Australian Action on Preeclampsia Inc (AAPEC)

Submission to the Senate Select Committee on Women's Health

Australian Action on Preeclampsia Inc (AAPEC) welcomes the opportunity to contribute to the Senate Select Committee on Women's Health inquiry.

AAPEC is Australia's national volunteer-run organisation supporting women and families affected by preeclampsia and other hypertensive disorders of pregnancy (HDP). Established in 1993, AAPEC provides information and support, raises awareness, contributes to healthcare professional education, supports research and advocates for improved care.

AAPEC's perspective is informed by more than 30 years of supporting women and families affected by preeclampsia, as well as our involvement in research, education and health policy. Through our website, social media and direct enquiries, AAPEC regularly hears from women seeking information, reassurance and guidance following HDP. AAPEC also works with researchers and healthcare professionals, providing consumer input to research proposals, study design, implementation, recruitment and translation.

This submission focuses on postpartum care following HDP.

Postpartum care following hypertensive disorders of pregnancy

Preeclampsia and other HDP can have consequences that extend well beyond pregnancy and birth. Women may experience ongoing hypertension, physical recovery challenges and significant emotional and psychological impacts. They also face increased risks of cardiovascular, kidney and metabolic disease later in life.

The postpartum period therefore provides an important opportunity to support recovery, identify ongoing health problems, explain future health risks and establish appropriate ongoing preventive care. Women should leave maternity care with a clear understanding of what happened during their pregnancy and birth, what to expect during recovery and the impact on their future health.

AAPEC believes Australia needs a consistent, integrated and consumer-centred approach to postpartum care following HDP, with clear pathways from maternity services into primary and ongoing healthcare.

Women's experiences

Preeclampsia can develop unexpectedly and may result in hospitalisation, intensive monitoring, preterm birth and emergency interventions. For some women, the experience is frightening and difficult to understand. Following birth, women may still be managing high blood pressure and medications, recovering physically, caring for a newborn and processing what has happened.

Through its support work, AAPEC hears that women can be uncertain about:

- what their diagnosis means
- what follow-up they require
- how long their health may be affected

- who is responsible for their ongoing care.

The transition from maternity care to the postpartum period can therefore be difficult. Women should not be expected to navigate the health system themselves while recovering from pregnancy and birth and caring for a newborn.

Before leaving maternity care, women should receive clear, accessible information and a planned pathway for follow-up, with appropriate communication between maternity services and their GP or other primary healthcare provider.

Long-term health and prevention

HDP are an important marker of future health. Women who experience HDP have an increased risk of developing cardiovascular disease later in life, including chronic hypertension, ischaemic heart disease and stroke. They also have increased risks of kidney disease, type 2 diabetes and other cardiometabolic conditions. Postpartum care needs to therefore extend beyond immediate recovery. Women should be supported to understand their future health risks, identify and manage risk factors, adopt healthy lifestyle behaviours where appropriate and establish ongoing primary care.

AAPEC recognises that evidence-based guidance for longer-term follow-up already exists, including the Society of Obstetric Medicine of Australia and New Zealand (SOMANZ) Hypertension in Pregnancy Guideline 2023. However, this is not routinely implemented throughout practice with demonstrated knowledge gaps among women and their healthcare providers. The priority should be ensuring that recommended care is implemented consistently and is accessible to women across Australia.

Mental health and wellbeing

The physical consequences of HDP can be accompanied by anxiety, depression, fear and distress following HDP. These experiences may be associated with hospitalisation, uncertainty, preterm birth, emergency intervention or concerns about the health of the mother or baby.

AAPEC provides information and support and, where appropriate, directs women to suitable health and support services. However, AAPEC does not provide formal counselling, highlighting the importance of accessible professional mental health services.

Mental health should be an integral part of postpartum care following HDP. Women should have an opportunity to discuss their emotional wellbeing and their experience of pregnancy and birth, with appropriate support and referral available when needed.

A nationally consistent postpartum care pathway

AAPEC recommends a nationally consistent postpartum care pathway for women following HDP. The pathway should begin before discharge from maternity care and continue into primary healthcare.

Before discharge, women should receive clear information about:

- their diagnosis and expected recovery
- warning signs including when and how to seek urgent care
- blood pressure monitoring and medications

- emotional and psychological wellbeing including where to access support
- longer-term health risks, including health prevention strategies
- implications for future pregnancies.

A written care plan should be provided to the woman and communicated to her GP to support early and ongoing follow-up care, including preventive health interventions.

Early postpartum follow-up should include appropriate review of:

- blood pressure and medications
- physical recovery
- mental health and wellbeing.

Longer-term follow-up should support transition into primary care, with appropriate monitoring of cardiovascular, renal and metabolic health and health prevention support.

Healthcare professional education

Healthcare professional education should extend beyond the acute management of HDP. Health professionals involved in maternity and postpartum care should understand and confidently communicate the immediate and longer-term health implications of HDP, postpartum blood pressure management, cardiovascular and kidney health, mental health and the importance of continuity between maternity and primary care. Education should also recognise the psychological impact of a frightening pregnancy or birth and the importance of communicating future health risks clearly and sensitively.

For women, good maternity care is not only about achieving a safe clinical outcome. It also means understanding what happened, knowing what to expect after leaving hospital and feeling supported in recovery and beyond.

Women with lived experience as partners in improving care

AAPEC strongly believes women with lived experience should have a meaningful role in shaping healthcare. AAPEC's involvement in research demonstrates the value of consumer participation, including input into grant applications, research proposals, study design and implementation, participant recruitment and translation. This approach should extend beyond research to healthcare policy and service design. Women and their families with lived experience should be involved in:

- identifying priorities
- co-designing postpartum care pathways
- developing patient information and healthcare professional education
- designing research
- evaluating services.

Lived experience should be valued alongside clinical and research expertise. AAPEC is committed to working collaboratively with researchers, healthcare professionals and policymakers to ensure the perspectives and priorities of women and families are reflected in healthcare.

Recommendations

AAPEC recommends that Australian governments:

1. Develop a nationally consistent postpartum care pathway for women following HDP.
2. Extend and fund postpartum care beyond the immediate postnatal period to provide women affected by HDP with structured follow-up at around six months postpartum. This should include assessment of physical and mental health, blood pressure and other cardiovascular risk factors, discussion of longer-term health risks and preventative strategies, and appropriate referral or follow-up where required. Consideration should be given to dedicated Medicare funding for an extended postnatal consultation to support this care.
3. Establish clear, coordinated pathways between maternity and primary care for women following HDP, including consistent communication of the HDP diagnosis, relevant clinical history and recommended follow-up. Consider establishing a national post-HDP register or recall system, similar to existing models used for diabetes, to support systematic follow-up, facilitate timely cardiovascular and other health assessments, and reduce the risk of women being lost to ongoing care.
4. Provide women with clear, accessible information about their HDP, recovery, warning signs, future health risks and future pregnancies.
5. Integrate mental health and psychological wellbeing into postpartum care, with appropriate support and referral pathways.
6. Ensure postpartum care and information are culturally safe and linguistically appropriate, including for Aboriginal and Torres Strait Islander women and women from culturally and linguistically diverse backgrounds.
7. Build healthcare system capacity to provide high-quality, woman-centred care for women affected by HDP, including recognition and management of both immediate and long-term health consequences.
8. Meaningfully involve women with lived experience in the co-design and evaluation of postpartum healthcare, policy and research.
9. Support research and improved data collection on women's longer-term health outcomes and experiences following HDP.

Conclusion

AAPEC welcomes the Committee's focus on women's health and the importance of high-quality postpartum healthcare.

For women who experience preeclampsia and other HDP, the birth of their baby does not mark the end of their health needs. Postpartum care is an important opportunity to support recovery, address mental health, identify future health risks and establish ongoing preventive healthcare.

Australia has evidence and clinical guidance regarding HDP and longer-term postpartum care. AAPEC believes the priority is now to ensure that women can consistently access appropriate care and understand how their pregnancy may affect their future health.

Women should not have to navigate the consequences of a complicated pregnancy on their own. Postpartum healthcare should be consistent, accessible, evidence-based, connected and consumer-centred, with women with lived experience recognised as essential partners in improving Australia's health system.

AAPEC welcomes the opportunity to contribute the perspectives of women and families affected by preeclampsia and HDP to the Committee's work.