



Royal College of
General Practitioners



The Royal College of
Midwives



Royal College of
Obstetricians and Gynaecologists
Bringing to life the best in women's health care

2010 Consensus statement – RCGP, RCM & RCOG

The role of the General Practitioner in Maternity Care

Representatives of the RCGP, RCM and RCOG have met to develop a consensus statement for the UK about the role of the GP in maternity care. This is in acknowledgement that some women will choose to have part of their care from a GP and that the CMACE report 2003-05 highlighted the need for such a statement (1). The quality of maternity care in general practice is one dimension of the research commissioned by The King's Fund to inform an Inquiry into the Quality of General Practice in England, launched in 2009. A discussion paper prepared for the Inquiry panel and published by The King's Fund recognised that the involvement of GPs in maternity care had rapidly declined within the space of two decades (2). The three Colleges recognise that GPs have an important role in maternity care, and those who wish to provide the care must maintain competence. In all other circumstances collaboration and communication between all members of the maternity team is crucial in delivering woman-centred care..

As a minimum the Colleges believe that GPs should be able to:

- Provide pre-conception care, especially for women with complex medical or social needs in collaboration with other specialists
- Provide counselling and health promotion in early pregnancy. This would include competence in management and appropriate referral for conditions such as bleeding and hyperemesis, obesity and smoking cessation management
- Provide information about screening in pregnancy, as determined by the UK National Screening Committee and initiate or refer promptly for the tests
- Provide an early pregnancy consultation to check the woman's general health, including a review of medical history from the medical records and an examination of the heart. The GP should then formally communicate, with the woman and members of the maternity team, any issues of medical, psychiatric or social significance for the pregnancy
- Signpost childbearing women with emergency conditions directly to hospital. For less urgent conditions face to face assessment by the GP may be appropriate. GPs need to be competent to recognise, manage and refer conditions such as pre-eclampsia, sepsis, headache and breathlessness in pregnancy
- Provide postnatal care including contraception advice and a postnatal examination
- Provide follow up care for diabetes, hypertension, anaemia, sepsis, mental health or conditions which may have complicated pregnancy

Strategic policy should encourage GPs to maintain skill and competence around the impact of pregnancy and childbirth on women's general medical and social health. It should reinforce the value

of retaining relationships with GPs during pregnancy, and the crucial role of GPs in continuing care for women with underlying medical conditions. Policy should reiterate the importance of GPs and midwives sharing information as partners in care, in order to facilitate optimum specialist maternity care provision for women. In remote and rural areas, the GPs role in maternity care may be enhanced to ensure appropriate medical input, through GPs retaining a range of obstetric skills which facilitate safe provision of antenatal, intrapartum and postnatal care for women.

This can only happen if skills are acquired in training and maintained in practice, through continuing education. The RCGP needs to ensure that all GPs in training receive training to equip them for this role. The messages from the Confidential Enquiry into Maternal Deaths need to be adopted and disseminated by the RCGP and it should develop educational material and activities to ensure that GPs can maintain and update their skills in maternity care.

- (1) Lewis G. Saving mother's lives: Reviewing maternal deaths to make motherhood safer – 2003-2005. The Seventh Report of the Confidential Enquiries into maternal deaths in the United Kingdom. CEMACH: London 2007.
- (2) Smith A, Shakespeare J, Dixon A. The role of GPs in maternity care-what does the future hold? The Kings Fund 2010. Accessed 1/9/20 at http://www.kingsfund.org.uk/current_projects/gp_inquiry/dimensions_of_care/maternity_care_in.html