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Review of the Antenatal Care Guidelines  
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Dear Ms Diplock,

**Re: Antenatal Care Guidelines Review Public Consultation Draft for comment**

Thank you for the opportunity to respond to the Antenatal Care Guidelines Review (ACGR).

General practice provides person centred, continuing, comprehensive and coordinated whole-person healthcare to individuals and families in their communities. General practice provides care for mothers before, during and after their pregnancies.

The ACGR appears to concentrate on the role of midwives and the hospital. Given the importance of care continuity, and the provision of comprehensive, whole person care, there needs to be a greater focus on the role of the GP in models of care.

Considering the important role GPs play in antenatal care, it is a significant remiss that there is no representation on the advisory group, an issue that we have previously raised.

Some specific comments have been provided for your consideration, relating to: Section 1: Antenatal care for Aboriginal and Torres Strait Islander women; Section 3: Clinical assessments; and Section 4: Maternal health screening.

**Section 1: Optimising antenatal care - Antenatal care for Aboriginal and Torres Strait Islander women**

The addition of this section is welcome. The Review identified that in the Aboriginal antenatal healthcare settings turnover of midwives and Aboriginal health workers is high. Therefore, greater consideration on the role GPs play in providing care continuity would have been important here.

**Section 3: Clinical assessments**  
**Measuring height and weight and calculating BMI**

**Consensus-based recommendations**

- I. If women are underweight or overweight, record and discuss their weight at every antenatal visit.
- II. Although there is insufficient evidence to recommend routine weighing based on its effects on pregnancy complications, at each antenatal visit offer women the opportunity to be weighed and to discuss their weight gain since the last antenatal visit, their diet and level of physical activity.



The ACGR (p. 24) provides the above consensus-based recommendation about routine weighing during pregnancy. The ACGR seems to down-play the importance of routine weighing, citing NICE guidelines which recommend '*...confining repeated weighing to circumstances in which clinical management is likely to be influenced*'. Whilst the evidence around clinical outcomes for routine weighing is inconclusive, the importance of this practice cannot be understated. Steady weight gain is important throughout pregnancy as there are specific times when different organs develop. For example, nephrons develop at around 28-30 weeks and going on a diet or losing weight at this time may affect renal development. Weight is also important to monitor risk of pre-eclampsia.

It is also suggested that a greater focus be placed on advising mothers on the importance of having a BMI in the healthy range prior to becoming pregnant. Dietary advice should follow the Australian Dietary Guidelines, and include the importance of fibre in establishing a healthy maternal microbiome, which is transferred to the infant during birthing. In keeping with a high fibre diet, mothers should be advised not to have a gluten free diet unless required by confirmed coeliac disease.

### 3.2 Domestic violence

The recommendation is *Ask about domestic violence when alone with the woman, utilising the tool used in your state/territory, the questions listed above or a validated screening tool (eg HARK, HITS).*

The RACGP suggests that the 'questions listed' should appear in a stand alone box to make them clearer. It is likely that most GPs would ask specific questions rather than using a screening questionnaire

## Section 4: Maternal health screening

### Vitamin supplementation

As noted in the ACGR (p.80), there are currently no randomized controlled trials supporting the use of vitamin D supplements.

The importance of iodine and folate supplementation and iron status, should be noted.

Yours sincerely,

Dr Bastian Seidel  
President