

In this edition of GP News, you'll find a special article about nutrition in pregnancy from the Women's Dietetics team. There are also COVID updates, upcoming training sessions, and opportunities to get involved in research.

As always, please [email us](#) with any feedback or questions.



## COVID updates

**Visitor restrictions:** Maternity patients coming to the Women's in Parkville and Sandringham can now have a second adult support person with them during birth and labour. In addition, Parkville patients can bring a partner or adult support person to their antenatal clinic or imaging/diagnostic appointment. Our appointments policy at Sandringham remains the same for the time being due to space limitations so patients

are asked to attend their clinic appointment alone. For more information, please refer your patients to our [COVID-19 Information Hub](#).

**Elective surgery:** Following the recent pause due to the COVID pandemic, elective surgery activity has resumed at the Women's, including Category 1, Category 2, Category 3 and non-urgent, non-ESIS elective surgery procedures. However, theatre capacity is still limited as we work to ensure patient cases requiring immediate attention are prioritised.



## 1800 My Options

1800 My Options provides advice to people needing information on contraception, pregnancy options, abortion and sexual health services



## HPV vaccine - one dose could replace two

The world is a step closer to being able to effectively eliminate cervical

in Victoria. The phone service has developed a state-wide database of service providers offering abortion, long-acting reversible contraception and other sexual and reproductive health services, which they refer callers to based on needs and geographic location. Health professionals can refer a patient to 1800 My Options, [search the database](#) or call the phone line directly to talk about which services best meet the needs of their patients. To find out more, [visit the website](#).

## Insecure housing and pregnancy

Health professionals who care for pregnant patients experiencing insecure housing are encouraged to look into a new comprehensive housing and healthcare program. The Cornelia Program provides pregnant women and their babies with stable accommodation, specialist health care and social support. A collaboration between the Royal Women's Hospital, HousingFirst and Launch Housing, the Cornelia Program has a focus on keeping mother and baby together in a safe and secure location with an emphasis on supporting the mother-child attachment. For more information, [visit our website](#).

cancer, with the International Papillomavirus Society indicating that one dose of the HPV vaccine could replace two as an effective way to prevent the transmission of HPV. This ground-breaking news has been welcomed by Professor Garland, Director of the Women's Centre for Infectious Diseases, Advisor to the World Health Organization and President of IPVS. [Read the full story](#) on the Women's website.

## Endometriosis calculator in development

The diagnosis of endometriosis, a chronic menstrual health disorder affecting around one in nine Australian women, could soon be revolutionised thanks to an 'endometriosis calculator' currently in development by researchers at the Royal Women's and Mercy Hospitals. [Read the full story](#) on the Women's website.

Health professionals are encouraged to refer eligible women with persistent pelvic pain to [participate in this important study](#).



## Service spotlight

### Nutrition

There is a growing body of evidence that supports the importance of optimal nutrition both prior to and throughout pregnancy.

#### Significant nutrients:

- Folic acid and iodine - All women should be encouraged to commence a pregnancy multivitamin containing both folic acid and iodine at least one month before conception and to continue taking it throughout pregnancy.
- Vitamin D - universal supplementation with 400 to 600 IU per day is recommended for all pregnant women.
- Iron and anaemia - iron deficiency is one of the most common nutritional deficiencies in pregnancy. The recommendations for iron supplementation are changing, with growing evidence that:

- there is no benefit of iron supplementation without iron deficiency or anaemia,
- iron deficiency without anaemia is associated with a range a range of consequences and should be treated,
- alternate day dosing with 60-200 mg is superior to daily dosing.

### **Symptom management:**

- Hyperemesis Gravidarum (HG) has medical, nutritional and psychological consequences. Compliance with an optimal antiemetic regime, correction of dehydration and electrolyte imbalance (including with IVT if required) and nutritional support are important. Your patient should always be linked in with a dietitian for ongoing support. Refer to our [clinical guideline 'Nausea and Vomiting – Pregnancy'](#) on the Women's website.

### **High risk issues:**

- Bariatric surgery – women are at high risk of nutritional deficiencies post bariatric surgery, which is exacerbated by the increased nutrient requirements of pregnancy. There are a number of nutrient profile tests that should be checked every trimester - FBC, Ferritin and iron studies, folate, Vitamin B12, Vitamin A, INR (as a measure of vitamin K adequacy), Serum protein and albumin, Vitamin D and calcium. Additionally in the first trimester – Vitamin E, Zinc, Copper, Selenium. Dietary management and supplements will be advised on the basis of these results.
- Vegetarian and vegan diets – a vegetarian diet can meet nutrient needs in pregnancy if care is taken to include an appropriate range of foods. A vegan diet, however needs careful planning and specific supplements to meet all nutrient requirements.
- Diabetes in pregnancy – the Women's has an excellent multidisciplinary team for the management of diabetes in pregnancy (Type 1, Type 2 & GDM). Your patient will be referred to our Maternal Fetal Medicine clinic or their appropriate maternity care team for multidisciplinary care.

### **Weight:**

- Weight is a sensitive topic, however all women should be offered the opportunity to discuss and monitor their weight throughout pregnancy. The aim is to support women in achieving their own healthiest weight so we recommend using weight gain charts with caution! For more information, see the Australian Government's *Clinical Practice Guidelines: Pregnancy Care 2019*.
- The earlier nutritional issues are addressed, the better. If you have the opportunity to engage with your patients for pregnancy planning we would encourage you to do so. If necessary, link your patient in with a local community dietitian for pre pregnancy support and ensure that they are referred to our dietitians once they are pregnant and accepted for care at the Women's.

**Referrals to the Women's Dietetics team are welcome from GPs for all women who have been accepted for care through our fast fax referral system (8345 3036).**

## **Contribute to research**

**GPs are invited to participate in two University of Melbourne**

## research projects.

- Researchers are seeking to recruit healthcare providers involved in the pregnancy care of South Asian women (from Pakistan, India, Sri Lanka, Bangladesh and Nepal). Researchers are looking to conduct interviews/focus groups with health professionals exploring the experiences of family violence among this patient group. For more information please contact Dr Surriya Baloch: [surriya.baloch@unimelb.edu.au](mailto:surriya.baloch@unimelb.edu.au)



- Researchers are looking to recruit GPs to explore perspectives on weight stigma and 'weight neutral' approaches to healthcare. The findings will facilitate a better understanding of the beliefs and professional practices of GPs in relation to weight management. Participants will receive a \$50 gift voucher. For more information contact Dr Natalie Jovanovski: [jovanovskin@unimelb.edu.au](mailto:jovanovskin@unimelb.edu.au)

## Training opportunities

### Endometriosis and Adenomyosis Unlocked Symposium

**27 (full-day) and 28 (half-day) May 2022**

Monash University's Department of Obstetrics and Gynaecology and the World Endometriosis Society are presenting an in-person or online symposium on Endometriosis and Adenomyosis. This symposium is designed for gynaecologists, obstetricians, general practitioners (GPs), registrars, trainees, nurses, endometriosis and adenomyosis researchers, and those with an interest in endometriosis and adenomyosis, including support groups and the general public. For more information or to register, see [Monash University's course webpage](#).

### Newborn Behavioural Observations online workshop

**Sunday 5 June - Tuesday 7 June 2022 (part days)**

The Newborn Behavioural Observational system is a structured set of observations designed to help the clinician and parent to work together to observe the infant's behavioural capacities and identify the kind of support the infant needs for successful growth and development. The Royal Women's Hospital is offering an online workshop with an emphasis on interactive exchange and hands-on practice. For more information or to register for the June workshop see [Eventbrite](#).

### IVF Complications for Emergency Staff

**Saturday 18 June 2022**

**Topics include:**

This Monash University online course is designed to provide up-to-date knowledge on how to manage women presenting with complications resulting from fertility treatment.

The course will be delivered by a team of specialists in the fields of gynaecology, fertility, laparoscopy and psychology. For more information or to register, see [Monash University's course webpage](#).

- IVF Cycle
- Patient assessment - an IVF nurse's perspective
- Hyperstimulation syndrome
- Ovarian complications
- Surgical mishaps (perforation of bowel, bladder, vessel), including bleeding
- Pregnancy mishaps (ectopic pregnancy and miscarriage)
- Delivering bad news

## Recent news from the Women's

- The Women's releases a [Statement in support of the people of Ukraine](#)
- ['ELFS' app could change the course of endometriosis](#)
- [Celebration and rage underpin International Women's Day](#)
- ['Always seek a second opinion' - Dawn's ovarian cancer message](#)
- [Event inspires next crop of women and girls in science](#)
- [United fight against ovarian cancer](#)
- [Breastfeeding and COVID-19 - what you need to know](#)

### Contact us

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The Women's Abortion & Contraception Service  
P: [\(03\) 8345 2832](tel:(03)83452832) (professional line only – not for use by women needing the service)



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*The Royal Women's Hospital acknowledges and pays respect to the peoples of the Kulin Nations, the Traditional Custodians of the Country on which our sites at Parkville and Sandringham stand.*

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