

24 August 2018

Ms Samantha Diplock  
Expert Working Group Secretariat  
Review of the Antenatal Care Guidelines  
Department of Health  
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Canberra, ACT 2601  
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Dear Ms Diplock,

**Re: Department of Health's pregnancy care guidelines summary sheets for health professionals**

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide feedback and comments on the Department of Health's (DoH's) pregnancy care guidelines summary sheets for health professionals. The RACGP commends the DoH for producing the guidelines and summary sheets on an important and challenging area of healthcare.

The RACGP is, however, concerned that strict adherence to these guidelines may lead to over diagnosis, where patients are exposed to diagnosis that may never cause harm, or treatments where the risks outweigh the benefits. Significantly in these guidelines, lowering the diagnostic criteria for gestational diabetes (as noted in 'Routine maternal health tests in pregnancy') can, and will, lead to the over diagnosis of women. This has the potential to do significant harm at what is already a stressful and anxious period for the patient. As such, the RACGP suggests that the summary sheets should draw attention to information on page 192 of the guideline on the alternative diagnostic criteria for gestational diabetes – a one-step approach or two-step approach.

**Specific comments on individual summary sheets**

- 'Common conditions during pregnancy'
  - It would be useful to include information on how to diagnose and manage pregnant women with hyperemesis gravidarum.
- 'Core practices in pregnancy care'
  - The recommendation to 'delay auscultation of fetal heart' on page two is somewhat confusing and unclear, and does not seem to correspond with the recommendations in the guidelines.
  - The use of the term 'cervical smear' should be replaced with 'cervical screening' as the former term is now outdated.
- 'Social and emotional screening in pregnancy'
  - It would be helpful if information on the 'culturally relevant cut-off scores' for EPDS are included, as this seems to be missing from the summary sheet and guidelines.

- The RACGP's *Guidelines for preventive activities in general practice* (Red Book) recommends that recurrent screening may be more useful in people deemed to be at higher risk of depression, compared with screening all women who are pregnant.
- 'Routine maternal health tests in pregnancy'
  - It would be prudent to include information on testing for maternal blood group and antibodies in this section.
  - The answer to 'When should non-oral supplementation be advised?' is not identified in the summary sheet. Information from the guidelines that '*intravenous iron should be offered to women who do not respond to oral iron or are unable to comply with therapy. In some remote settings, intramuscular iron may be administered by a health professional who does not have intravenous endorsement or where intravenous iron cannot be accessed*' should be included in the summary sheets.
  - Given the recent outbreak of syphilis in far North Queensland and the Northern Territory, it may be practical for the summary sheets to consider providing advice on the need for repeat testing for syphilis in high-risk women in subsequent trimesters.
  - There should be a greater delineation of women who were previously diagnosed with diabetes, compared with those who develop gestational diabetes. This should include clearly defined intervention, and the need for counselling before and during pregnancy to encourage the maintenance of healthy glycaemic management. As mentioned above, there is a significant risk of over diagnosis of gestational diabetes in this patient population.
- 'Targeted maternal health tests'
  - The RACGP's *Guidelines for preventive activities in general practice* (Red Book) recommends that chlamydia should be tested in all pregnant women <29 years of age, compared with pregnant women <25 years of age as noted in the summary sheets and guidelines.
- 'Clinical assessments in pregnancy'
  - There appears to be formatting errors on Page 6 under 'Practice summary', where the tick boxes are missing.

Thank you once again for the opportunity to provide feedback and comments. We look forward to hearing about the progress and outcomes of these documents.

Yours sincerely



**Dr Bastian M Seidel**  
President