

23 October 2017

Professor Steve Robson
President
The Royal Australian and New Zealand College
of Obstetricians and Gynaecologists

Email: awilson@ranzocg.edu.au

Dear Professor Robson,

Re: RANZCOG Maternity Framework for Australia, 1st Edition

Thank you for inviting the RACGP to comment on the RANZCOG Maternity Framework for Australia, 1st Edition. We are pleased to note that suggestions we made in April 2017 on the earlier draft have been incorporated and the vital role of GPs in maternity care is better recognised.

One issue from our previous feedback that has not yet been addressed is our concern regarding the recommendation that small birthing units should have Special Care Nurseries (SCN). We reiterate our concern, as this recommendation may affect the viability of small birthing units in rural communities and ultimately reduce birthing choices for women in these areas.

We provide the following feedback on the latest draft:

Section 7.5 General Practitioners (p.21)

c. The important role of GP shared care in the delivery of maternity care

We recommend removing the following text: *'This relieves the often space-poor and under-staffed maternity units of some of the antenatal care load'* and replacing it with text that acknowledges the important role of GPs in the delivery of maternity care, For example, *'GP visits cement continuity of care, while ensuring institutional resources are used for secondary care'*. Also the following sentence should be amended to include the patient: *'Established pathways of communication between the GP and the maternity service'*.

Reference to supporting use of the personally held pregnancy record is also missing from this section, which can effectively provide GPs with patient information after hospital discharge.

d. Pregnancy as a unique opportunity for the GP to advance preventative healthcare and social health for both the woman and her family

This section should include vaccination. For example: *'During antenatal visits women are likely to be particularly receptive to relevant advice in preventative medicine including nutrition, vaccination and exercise...'*



Section 8.0 Maternity Care for Aboriginal and Torres Strait Islander Women (p.22)

The value of Aboriginal Health Workers and Aboriginal Medical Services in providing maternity care should be better acknowledged in this section.

Section 12.2 Maternity booking and planning of care

The list of points describing the information pregnant women should receive on first contact (page 31) is unrealistic in the general practice setting. In general practice, pregnant women book a standard appointment (less than 20 minutes) with their GP. It is more likely that GPs will begin with basic information and investigations and then bring women back for a longer appointment to tackle the items on the list.

A notable preventive healthcare omission from the items that GPs would cover at first contact include the review of immunisation and the need for vaccinations such as influenza and pertussis.

Section 12.7 Women with specific pregnancy-related conditions (p.35)

The introduction of the term 'family doctor' in the third paragraph is inconsistent with the rest of the document, which uses the term GP.

The RACGP thanks you for your consideration of this feedback. If more information is required, please contact Mr Stephan Groombridge, Manager – eHealth & Quality Care on 03 8699 0544 or email stephan.groombridge@racgp.org.au.

Yours sincerely,

Dr Bastian Seidel
President