RCGP Position statement. The role of the General Practitioner in Maternity Care. Judy Shakespeare. Date: approved by RCGP Council June 23rd 2017

Key points

- GPs are less likely to provide routine antenatal care which has now largely devolved to community midwives
- Changing demographic of pregnancy with older mums who are more likely to have pre-existing medical conditions or mental health problems which can impact on pregnancy
- GPs still have an important role to play in managing the holistic care of pregnant and postnatal women, especially if women have other medical conditions or mental health problems
- Many doctors entering GP training have no post-graduate education in obstetrics
- In order to achieve the competencies described in this document, GPs need appropriate training and continuing education in order to deliver safe care

The RCGP, RCOG and RCM first developed a consensus statement on the role of the GP in maternity care in 2011. In the light of successive reports from the Confidential Enquiry into Maternal Deaths (1, 2), the NHS England Maternity Review (3), the CMO Annual Report 2015 (4), the DH national ambition to halve the rates of stillbirths, neonatal and maternal deaths and intrapartum brain injuries by 2030 (5) and the Five Year Forward View for Mental Health (6), Health Education England have encouraged the RCGP to review this statement. In England the Maternity Review has proposed major changes to the way that maternity care is delivered with a move to community midwifery hubs that will offer women more choice and personalisation of care. Northern Ireland published a review in 2011 (7) and similar reviews are currently taking place in Scotland and Wales.

Although the initiative for this statement has come from England, the principles and competencies should also be relevant to the devolved nations, as the RCGP is a UK-wide organisation.

Representatives from the RCGP, RCM, RCP, RCOG, RCPsych, iHV, Unite/CPHVA, RCN, NHS England and HEE have discussed and contributed to this statement.

Principles of care and policy

The Colleges, NHS England and HEE all recognise that **GPs have an important role in providing care during pregnancy and the postnatal period**. GPs are the only professionals that have a responsibility for on-going care throughout a woman's life-course and they provide continuity of care and have access to a chronological medical record. Many women already have a good long-term relationship with the primary health care team, for example around long term medical conditions, care of other children, preventive health and they are involved in prescribing and immunisation, including during pregnancy.

Strategic policy should reinforce the value of **continuity of care**, with women retaining relationships with GPs during pregnancy, and the crucial role of GPs in continuing care for women with underlying long-term medical conditions. In addition the GP is the most appropriate professional to deal with intercurrent conditions, for example simple infections or dermatological conditions. Although it is no longer routine practice for GPs in the UK to provide the majority of routine maternity care, at least one GP in every practice needs to achieve and retain the competencies described here. In reality, unless a clinician sees normal pregnant women often, s/he is unlikely to recognise or feel comfortable with recognising and managing minor or major complications.

Fragmentation of the primary health care team over recent years and changes in the delivery of 24-hour care can lead to poor working relationships between GPs, midwives and health visitors; we believe that there should be a conscious effort both in training curricula and post registration to foster team working and communication for the benefit of the pregnant or postnatal women. This might involve regular meetings, but it is really about a culture change.

Those involved in commissioning should ensure that women are put at the centre of their care and that common-sense commissioning decisions are made to ensure that women get the right care, from the right person, at the right time and in the right place.

Policy should reiterate the importance of GPs and midwives **sharing information** about the medical, emotional and social history of the woman that is relevant to her maternity care as partners in care, in order to facilitate risk assessment and decision making about maternity care provision. In the longer term the ambition should be to work towards a shared electronic clinical record between all providers of maternity care.

Women **bereaved** through miscarriage, stillbirth and neonatal death need at least the same care as any other woman and may need additional care after their bereavement and in their next pregnancy.

In remote and rural areas, such as the Highlands and Islands, the GPs role in maternity care may be enhanced to ensure appropriate medical input, through GPs retaining a range of obstetric skills which facilitate safe provision of antenatal, intrapartum and postnatal care for women.

The College believes that GP practices should be able to:

- Provide health promotion advice e.g. with obesity, smoking cessation, exercise;
- Provide advice about medication to women of child bearing age who may become pregnant, for example hypertension, depression or anxiety and epilepsy, although this may require referral;
- Refer for funded pre-conception care, especially for women with complex medical, emotional or social needs in collaboration with other specialists;
- Provide information to midwives about a women's physical and mental health in early pregnancy in line with NICE guidelines (8);
- Monitor, assess and provide management for mental health problems as requested by women or other health professionals throughout pregnancy and the first postnatal year. Refer appropriately and collaborate with mental health providers;
- On request from a midwife, provide an early pregnancy consultation for women at risk of undiagnosed congenital heart disease or rheumatic fever, such as refugees and asylum seekers, in order to auscultate the heart;
- Understand and promote the administration of influenza and pertussis immunisation during pregnancy;
- Provide management and appropriate referral in early pregnancy for conditions such as bleeding and hyperemesis, obesity, risk assessment for thrombo-prophylaxis (9), and low dose aspirin in hypertension and diabetes (10, 11);
- Provide information and advice about screening in pregnancy, as determined by the UK National Screening Committee. These tests differ in Northern Ireland;

- Understand the significance of fundal height measurement and fetal movement and be able to record and manage appropriately;

- Signpost childbearing women with emergency conditions directly to hospital. For less urgent conditions face to face assessment by the GP may be appropriate. GPs need to be competent to recognise, manage and refer conditions such as pre-eclampsia, sepsis, headache and breathlessness in pregnancy, as well as perinatal mental illness.

- Provide postnatal care including promotion of breast feeding, contraception advice and choice, advice on birth spacing and a maternal postnatal examination, as described in the NHS England Maternity review (3). The check should be funded. It should not be delegated to practice nurses unless they are registered and practising midwives.

"Women need to be clear about what the appointment will cover and that a separate time will be available for the baby's check. The check should include assessing:

- *how a woman has made the transition to motherhood, including her mental health;*
- *her recovery from the birth, using direct questions about common morbidities;*
- *longer term health risks for any morbidity identified;*
- *any further help she might need whether connected with the birth or not; and what advice she might need about future family planning.*
- *Provide follow up care for diabetes, hypertension, anaemia, sepsis, mental health or conditions which may have complicated pregnancy, may impact on another pregnancy and future life"*

Achieving and maintaining competence

In order to provide safe care to fulfil the roles described here GPs need core training to attain the appropriate competencies described in the GP curriculum. This should include pre-pregnancy, early pregnancy, ante-natal care and postnatal care. The RCGP and GMC should ensure that the curriculum describes the evolving role of the GP, and the professional capabilities required for this. HEE and similar organisations in the devolved nations should ensure that adequate educational opportunities are provided to GPs in training to enable them to develop these attributes. The RCGP needs to work with other organisations to develop educational materials so that GPs can maintain and update their competencies in maternity care. We request that HEE work with the RCGP and other Colleges to maintain GPs ability to practice safely and effectively.

References

1. Knight M, Kenyon S, Brocklehurst P, Neilson J, Shakespeare J, Kurinczuk JJ (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care - Lessons learned to inform future maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2009–12. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2014.
2. Knight M, Tuffnell D, Kenyon S, Shakespeare J, Gray R, Kurinczuk JJ (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care - Surveillance of maternal deaths in the UK 2011-13 and lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2009-13. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2015.To be added
3. Better Births. Improving outcomes of maternity services in England: A Five Year Forward View for maternity care. 2016 https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf
4. Davies, S.C. "Annual Report of the Chief Medical Officer, 2014, The Health of the 51%: Women" London: Department of Health (2015) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484383/cmo-report-2014.pdf
5. DH. New ambition to halve rate of stillbirths and infant deaths Nov 13th 2015. Medical https://www.gov.uk/government/news/new-ambition-to-halve-rate-of-stillbirths-and-infant-deaths
6. Five Year Forward View for Mental Health. A report from the independent Mental Health Taskforce to the NHS in England February 2016 https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf
7. Department of health, social services and public safety: A Strategy for Maternity Care in Northern Ireland 2012- 2018 https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/maternitystrategy.pdf
8. National Institute for health and Care excellence. Antenatal and postnatal mental health: clinical management and service guidance. CG192, NICE 2014. https://www.nice.org.uk/guidance/cg192?unlid=431626939201572664442
9. Reducing the Risk of Venous Thromboembolism during Pregnancy and the Puerperium. RCOG Green-top Guideline No. 37a. RCGP (2015) https://www.rcog.org.uk/globalassets/documents/guidelines/gtg-37a.pdf
10. National Institute for health and Care excellence. Hypertension in pregnancy: diagnosis and management. G10, nice 2010 https://www.nice.org.uk/guidance/cg107
11. National Institute for health and Care excellence. Diabetes in pregnancy: management from preconception to the postnatal period. NG3, NICE 2015 https://www.nice.org.uk/guidance/ng3

Other relevant materials

Medical complications of pregnancy, available free from http://www.e-lfh.org.uk/home/

Maternal health, Royal College of Physicians and Surgeons of Glasgow.

https://rcpsg.ac.uk/college/influencing-healthcare/policy/maternal-health

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