What happens during postpartum consultations in general practice?

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Acknowledgement

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Background

A lot of emphasis is placed on antenatal and intrapartum care – but little is said about community postpartum care.

Morbidity for women postpartum is relatively high.

Breastfeeding rates fall off dramatically in the first weeks postpartum.

Women rate postpartum care more poorly than all other maternity experiences.
Background

In postpartum consultations GPs can:
- identify and manage problems (including mental health)
- educate and support parents
- connect or reconnect women with general practice following the birth
Background

In Queensland
45.4% visit a GP within 7 days of hospital discharge
- 63.8% public
- 18.5% private

By 3-4 months
- 88% had visited a GP
- 52.3% had 3 or more visits

Limited information about what happens with postpartum care in general practice

Lead. Inspire.
Aim

To investigate the content of postpartum consultations and GPs knowledge and opinion of postpartum issues
Method

Cross-sectional survey of GPs in Southern Queensland

Metro North Brisbane Medicare Local
Darling Downs and South West Queensland Medicare Local
Teaching practices of the University of Queensland Discipline of General Practice

Surveys sent to 932 GPs by mail - followed by a phone call at 2 weeks
Data collected between February and August 2013
Method

52 Item questionnaire (adapted from Gunn (1997))
- Demographics
- Number and timing of consultations
- Content of consultations (discussion and examination)
- Communication with other health care providers
- Knowledge and opinion items
Results

163 questionnaires returned (response rate 17.4%)

- All but 5 undertook shared antenatal care
- 85% had children
- 60% from Metropolitan Brisbane 19% regional areas and 20% from country towns (<15000 people)
- More likely to be female, born in Australia, and be vocationally registered compared to all GPs in Queensland
Results

*I am clear about what should take place at a routine postpartum/neonatal review*

90% agreed or strongly agreed
Results – maternal discussion

Three topics discussed ‘nearly always’ by more than 90% of participants

PV bleeding, labour and birth, and contraception

17 topics discussed ‘nearly always’ by less than 60% of participants

Back problems (22.4%), sexual issues (34.2%), pelvic floor exercises (34.2%), urine problems (57.8%) bowel problems (52.1%)
## Results – maternal examination

<table>
<thead>
<tr>
<th>Examination</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSCS scar</td>
<td>96.3%</td>
</tr>
<tr>
<td>Maternal affect</td>
<td>90%</td>
</tr>
<tr>
<td>BP</td>
<td>82%</td>
</tr>
<tr>
<td>Abdomen</td>
<td>71%</td>
</tr>
<tr>
<td>Vagina</td>
<td>32.2%</td>
</tr>
<tr>
<td>Perineum</td>
<td>50%</td>
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<tr>
<td>Breastfeeding</td>
<td>54%</td>
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</tbody>
</table>
Results – knowledge and opinion

A vaginal examination at a postpartum review will often reveal a problem that needs to be addressed
35% agreed, 28% were uncertain and 37% disagreed

Most women should be advised to refrain from intercourse until after the postpartum review
36% agreed, 16% were uncertain and 48% disagreed
Results – knowledge and opinion

*Most women do not need to take iodine supplements postpartum*
40% were uncertain and 40% agreed

*Most women should be encouraged to take iron supplements for 3 months following childbirth*
20% were uncertain and 20% agreed
Discussion

Great variability in discussion and examination of the mother during a postpartum consultation

Causes of maternal morbidity not discussed frequently

Further education about the importance of postpartum period for the identification and management of issues to prevent ongoing morbidity is required
References


