

Submission by the Australian Nursing and Midwifery Federation

LEAPP Guidelines for Pregnancy and Postnatal Care

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Nursing &
Midwifery
Federation**



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Introduction

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 326,000 nurses, midwives and care-workers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

The ANMF welcomes the opportunity to review and provide feedback to the Australian Living Evidence Collaboration (ALEC) on the Living Evidence for Australian Pregnancy and Postnatal Care (LEAPP) Guidelines. The ANMF recognises that a midwife was the designated carer in 46% of maternity care in Australia in 2023, and the most common carer in all jurisdictions.¹ Nationally the ANMF represents the largest number of midwives in the country, with more than 20,000 midwife members. As the largest professional and industrial body for midwives in Australia, the ANMF has significant interest in Federal maternity policy as it directly relates to workforce. Given that midwives could be considered the primary user of the LEAPP Guidelines, additional input from midwives throughout conceptualisation would have strengthened their validity, acceptability, and usability. The ANMF was disappointed to be excluded from the LEAPP Guidelines creation. We are requesting inclusion in the Australian Living Evidence Collaboration in future so that we can best represent the ongoing views of our considerable cohort of midwifery members.

¹ Australian Institute of Health and Welfare (2023). <https://www.aihw.gov.au/reports/mothers-babies/maternity-models-of-care/contents/what-do-maternity-models-of-care-look-like/designated-and-collaborative-carers>.



Do you have any feedback on new or updated recommendations for pregnancy care?

Pre-pregnancy care, including reproductive and sexual health counselling, is an important component of improving pregnancy outcomes. Screening for hypertension, diabetes, communicable diseases, nutritional deficiencies, mental and social health and wellbeing, should all be reviewed and treated as appropriate before pregnancy where possible. While information provided in the guidelines should include treatment options for these conditions, it is also important to provide evidence and support for primary health practitioners and medical practitioners to assist women to be as healthy as possible prior to pregnancy. The development of preconception counselling guidelines could assist those with limited knowledge to identify key aspects of health and wellbeing that play roles in a successful pregnancy.

The pregnancy care guidelines, if they are to be made available to the public, must be translated into laymen's terms to make them accessible to non-medical readers. These versions of the pregnancy care guidelines must also be translated into as many languages as possible to reflect the growing diversity of Australia's birthing population.

The guidelines do not address the appropriate allocation of time required to ensure that they can be met. Additional time may be required for midwives to meet the antenatal care and education recommendations included in the guidelines, and health services must ensure an adequate number of midwives are employed and rostered to meet this time requirement.

Section 6.4: Medicines

The ANMF is concerned that there are limited Australian resources included in the "Medicines" evidence report.

The ANMF also notes that there was not a discussion of vaccines, including the recently released RSV vaccine which has robust international evidence but was only recently approved for use in pregnancy in Australia.²

Recent supply constraints for commonly used hypertension medicines such as labetalol or immediate release nifedipine demonstrates the acuity of medicine shortages, when health practitioners are accustomed to using a limited profile of medicines in pregnancy. Due to federal and international supply issues, health practitioners are often forced to determine the most appropriate available medicines in pregnancy. The guidelines should reflect the issues inherent in this decision-making process for health practitioners and women when medicine shortages reduce the availability of commonly used medicines.

² Phijffer, EW, de Bruin, O, Ahmadizar, F, et al. (2024). "Respiratory syncytial virus vaccination during pregnancy for improving infant outcomes" *Cochrane Database Systemic Reviews* 2:5. <https://doi.org/10.1002/14651858.CD015134.pub2>.



While recognised to be outside the parameters of this consultation, supply chain issues affecting diagnostic test availability (such as fetal fibronectin test cassettes) or monitoring supplies (such as fetal scalp electrodes) also have a grave impact on the provision of pregnancy and intrapartum care.

Section 7.3.1: Fetal structural anomalies:

The ANMF has no feedback for the new recommendations on fetal structural anomalies or the evidence included in the evidence report. Publishing data collected on women who choose to terminate due to fetal abnormalities should be reported, but this may not be the appropriate setting to do so. This information may help parents who feel isolation in their decision-making process following a diagnosis of a fetal abnormality and may support health practitioners when diagnosing a fetal abnormality.

Section 7.3.2: Fetal growth

The ANMF has no feedback on the new recommendations for fetal growth.

Section 7.7: Risk of preeclampsia

The ANMF notes that in the pre-eclampsia guideline, there is no suggested frequency of urine dipstick testing. There is also no discussion of educating women on the signs and symptoms of preeclampsia. This is a valuable first-line approach to early identification of preeclampsia and should occur at every interaction with a health practitioner.

Do you have any feedback on new or updated recommendations for postnatal care?

The postnatal care recommendations appear to be incomplete. Given that postpartum people and their infants often interact with health practitioners and health professionals outside the maternity space in the early postpartum period, it is a priority that the Postpartum Guideline is as accessible and comprehensive as possible.

Further topics to be covered must include identification of frequent infections, such as mastitis or endometritis, recommendations for infant milk substitution (including quantities, indications, and safe formula preparation), the management of mental health disorders for all parents and caregivers while in the postpartum period, and the ongoing referral pathway to child health services following the postpartum period. The ANMF looks forward to ongoing consultation regarding the expanded Postnatal Care Guideline.

The Postnatal Care Guidelines, if they are to be made available to the public, must be translated into laymen's terms to make them accessible to non-medical readers. This version of the Postnatal Care Guidelines must also be translated into as many languages as possible to reflect the growing diversity of Australia's birthing population.



The Guidelines also do not address the appropriate allocation of time required to ensure that they can be met. There is a need to acknowledge the impact of reduced length of stay and increase in acuity which has occurred in recent years, without a correlated increase in the workforce needed to appropriately care for women in the extended postnatal space.

Section 7.1: Medicines, herbal preparations and supplements

There is no discussion of the combined or cumulative risk of medicines during breastfeeding. There is also no discussion of the short- or long-term risks of substituting breastmilk with infant formula including water safety or supply issues.

A harm reduction model also recommends clear education for women regarding the use of illicit or contraindicated drugs in pregnancy and while breastfeeding. This may include a discussion of the risks of smoking or vaping tobacco or marijuana while breastfeeding.

Do you have any feedback on any of the recommendations for pregnancy / postnatal care?

Please see above.

Do you have a new clinical question for pregnancy care?

Not at this time, however the ANMF is a key stakeholder in pregnancy care in Australia representing the majority of midwives providing this care to women and requests ongoing inclusion in the development of new or updated clinical guidelines.

Do you have a new clinical question for postnatal care?

Not at this time, however the ANMF is a key stakeholder in pregnancy care in Australia representing the majority of midwives providing this care to women and requests ongoing inclusion in the development of new or updated clinical guidelines.

Anything else you would like to share about the guidelines?

While the ANMF recognises the complexity involved with writing and updating guidelines for care, we are concerned that there are currently many guidelines that the Consortium is seeking input on. To give considered and meaningful feedback, it would be beneficial to clearly advertise feedback timelines and periods, and request feedback on a small number of guidelines at a time.



Conclusion

The ANMF appreciates the opportunity to review and provide feedback to the Australian Living Evidence Collaboration (ALEC) on the Living Evidence for Australian Pregnancy and Postnatal Care (LEAPP) Guidelines. National guidelines can only be nationally applicable if they have been developed through a comprehensive and systematic process involving broad and in-depth consultation with key stakeholders. Key stakeholders not only include professional groups but also the individual midwives the guidelines have been designed to support. The ANMF believes further effort should be made to broadly consult on the draft LEAPP Guidelines beyond the selected professional organisations. It is also disappointing the draft LEAPP Guidelines have been released in an incomplete form for stakeholder and public consultation. The ANMF looks forward to ongoing engagement regarding the development of the LEAPP Guidelines.