Six week postnatal checks – a lost opportunity

A hospital-led service for routine postnatal care does not make clinical, practical or economic sense, writes Emma Nelson

THE SIX WEEK CHECK continues to be the usual format of routine postnatal care in this country, and remains in place as a useful preventive health activity and a way of addressing parental concerns and minor maternal and neonatal morbidity.

However, a dual system exists here, whereby both primary care (GPs) and secondary care (public and private hospital clinics) are involved in providing this care. You may well have asked yourself why many women who you saw regularly for antenatal care in your practice, disappeared when it came to the six week check.

Recent research
An Irish study just published in the Irish Medical Journal looked at why this might be.

The community based prospective study was carried out in the North Eastern Health Board area, with 452 newly delivered mothers as participants. It found that they planned to attend for the six week check as shown in Table 1.

What is striking is that only a quarter of these new mothers and just over a half of their babies would present to their GP for a six week check. This is despite the fact that three quarters of these women had attended for combined antenatal care with their GP.

Why this break in continuity of care, the hallmark of general practice? Where the six week check is lost to secondary care, an opportunity is lost to establish a relationship with the mother and baby ahead of first scheduled vaccinations, to provide support and advice and to practise health promotion.

Meanwhile, the time and expertise of hospital clinics and specialist teams is excessively used for routine checks and is less available for more complicated obstetric and gynaecological problems.

Familiar surroundings
Postnatal care in a general practice setting usually involves familiar surroundings, is likely to be easily accessible and to have a shorter waiting time than that commonly experienced in hospital clinics.

Women attending the GP for the six week check will normally see a doctor who is well known to them, is involved in their overall healthcare and is aware of the social background of the family.

In addition, at a time of staff shortages in maternity hospitals, women may find it difficult to get all the information they need in the hospital setting.

The importance of these issues, at a busy and sensitive time in parents’ lives, was not lost on those mothers who opted to attend the GP for the six week check.
For them, familiarity, distance to travel, waiting time and the opportunity to discuss immunisation, feeding or family planning were the most commonly cited factors influencing their choice. The importance of these issues in obstetric care in general practice have been written about before now.6,7

**Influential factors**

Few women who planned to go to the GP were influenced by advice from their GPs to do so, while in contrast, the single most important factor influencing those choosing the hospital clinic was the advice of the hospital. This suggests that hospital staff are more proactive in advising women about the six week check and tend to advise women to return there for it, implicitly or otherwise.

Many mothers also perceived that the quality of examination would be superior at the hospital clinic. There is no evidence showing this. In fact, it is now widely accepted that little gynaecological examination is routinely required for mothers’ six week checks and that time can be better spent on practical and emotional issues,4-8 which, it could be argued, fit better within the scope of general practice.

Another possible misconception, in relation to postnatal cervical screening, was uncovered. It appears that those anxious to get a cervical smear test done tended to opt for hospital care, presumably believing that it was more likely to be offered there. In fact, the timing of the cervical smear at the six week check is questionable,7 and GPs have the advantage of offering the test at a later date, if indicated at all.

For a certain percentage of those receiving the six week check in secondary care, it is clinically necessary due to problems requiring specialist follow-up, while others may not have had antenatal contact with the GP, or may not have a GP at all. However, general practice could and should be used in all other cases.

**Addressing the problem**

We must broach the subject of the six week check well before antenatal care ends, outline its purpose and content and offer our service as an attractive option. This should highlight its importance and allay any fears or misconceptions there may be.

The actual uptake of the six week check, when checked later in the same Irish study, was fairly high overall, at 89% for mothers and 97% for babies. This is similar to uptake in later in the same Irish study, was fairly high overall, at 89% for mothers and 97% for babies. This is similar to uptake in the UK and elsewhere6,7,9 though it should be noted that for mothers and 97% for babies. This is similar to uptake in the UK and elsewhere6,7,9 though it should be noted that for mothers and 97% for babies. This is similar to uptake in the UK and elsewhere6,7,9 though it should be noted that for mothers and 97% for babies. This is similar to uptake in the UK and elsewhere6,7,9 though it should be noted that for mothers and 97% for babies. This is similar to uptake in the UK and elsewhere6,7,9 though it should be noted that for mothers and 97% for babies. This is similar to uptake in the UK and elsewhere6,7,9 though it should be noted that for mothers and 97% for babies. This is similar to uptake in

**Reasons mothers chose to attend a GP or hospital clinic**

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<th>Mothers who opted to attend a GP did so because of:</th>
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<td>• Familiarity</td>
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<td>• Opportunity to discuss immunisation, feeding or family planning</td>
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<th>Those who chose to attend a hospital clinic:</th>
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<tr>
<td>• Believed that there would be a superior quality</td>
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<td>of examination</td>
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<tr>
<td>• Felt that they were more likely to be offered a cervical smear test at the hospital</td>
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<td>• Did so on the advice of the hospital</td>
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For practice nurses if preferred (and this may lend gender choice where otherwise not available) and is remunerated within the Mother and Child Scheme.

The Department of Health should play its part in encouraging more six week checks to be carried out in general practice by increasing the amount paid for such work.

There is no financial loss to public or private secondary care in GPs doing more six week checks, nor do patients lose out. Where attending a consultant privately, patients are normally covered by private health insurance which pays the consultant for the antenatal/postnatal care ‘package’, with no deduction in payment if the six week check is carried out elsewhere.

The continued dominance of a hospital-led service in routine postnatal care does not make clinical, practical or economic sense. It’s time to change.

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References: