General Practitioners in Maternity Care

2021

Introduction

1. With almost 85 per cent of Australian women[1] having children during their lives, the care that is required before, during and after pregnancy is one of the most common reasons women and their families encounter the health system in Australia.

2. The period from pre-conception until 12 months after birth may be the most important influence on the lifelong health of a child.[2] For this reason, the health and wellbeing of women at the time of conception is fundamental to their health during pregnancy, as well as to the health of the newborn, and influences child health outcomes strongly.[3]

3. As the age of women becoming pregnant increases, and lifestyle diseases and risk factors increase, an increasing number of women have general health issues that need to be addressed before, during and after a pregnancy, to optimise the health and wellbeing of their children.

4. Evidence shows that lack of continuity of care in the postnatal period is associated with adverse outcomes for the mother and baby; for example there is an increased risk of readmission of neonates to hospital, a higher incidence of breastfeeding problems, and perhaps most importantly lack of recognition of postnatal depression and other mood problems.[4]

5. Optimal maternity care is provided by a multi-disciplinary team of health professionals led by an obstetrician or GP-obstetrician in partnership with a patient's usual GP, and includes midwives, nurses, physicians, allied health professionals and Aboriginal health workers. Only an obstetrically trained doctor[5] can provide maternity care for the entirety of pregnancy.

General Practice and maternity care

6. General Practitioners have the most comprehensive training of all maternity care providers when addressing whole person health needs. GPs provide almost all pre-conception care, maternity care – for most women – until about 20 weeks, and almost all postnatal care.

7. The GP-led patient centred medical home is a model of care that provides for patients physical and mental health needs by providing comprehensive, team-based, coordinated and accessible services. There is high-level evidence that this model delivers improved levels of health care outcomes, continuity of care, and patient satisfaction.[6] High-quality continuity of care has a strong impact in promoting the best outcomes for mothers and babies,[7] and results in fewer errors.[8] Fragmentation of care is associated with increased costs, higher rates of preventable

[1] Throughout this document we refer to women, however we acknowledge that the content is also relevant for transgender men and people who identify as non-binary.
[2] Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Maternity Care in Australia. 1st edition. 2012. Available from: https://ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/About/Maternity-Care-in-Australia-Web.pdf.
[3] Dean SV, Lassi ZS, Imam AM, Bhutta ZA. Preconception care: closing the gap in the continuum of care to accelerate improvements in maternal, newborn and child health. Reprod Health. 2014 Sep 26;11 Suppl 3:S1. doi: 10.1186/1742-4755-11-S3-S1.
[4] Fogel N. The inadequacies in postnatal health care. Current Medicine Research and Practice 2017; 7(1): 16-17.
[5] Specialist obstetrician, GP obstetrician, or rural generalist with accredited skills in obstetrics.
[6] See page 21 of Delivering better care for patients: The AMA 10-year framework for primary care reform.
[7] D'haenens F, Rompaey B V, Swinnen E, Dilles T, Beeckman K. The effects of continuity of care on the health of mother and child in the postnatal period: a systematic review. Eur J Public Health. 2020 Aug 1;30(4):749-760. doi: 10.1093/eurpub/ckz082; Kikuchi K, Okawa S, Zamawe CO, et al. Effectiveness of Continuum of Care-Linking Pre-Pregnancy Care and Pregnancy Care to Improve Neonatal and Perinatal Mortality: A Systematic Review and Meta-Analysis. PLoS One. 2016 Oct 27;11(10):e0164965. doi: 10.1371/journal.pone.0164965.
[8] Kroll-Desrosiers AR, Crawford SL, Moore Simas TA, et al. Improving Pregnancy Outcomes through Maternity Care Coordination: A Systematic Review. Womens Health Issues. 2016 Jan-Feb;26(1):87-99. doi: 10.1016/j.whi.2015.10.003.

hospitalisations, and a departure from clinical best practice.[9] As such, the GP-led patient centred medical home is an ideal setting for the provision of all out of hospital maternity care.

8. The provision of safe and accessible maternity care is essential for the health and wellbeing of Australians. The primary objective of all maternity services should be healthy mothers and babies.

9. General Practitioners are trained and ideally placed to provide antenatal maternity care for most women and GP-led models of antepartum care are safe for women with low complexity pregnancies.[10] Care provided by General Practitioners is associated with a high level of satisfaction for patients.[11]

Continuous and Comprehensive maternity care by GPs

10. A woman's usual GP provides the most comprehensive continuity of care. GPs provide pre-conception healthcare, first trimester maternity care and postnatal care to the woman and child. Many GPs also provide second and third trimester care, often in shared maternity care arrangements with hospitals and other maternity care providers.

11. As chronic health conditions and risks become more prevalent in pregnant women, the role and effect of a woman's GP in the provision of non-maternity health care during pre-pregnancy, pregnancy and post-pregnancy is increasingly important. GPs provide the only model of whole person care with a life-cycle view of the pregnancy.

12. Strengthening and supporting the role and ability of GPs to be involved in the entire continuum of maternity care:

    - increases the ability of women to have accessible, continuous whole person care;[12]
    - increases the ability for women to be cared for in their community; and
    - improves equity for women who are marginalised and/or live in rural and regional areas and for Aboriginal and Torres Strait Islander women and women from culturally and linguistically diverse backgrounds.

AMA Position

13. Women should be encouraged and supported to consult with their GP for pre- and peri-conception care.

14. Maternity service models of care must include meaningful and ongoing input from general practice.

15. GPs should be supported, both at a policy level by government policy and at a practical level by maternity services, in providing antenatal (and intrapartum, with appropriate back up) care to their patients of low and normal risk who request their GP to be their main care giver.

16. GP obstetricians, who have more specialised training and expertise in antenatal care and/or intrapartum care, are well placed and should be supported in undertaking antenatal care for higher risk women and undertake intra-partum care in maternity hospitals with birthing units.

[9] Frandsen B, et al, Care fragmentation, quality, and costs among chronically ill patients, Am J Manag Care. 2015: 21(5):355-362.
[10] Lowe S W, House W, Garrett T. Comparison of outcome of low-risk labour in an isolated general practice maternity unit and specialist maternity hospital. The Journal of the Royal College of General Practitioners 1987;37(304): 484-487.
[11] Australian Institute of Health and Welfare. Patient experience of health care. In: Australia's Health 2020. Available from: https://www.aihw.gov.au/reports/australias-health/patient-experience-of-health-care.
[12] Arabin B, Baschat AA. Pregnancy: An Underutilized Window of Opportunity to Improve Long-term Maternal and Infant Health—An Appeal for Continuous Family Care and Interdisciplinary Communication. Front. Pediatr., 13 April 2017. https://doi.org/10.3389/fped.2017.00069.

17. All women must have care led by a doctor with obstetric training. A woman's usual GP is an integral part of the care team. To maximise the health of mother, child and family, all maternity models of care must include a mother's general practitioner as a core member of the collaborative group providing the service.

18. Maternity services must encourage and assist women and their families to have a usual general practice to address their postnatal and ongoing health care for them, their child and family.

19. GP obstetricians providing care in public hospitals should have industrial certainty of jurisdictionally provided indemnity insurance.

20. National and service maternity indicators should include indicators and targets to measure and support the role of GPs in antepartum, partum and postnatal care.

21. Government policy must include increased support, training and skills maintenance for GP obstetricians and rural generalists with accredited advanced obstetrics skills should be a priority.

22. The trend of excluding medical practitioners (GPs, GP obstetricians, and obstetricians) from models of maternity care must be immediately reversed. The trend of reducing comprehensive maternity services in parts of rural Australia must be immediately reversed.[13]

23. The closure of rural maternity services not only reduces access to safe and effective maternity care for the almost 30 per cent of Australian women who live outside of major cities, but also undermines skills of GP obstetricians and rural generalists, nurses and midwives.

24. More than 30 per cent of women in Australia have their babies by lower section caesarean section; many women have other treatment or interventions intra-partum and maternity care has an inherent associated unpredictability. As such, all maternity services need to be supported to provide an ability to undertake an emergency caesarean section, assisted delivery, regional and general anaesthesia, and maternal and neonatal resuscitation.

25. Research in GP-led models of maternity care need to be supported by government and research funders.

26. Funding for GP care should recognise the amount of work and value GPs provide in caring for the maternity and non-maternity related needs of women and their babies.

See also:

AMA Position Statement: Maternal Decision Making 2013
AMA Position Statement: General Practice and Primary Care 2016
AMA Position Statement: Women's Health 2014
AMA Position Statement: A plan for better health care for regional, rural, and remote Australia 2016
AMA Position Statement: Fetal Alcohol Spectrum Disorder (FASD) 2016

[13] The gradual exclusion of experienced GP obstetricians from rural and regional public hospitals in certain states reduces the choice of women in these areas and fragments their care. Denying women the right to be cared for by the GP obstetrician who delivered her previous babies simply because the local hospital no longer supports this model of care is forcing rural women to experience a level of care which would not be denied an urban mother.