

The Medical Journal of Australia • MJA

MEDIA RELEASE

NEW PREGNANCY CARE GUIDELINES DITCH VITAMIN D

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UPDATED clinical guidelines for pregnancy care recommend early routine testing for hepatitis C, the discontinuation of routine testing for vitamin D status, offering advice to pregnant women about weight, diet and physical activity, and the chance to be weighed at each antenatal visit, according to the authors of a guideline summary published today by the *Medical Journal of Australia*.

The update represents a streamlining of the guidelines with the consolidation of two separate editions (2012 and 2014) into a single document. Eleven topics have been updated and new guidance on substance use in pregnancy has been added.

The updated guidelines include the following key changes to practice:

- recommend routine testing for hepatitis C at the first antenatal visit;
- recommend against routine testing for vitamin D status in the absence of a specific indication;
- recommend discussing weight change, diet and physical activity with all pregnant women; and
- recommend offering pregnant women the opportunity to be weighed at every antenatal visit and encouraging women to self-monitor weight gain.

“The guidelines will enable pregnant women diagnosed with hepatitis C to be identified and thus avoid invasive procedures that increase the risk of mother-to-baby transmission,” wrote the summary authors, led by Professor Caroline Homer, Co-Program Director (Maternal and Child Health) at the Burnet Institute in Melbourne, and Visiting Professor of Midwifery at the University of Technology Sydney.

“Women can be treated postpartum, reducing the risk of liver disease and removing the risk of perinatal infection for subsequent pregnancies.

“Routine testing of all pregnant women for vitamin D status and subsequent vitamin D supplementation is not supported by evidence and should cease as the benefits and harms of vitamin D supplementation remain unclear.

“The recommendation for health professionals to provide advice to pregnant women about weight, diet and physical activity, and the opportunity to be weighed will help women to make changes leading to better health outcomes for themselves and their babies.”

The guidelines are intended “for all health professionals who contribute to antenatal care including midwives, obstetricians, general practitioners, practice nurses, maternal and child health nurses, Aboriginal and Torres Strait Islander health workers and allied health professionals,” Homer and colleagues wrote.

While they are not intended to be a consumer resource, they are publicly available and can also be accessed by women and the media seeking information on antenatal care at <https://beta.health.gov.au/resources/publications/pregnancy-care-guidelines-and-related-documents>.

“The next challenge is to facilitate the uptake of the guidelines and their incorporation into routine care so that the women of Australia receive the highest possible quality of maternity care,” Homer and colleagues wrote.

“We trust that the guidelines will contribute to greater consistency in pregnancy care and improve the experience and outcomes of pregnancy care for women and their families.”

Please remember to credit *The MJA*.

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