

How can routine antenatal care protocols and practice in the Northern Territory be improved?

Summary points of a discussion paper, July 2002

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Antenatal care has long aimed to improve outcomes for pregnant women and their babies. However, specific recommendations about routine antenatal care have often been inconsistent, and have not always been evaluated in terms of effectiveness and safety before being included in protocols and practice.

Key findings of a review of Northern Territory protocols about routine antenatal care

In the Northern Territory, protocols have been used for at least the last decade to guide the provision of routine antenatal care. I reviewed eleven protocols published from 1994 to 2001. Findings of this review relating to specific recommendations included:

- The 'standard' schedule of routine antenatal visits recommended in all NT protocols, similar to the majority of Australian protocols, was based on an arbitrary 1929 UK policy recommendation.
- Coverage of smoking cessation intervention in pregnancy, an activity with good quality evidence of effectiveness, was very variable between protocols, ranging from no mention in two Royal Darwin Hospital protocols to a detailed protocol in the 3rd edition of the Women's Business Manual.
- All protocols recommended that an HIV test be included as a routine first antenatal visit test, although protocols varied in the amount of information they gave about consent procedures and other testing issues. Only the most recent Royal Darwin Hospital protocol recommended screening for hepatitis C, including it as a routine first visit test.
- All protocols recommended screening for anaemia although specified criteria for diagnosing anaemia or treating anaemia with intramuscular iron varied. Most protocols recommended that all pregnant women be routinely prescribed or given iron supplements, although the evidence supporting this practice is questionable.
- While all NT protocols recommended universal screening for gestational diabetes, they varied substantially in all areas of recommendations about this topic, including about the screening test/s to be used and their timing, and the criteria for and responses to women being allocated to a 'high risk' category.
- Recommendations about screening for genital tract infections were variable between protocols in terms of the number and timing of screening episodes, and the types of specimens and tests. There was a trend towards the increasing use of PCR tests in recent years. Two Royal Darwin Hospital

protocols were notable in not including any mention of screening for genital tract infections in pregnancy.

- Inclusion criteria for offering screening and diagnostic tests for congenital abnormalities had broadened in protocols published in later years. Serum screening for Down syndrome was variably covered in protocols, with recommendations ranging from screening being offered to all women to screening being offered only to women at high risk.

Improving routine antenatal care protocols and practice in the Northern Territory

Based on my review of NT protocols and other sources of information obtained from research and reading conducted during my PhD studies, I have generated the following list of ideas for discussion. The points listed describe activities that in my view would aid the development of better quality antenatal care protocols, and better quality antenatal care provision for women in the NT. They are described in more detail in pages 49 to 52 of this report.

1. *Develop and disseminate uniform, evidence-based protocols about routine antenatal care, relevant to NT populations and settings.*

Useful recent systematic reviews of research evidence are available for many antenatal care content areas, but would need to be assessed for local relevance by NT stakeholders. There is a need to conduct systematic reviews of research evidence relevant to an NT context about:

- a) Screening for genital tract infections in pregnancy (other than Group B streptococcus)
- b) Screening for urinary tract infections in pregnancy
- c) Screening for anaemia in pregnancy
- d) Screening for gestational diabetes

In an NT context, it is essential that Indigenous women be involved in decision making for antenatal care protocol development, and this is of particular importance where different recommendations are being proposed for Indigenous and non-Indigenous groups of women.

2. *Develop and disseminate information for pregnant women about all antenatal tests and activities in a range of formats suitable for different groups, based on the same recommendations and information contained in the evidence-based protocols*

3. *Change the standard antenatal visit schedule to fewer longer routine visits and a more flexible woman-centred approach*

4. *Develop, implement and evaluate locally appropriate interventions about smoking cessation in pregnancy*

- 5. Clarify approaches to antenatal screening for HIV and HCV, and procedures for counselling women and obtaining consent for each screening process**
- 6. Develop materials and provide training for all NT providers of antenatal care to assist them in counselling women about screening for congenital abnormalities**

Qualitative research into the views of Indigenous women and other community members about screening for congenital abnormalities, and its sequelae would aid this process.