Primary Care in Maternity. Does It Matter?

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The Primary Care Show

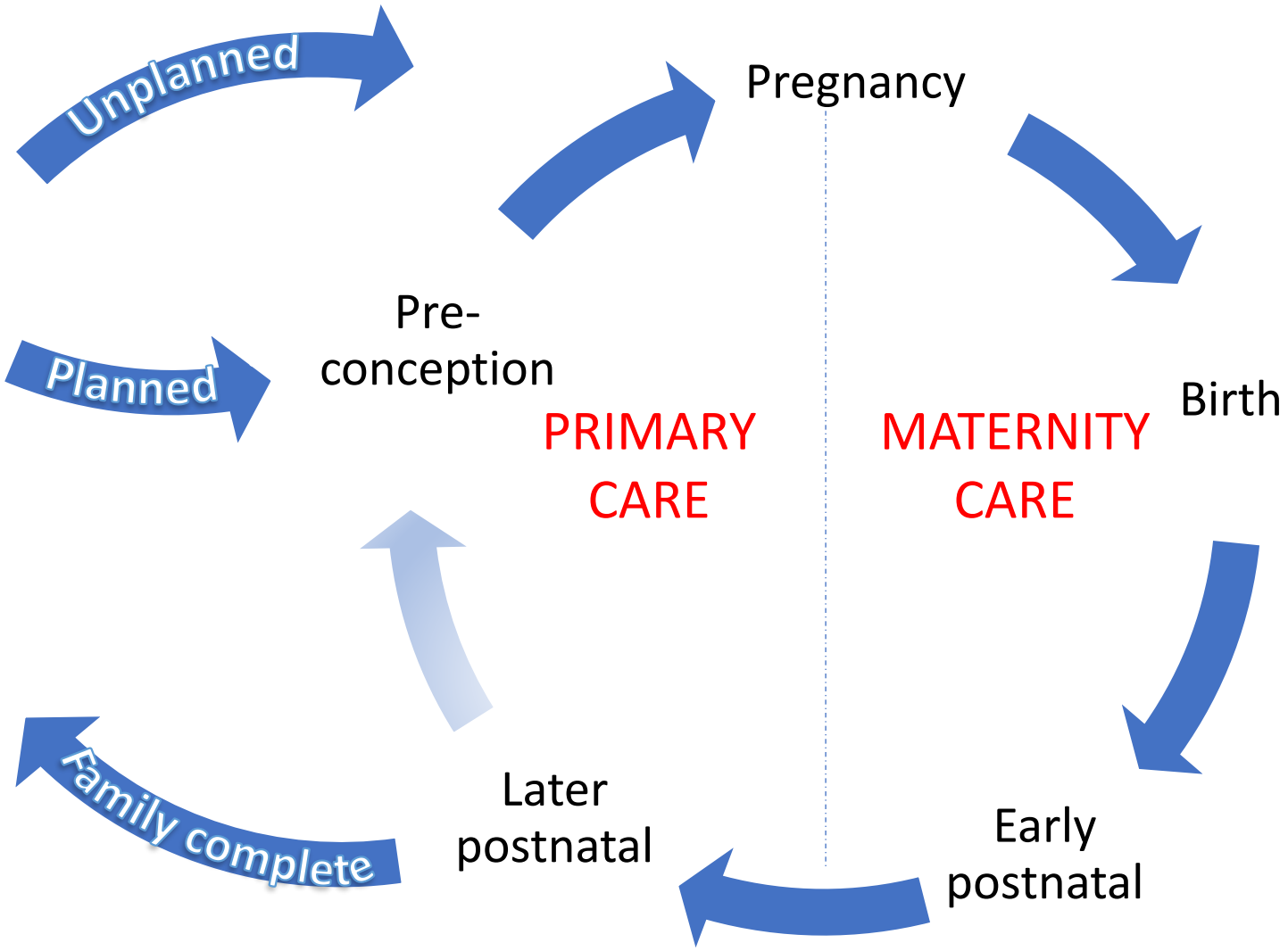
15th May 2025

Who am I?

Who are you?

‘The System’

In theory



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In practice – primary care view

PRIMARY CARE

Contraception

Vaccinations

Screening

Prescriptions

Long term health

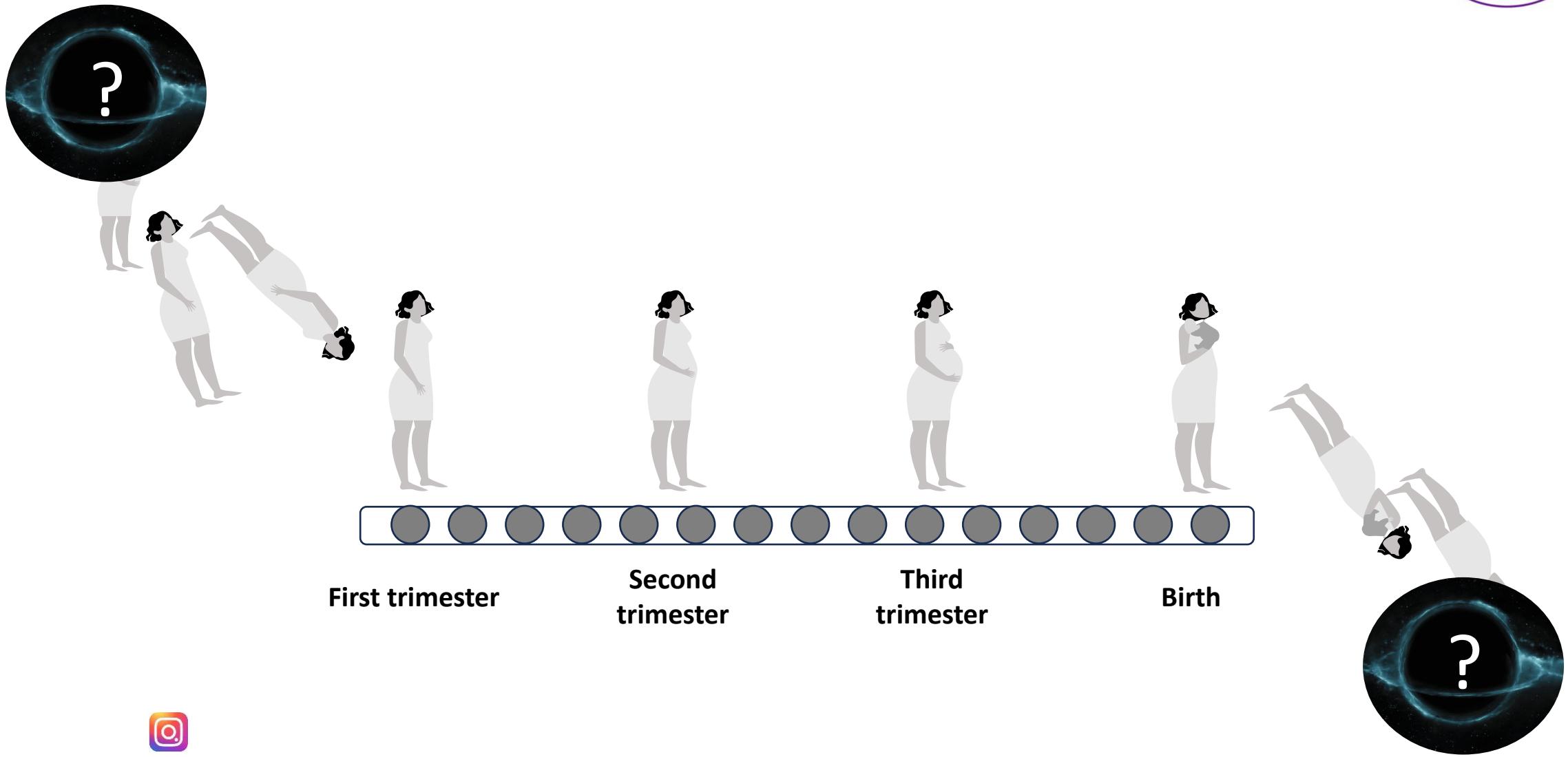
Acute issues

Fertility challenges

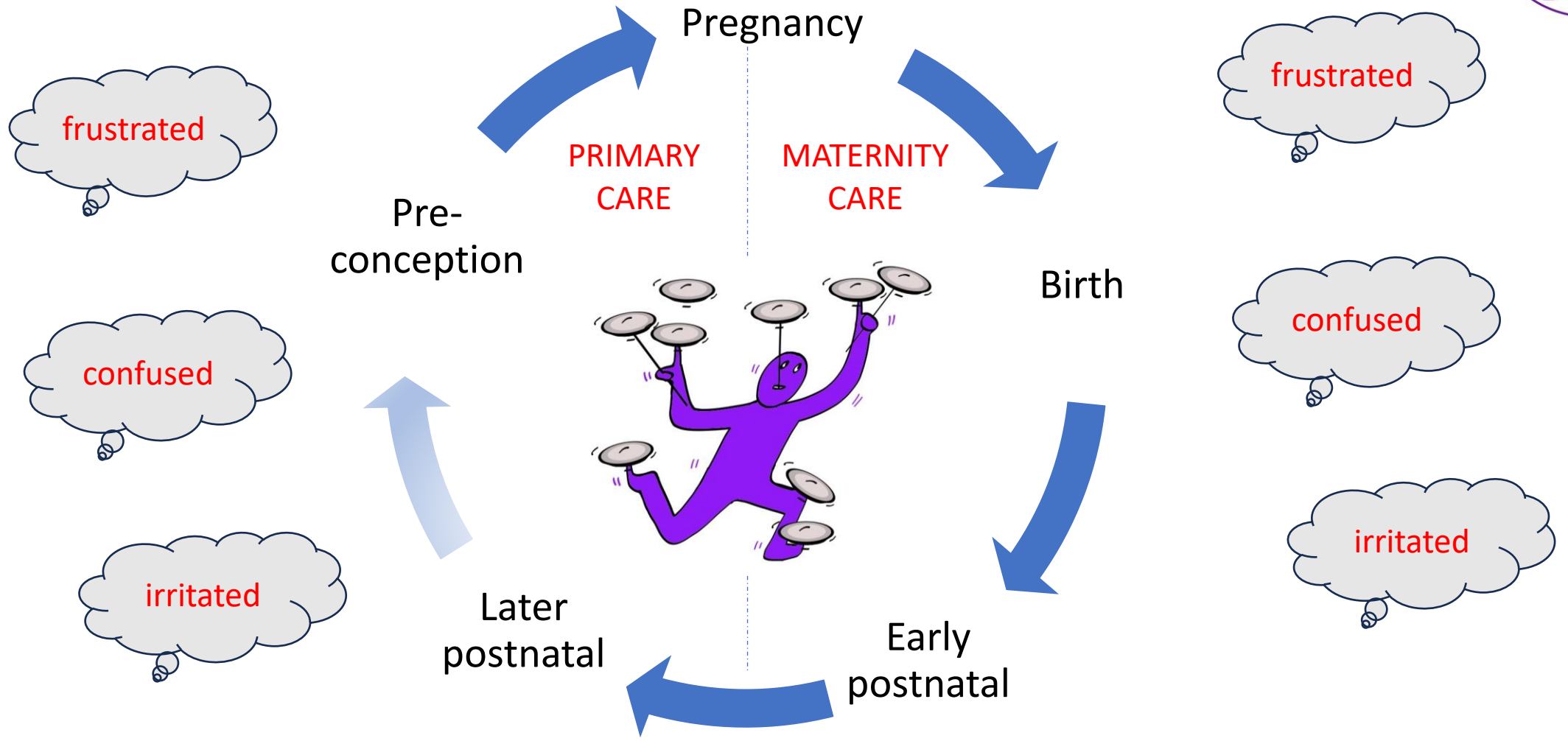
THE MATERNITY BLACK HOLE

PRIMARY CARE

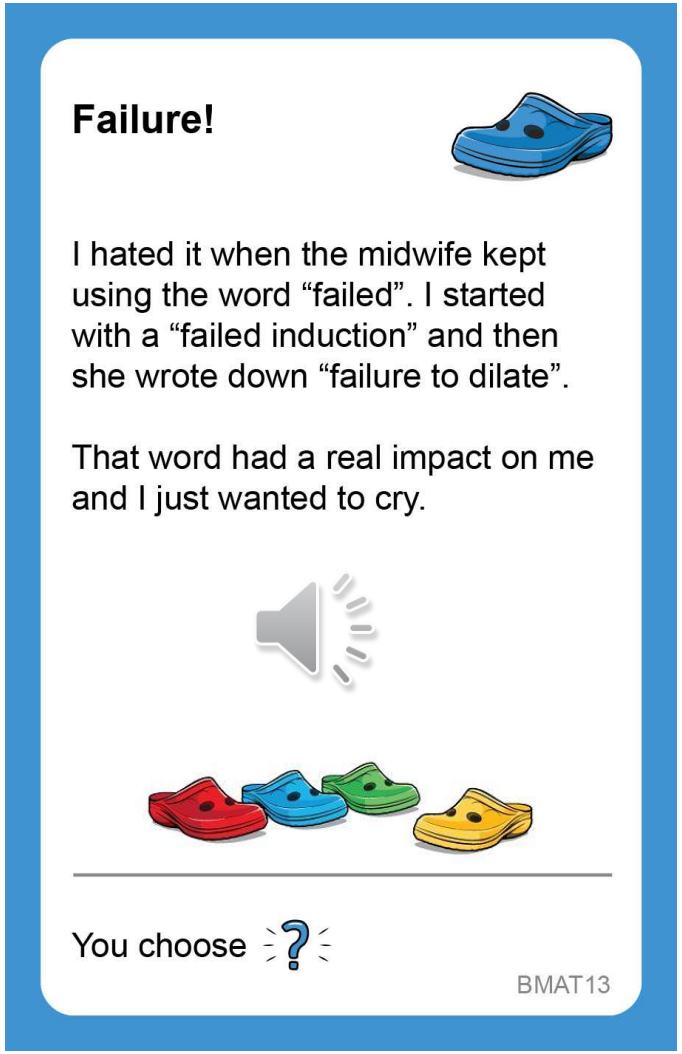
In practice – maternity view

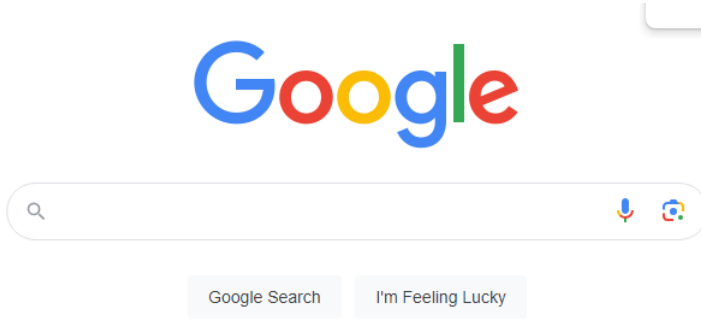


How it feels: the professionals



How it feels: the woman





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Primary care, maternity and the woman working together

Barriers

How often on average do GPs see a woman during pregnancy?

Early self referral

Digital notes

RiO

Cerner

Changing task allocation

UK Health Security Agency

Quick links

Vaccination information for pregnant women

Having your vaccines is the best way to protect you and your baby from infectious disease

Find out more:

COVID-19 vaccination

SCAN ME

gov.uk/ukhsa/pregnancy-covid-vaccine

Routine vaccines pertussis (whooping cough) and flu

SCAN ME

gov.uk/ukhsa/pregnancy-vaccines

Instructions

Enter the web address into your phone or scan the QR code.

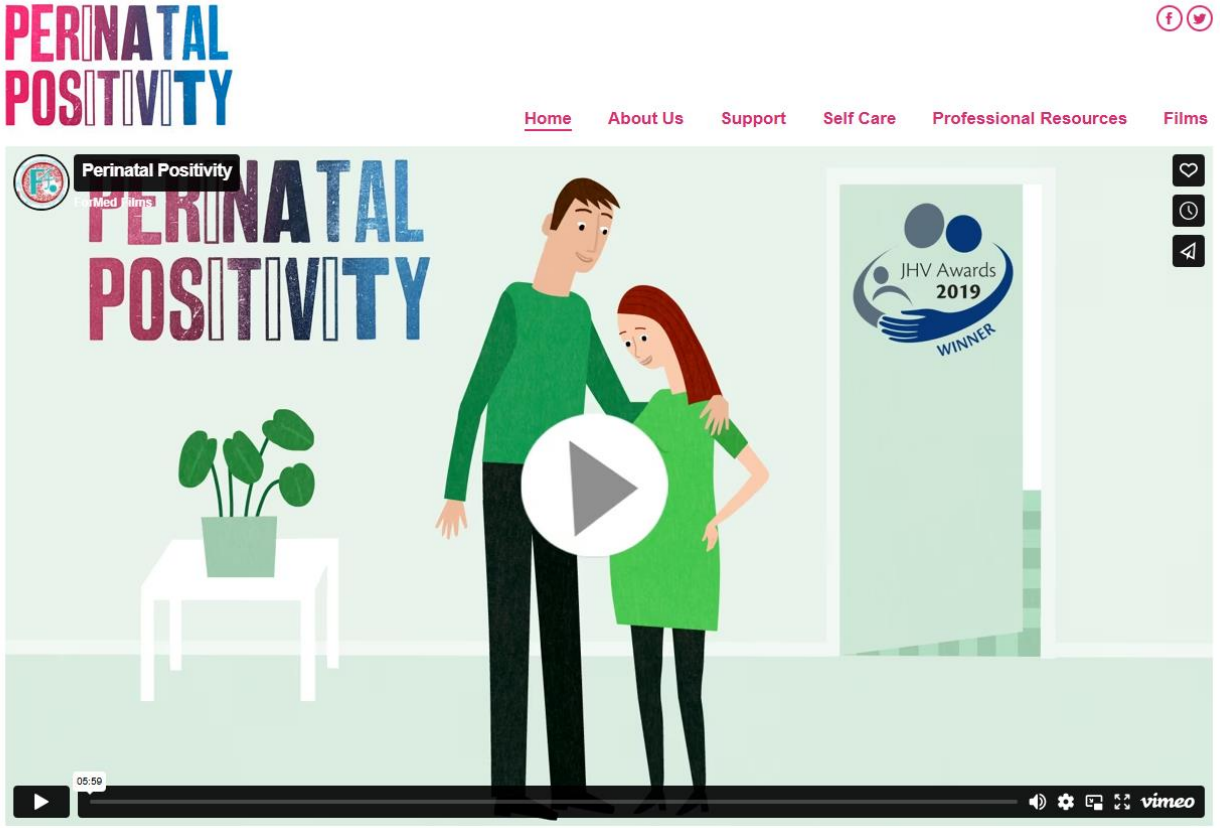
You can then add an icon to the home screen of your phone. This enables you to click on the icon to go straight to the screening information, just like an app. Finding the add to home screen option depends on what phone you have and how old it is. If you need help, search online for what to do for your specific phone.

For newer iPhones, click on the share icon at the bottom of the screen. Scroll up or left and select add to home screen, then add.

For newer Android phones, click on the menu icon (3 dots or lines). Select add to home screen, then add.

Mental health

- Approximately 20% of women will have some form of mental health history at booking.
- Pregnancy and transition to parenthood can precipitate new mental health problems.
- Perinatal mental health services are a separate secondary care service



Postnatal care

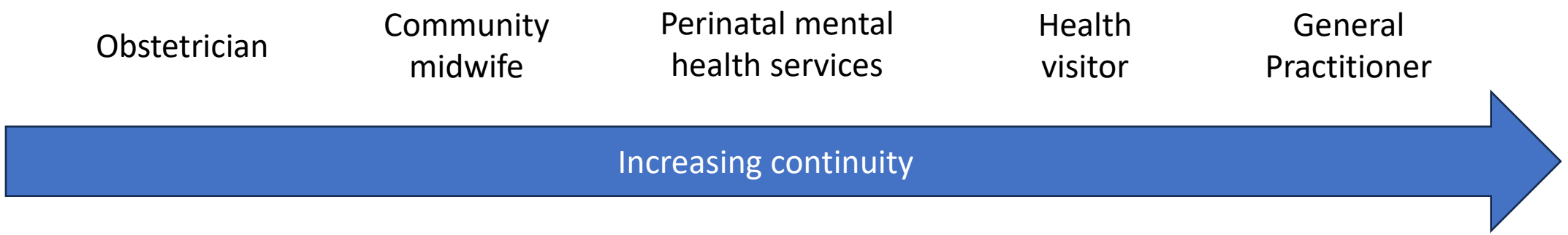
Limited maternity service support

- Minimal length of stay: 46% of women one day
- Post-natal clinics replacing home visits
- Variation in practice beyond 28 days

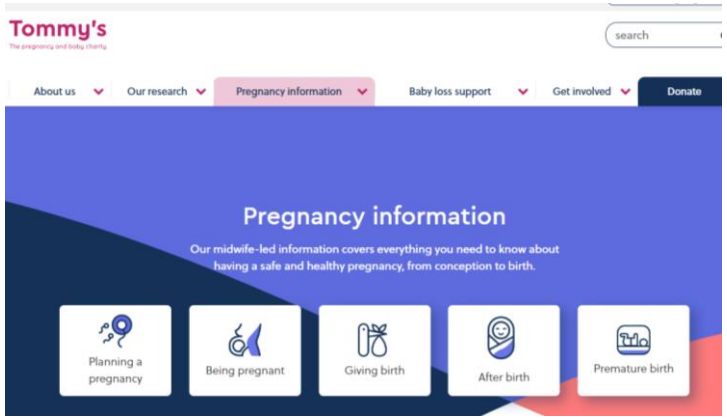
Unrealistic expectations on GPs at 8 week check

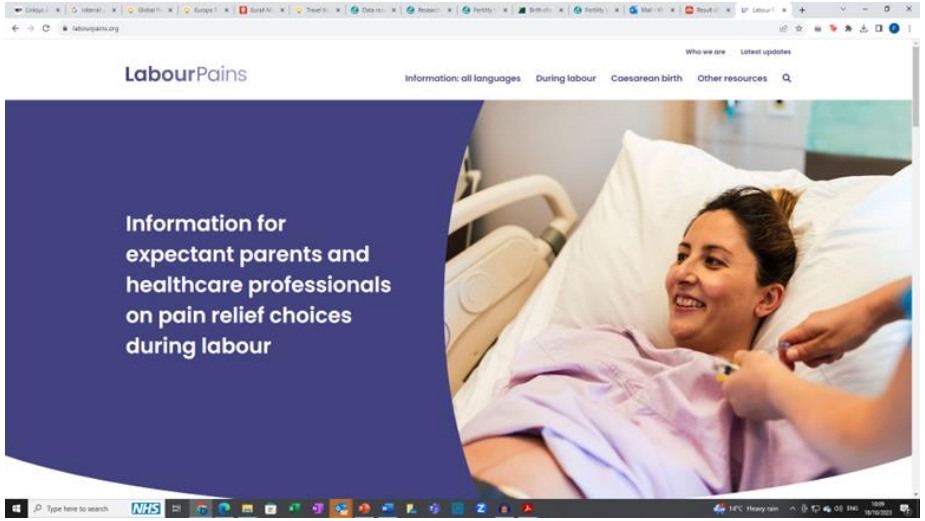
Solutions

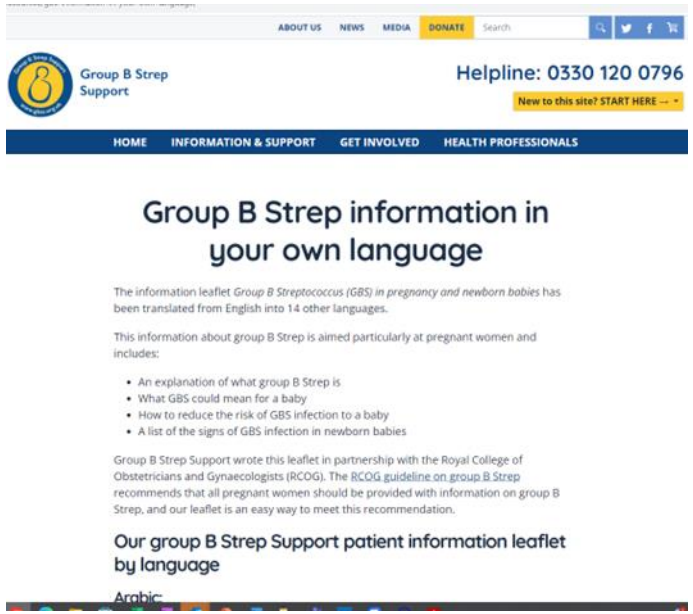
Providing continuity



Sharing resources







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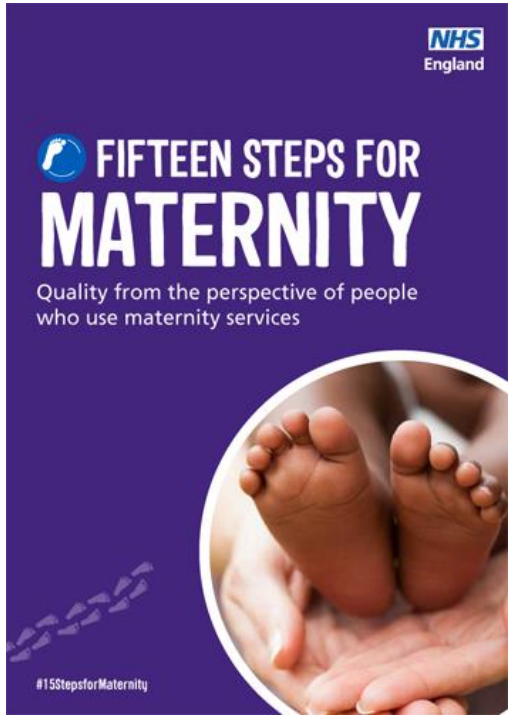
Building relationships

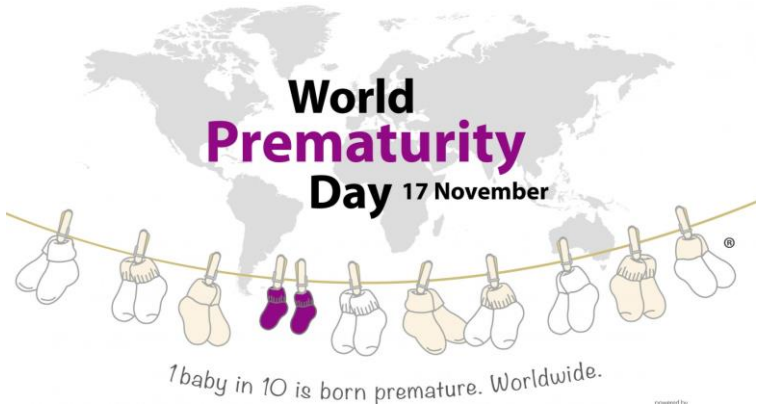
- Reciprocal visits
- Formal networks
- Informal networking
- Job shadowing or swaps
- Using existing integration



Leveraging common opportunities

THE PRIMARY CARE SHOW

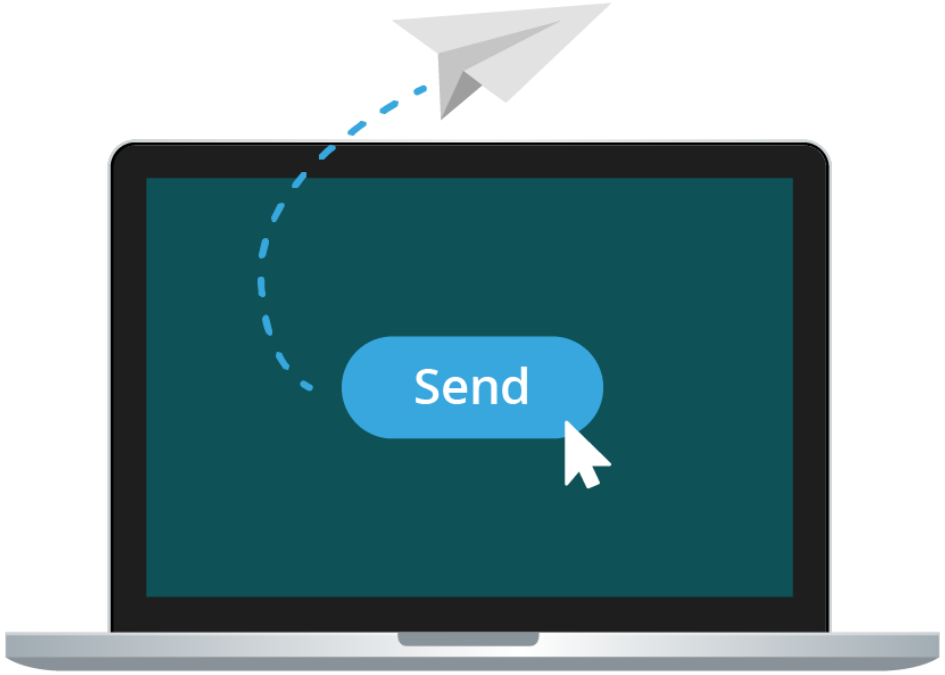
14th - 15th May 2025 • The NEC, Birmingham



Using consistent language

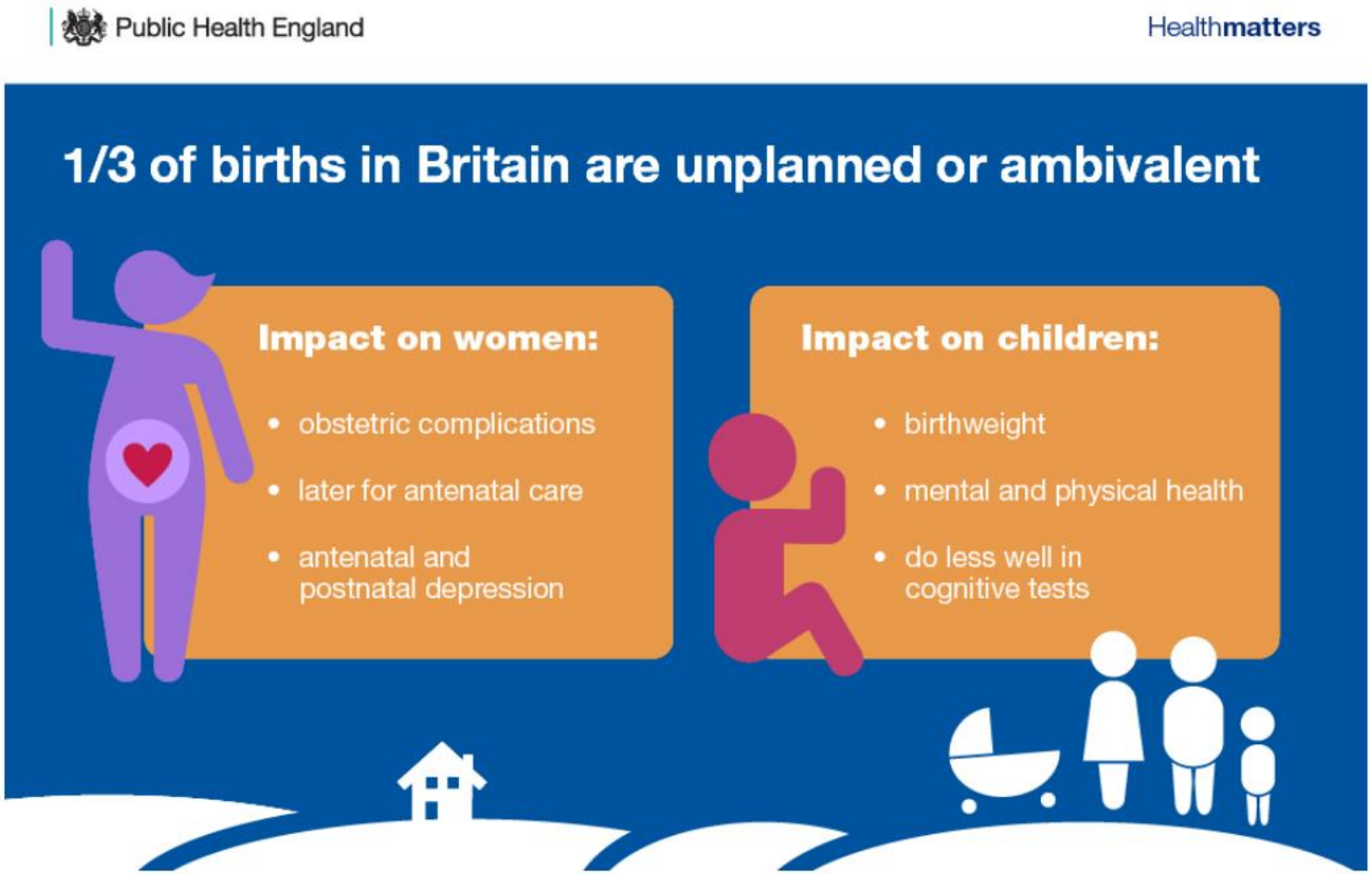
Asking for advice

- Advice & Guidance email
- Maternity Helplines
- Perinatal mental health services



Working together: pre-conception

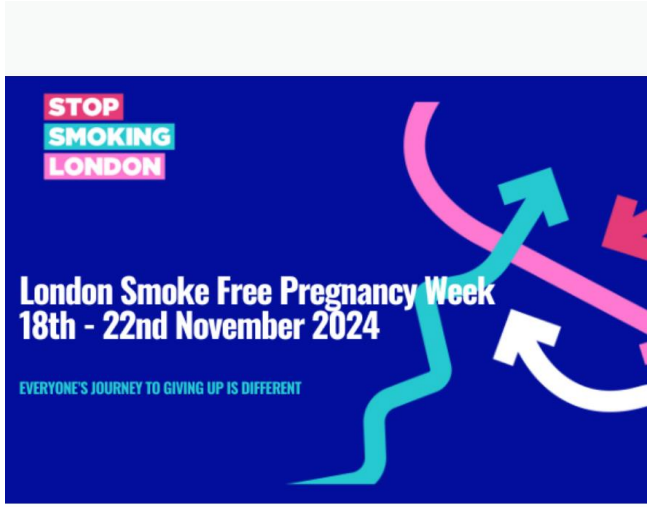
Unplanned conception



Healthy lifestyle

Basic nutritional safety net for pregnant women or families with a child under 4yr

Free online training on how to have effective conversations with women about alcohol intake in pregnancy



Stopping smoking single most important action a woman can take to improve the health of her baby

Medication review

ukTIS
uk teratology information service

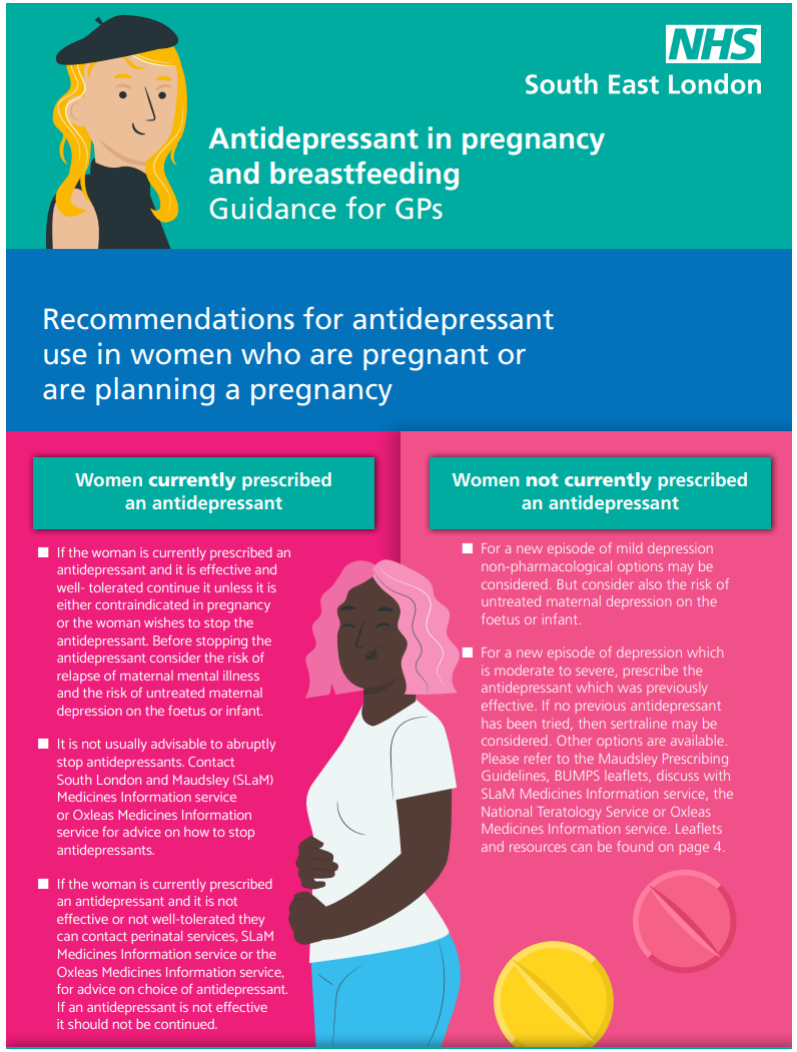
Evidence-based safety information about medication, vaccine, chemical and radiological exposures in pregnancy

Search...

A-Z
Medicines and exposures information

Bumps
Patient information

Report a Pregnancy



Working together: 1st trimester

Pregnancy sickness

- Effective prescribing
- Rehydration
- Mental health support

Pregnancy Sickness Support

Are anti-emetics safe to prescribe in pregnancy?

The most important feature of any treatment for nausea and vomiting in pregnancy are:-

1. Does it work (efficacy)?
2. Does it do any harm to the developing foetus (safety)?
3. Does it have significant side effects on the mother to be?

The RCOG Guidelines provide information about the

What medications and treatments can be prescribed?

Hyperemesis Gravidarum is a serious complication of pregnancy and it is essential that sufferers are offered timely and effective treatment. The RCOG Greentop Guidelines include a treatment ladder that outlines the various medications that are recommended for use in HG pregnancies alongside intravenous fluid therapy and PPIs.

Medication information

Currently, there is only one anti-emetic licenced for use in pregnancy in the UK which is called Xonvea. It is not available everywhere and as it's only available in oral form, it is a first-line medication and may not be sufficient alone to treat HG in all patients.

PSS are campaigning for Xonvea to be included on all formulary to avoid the current postcode lottery. If you want support to add this to your formulary please contact us.

Alongside IV Fluids, 3 lines of anti-emetic medications are outlined in the RCOG Guidelines for use during an HG pregnancy. They are often most effective when used in combination and can vary from patient to patient in terms of effectiveness.

IVF

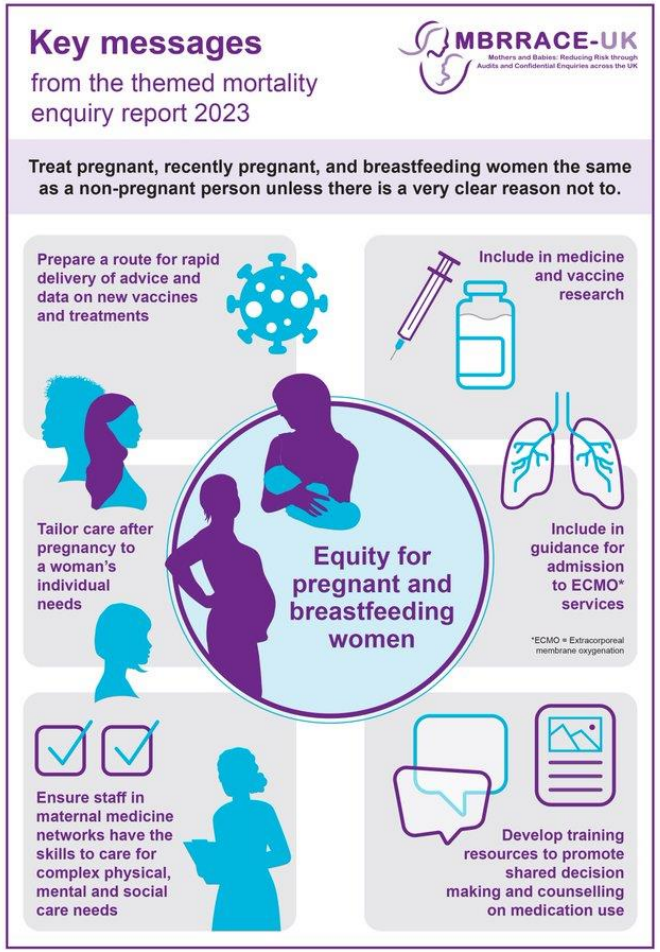
- 77,000 IVF cycles per year UK
- 83% non-NHS
- Inconsistent approaches to medication with limited evidence

Early pregnancy bleeding

- 10-20% first trimester miscarriage
- Pathway differs depending on gestation
- Confusing for women

Working together: 2nd and 3rd trimesters

Treat and investigate as if not pregnant



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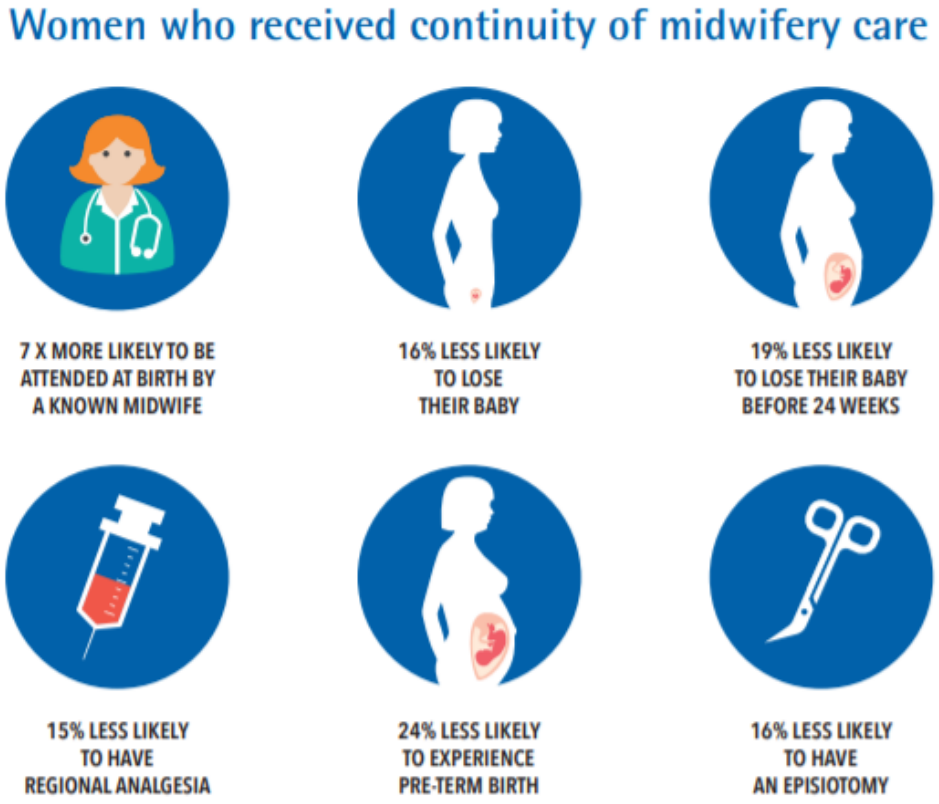
Need pregnancy specific triage

BSOTS
BIRMINGHAM SYMPTOM SPECIFIC OBSTETRIC TRIAGE SYSTEM

Airway compromise Respiration rate ≥30 or oxygen saturation <92% Shock: BP <80 systolic, HR >130bpm Maternal collapse Fit Altered level of consciousness or confusion Massive haemorrhage Constant severe pain Fetal bradycardia	1 Transfer immediately to DS or HDU or obstetric theatre 2 Inform DS Shift Leader to inform senior obstetric and anaesthetic medical staff
Shortness of breath or chest pain Moderate or continuous pain Moderate bleeding (fresh or old) Active bleeding Abnormal MEWS (1x red value or 2x yellow values) Fetal heart rate <110bpm or >160bpm No fetal movements	1 Remain in triage room until medical assessment or room on DS available 2 Complete and categorise CTG (if gestation ≥26/40) 3 Consider IV access 4 Obtain blood for FBC 5 If bleeding PV take blood for GandS and if Rhesus Negative for Kleihauer. Consider bloods for PET profile/CRP/glucose/clotting 6 Obtain urine sample for urinalysis +/- MSU 7 Inform ST3-7 obstetric medical staff of admission and to attend (re-inform or escalate if no review within 15 minutes) 8 Keep nil by mouth 9 Repeat baseline observations every 15 minutes
Mild pain Mild bleed (not currently active) Altered MEWS (1x yellow value) Normal fetal heart rate Reduced fetal movements	1 Can return to waiting room to await more detailed assessment, unless medical assessment or room available 2 Complete and categorise CTG (if gestation ≥26/40) 3 Obtain urine sample for urinalysis +/- MSU 4 Inform ST1-2 obstetric medical staff of admission and to attend (re-inform or escalate if no review within 1 hour) 5 Repeat baseline observations after 1 hour unless altered MEWS, in which case in 30 minutes
Minimal or no pain No bleeding Normal MEWS Normal fetal heart rate No contractions Normal fetal movements	1 Can return to waiting room to await more detailed assessment, unless medical assessment or room available 2 Complete and categorise CTG (if gestation ≥26/40) 3 Obtain urine sample for urinalysis +/- MSU 4 If after examination and discussion, pain is identified as musculoskeletal/pelvic girdle pain, MW can offer discharge home (at any gestation) and written advice with appropriate follow-up with CMW or ANC 5 Or inform ST1-2 obstetric medical staff of admission and to attend (re-inform or escalate if no review within 4 hours)

Where would you recommend that a multip with uncomplicated pregnancy gives birth?

Evidence



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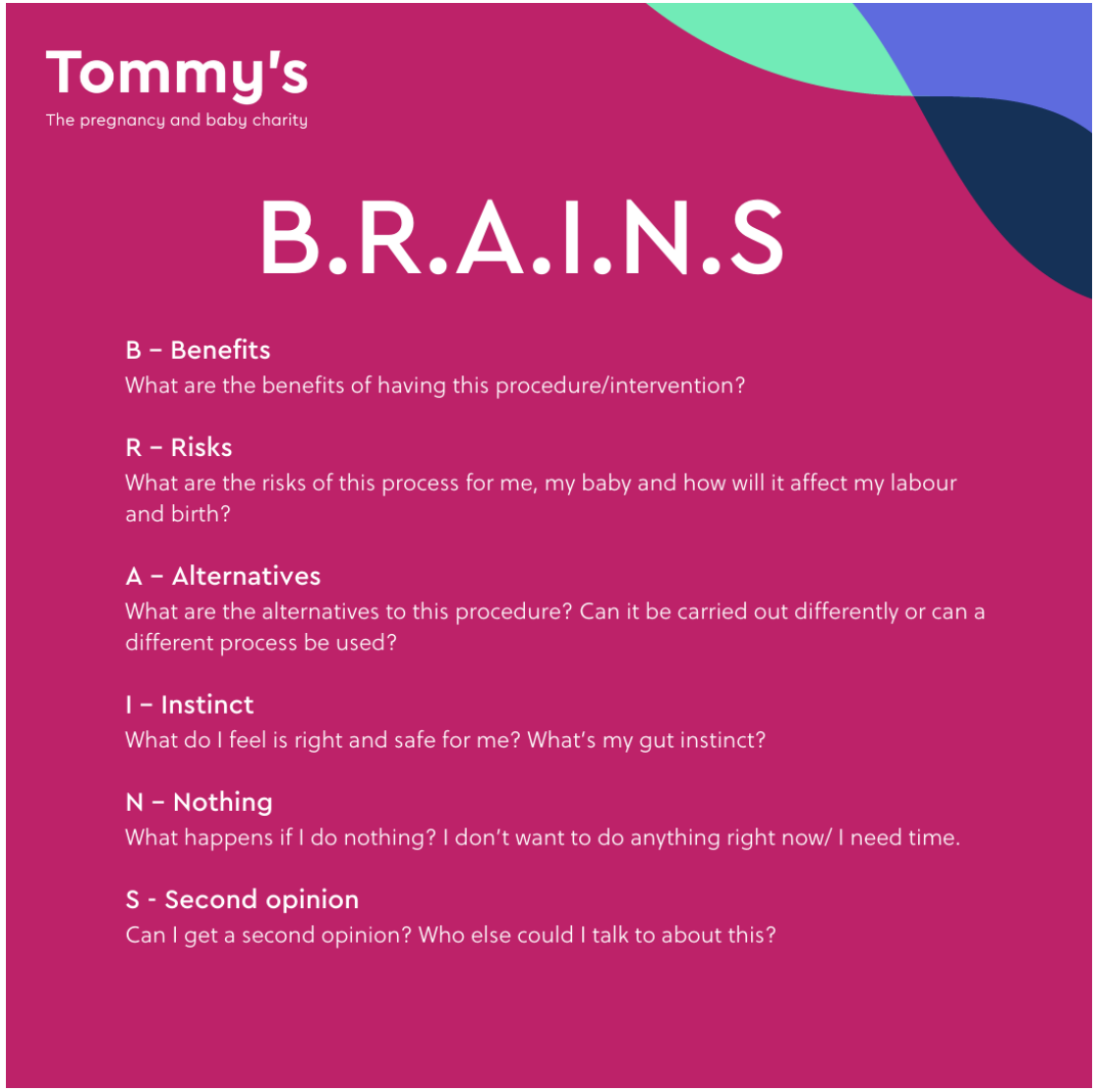
Birthing options



Working together: postnatal

Long-term health impact

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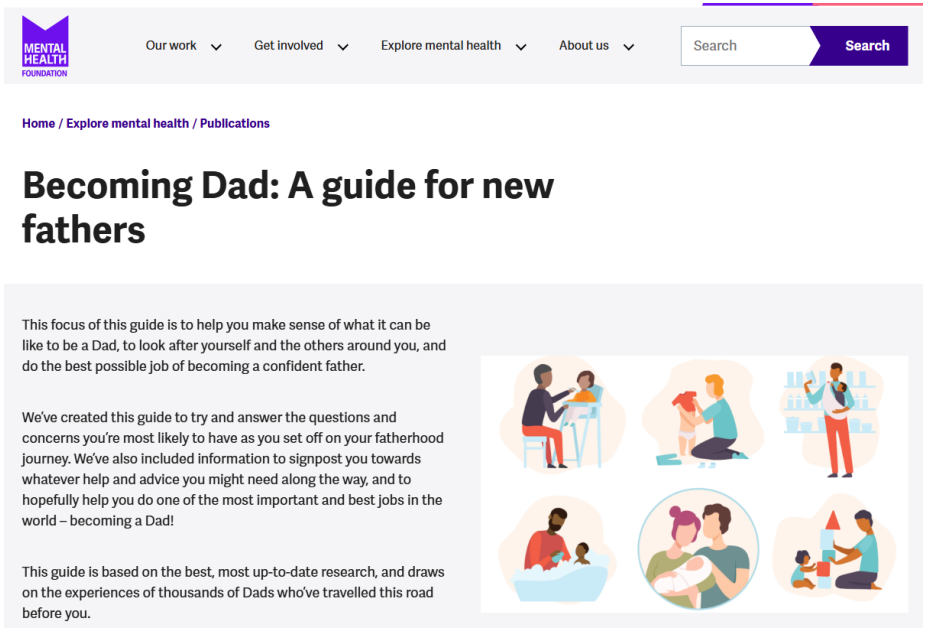
Role of rest of the family



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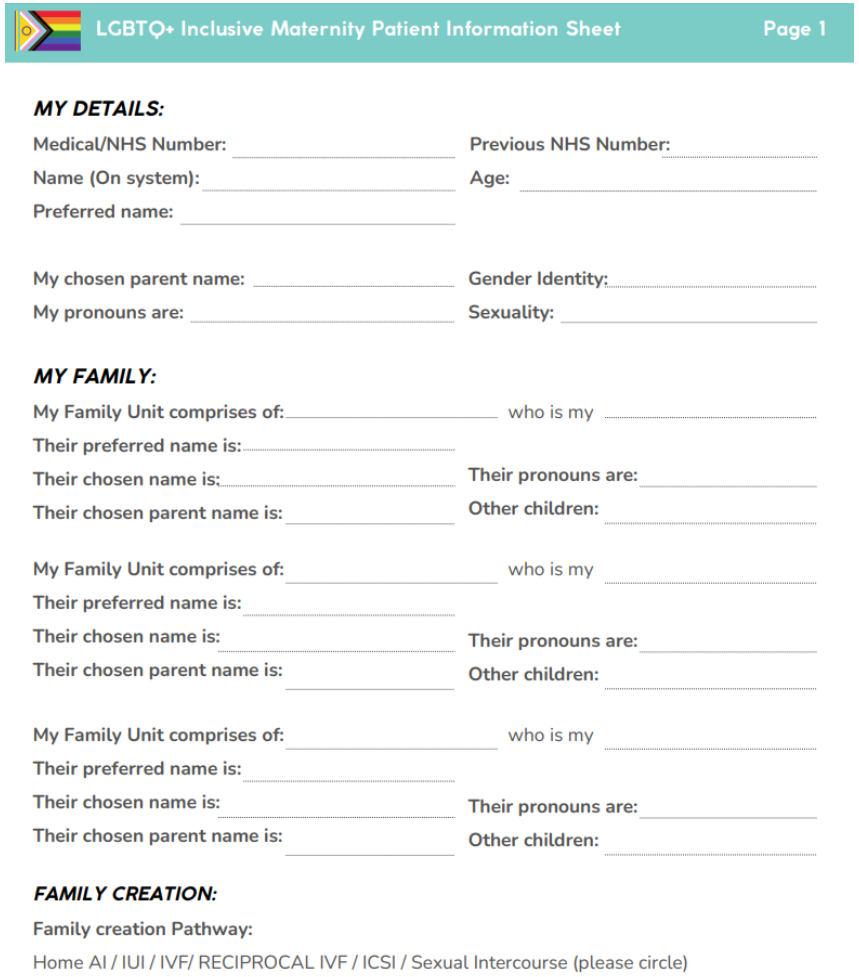
Becoming Dad: A guide for new fathers

This focus of this guide is to help you make sense of what it can be like to be a Dad, to look after yourself and the others around you, and do the best possible job of becoming a confident father.

We've created this guide to try and answer the questions and concerns you're most likely to have as you set off on your fatherhood journey. We've also included information to signpost you towards whatever help and advice you might need along the way, and to hopefully help you do one of the most important and best jobs in the world – becoming a Dad!

This guide is based on the best, most up-to-date research, and draws on the experiences of thousands of Dads who've travelled this road before you.



LGBTQ+ Inclusive Maternity Patient Information Sheet Page 1

MY DETAILS:

Medical/NHS Number: _____ Previous NHS Number: _____

Name (On system): _____ Age: _____

Preferred name: _____

My chosen parent name: _____ Gender Identity: _____

My pronouns are: _____ Sexuality: _____

MY FAMILY:

My Family Unit comprises of: _____ who is my _____

Their preferred name is: _____

Their chosen name is: _____ Their pronouns are: _____

Their chosen parent name is: _____ Other children: _____

My Family Unit comprises of: _____ who is my _____

Their preferred name is: _____

Their chosen name is: _____ Their pronouns are: _____

Their chosen parent name is: _____ Other children: _____

My Family Unit comprises of: _____ who is my _____

Their preferred name is: _____

Their chosen name is: _____ Their pronouns are: _____

Their chosen parent name is: _____ Other children: _____

FAMILY CREATION:

Family creation Pathway:

Home AI / IUI / IVF/ RECIPROCAL IVF / ICSI / Sexual Intercourse (please circle)

Jenny and Sophie

Breast is best?

Breast is best
I used to agree
But it wasn't best for my baby
And it wasn't best for me

My baby wasn't getting enough
Her blood sugar was low
My milk just didn't seem to flow
She was fidgety and distressed
Clearly desperate for more
Or too sleepy to care
It was too much to bear

"Breast is best for your baby"
An important message for those who don't know
But it made me feel really low
To hear it over and over again.
"Click here to confirm"
... that you're a bad mum
It made me feel numb
It's not what it said
But that's what I read.

At 8 weeks I saw a lovely GP

Questions ?

- Thank you to the midwives, obstetricians and woman and families at Kingston Hospital with whom I work
- Thank you to Anna & Carrie https://www.newpossibilities.co.uk/ for many of the images.
- Thank you to Gill Phillips of Whose Shoes

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