RACGP
Royal Australian College *of* General Practitioners

Healthy Profession.
Healthy Australia.

21 March 2022

MSAC Secretariat
Medical Services Advisory Committee

Via email: commentsMSAC@health.gov.au

Dear MSAC Secretariat,

Re: MSAC application 1705 – Structured prenatal risk assessment for preterm preeclampsia

The Royal Australian College of General Practitioners (RACGP) thanks the Medical Services Advisory Committee (MSAC) for the opportunity to respond to the consultation for a new Medical Benefits Scheme (MBS) item number for structured prenatal risk assessment for preterm preeclampsia.

This application proposes a new MBS item number be introduced for general practitioners (GPs)/obstetricians to refer all pregnant women to a new screening service to determine if these women should be prescribed aspirin for preterm preeclampsia. Prophylactic low dose aspirin (LDA) is one of the few evidence-based interventions for preventing preeclampsia.[1] Risk factors for preterm preeclampsia are well documented,[2] however, the population-based prevalence of these risk factors are less clear. Whilst LDA is a cost-effective intervention[3] and its clinical benefits outweigh the risk of harms, there is little evidence for specific aspirin protocols to determine which populations are at greater risk of developing preeclampsia.[2]

It is important that new screening services be carefully assessed against a set of criteria relevant for the target population at which it is aimed. The RACGP recommends careful assessment of the effectiveness of introducing any screening service, to ensure benefits are maximised and harms minimised, rather than just the addition of a new MBS item number. It would be of benefit to undertake modelling to determine if the entire pregnant population or only those with risk factors should be screened. In addition, the evidence does not provide any modelling on the harms of aspirin in the proportion of the population of pregnant women for who are 'over diagnosed' (ie those where taking aspirin does more harm than good). The RACGP recommends a systematic review such as that available from the Cochrane Library on Antiplatelet agents for preventing pre-eclampsia and its complications (rather than just the supportive selective medical literature) be provided in the summary of evidence.

Consideration should be given to:

- Barriers that already exist for women in rural and remote areas and women of lower socioeconomic status (SES) in accessing timely, affordable, quality ultrasound. A program such as this may contribute to further inequity if implementation and pricing is not fully considered.

- The available infrastructure to equitably provide the screening (including maternal ambulatory blood pressure, doppler ultrasound and blood test combined). Evaluation should consist of both quantitative and qualitative components built into the program design from the outset.

- Providing education and awareness campaigns to assist GPs improve their knowledge of LDA treatment, along with more holistic pregnancy preparation programs to promote non-smoking, folate and appropriate weight, all of which may impact the risk of developing preeclampsia.

The RACGP thanks MSAC for the opportunity to provide this feedback. If you have any queries regarding this submission, please contact Mr Stephan Groombridge, National Manager, e-Health and Quality Care on (03) 8699 0544 or at stephan.groombridge@racgp.org.au.

Yours sincerely,

Dr Karen Price
RACGP President

[1] Wheeler SM, Myers SO, Swamy GK et al., Estimated prevalence of risk tactors for preeclampsia among individuals giving birth in the US in 2019. JAMA Network Open 2022;5(1):e2142343 doi: 10.1001/jamanetworkopen.2021.42343
[2] US Preventive Services Task Force. Aspirin use to prevent preeclampsia and related morbidity and mortality: US Preventive Services Task Force Recommendation Statement. JAMA 2021;326(12):1186-1191
[3] Mallampati D, Grobman W, Rouse DJ and Werner EF. Strategies for prescribing aspirin to prevent preeclampsia: A cost-effectiveness analysis. Obstetrics & Gynecology 2019; 134(3);537-544.