

Maternity moments – Postpartum care

Dr Wendy Burton



- Today's webinar will be recorded and will be made available on the RACGP Events webpage in the next week.
- Please use the Q&A box for any questions you may have. The chat function has been disabled.
- Your CPD – Educational Activity (EA) half hour will be uploaded within the next 14 days.



Dr Wendy Burton

Chair, RACGP Specific Interests Antenatal and Postnatal Care

Dr Wendy Burton, MBBS, FRACGP (Hon), has a passion for the care of mums and bubs but is a true generalist, with a practice that provides multigenerational preconception to post-cremation care.

Maternity moments webinar series

Postpartum

Dr Wendy Burton

Antenatal care in general practice

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Acknowledgement of Country

I would like to acknowledge the traditional owners of the lands from where each of us are joining this webinar today.

I wish to pay my respects to their Elders past, present and emerging.



Let me also say...

Thank you to the multidisciplinary teams from Mater Mothers Hospital, Brisbane
Thank you for the thousands upon thousands of excellent questions from GPs over the years
Thank you to GPDU and the GPs at Emerald who road tested some of my documents

This presentation is not perfect. It's my attempt to provide some practical tips, tricks and tools which I hope will be useful. If they are, please modify for the population you serve and share them generously with others

There are QR codes on some slides

I suggest you screenshot/take a photo so you can find the link later (or wait until the PowerPoint is available online)

They link to websites relevant to the topic at hand and may also link to a (noncommercial) website I have, with links to multiple other sites (mostly Australian government, NFP and NGO)

Postpartum



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Dr Jessica Santos
MBBS DCH FRACGP



Dr Jessica Santos is:

a GP providing holistic care to patients of all ages and backgrounds in her clinical role at **Dorrigo** Health and Wellbeing. She has a **special interest** in supporting women during their **pregnancy, transition to motherhood and beyond, to care for their babies, children and families**, and is an accredited provider of Neuroprotective Developmental Care, a **‘Possums’ practitioner** - managing breastfeeding difficulties, infant sleep and cry-fuss problems and maternal mental health

Deputy Chair of the Healthy North Coast Primary Health Network Clinical Advisory Council and involved in educating GP Registrars as a **Local Medical Educator with RACGP** New England North West

currently undertaking the **RACGP Future Leaders Program** and working towards her goal of ensuring all General Practitioners have adequate baseline knowledge around breastfeeding, normal infant behaviours and sleep as well as maternal health in the postnatal period



Dr Maggie Robin is:
a rural generalist GP Obstetrician in
southeast Queensland
working across both urban general
practice in Brisbane and hospital-based maternity
care, including intrapartum care, at Beaudesert
Hospital
helping to create and deliver the GP
shared care education program at Mater Mothers
Hospital

Dr Maggie Robin
BSc MBBS (Hons) FRACGP
DCH (UK) DRANZCOG (Adv)
MPHTHM



*Let's start at the very
beginning*



(a very good place to start)

General practice offers a **continuity of care** model whereby
care and **conversations** can be spread over **decades**
and **generations**

Postpartum/Neonatal examinations

- History
- Examination
- +/- Investigation/s
- +/- Referral/s



Ask (history)



Look (colour e.g., jaundice, cyanosis; red reflex; respiratory distress; general appearance; spine; genitals, anus; tongue, mouth; count fingers and toes etc)



Listen (heart, chest)



Feel (tone, abdomen, pulses)



Move (hips, neck, reflexes)



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Healthy Profession.
Healthy Australia.

Queensland Health

Personal Health *Record*



Questions for parents

Promptly after your baby's birth, answer the following.

Circle your answers

Hearing profile			
Has your baby had a hearing screen (see P21)?	Yes	No	Unsure
If yes, was your baby referred for a further hearing test by an audiologist?	Yes	No	Unsure
Did any of baby's parents, brothers or sisters have permanent hearing loss before they were three years old?	Yes	No	Unsure
Did any of baby's parents, brothers or sisters have middle ear infections, and/or associated hearing loss?	Yes	No	Unsure
Did your baby have severe problems with breathing (asphyxia) or convulsions when he/she was born?	Yes	No	Unsure
Did you have any infections, such as rubella, toxoplasmosis, CMV, herpes or syphilis during pregnancy?	Yes	No	Unsure
Has your baby had meningitis?	Yes	No	Unsure
Was your baby ventilated for more than five days?	Yes	No	Unsure
Does your baby have a cleft palate or other problem of his/her face or head?	Yes	No	Unsure
Has your baby been diagnosed with a syndrome, e.g. Down Syndrome?	Yes	No	Unsure
Was your baby treated for severe jaundice while in hospital?	Yes	No	Unsure
Vision profile			
Have any of your baby's close relatives had a turned eye or lazy eye?	Yes	No	Unsure
Did anyone in your family have problems with vision when they were children?	Yes	No	Unsure
Was your baby born before 37 weeks?	Yes	No	Unsure
Did you have any infections during pregnancy?	Yes	No	Unsure
Other			
Did baby's mother have a diabetic condition during pregnancy? (If yes – discuss regular screening for mother)	Yes	No	Unsure
Do you have any questions about your baby's immunisation?	Yes	No	Unsure
Do you feel you and your partner are coping with the adjustment to parenthood?	Yes	No	Unsure
If you circled any of the shaded answers, it is important to discuss these with your health professional.			

Recommendations to GP

Thank you for your ongoing care of this patient. Can you kindly review her at 7-10 days and at 6 weeks for the following;

1. Please review her perineum to check that she is healing well
2. Please perform a well woman check and discuss contraception
3. Please recheck her Hb
3. Please check that the uterus is involuted and breast feeding is progressing well
4. Please perform a neonatal check at 5-10 days and at 6 weeks and discuss immunisation
5. Please perform a Cervical Screening Test if required

Please also check her Platelet count. it was low during admission and we are uncertain whether it was gestational thrombocytopenia or non-gestational thrombocytopenia. Please review it and if it is still low, please refer her to Haematology outpatient for investigations and review.

Kind Regards,
O&G Team RBWH

ppe 1

Presents for post natal review

Birth discussed

Breast feeding established and going well

Pertussis vaccination UTD Covid, Flu vaccination discussed

Bladder working well

No problems with the bowels

Abdominal examination shows involuting uterus

Blood loss easing

Brief conversation about contraception

Looking and feeling tired but well



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nne

Presents for Neonatal Examination
Has had Vit K, Hep B, heel prick and hearing test
Fontanelles and sutures normal
Ears normal, no tags
Eyes normal, red reflex present
Mouth normal, no cleft palate, no tongue tie
No torticollis
HS x 2 no murmur
Chest clear
Abdomen normal to palpation
Cord dry, umbilicus looks normal
Genitals normal
Femoral pulses present and normal
Hips normal
Hands and feet and limbs normal in tone and appearance
Reflexes (Startle and stepping) normal
No parental concerns
Anus normal. Passed meconium within 24 hours
Spine appears normal



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ppe2

Presents for 6-week post partum examination

Abdominal examination shows involuted uterus

Bladder, bowels working well, no incontinence noted

No problems with calves

No constipation

Contraceptive options discussed

EPDS completed

CST UTD



6/52imm

Presents for 6/52 check and immunisations

No parental concerns re vision or hearing

Hips normal

Skin normal

Corneal light reflex, red reflex normal

Tongue, palate look normal

Genitals normal

Femoral pulses normal. HS x 2 No murmurs

Developmentally appropriate

Guidelines - my local maternity hospital



GP Maternity Shared Care Guideline

April 2023





Enough to make it worthwhile
people coming to see us*

Where to look

Who to ask

When to refer

AFTER BABY ARRIVES

Family matters

A child is born and a family is created or forever changed. All the information you gathered during your pregnancy as you planned for the birth is no longer needed as you focus on the next part of your journey. Don't panic. Billions have done this before and there is lots of assistance available. Your family, friends, neighbours and healthcare team are here to help; together we can work our way through the maze!

Links to specific information in the form of leaflets, brochures or videos I have placed below.

Websites with broad information I have on the right.

[RANZCOG: Information on the first few weeks following birth](#)

[Returning to sport or exercise after birth](#)

[Introducing solids](#) (Raising Children Network)

[How to introduce solid foods to babies for allergy prevention](#) (from 4-6 months of age)

[Baby mealtimes](#) (Commercial website, some free content)

[Solid Starts](#) (USA site, some free, some paid content)

[Speech milestones](#)

[ASD Detect](#) (parent app when there are concerns a child may be on the autistic spectrum)

Good information is available from sites such as [raising children](#), [pregnancy, birth & baby](#), [parentline](#), [possums](#), [RCH](#) (Melbourne) [SCH](#) (Sydney) and [Triple P](#) (yes, their programs start from birth!)

[Safe sleeping](#)

[Making up a cot](#)

[More than one baby?](#)

[COPE](#) is doing terrific work talking about the emotional aspects of transitioning to parenting.

[Mum Mood Booster](#) is designed to



***Don't forget to ask
(mums and partners)
R u ok?
R u safe?***

Dr Pamela Douglas:
Some of our struggles are
“because we...simply
hadn't imagined that it
would be quite this
incredibly hard”.
She reminds us “we only
have to be good enough as
parents, that's all”



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Cope: The Truth



Jan 1, 2020

When the bough breaks

For when life with baby is incredibly hard



Healthy Profession.
Healthy Australia.

Introducing Dr Jessica Santos

PS, thank you for watching

I hope this series was helpful

Breastfeeding for GPs

DR JESSICA SANTOS

MBBS DCH FRACGP

RURAL GP WITH SPECIAL INTEREST IN MATERNAL AND INFANT HEALTH

Why should you know this?

Breastfeeding
is beneficial

Breastfeeding
rates can be
improved

Women
expect GPs
know this

Normal breastfeeding

Supply and Demand

- Hormonally driven → demand driven. Higher demand → increases supply
- Normal feeds: 8-12+ per day. Babies become more efficient and consolidate feeds as they get older

What does good milk transfer look like?

- Breastfeeding reflexes, the intra oral vacuum and positional stability
- Swallows evident, baby satisfied

How much milk is enough?

- Clinical assessment: 3 Ws
 - Weight gain?
 - Wet nappies (>5/day from day 5)?
 - What does the baby look like?
- Requirements gradually increase for first 4 weeks – then relatively stable from 1/12 – 6/12 (unlike formula!)

Breastfeeding Emergencies - Pain

Fit and Hold/Attachment	Engorgement	Blocked duct +/- mastitis	Thrush	Vasospasm
<ul style="list-style-type: none">• Sharp, dull, pulling, pinching or stabbing pain with feeds• Fussy baby, nipple shaping. Nipple trauma or breast tissue drag causes pain• Rx: Treat nipple damage (hydrogel, lanolin, rest and express if needed). Assess milk transfer and adjust positioning if confident. Consider tongue tie. Refer early	<ul style="list-style-type: none">• Heavy, dull, tight or throbbing pain, worse with full breast• Warm, stretched shiny skin, firm areola +/- low grade fever. Usually with milk coming in day 2-5• Rx: Optimise milk transfer. Reverse pressure softening PRN to help latch. Cool/cabbage compress, pump for comfort	<ul style="list-style-type: none">• Localised painful area, lump or wedge, may worsen with letdown• Tender, hot, swollen +/- milk bleb• Mastitis: systemic illness, fevers• Rx: frequent feeds/pump, rest, fluids, heat/cool, analgesia. Antibiotics if mastitis >12 hrs or severe. Assess for abscess. Consider malignancy, esp recurrent	<ul style="list-style-type: none">• Shooting, stabbing, burning or aching pain usually after or between feeds• +/- pink nipples, dry flaky areola, or slow healing nipple• Rx: Miconazole gel for baby. Miconazole gel, nystatin cream or fluconazole tablet for mum. Consider treating tinea in other family	<ul style="list-style-type: none">• Shooting, stabbing pain• White/blue/red nipple before or after feeds/on exposure• Rx: Avoid cold, cover nipple, apply dry heat, avoid caffeine and smoking. Consider magnesium, fish oil or nifedipine

Also consider: inappropriate pump use (size, suction), hormonal sensitivity, dermatological conditions, anatomical variant with infant

Breastfeeding Emergencies – Unsettled Infant with Feeding

Fit and hold/Attachment Issues

- Baby becomes distressed when brought to breast
- ‘Conditioned dialling up’ can occur with recurrent difficult, uncomfortable or stressful feeds
- **Rx:** Assess a feed, optimise positioning. Relaxed feeds, frequent contact with breast without pressure to feed. Skin to skin. Refer to IBCLC/other early

Cow's Milk Allergy

- Significant feeding difficulties, frequent vomiting, mucous, blood in stools with **poor weight gain** +/- pallor or eczema
- Can be IgE (obvious) or non-IgE. Prevalance >2%, usually outgrown by age 3-5
- **Rx:** Complete dairy exclusion by breastfeeding mother minimum 2/52. If no improvement within 2/52 also exclude soy. Consider paediatrician or paediatric immunologist referral.

Low supply*

- **Poor weight gain**, inadequate wet nappies, unwell infant not settled after feeds
- Consider causes: downregulated supply (ineffective breastfeeding, sleepy baby, spacing feeds), maternal illness, insufficient glandular tissue
- **Rx:** feed and hydrate baby (supplement EBM/formula). Optimise fit and hold. Increase demand (>8 feeds/pump in 24h). Rest, fluids, skin to skin. Consider domperidone 10mg TDS 2-4 weeks. Support maternal health. Refer

Functional lactose overload*

- Bloating, windy baby with green frothy stools +/- perianal excoriation and **high weight gain**. Associated with generous supply
- Amount of lactose ingested > amount baby can digest. Early in feed high levels of lactose, later in feed higher levels of fat (slows transit)
- **Rx:** Educate and empower women to manage feeds. Offer one breast for a set period of time ‘block feeding’. Beware downregulation

Always check growth!

*Frequently overdiagnosed

Breastfeeding Emergencies – Maternal Health

Comorbid physical conditions

- Previous or current maternal illness or surgery can impact on breastfeeding
- Consider antenatally if relevant. Assess maternal breastfeeding goals, facilitate where possible

Medications

- Many medications are safe in breastfeeding
- Resources are available - see later slide – use them

Mental health

- Feeding problems can be associated with poor mental health or can exacerbate pre-existing mental health conditions
- Screen patients regularly with EPDS, consider referral to perinatal psychologist

Where to look?

Practitioner resources:

HealthPathways: <https://www.healthpathwayscommunity.org/Home/Access-to-HealthPathways>

- Contact relevant regional team for access

The Royal Women's Hospital Victoria Guidelines (health practitioners): www.thewomens.org.au/health-professionals/clinical-resources/clinical-guidelines-gps

- Guidelines covering breast and nipple thrush, breastfeeding the healthy term baby, management of low breast milk supply, mastitis and breast abscess, nipple and breast pain in lactation and nipple eczema dermatitis.

Patient information: (useful to review with patient, contain excellent non pharmacological strategies)

Australian Breastfeeding Association Resources (consumers): <https://www.breastfeeding.asn.au/resources>

Kellymom: <https://kellymom.com/category/bf/>

The Royal Women's Hospital Victoria Patient Handouts for Breastfeeding Problems:
<https://www.thewomens.org.au/health-information/breastfeeding/breastfeeding-problems/>

Who to ask?

Familiarise yourself with your local options

- Child and Family Health Nurse/Public Lactation Consultant
- Private lactation consultant 'IBCLC'
 - 'Find a lactation consultant' LCA NZ <https://www.lcanz.org/find-a-lactation-consultant/>
- GP/IBCLC
 - May be listed here: <https://www.breastfeedingmed.com.au/find-a-doctor>
- 'Possums' Consult – Provider of Neuroprotective Developmental Care
 - Managing feeding issues, infant sleep and cry-fuss problems and maternal health care.
 - Find a practitioner: <https://possumsonline.com/ndc-practitioners>
- GP, Paediatrician or allied health with special interest
- Inpatient overnight or day stay program
 - Tresillian, Karitane or Similar

For patients:

- ABA hotline 24 hours per day: 1800 mum2mum 1800 686 268
- Pregnancy Birth and Baby (7am-midnight): 1800 882 436

Medications in Breastfeeding

LactMed database: <https://www.ncbi.nlm.nih.gov/books/NBK501922/>

- A database that reviews evidence for medications in breastfeeding.

Phone numbers*

National:

1300 MEDICINE: 1300633424

- **NSW:** Mothersafe Royal Hospital for Women, Randwick 1800 647 848
- **SA:** Medicines information centre Womens and Childrens Hospital 08 8161 7222
- **VIC:** Royal Women's Hospital Medicines Information Centre 038345 3190 or Monash Medical Centre Medicines Information Centre 03 9594 2361
- **WA:** Women's & Newborn Health Services King Edward Memorial Hospital 08 6458 2723
- **QLD, ACT, NT, TAS:** 1300 Medicine

* from ABA website: <https://www.breastfeeding.asn.au/resources/breastfeeding-and-medications>

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