RACGP | Specific Interests

Maternity musings

Antenatal and postnatal care news

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E: gpsi@racgp.org.au P: 03 8699 0347

Chair and editor: Dr Wendy Burton

In this issue

In case you were wondering . . .

Dr Wendy Burton, Chair
RACGP Specific Interests Antenatal and Postnatal Care

There is so much happening in the maternity space around the nation.

There have been a number of articles in the general press and the medical press about the role of GP obstetricians in particular and shared antenatal care in general.

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) – 'GP obstetricians integral providers of obstetric care in Australia' – the Australian Medical Association (AMA) – 'Obstetricians and GP-obstetricians excluded from maternity care in disturbing trend' – as well as the RACGP – 'Long term care for mothers must be valued by governments and hospitals' – have made statements and/or submissions.

I too have waded into the debate quite a few times. If you are facing changes to your model of care locally, with GPs being excluded from the care team, please push back.

Please use our resources and know that you are not alone in this fight! This is not about GPs working in isolation, nor is it or should it be about midwives versus doctors, although sometimes it feels that way. This is about working together with the team, keeping GPs involved in the mix and recognising the importance of the generalist skills we bring, whether in a rural or urban setting.

Finally, you may have noticed a change in the name of the newsletter. This is to save confusion, as I also write a newsletter in Brisbane called 'Ahead of the Curve'.

Antenatal and postnatal shared care ALM on *gplearning*

Those of you who are looking to update your knowledge will be pleased to know that the ALM is back on *gplearning* and is accredited for 40 Category 1 QI&CPD points at no charge.

Allergies

The Australasian Society of Clinical Immunology and Allergy (ASCIA) has updated its allergy prevention guidelines for the introduction of solids to prevent allergies.

I did a piece for *newsGP,* 'GPs report worried patients giving infants peanuts or eggs in hospital car parks', which got taken up a little too enthusiastically by the mainstream media. *The New Daily* produced one of the more balanced articles – 'Parents told to give babies peanuts and eggs at home, not at hospital car parks'.

I do recommend that we start these conversations with parents at the four or six-month immunisations, so that they are aware of the recommendations and allay any fears or concerns up front.

raisingchildren.net.au has a number of good resources.

'ASCIA have updated its allergy prevention guidelines for the introduction of solids to prevent allergies.'

National Strategic Approach to Maternity Services Advisory Group

Dr John Hall, incoming president of Rural Doctors Association of Australia (RDAA), and I sit on the National Strategic Approach to Maternity Services (NSAMS) Advisory Group (AG) which met for the third time in Canberra on 18 January 2019.

A number of you attended the NSAMS national consultation workshops last year. These consultations have resulted in the development of a strategic directions document that will be used by the Project Reference Group (PRG) to determine what, if anything, to take to the Health Minister. The PRG plans to present this report to the minister in May. However, as this coincides with the federal election in the same month there may be a delay. We also hope this work does not get lost with the possibility of a new minister.

The AG is basically divided into two schools of thought:

1. those who believe the document is too medicalised and should give more emphasis to the importance of midwifery-led, continuity of care models, including publicly funded home births
2. those who advocate for increased recognition of the role of the medical team in maternity care, the importance of safety and of continuity in all models of care, be they midwifery, GP, GP obstetrician or obstetrician.

Dr Hall argued for rural services and the maintenance of skills and teamwork. I argued for the inclusion of general GPs into the model of care that patients receive. I have also advocated for the importance of a change in culture, following alarming reports of harm to consumers and clinicians through lateral and vertical violence in many dysfunctional workplaces. This is specifically mentioned in the document as is a national electronic record.

I will keep you informed of the progress of the PRG report when I know more.

Digital Pregnancy Health Record

I am currently working as a clinical lead in the National Children's Digital Health Collaborative, mostly focusing on the Digital Pregnancy Health Record (dPHR), but also providing some input into the Child Digital Health Record project. I was also a clinical advisor to the Mater Shared Electronic Health Record, which successfully launched in July 2012.

The dPHR is a new initiative and Mater Mothers Brisbane Hospital is one of the pilot sites for this proof of concept with another (Queensland Health) pilot site outside of the south-east corner to be decided shortly. The project is funded through the Australian Digital Health Agency (ADHA) and if successful, will eventually integrate with My Health Record.

My clear focused clinical view is:

- if it doesn't work for clinicians, it doesn't work
- if it doesn't work for consumers. It doesn't work
- it has to work simply and it simply has to work
- it can't take more time (although I'll concede that perhaps it will take more time while we are getting used to a new system).

I am interested in your feedback.

What matters to you?

- As we design this, what can we build that would be useful?
- What could we build that would be a barrier to clinicians using it?
- What are your privacy concerns?
- What are your security concerns?

I have been listening to the My Health Record (MHR) discussion and imagine they are much the same, but are there specific concerns for the dPHR?

We are aware of domestic violence and mental health issues and concerns. We know that we have to consider patients who are teenagers, who have a disability, are Aboriginal and Torres Strait Islander, from culturally and linguistically diverse (CALD) communities, lesbian, gay, bisexual, transgender, queer, intersex and asexual (LGBTQIA) and from other vulnerable communities.

We know we need to engage clinicians and to be mindful of their workflows. We know we need to engage consumers and ensure that what we build meets their needs. We know it will have to work with the various existing and emerging IT systems, both in the private and public sectors.

I encourage you to start thinking about this and prepare to give your opinion. I will be putting together some short surveys, once we have a better idea of what this will look like. In the meantime if you have an opinion you are keen to share please let me know on *shareGP*.

Maternity-Matters

I have continued to work on my Maternity-Matters website (I'm not selling anything, not collecting emails and taking direct feedback!).

The following are a few of the available resources:

Which scan? And how is it funded?

Most of you will be familiar with 'risk of fetal abnormality' as an indication for Medicare funding towards the cost of a nuchal translucency scan (NTS).

I have put together resources for clinicians including some short video clips on:

- Early pregnancy scans
- Nuchal translucency scans – Medicare rebate explained
- Nuchal translucency scans in the era of non-invasive prenatal tests.

Tongue-tie

I have some information for consumers and for clinicians around the under and over diagnosis of tongue-tie.

I know I am not the only GP who feels confused when I hear talk of lip, buccal and posterior tongue-tie and hope to make this a little clearer.

The most important, take home message is the same message for every presentation – listen first, then look, that is – take a good history and then do an examination.

If you don't have the time or the skills, there are options available to upskill yourself or to get assistance for those in your care, including online, telehealth and direct referrals. As always, it helps to know your local resources and pathways, including those to whom you would **not** refer. This is such an important topic, I suggest we start these conversations **before** birth.

Recommended reading

I encourage you to access the 'recommended reading' document on the 'for clinicians' page. It lists my blogs and recommended websites and there is room for you to add your favourite sites. I am using it to direct patients to important topics/conversations – I give them 'homework'!

If you find any of the resources useful, you can use and adapt for your own practice in line with the creative commons license.

Those of you who work in GP liaison officer (GPLO) roles, feel free to adapt for your service. Please provide feedback through *shareGP* or through the RACGP Specific Interests email if there are websites I've overlooked from a consumer or clinician perspective (that have a combination of good, evidence-based information and are well written), topics you would like to see covered, experts you think I should interview, or corrections to be made.

shareGP

RACGP Specific Interests Antenatal and Postnatal Care has its own *shareGP* group.

Please visit and follow the group for antenatal and postnatal resources and to collaborate and connect with your colleagues. Use your RACGP username and password to log in to *shareGP*. If you do not know your username or password, contact a friendly RACGP membership services team member on 1800 472 247.