



## **Guidelines for Assessing Postnatal Problems (GAPP): a summary of findings**

Pregnancy and birth are major events in women's lives. Giving birth is the most common reason for hospital admission in Australia. Whilst the months of pregnancy are filled with check-ups and investigations the months following childbirth have received little attention. Guidelines for Assessing Postnatal Problems (GAPP) in general practice follows on from doctoral research undertaken by the CI into the role of the GP in postnatal care,<sup>1-6</sup> and builds on work undertaken by the Centre for the Study of Mothers' and Children's Health (the Centre) into maternal depression, satisfaction with maternity care and physical health after childbirth.<sup>7-10</sup>

Guidelines for Assessing Postnatal Problems (GAPP) aimed to increase the knowledge and skills of general practitioners (GPs) enabling them to deal more appropriately with depression and physical health problems occurring in the year following childbirth. A secondary aim was to assess the use of simulated patient evaluators in the delivery and evaluation of a general practice educational intervention.

The GAPP program was designed, using the best available evidence and adult learning principles, as an innovative, flexible, multifaceted educational program for GPs. The program encouraged GPs to use systematic, evidence-based guidelines for postnatal care. The education program was offered to GPs working in the eight municipalities randomised to intervention community status in a large community intervention trial aimed at improving maternal health at the population level: Program of Resources, Information and Support for Mothers (PRISM).

Key features of the GAPP program included: 3 interactive workshops, 2 practice visits by a simulated patient followed by feedback, 2 clinical audits of postnatal care, user-friendly laminated evidence-based guidelines, attractive ESP sticker (emotional, social, physical) for use as an interviewing prompt, and 3 monthly newsletters.

Eight GP Advisors, one from each local government area, were recruited to assist with local adaptation of the program. Several of these GPs continued to be active members of local PRISM steering committees. These comments give a flavour of the reflections of the GP Advisors:

*"..I'm probably more involved than I thought I would be. I didn't really think that I would go to the PRISM meetings and become involved in the community things as much as I have. ....I've gone to nearly every meeting.....because it's paid and....because the people who are at the committee meetings are really good to work with....."*

*"... one of the more satisfying parts has been to do with the local steering committee....  
I feel ..I can make a real contribution.."*

*"...I've got to know a lot of the maternal and child health nurses better and some of their issues as well....."*

Five hundred and twenty seven GPs were eligible to participate in GAPP. A total of 81 (15.4%) GPs registered for GAPP, which is consistent with reported uptake of CME activities.<sup>11</sup>

Statistically significant and clinically meaningful changes were obtained for all the pre-specified hypotheses. After completion of the GAPP program the odds of a GP being rated by the SP as: *really listening* ranged from 2.3-2.7 (95% CI > 1.0); *exploring cues* was 2.2 (95% CI 1.0-5.5); *asking about urinary incontinence* was 3.6 (95% CI 1.5-9.8); *asking about bowel problems* was 3.0 (95% CI 1.1-9.2); and *asking about sex* was 9.0 (95% CI 2.2-80). Major improvements were found on the self-report measures about GPs knowledge and management of common postnatal problems, especially for depression, backpain, exhaustion, urinary incontinence and sexual issues.

The GAPP project included training and evaluating the use of simulated patients (SP) to visit GPs in their own practices, before and after the workshops and clinical audit. An intensive 30-hour training program was devised and implemented. Intra-rater reliability was high (median Kappa score range 0.8-0.87), inter-rater reliability was moderate to almost perfect (% concordance range 62-88; Kappa summary statistic 0.46-0.95).

Forty-six percent of the GPs rated the visit to their clinic and feedback from the SP as the most useful part of the program, and 32% rated this as the most challenging part.

The success of the GAPP project should encourage other researchers to consider the use of simulated patients in the implementation of guidelines in the primary care setting.

Jane Gunn  
Department of General Practice  
University of Melbourne

## References

1. Gunn J, Lumley J, Young D. Visits to medical practitioners in the first 6 months of life. *Paediatric Child Health* 1996;32:162 - 166.
2. Gunn J. The role of the general practitioner in postnatal care: an early intervention study [PhD]. University of Melbourne, 1997.
3. Gunn J, Lumley J, Young D. Involvement of Victorian general practitioners in obstetric and postnatal care. *Australian Family Physician* 1998;27((Suppl 2)):S73-S83.
4. Gunn J, Lumley J, Young D. The role of the general practitioner in postnatal care: a survey from Australian general practice. *British Journal of General Practice* 1998;48:1570-1574.
5. Gunn J. The six week postnatal check up. Should we forget it? *Australian Family Physician* 1998;27(5):399-403.
6. Gunn J, Lumley J, Chondros P, Young D. Does an early postnatal check-up improve maternal health: results from a randomised trial in Australian general practice. *British Journal of Obstetrics and Gynaecology* 1998;105:991-997.
7. Brown S, Lumley J, Small R, Astbury J. *Missing Voices*. Melbourne: Oxford University Press, 1994.
8. Brown S, Lumley J. Maternal health after childbirth: results of an Australian population based survey. *British Journal of Obstetrics and Gynaecology* 1998;105:156-161.
9. Astbury J, Brown S, Lumley J, Small R. Birth events, birth experiences and social differences in postnatal depression. *Australian Journal of Public Health* 1994;18(2):176-84.
10. Lumley J, Small R, Yelland J. Having a baby in Victoria: Final report of the Ministerial review of Birthing Services in Victoria. Melbourne: Health Department of Victoria, 1990.
11. Hulsman RL, Ros WJG, Winnubst JAM, Bensing JM. Teaching clinically experienced physicians communication skills. A review of evaluation studies. *Medical Education* 1999;33:655-668.