Submission
No 47

SUPPORT FOR NEW PARENTS AND BABIES IN NEW SOUTH WALES

Organisation: The Royal Australian College of General Practitioners (RACGP)

Name: A/Professor Charoltte Hespe

Position: Chair, RACGP NSW & ACT

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Healthy Profession.
Healthy Australia.

14 November 2017

Kevin Conolly MP
Committee Chair
NSW Legislative Assembly
Committee on Community Services
NSW Parliament House
SYDNEY NSW 2000

Dear Mr Connolly

Re: Invitation to make a submission – Inquiry into support for new parents and babies

The Royal Australian College of General Practitioners NSW&ACT welcomes the opportunity to comment on the inquiry into support for new parents and babies.

Our submission addressing the Terms of reference is attached hereto.

If you have any questions regarding this response, please contact Roslyn Irons, State Manager of RACGP NSW&ACT at nswact@racgp.org.au

Yours sincerely

[redacted]

A/Professor Charlotte Hespe
Chair, RACGP NSW&ACT

Att.

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Inquiry into support for new parents and babies.
NSW Legislative Assembly
Committee on Community Services

Submission. NSW/ACT Faculty Royal Australian College of General Practitioners.
November 2017

The Faculty welcomes the inquiry and appreciates the opportunity to make this submission.

Term of reference1. The adequacy of current services and structures for new parents, especially those who need extra support to provide a safe and nurturing environment for their babies.

There are a variety of services and structures for new parents and babies throughout NSW. Mapping them is beyond the scope of this submission.

This submission focuses on the current contribution of The Royal Australian College of General Practitioners (RACGP). The RACGP is an academic college with responsibilities that include setting standards for general practice and for the training of general practitioners. The College advocates for quality services for new parents and their babies and for reducing inequity in health outcomes.

General practitioners are the child health information source most commonly used and trusted by Australian parents, with 90% having used their GP for child health advice in the last six months and three out of four reporting they "trust them a lot". [1]

The RACGP Curriculum for Australian General Practice 2016 addresses education and professional development for doctors in pre vocational and vocational training as well as their need for life long continuing professional development.

The Curriculum includes a statement on Children and young people's health. The statement notes that "families consult general practitioners and community nurses more commonly than any other health professional for problems arising in infancy.[2,3] The most common presentations in the first three months of life include immunisation, six-week check, upper respiratory tract infections, oesophageal reflux, bronchiolitis, dermatitis, infectious conjunctivitis, irritability and fever.[4] Sleep deprivation in the early months is another common presentation that can have a

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significant impact on the family in a number of measurable ways, including postnatal depression. GPs play an important role in providing support for the family unit and identification and management of health issues during these early months. This care includes the avoidance of inappropriate medicalization that may result in families missing out on accessing appropriate and effective care.[5-7]

The rewards of providing care to children are enhanced when the doctor is able to establish an ongoing relationship with the child and their family. Parents report that they value doctors who understand the complexities of family life. General practitioners often see the same young children as seen by community nurses and other healthcare workers, and need to be able to work in teams and to collaborate efficiently for optimal patient care and to support families most at risk".[8]

Ideally primary health networks and local health districts in NSW collaborate with general practice and the local community in co-creating structures that enable collaborative teamwork.

Relationships.

A feature of quality general practice is comprehensive whole person health care delivered in the context of a continuing relationship.[9] The importance of health care in the context of relationships is increasingly discussed in the literature that is concerned with trauma informed care. A challenge with respect to new parents and their babies is to find ways of supporting parents who themselves have high adverse child experience scores (ACEs) and low resilience, to raise children with lower ACEs and higher resilience. To this end these parents need to experience safe, sustained, nurturing relationships (SSNRs) themselves in order to create SSNRs with their children. The ongoing relationship at the heart of care in general practice is well placed to provide such an SSNR.

New parents and their babies need care that minimises toxic stress and is early to intervene if evidence of such stress emerges. The Curriculum, as described, specifically addresses these issues. The work is further supported by the RACGP Guidelines for preventive activities in general practice. 9th edition. (The Red Book).

Preventive activities

The Red Book includes preventive activities prior to pregnancy (Chapter 1) and activities supporting new parents and their babies (Chapter 3).

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Chapter 1 includes the promotion of psychosocial health and the management of substance use.

Chapter 3 includes a description of the content of well child visits at age 6 weeks, 4 months, 6 months, 12 months and 18 months. The recommendations to promote breast-feeding, monitor physical growth, oral health and developmental progress align well with the recommendations in the NSW Health publication, the Parent Held Record (the Blue Book). Together these publications describe a solid platform for universal services.

Chapter 3 of the Red Book also advises,

- "When a baby or child is presented as a 'problem', assessment should include parental mental health, family functioning, the possibility of domestic violence and adequacy of social support".

It continues, whilst

- "At present, there is insufficient evidence for either benefit or harm in screening for postnatal depression (PND). However, PND is known to have an unfavourable impact on the quality of attachment and family functioning. Further, there are evidence-based interventions for PND and improving the quality of mother–infant interaction adversely affected by PND. GPs should be alert to the possibility of impaired parental mental health and family dysfunction. Visit Pregancy and early parenthood - BeyondBlue"

Other relevant RACGP documents publically available on the College website

Curriculum Statement; Abuse and violence

Red Book Chapter 2; Genetic Counseling and testing

Red Book Chapter 10; Depression, suicide, intimate partner violence

Red Book Chapter 11; Oral health

Red Book Appendix 3A: "Red Flag" an early intervention referral guide (for developmental delay)

Abuse and Violence: working with our patients in general practice (The White Book)

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SNAP – a population health guide to behavioral risk factors in general practice

http://www.healthinfonet.ecu.edu.au/key-resources/programs-projects?pid=1281

Term of reference 2: Changes to current services and structures that could improve physical health, mental health and child protection outcomes

With respect we suggest that the Inquiry consider two recent documents that after reviewing the evidence conclude

1. A Public Health approach is required

- "Developing better ways of educating and empowering the general public about the evidence identified in this paper should be a priority. However, educating and empowering is not just about providing the public with more information, but is about engaging and building relationships with families at key times to help develop understandings of the evidence and how it can be applied in their context, in a way that encourages and enables families to act on the information provided. Different methods for engaging, educating and empowering families will be relevant depending on whether families are planning for a pregnancy, at risk of future unplanned pregnancies, are currently pregnant, or are currently raising a child/children." [x]

2. The need for high quality IT systems to support teams in local communities to learn the way forward to solutions

> The aim of system "reform must be the development of infrastructure for an 'intelligent system' that collects and uses data to measure the outcomes it is achieving, and which has mechanisms for decision-making that are responsive to evidence, data and changing local contexts. Effective systems are designed around the factors that promote the wellbeing of children and reflect the ways families work. They leverage trusted universal service

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platforms to promote the factors known to be important for child development and they respond early to emerging problems".

Term 3. Specific areas of disadvantage or challenge in relation to health outcomes for babies.

The RACGP Curriculum addresses inequity.
https://www.racgp.org.au/Education/Curriculum/Children-and-young-people%E2%80%99s-health

"The prenatal, childhood and adolescent phases of development strongly influence an individual's subsequent health, wellbeing and opportunities in life. Engagement of children and young people in quality general practice care is important to enhancing future opportunities for all but particularly for those from vulnerable communities such as some Aboriginal and Torres Strait Islander people, refugees and asylum seekers, children in out-of-home care and children from families impacted by addiction and other negative social determinants of health.

Health status evaluation at school entry in 2012 identified that 25% of children were developmentally vulnerable on the Australian Early Development Index and 45% of children had tooth decay. The 2011–12 Australian health survey identified that 25% of children aged 2–17 years of age were overweight or obese. Without early identification and intervention, these and other health inequities lead to significant threats to long-term health and wellbeing.

Socioeconomic status undoubtedly has an impact on health inequity in Australia. Poorer socioeconomic status can result in cumulative health vulnerabilities in young people, such as higher teenage pregnancy and smoking rates. These statistics highlight the importance of high-quality primary care provision for all, combined with effective community health education and engagement in improving health outcomes".

The RACGP Red book also addresses inequity. https://www.racgp.org.au/your-practice/guidelines/redbook/3-preventive-activities-in-children-and-young-people/

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"What are the key equity issues and who is at risk?

- Low socioeconomic status (SES) is associated with increased childhood morbidity and mortality. This includes higher rates of death from neonatal hypoxia, sudden unexpected death in infancy (SUDI), prematurity-related disorders, and accidental and non-accidental injury; hospitalisations related to asthma; and risk of child abuse. Low SES is also associated with overweight and obesity in children.
- While there has been a decline in infant mortality since the 1990s, infant mortality in Aboriginal and Torres Strait Islander peoples is more than twice that of non-Indigenous children, in part due to pregnancy, labour and delivery complications, and trauma and congenital malformations. Aboriginal and Torres Strait Islander infants have higher rates of death from SUDI. They are also more likely to be born premature or with low birth weight and are more likely to be hospitalised before 1 year of age.
- Aboriginal and Torres Strait Islander peoples and people from socioeconomically disadvantaged backgrounds are more likely to experience low immunisation rates".

Term of reference 4. Models of support provided in other jurisdictions to support new parents and promote the health of babies

Faculty members have suggested models that the Inquiry might consider.

4.1 The Possums Clinic

"The Possums Clinic is a multidisciplinary general practice in Highgate Hill, Brisbane . https: //possumsonline.com/

Our services are genuinely holistic and evidence-based. Through our research and programs for health professional education, we provide leadership both at home and internationally".

4.2 In Pueblo, Colorado, USA a large general practice routinely screens Mothers for their own ACE score. They also administer a two-question screen for resilience. Family support workers (in essence, social workers) target the families of newly pregnant mothers who have high ACE scores and low resilience scores. Unpublished data suggests that the intervention is rated highly by mothers, families and the health professionals involved.

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Presentation at Adverse Childhood Experiences, South Eastern Summit 2017: The Art of Healing ACEs

Leslie Dempsey MD (Faculty Physician, Southern Colorado Family Medicine Residency Pueblo, CO.), Noel Baros, Ashley Harmening. "Support, Connect and Nurture: An intervention designed to reduce intergenerational transmission of ACEs in a primary care centre"

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Prevention and Early Intervention. Canberra: Australian Research Alliance for Children and Youth (ARACY). [page 9]