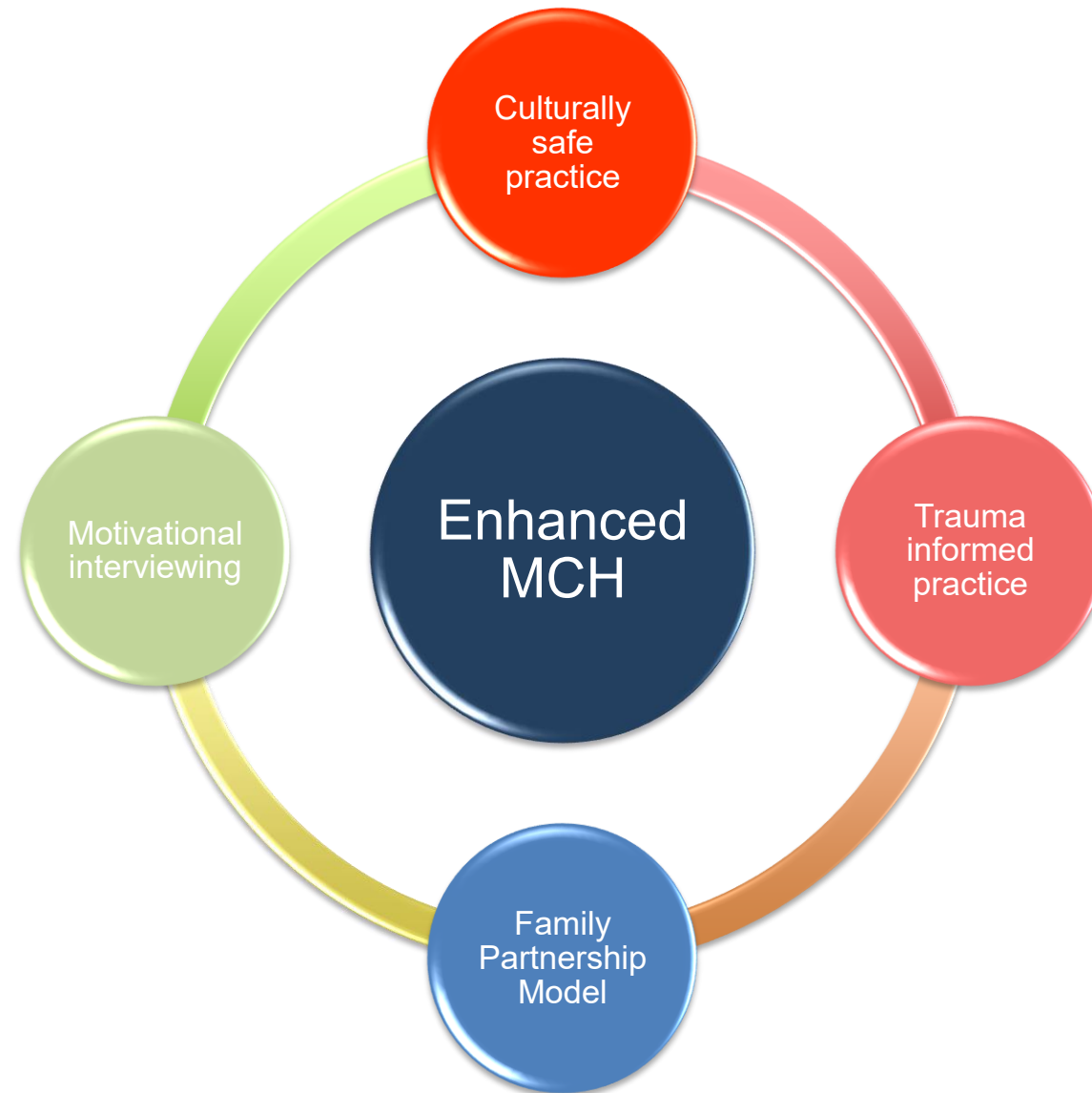
- Hours of service per family
- Age of child

## **Transition of care and active engagement of families**

Strengthened advice around transition of care and incorporation of practice advice about active engagement of families.

Guidance around parent choice to exit the EMCH program

# Foundational skill sets



# Documentation and recording in Enhanced

It's **important** for services to capture Enhanced MCH service delivery

To demonstrate the time and effort you are putting in with your clients

To ensure that future funding reflects that time and effort

To make sure that client information is recorded in the correct histories

To make sure that funding bodies have an accurate picture of the need in your community and the work that you do

# Questions and discussion



# Documentation tips







Ensure all time spent on a client is accurately attributed to that client (lead client) – including face to face, admin and travel time

Make sure 'client not present' time is documented – remember to select 'Enhanced program'

In areas where nurses work across both programs – if you need to do work outside of standard KAS appointments and family meet criteria, refer and accept into Enhanced program

KAS visits must be recorded in the child's history and are funded via Universal funding. If undertaken by Enhanced nurse – record the **time** in Enhanced (lead client) and the details in the KAS.

# When to attribute time?

<b>Face to face time</b>		<b>Phone calls with the client and other professionals</b>		<b>Secondary consult – with colleagues or other services</b>	
<b>Travel time</b>		<b>Care team meetings</b>		<b>Administration time involved with triage and intake</b>	
<b>Time documenting</b>		<b>Administration associated with phone calls, follow up and meetings</b>		<b>Time spent discussing case during clinical supervision</b>	