

Pregnancy and Maternal Health Policy Brief

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Scope

The Australian Longitudinal Study on Women's Health (ALSWH) has investigated factors associated with the development of pregnancy complications, preconception and antenatal maternal nutrition, anxiety and depression during and after pregnancy, and pregnancy-related healthcare costs. Key findings from the ALSWH are outlined here.

Research Findings

Preconception health

- Many women of reproductive age were not nutritionally prepared for pregnancy - 9 out of 10 Australian women reported consuming fewer than 5 fruit and vegetables portions per day.¹
- 63% of women trying to conceive took at least one dietary supplement; 51% took supplements containing folic acid and 13% took folic acid as a single nutrient supplement.²
- Higher diet quality before or during pregnancy was associated with a lower risk of adverse pregnancy outcomes, such as gestational hypertension for the mother and low birth weight for the infant.³ High intake of red and processed meat, snacks, and sweets was associated with higher risk of gestational diabetes; the Mediterranean diet was associated with lower risk of gestational diabetes and hypertension during pregnancy.^{4,5}
- However, pre-pregnancy BMI contributed substantially to the association between the Mediterranean diet and gestational diabetes and hypertension.⁶

- Women who had their first menstrual period early (at age 11 or younger) were at higher risk of developing gestational diabetes compared with women who had their first menstruation at the average age of 13 years, partly because women who started menstruating early had a higher BMI when they became pregnant.⁷
- Children born to 'chronically overweight' and 'chronically obese' mothers were more likely to be overweight or obese than normal weight relative to children born to women with a 'normative' BMI trajectory.⁸
- Second-born children of mothers with high weight gain between pregnancies (≥ 4 BMI units) were also at higher risk of being overweight or obese compared with children of mothers with stable inter-pregnancy weight.⁸
- Women who were trying to conceive or had had previous fertility issues were more likely to consult an acupuncturist or naturopath.⁹
- 82% of women who drank alcohol before pregnancy continued to consume some alcohol during pregnancy (especially if they were risky drinkers before pregnancy). Even after the abstinence guidelines were introduced, 78% of women continued to drink during pregnancy.^{10,11}

Mental health during pregnancy

- There were disparities in access to routine perinatal depression screening and psychosocial assessment programs. For example, women who gave birth in the private maternity sector were less likely to be assessed across various domains of psychosocial health during pregnancy.¹²
- Women who were asked by a health professional about their emotional health during the perinatal period were more likely to seek help and be referred for additional support than women who were not asked.^{13,14}
- Women who reported a history of depression and anxiety were more likely to report experiencing postnatal depression.¹⁵

Health care in pregnancy

- Caesarean delivery was the major driver of maternal hospital costs for public patients.¹⁶

- Other predictors of government-funded maternal out-of-hospital costs were IVF, specialist use, GP use, private health insurance status, area of residence¹⁷, adverse birth outcomes and mental health factors (including anxiety, intense anxiety, postnatal depression and stress about their own health).¹⁶
- A history of poor mental health was associated with an average increase in costs of over 11% during the perinatal period.¹⁸

Recommendations

- Changes to Australia's Medical Benefits Schedule (MBS) items for obstetric services (including MBS items 16950, 16951 and 16407)¹⁹ to prioritise perinatal mental health alongside physical health and help drive practice change in the private sector. These changes should be accompanied by adequate training and resources, structured referral pathways for women and supportive systems for staff.
- Data items on depression/anxiety screening in the antenatal period, psychosocial referral in the antenatal period, presence or history of a mental health condition (as well as items on alcohol use and domestic violence) should be included in the Perinatal National Minimum Dataset.
- Prevention, detection and treatment of poor mental health prior to child bearing and during pregnancy are recommended to reduce the incidence of postnatal depression.
- Pre-pregnancy and antenatal health care consultations should be used to increase women's understanding of risks associated with overweight and obesity, poor diet and alcohol use for the woman and her baby.

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