GP LINK Lunches | Tracy Jedrzejewski

Dr Kenneth McCroary, Chair of Sydney South West GP Link, hosts a series of meetings with clinical/ political/regional individuals or organisations to discuss issues and solutions for GPs working in South Western Sydney.

Tracy Jedrzejewski

Dr Ken McCroary

Ken McCroary - Sydney South West GP Link continues to advocate on behalf of our local general practice membership in South Western Sydney. We have recently participated in assisting development of HealthPathway resources and the South Western Sydney Antenatal Shared Care program. We have been working closely with many dedicated individuals in the midwifery and antenatal program who collectively have a passion for improving care for pregnant women throughout the region.

Most recently I have liaised with Tracy Jedrzejewski, a clinical midwifery consultant and antenatal shared care specialist. She has been working as the GP liaison midwife for the local program.

Tracy has been a Registered Nurse and a Registered Midwife for over 20 years. She has worked at Bankstown and Campbelltown/Camden Hospitals for this time. For the past five years she has worked as the Antenatal Shared Care Clinical Midwife Consultant where she has had to cover all the South Western Sydney Local Health District. In the role she is there to encourage and govern the Antenatal Shared Care Program. She is a contact for GPs with any questions or concerns regarding pregnant women and help to provide guidelines to refer women for safe quality care. Antenatal care is a crucially important part of pregnancy and something she is very passionate about to ensure women do receive this safe quality of care from GPs and then continue through to the post-natal birth and return with their babies.

Ken McCroary - So no doubt Tracy your passion for what you do comes through everyday with your passion and support for pregnant women throughout their journey. We recently talked about ways to improve the interaction between midwifes and general practices and also how to interest more GPs in participating in the Antenatal Shared Care program. Can you tell us about your role at the Local Health District with antenatal shared care and with midwifery in general?

Tracy Jedrzejewski - Ok so my role as a Clinical Midwifery Consultant for antenatal shared care is mainly as a liaison between GPs and the Local Health District but it is also to ensure antenatal shared care is a program that is offered to our pregnant women. We encourage women to use the antenatal shared care program because it provides them with lots of flexibility and choice and it offers them a continuity of care model and it also helps to enhance the skills of our GPs while they are looking after the women during their pregnancy and it is also a great communication between our GPs and the local hospitals within our Local Health District.

I have been in antenatal care and midwifery for the last 20-plus years and believe antenatal care is vitally important, and it is that continuity of care that they see their GP during their pregnancy and then continue with the GP after they have had their baby, so it is a continuity of care for the family as well.

Ken McCroary - Excellent, what about your role as a midwife as well, just enlighten us about what that is like and what you enjoy and what you don't and what are the rewarding bits.

Tracy Jedrzejewski - Yes, midwifery has always been a passion of mine so I have been enjoying it for 20 odd years and working with women and families to create a family environment and get them through a time in their life that is really important to them and being part of that journey for women and providing education and seeing them grow after they have had their baby and develop has been one of my greatest passions.

My family hate going shopping with me because we get stopped all the time out in the community with women showing me their brand new babies or babies that are 10 years old and ask me if I remember them and so forth, so that is the real rewarding part. Midwifery is not just looking at a woman and having a feel of her tummy and listening to her baby and so forth it is giving them lots of other education and also helping them to grow them as a person in relationships as well as looking after themselves their mental health and medical health as well.

Ken McCroary - Yes, you mentioned midwifery is not just measuring the fundus and all of that sort of stuff there is a lot of other issues we can look at and other health and social and demographic stuff we can deal with. Do you find anything particularly challenging?

Tracy Jedrzejewski - Understanding all of the new information that comes through and gets implemented and so forth can be really challenging. There are so many advances that are happening at the moment that we sit in the background and wait for them all to be introduced and then we have to try and make sure all women are getting access to that. This becomes very challenging in itself not just for us midwifes but also for the GPs.

Ken McCroary - Yes, your comments about being recognised in the street, that must feel good to know you are making such a positive influence on these people and their families.

Tracy Jedrzejewski - Definitely it is so nice to see them because they remember you even though we see probably thousands of women throughout our clinics and throughout all of our years of midwifery experience and pregnancy care, but we are important to them, so for them to see us and stop us and introduce us as their midwife and that sort of stuff or their carer is just beautiful.

Ken McCroary - Yes, getting back to the shared care program itself, can you run through some of the specifics and statistics, particularly for the local GPs that are not yet part of the program and don't have a big understanding of antenatal shared care or have not yet developed that interest in pregnancy and pre and postpartum care?

Tracy Jedrzejewski - So, our antenatal shared care is aimed at our low risk women so they have to be women who don't have any significant risk factors that are going to take up lots of time in your antenatal clinic. So we aim it at the very low risk women. We have got an inclusion criteria that is very clearly spelled out and we aim for it to not take up too much significant time in your clinic. As a shared care provider we have a set protocol of when women come to see you and when they come to see the hospital.

So the general consensus is when you see a women you diagnose the pregnancy basically. Most GPs are doing all of those initial bloods and we encourage everyone to do those initial bloods and making a referral to the antenatal clinic and the hospital close to where the woman lives. We are encouraging our GPs to make referrals for our women early, so it used to be we would encourage GPs to hang onto pregnant women for as long as possible but it is now seeing a new directive that we want to get our pregnant women booked into the hospital before 12 weeks.

We really encourage after you have made that initial diagnosis, yes they are pregnant here is a referral to the antenatal clinic and we will see them in the antenatal clinic. If they are considered low risk and you are a GP on the antenatal shared care program we will encourage our women to go back to see you but we hope an antenatal shared care provider would have also had a discussion with the woman asking would she like her care with them and that they would like to continue to see them throughout the pregnancy and then selling themselves to say we would love to see your baby after your baby is born and look after your newborn and your family that is developing.

After they have been approved for shared care they will just come back at regular intervals to see the GP out in their rooms and then from there they will have it on the protocol set times of when we do certain procedures. Most things are done at about 28 weeks then from there well you just continue to see a woman at these intervals, if at any time a woman becomes high risk you then refer back to the antenatal clinic. So, you do not have to take on any further risks in your practice so it will then come back to the antenatal clinic for us to care for them in the Local Health District.

Ken McCroary - And you guys also provide education and CPD and development for people on the program don't you?

Tracy Jedrzejewski - Definitely. That is part of our role as the clinical midwifery consultant is also to identify if there are any education needs from the GPs. So that might just be a phone call saying I would like some information on how I can get some further education on this and if we can't find education, we will arrange a CPD event. The CPD events get advertised on the Primary Health Network website as well as HealthChat which is another platform run by the South Western Sydney PHN. It has lots of antenatal shared care information on there as well so we advertise all of that and they are generally bi-monthly we will have some sort of antenatal shared care CPD and anything that is coming up is always advertised and we will also develop programs if they are required.

We are trying to put together a skills CPD event just for people who would like an update to their skills such as abdominal palpation, some information on aneuploidy screening and we are also looking at breastfeeding information and so forth, so that is one of our upcoming events we are just waiting for COVID to sort of shy away a little bit so we can get back to some face-to-face stuff.

Ken McCroary - That is a good segue actually, my next question is about COVID in that I can't get through an interview anymore without brining it up at least at some stage, so with the pandemic how that has affected the program and the birthing units, and also the care of women during their pregnancy, and how did you cope with those challenges of infection prior to the vaccine and even now as the pandemic has evolved?

Tracy Jedrzejewski - Yes COVID has been a huge life changing sort of thing within the hospitals. When the pandemic first hit it was quite severe and we did have staffing concerns because of course a lot of our staff went down with COVID so it was very, very difficult and that is why they did implement the restrictions to visiting. That made it very difficult the restrictions in visiting because it is a time when we are trying to encourage the village to look after women and babies but COVID took that away so it was very much just a mother and a father dealing with that immediate birth and learning and meeting that newborn and that sort of stuff. But now our restrictions have eased a lot are allowed two support people in our birthing units. Now and we are allowed two support people at a time in each of the maternity wards and there are no real concerns about vaccination status except that Bankstown Hospital requires you to be fully vaccinated before you go in.

The care of the women initially when the Delta and Omicron were around, there was significant impact to babies and their wellbeing while in utero because if women did get the COVID virus themselves, so we were finding that our babies were either significantly smaller or we were ending up with a lot more caesareans because of foetal distress, they implemented at the time that all women who got COVID were having four weekly scans so that had a huge impact out in the community of trying to get scans and trying to then either have GPs referring them for scans and the cost and the impact of the costs on women for the scans was quite significant. They have now reviewed it and with the new virus it is not having as big an impact on placentas so they are finding for women who only have a mild case of the disease, who did not require any hospitalisation or any oxygen supplementation to just have a third trimester ultrasound and generally we find if GPs write that third trimester ultrasound there is not a cost involved with most of the facilities that do the ultrasound so it is much easier for women to access ultrasound as well as also not having a financial implication to them.

Ken McCroary - One of the challenges I had particularly the early days of immunisation with all of the mis-information and scare tactics out there from different groups was getting our pregnant women vaccinated. How did you guys deal with that, and did you have much of an issue with that at your end as well or not?

Tracy Jedrzejewski - We did initially but as the research became much more available and ATAGI released a lot more of that information, we were able to get that out to the women and get them vaccinated. We are still finding there is quite a significant amount of women who will not have boosters at all during pregnancy but most have had their two vaccines which is really good, but yes it was a problem and then people thought that they would not be cared for in the hospital so it did make it difficult and there was quite a degree of aggression that we had to also deal with at that time, but now we seem to have moved into a much better place and a much more accepting place with the vaccinations we are finding.

Ken McCroary - Yes, that is good to see, now that we have covered a bit of information about the program how would we go about increasing GP involvement in the shared care and antenatal program overall?

Tracy Jedrzejewski - So if any GP is interested in pregnancy care and looking after women in pregnancy, we encourage them to fill out an application form that can be found on the SWSPHN website. They should complete that and enclose a copy of their registration as well as their insurance and they send that through to Bessie at the SWSPHN. All of that information is there on the page of how to complete it and after they have sent it Bessie reviews and puts it all on file and then she sends that information to myself and I will send an invitation for an orientation session. In that orientation session, at the moment we are doing them online but we are hoping to move into a face-to-face capacity again soon, but in that orientation session we cover what tests are to be done at what time and we discuss education and we basically follow a woman's journey for when she walks in through your doors at your GP practice through to referring her through to the hospital and then to each of her appointments so we give you lots of access to information and education that you can provide to the women as well and how to refer and how to refer to new facilities and services that are available in South Western Sydney.

Ken McCroary - Is it still an option that the availability for the GP, if they are not confident or they are not experienced, are they still able to visit the outpatient department and do palpation and things like that anymore or not?

Tracy Jedrzejewski - No unfortunately because of their restrictions and we have to basically do a full employment to the hospital to even come in for that so that is why we are working on the skill sessions to try and get some hands-on stuff to try and build confidence for GPs as well and we are looking at possibly getting mannequins. To do that we are working with the Western Sydney University to try and get that up and running as well.

Ken McCroary - Yes, that would be good because I have always found that to be a really helpful program and just the experience in a short space of time has been helpful over the years as well, so I think with the live mannequins etc as well that sort of program is definitely going to be helpful for us and bringing new doctors on board as well.

Tracy Jedrzejewski - Definitely we agree totally. It has been quite a hurdle for us to work through and the way we have been able to work through this is with the Western Sydney University because they are out there on site at Campbelltown so we can work with them a little bit more and they are the ones who can look at the live mannequins and they recruit from there and so we have just got to wait for COVID to settle a little bit more and we can get back to it.

Ken McCroary - Absolutely now one of the things that has always been another silly issue is this competition thing and, in my mind, it has always been that we are always on the same team, the midwives, the nurses, the birth unit, the doctors, the GPs, the obstetricians, we are all on the same team and what we all want is a healthy, successful pregnancy and birth and a healthy mother and child moving forward as well. What is your view on that and what is your experience and how do you think things are going?

Tracy Jedrzejewski - Yes, so over my years of experience I have definitely found as being that hospital care is the best care and midwifery care is the gold standard and all of that sort of stuff. But I actually challenge midwives to say and doctors that we are only part of their lives for a very, very short time and if after they have had their baby if we have taken the confidence away from the GPs looking after them who do they take their young child who is sick with a fever or anything at all like that? Who do they that to? They then have to come back to the hospital and use the emergency department because they have got no confidence with the GP.

So, we should never ever be taking away the confidence in the women in their GP. They have established a good relationship with their GP, we should be encouraging that and we should not be ever taking away from a GP saying that we have got better care because I am sorry as you said earlier we are all in this for the same reason and if somebody has got good skills and we know that they have got those skills because we have discussed it with them we are making sure they have access to people if they have got questions, which is myself that sort of thing it makes it a much better model.

So I have found there has been quite a change in the last five years of me working in this role. I have found there is a lot more people discussing GP shared care with the women when they book in and encouraging them to continue that continuity of care throughout their lifestyle and encouraging them to take their babies back to introduce them to their GPs and all of those sort of things. So, I do find that when I first started in GP shared care there was a very low rate of women being referred to GPs for their antenatal care but we have nearly doubled that in 10 years which is fantastic. We are now up to a district percentage of 17 percent of women go out to a GP shared care model. So, when you are thinking of 12,000 births in the South Western Sydney LHD, you are looking at just under 2000 women a year are actually accessing their GP and having their care.

And in that time we haven't had that outcome for anything at all like that for our women who are accessing GP shared care because we are still giving them the same education the same information they would receive and because these are low risk women it is reducing the risk and they are not coming into a hospital around possible sick people they are not being exposed to all of those bugs and everything that could be in a hospital.

Ken McCroary - Yes, and I must say that sort of sentiment works both ways as well and we need to be supporting you guys, the hospital care, the midwives, the nurses there as well, and we should encourage that two-way communication and interaction like you said for our outcome and that is a healthy baby and a healthy mum.

Tracy Jedrzejewski - Collaboration is the only way we can get all these women through and to have happy babies, yes.

Ken McCroary - Absolutely, yes and with the communication I have been doing some work lately to with iRAD and interoperability programs and IT and I think that is probably going to be also very helpful moving forward that sharing of blood results and ultrasounds etc having the ability to be seeing hospital results in our practices and you seeing our results from our labs as well at the same time will save duplicity but also will improve outcomes as well when we are not all trying to chase up the same thing that we can't find. So, are you having much input in to interoperability and improving communication between the hospital side and the general practitioners?

Tracy Jedrzejewski - Yes, we are working at trying to introduce the iRAD program in particular at Campbelltown as a bit of a project to get started but what we have also been able to do is we have been able to access in some of the big pathology places, so we do actually get a result in a timely manner. We are also trying to encourage all of our GPs and all of our midwifes in the hospitals to include our GPs in those results because if we can get that better it becomes part of our normal practice, the results will just flow and people will actually have better outcomes.

Ken McCroary - Yes, definitely and talking about results, it is one of the things that with the pattern of our health in the community changing with the chronicity and the complexity, having the team involved, because we are not just having a pregnant woman anymore are we? We are having a pregnant woman with diabetes and degenerative joint diseases and morbid obesity and those other associated issues, so, what particular co-morbidities and things, and what are the particular special interests and special issues affecting the women of South Western Sydney compared to the rest of the state?

Tracy Jedrzejewski - So obviously our increased BMI is one of our big things we find in South Western Sydney and also there is also the undiagnosed diabetes causing abnormalities and malformations of babies is one of our big things so we would really like to target our diabetes and ensure that when our pregnant women come in we remember the diabetes parameters are much different to a non pregnant so just helping trying to remember that for GPs is a good thing and with our increased BMI and so forth there is a recommendation for GPs to recommend aspirin as part of their initial preparation for women if they do have an increased BMI if they have a previous history of hypertensive disease at all they have got diabetes, if they have got any autoimmune diseases or if they are over the age of 40.

So we would like the GPs to look at those sort of risk factors and if they can consider the use of aspirin which is one of the newest researches around we do encourage that because it is something that if started prior to 16 weeks they are finding it is having much better outcomes for our mums and our babies. We are also targeting the weight gain in pregnancy so there is quite strict parameters that we like our pregnant women to stick to depending on their BMI as well and if they are finding women are not following the weight gain in pregnancy there is the Get Healthy in Pregnancy program they can refer to to help them with the women and their weight gain and healthy eating and so forth because the Get Healthy in Pregnancy can also flow on for after babies are born so we are trying to reduce that BMI after babies are born as well.

Ken McCroary - Yes and with our cultural diversity in the region to with our cultural linguistic background with our Aboriginal Torres Strait Islander women populations, our Pacifica Islander populations, we have not just pre-morbid stuff but they fared worse with COVID as well, so as a group together our team is exposed to these increased needs. Are you guys aware of any other increased needs our GPs have in this area to help us become more involved with the hospital interaction in the successful pregnancy?

Tracy Jedrzejewski - Yes there is a new program that has been introduced. It is at Liverpool at the moment but it is looking at aneuploidy screening for women so looking at doing free nuchal translucent ultrasounds for the women of the Liverpool district so as part of that there is a project involved with that as well that is looking at their risks of developing high blood pressure from that nuchal translucency screening, so doing the PAPPA bloods and BETA CGH and so forth with that, so that can be offered at the Liverpool Hospital at the Foetal Maternal Unit and any GPs in the area can refer, just fill out a Foetal Maternal Unit referral for a Nuchal Translucency form found on the HealthChat page and fax that into Liverpool and they can do that assessment for them for free which is a great initiative that they have started to encourage the people of Liverpool particularly at this stage to have that done and also assess their risk of developing hypertension in pregnancy.

Ken McCroary - Exactly and that unit, I have been referring women there for 20 odd years from Campbelltown so it is not just Liverpool region that can use it, it is for the rest of us as well but that individual program starting out there.

Tracy Jedrzejewski - Just that initial Nuchal Translucency one that is for the women of Liverpool but if you have got anyone abnormal ultrasound or they have consanguinity, advanced maternal age that sort of stuff you can also refer them to the foetal maternal unit where they can be assessed as well which is also free of charge but they need to have those risk factors if they are outside of the Liverpool area.

Ken McCroary - Yes, and the genetic counsellors out there they provide a really great supportive program as well just like you through your liaison role don't they?

Tracy Jedrzejewski - Yes, they definitely do, and all of those referrals for that can be found on HealthPathways.

Ken McCroary - you have mentioned before about HealthPathways and I am finding them a great helpful resource for us and the Baby Monitor newsletter as well do you want to mention anything about that?

Tracy Jedrzejewski - Yes so the Baby Monitor newsletter is released bi-monthly and that comes up on HealthChat and it also gets sent out to you guys as well but the Baby Monitor is any current information we come across or any current CPD events that are done sometimes within the district or sometimes outside the district or even online are included. It is your one-stop shop for all of your current information that can be found so particularly like we said with COVID there were lots of changes happening very quickly we were trying to get that information out to you guys all really quickly through that so we do definitely hope everyone accesses the Baby Monitor and also the HealthChat site and also HealthPathways so they can follow all of the current information as it comes.

Ken McCroary - Yes and it is a good read. So GP Link is an advocate for the GPs but also the patients in our community. We recently made submissions to the coercive control Senate enquiries locally which sort of again leads me to things like domestic violence and that is a major issue everywhere particularly women in pregnancy at that time in their life, are you able to talk about that as a health issue at the moment?

Tracy Jedrzejewski - Domestic violence is always a concern and it is something we do try and encourage the women to discuss when they come to see us. That is why we like them to do the first initial booking by themselves, and it is always a question we ask them at each booking in whether they have been involved in domestic violence, if there is any domestic violence confirmed. We like to engage immediately with our social workers and try and encourage to continue their relationships with their GP because we find they will discuss things sometimes more with their GP than they will with us because they have seen them for a long time but we like them to also see our social workers at some stage even if they are continuing to see the GP so establishing relationships and continuing relationships is something that is really, really important to us.

Ken McCroary - Yes and I have always found that part of your program to be very helpful in terms of it may be the first time the women has been seen by anyone on her own even if we have been seeing them for years there is always a partner or someone present as well and so it is something we really need to encourage is that interaction and that rapport you as nurses and midwifes can develop differently sometimes too, to find out at each visit is so important that may have been missed.

Tracy Jedrzejewski - Yes definitely

Ken McCroary - I think to finish up I might just ask you about, I can see Campbelltown Hospital at the moment, and it looks pretty shiny and pretty new and I think you guys have recently moved have you in there?

Tracy Jedrzejewski - Yes we have moved into the new building. In the Baby Monitor we have included some photos of the beautiful new birthing rooms. They have got a 28-bed postnatal ward at the moment, there is a 10-bed antenatal ward that is not staffed fully at the moment so it isn't open but it will be open in the near future and 15 birthing rooms which is a big increase to what we have always had. It is really lovely. It is beautiful and bright and airy and all the women seem to really enjoy it, but if you are sending your women up to the birthing unit at Campbelltown Hospital they need to go to level 4 and the postnatal ward is on level 5.

Ken McCroary - Yes it has certainly changed along way. I remember sewing up episiotomies back in Camden in the early 90s in the dark, unlit room down underground, on the floor, my back can still feel that.

Tracy Jedrzejewski - Yes mine too.

Ken McCroary - It has been an absolute pleasure talking to you today Tracy and I am filled with great thanks actually that we have got someone like you working in this role as GP liaison and for our practitioners out there that have been thinking about joining the program. Having that ability to contact you and ask advice and be supported in decisions, protocols, policies and all of that I think that is terrific, and I want to, on behalf of the GPs locally, I want to thank you for what you have been doing and hopefully we continue to see a continued increase in growing involvement of our general practitioners with shared care.

Tracy Jedrzejewski - Definitely, definitely if anyone ever needs to have a conversation they are welcome to pick up the phone and give us a call on **0484 627 228** or **0402 792 820**.

Remember if you are not a member of GP Link already or you would like to learn more, log onto our website at https://sswgp.link/.