

The postnatal period

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CONTINUITY OF CARE is considered a core feature of general practice and has positive benefits for patients and doctors alike,¹ and nothing exemplifies this better than providing perinatal care. Within this, the postnatal period is a time of incredible joy for many embarking on parenthood, but it can also be a time of sadness, stress and uncertainty. It is a hugely rewarding part of our clinical practice and potentially a time for establishing trusting and long-term therapeutic relationships in partnership with new parents. For many general practitioners (GPs), it is an opportunity to reconnect with patients whose pregnancy care has been carried out elsewhere within the various models of antenatal care that exist in Australia.

The World Health Organization advocates that all women and newborns require a postnatal visit in the first six weeks following birth,² although Australian GPs see many women and their babies before this check for the ongoing care of chronic medical conditions or for new concerns that have arisen in the postpartum period. The Focus articles in this month's issue of *Australian Journal of General Practice* focus on some fundamental topics for GPs during this important life stage.

A frequent early presentation is related to lactation and feeding problems. Mastitis and its management are considered a part of routine practice, but some lactation difficulties can be more challenging and require referral to specialised lactation consultant services. However, it is often beneficial to be able to offer support and practical advice to women, as access to these services may not be readily available for all. A lack of adequate knowledge and training in breastfeeding may be

felt by many GPs,³ and to increase the understanding of these common issues, an article featured in this issue discusses the essentials of expressing and supplemental feeding.⁴

The postnatal period provides an opportune time for health promotion and prevention, especially considering that nearly half of all women who delivered babies in 2019 were overweight or obese.⁵ Promoting a healthy lifestyle, with good nutrition⁶ and physical exercise,⁷ is fundamental for subsequent healthy pregnancies and for the prevention of non-communicable diseases. Planning for chronic disease management should occur, especially for individuals recognised to have a higher risk, such as those who developed gestational diabetes and/or hypertensive disorders of pregnancy.

Ensuring access to sexual and reproductive health needs is important: this includes providing adequate postnatal family planning. Contraception plays a big part in many of our consultations, with women and delivery centres often choosing to delay discussions to the six-week visit. Improving uptake of adequate contraception early in the postpartum period reduces the likelihood and consequences of an unplanned pregnancy.⁸

Identifying perinatal mental health disorders has never been more imperative than in our current COVID-19 pandemic, where general practice and other perinatal services have been experiencing an escalation in demand for mental healthcare. Nearly half of maternal deaths occur soon after birth and in the first six weeks, with the current leading cause in Australia being pre-existing cardiovascular conditions, followed by suicide.⁹ Mental health conditions are more likely to develop following birth than at any other stage in a woman's

life,¹⁰ and supporting women who may be at risk of or are vulnerable to mental health conditions is crucial to providing high-quality postnatal care.⁸

Regardless of your breadth of practice in managing women in the postpartum period, this is a time when we can have a significant impact on health outcomes. Finally, what matters to women is a positive experience, which includes GPs listening and being responsive to individual needs, managing expectations and arranging support for both parenting and adjustment to the changes that occur within their intimate and family relationships and their roles as mothers.¹¹

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References

1. Wright M, Mainous AG 3rd. Can continuity of care in primary care be sustained in the modern health system? *Aust J Gen Pract* 2018;47(10):667-69. doi: 10.31128/AJGP-06-18-4618.
2. World Health Organization. Raising the importance of postnatal care. Geneva, CH: WHO, 2021. Available at www.who.int/activities/raising-the-importance-of-postnatal-care [Accessed 6 December 2021].
3. Holtzman O, Usherwood T. Australian general practitioners' knowledge, attitudes and practices towards breastfeeding. *PLoS One* 2018;13(2):e0191854. doi: 10.1371/journal.pone.0191854.
4. Whitburn S. Breastfeeding: Expressing and supplementing. *Aust J Gen Pract* 51(3):112-15.
5. Australian Institute of Health and Welfare. Australia's mothers and babies. Canberra, ACT: AIHW, 2021. Available at www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies-data-visualisations/contents/antenatal-period/body-mass-index [Accessed 6 December 2021].
6. Ball L, de Jersey S, Parkinson J, Vincze L, Wilkinson S. Postpartum nutrition: Guidance for general practitioners to support high-quality care. *Aust J Gen Pract* 51(3):122-29.
7. Inge P, Orchard JJ, Purdue R, Orchard JW. Exercise after pregnancy. *Aust J Gen Pract* 51(3):116-21.
8. Milroy T, Frayne J. Postnatal care: The general practitioner visit. *Aust J Gen Pract* 51(3):104-11.

9. Australian Institute of Health and Welfare. Maternal deaths in Australia. Canberra, ACT: AIHW, 2020. Available at www.aihw.gov.au/reports/mothers-babies/maternal-deaths-in-australia/contents/maternal-deaths-in-australia [Accessed 6 December 2021].
10. Centre of Perinatal Excellence. Available at www.cope.org.au [Accessed 6 December 2021].
11. Finlayson K, Crossland N, Bonet M, Downe S. What matters to women in the postnatal period: A meta-synthesis of qualitative studies. *PLoS One* 2020;15(4):e0231415. doi: 10.1371/journal.pone.0231415.

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