



GP News

Connecting healthcare for the benefit of patients

New Polycystic Ovary Syndrome (PCOS) guidelines



The Royal Women's Hospital Endocrine-Metabolic Clinic has welcomed new internationally-agreed Polycystic Ovary Syndrome (PCOS) guidelines, which were recently published after an intensive and exhaustive collaboration between experts in all aspects of PCOS care.

The new guidelines provide greater clarity around the diagnosis of PCOS and focus treatment towards women who are most likely to benefit. The guidelines require all three components of the diagnostic criteria to be fulfilled. This is in contrast to the widely used Rotterdam criteria, where two out of three features of the syndrome were sufficient for diagnosis.

The guidelines also reflect the importance of a holistic management plan to address these patients' short, medium and long-term needs – an approach the Women's Endocrine-Metabolic Clinic has long upheld.

[Read more about the guidelines on the Women's website.](#)

Use of low dose aspirin in pregnancy

Low-dose aspirin has been used during pregnancy most commonly to prevent or delay the onset of preeclampsia (and its associated complications including stillbirth, fetal growth restriction and preterm delivery).

Recent trials and systemic reviews of low-dose aspirin use during pregnancy have strengthened the evidence base supporting the use of low-dose aspirin for this indication.

Despite this, the use of low-dose aspirin in clinical obstetrics practice remains varied.

The Women's currently recommends that low dose aspirin is used in women with a high risk of preeclampsia including:

- Past history preeclampsia (especially if associated with preterm delivery and/or fetal growth restriction)
- First-degree family history of preeclampsia
- High BMI (> 35)
- Primigravida of advanced maternal age (> 40 years)
- Multiple pregnancy
- Renal disease
- Chronic hypertension
- Diabetes (type 1 or 2)
- Autoimmune diseases such as SLE and antiphospholipid syndrome
- Donor sperm +/- donor egg pregnancies

In the absence of such risk factors for preeclampsia, aspirin is not currently indicated for early pregnancy loss, unexplained stillbirth, idiopathic preterm birth, and co-morbidities such as coeliac disease and rheumatoid arthritis.

Where indicated, low dose aspirin:

- Should be started after 8 weeks gestation and before 17 weeks gestation (please do not wait for hospital review prior to starting)
- Should be at a dose of 150mg and given orally at night (when it appears more efficacious)
- Is generally continued until about 36 weeks gestation.

Sexual and reproductive health services



1800 696 784

For information about contraception,
pregnancy options and sexual health.

Help women access sexual and reproductive health services by letting 1800 My Options know you are a provider of LARC contraception, pregnancy termination and general sexual health care.

1800 My Options provides all Victorian women with pathways to relevant and trusted services that deliver primary health care and other services based on the individual needs and location of each woman.

GPs can:

- Register their service with 1800 My Options as a provider of sexual and reproductive health services (including Mirena, Implanon, termination of pregnancy, general sexual health, etc)
- Call 1800 My Options (1800 696 784) or [visit the website](#) to find relevant sexual and reproductive health services they can refer their patients to
- Refer women directly to 1800 My Options (1800 696 784 or www.1800myoptions.org.au) where they can find services to meet their needs

For more information, visit the [My Options website](#) or call 9653 0204

Maternity eHandbook

New topic out now! [Postpartum haemorrhage](#)

Coming in 2019:

- Labour and birth
- Instrumental birth
- Pain management

You can access the Maternity eHandbook on the [Health Victoria website](#).

Survey for women on egg freezing

The Royal Women's Hospital and University of Melbourne want to understand what information women need to make an informed decision about egg freezing.

Women aged 18 - 45 years and interested in egg freezing information are invited to take part in a one-off 10-15 minute survey.

Women who have already frozen their eggs or made a decision about egg freezing are still eligible to participate.

For more information visit the [Egg Freezing Study website](#)

Enquiries: sherine.sandhu@unimelb.edu.au

Newborn Observation (NBO) Training

The Women's will be presenting a number of NBO two-day training workshops in 2019.

NBO training helps clinicians to help parents bond with their baby as a unique person.

In an NBO session, a clinician and parents share observations about the nuances of baby's behavior and reflect on its meaning in terms of their capacities as parents, their struggles, needs and preferences.

Workshop one: 3rd & 4th 4 June 2019

Workshop two: 25th & 26th November 2019

Venue: The Royal Women's Hospital

Cost: \$440 (\$520 with book included)

For more information visit the [NBO Training page](#) on the Women's website.



Happy Festive Season

Thank you for your collaboration with the Women's in 2018 and your provision of shared maternity care.

Wishing you and your family, friends and patients a happy and safe festive season and a wonderful 2019.

From the Women's GP Liaison/Shared Maternity Care Team:

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The Women's Switchboard ph: 8345 2000

The Women's Abortion and Contraception service
professional line (03) 8345 3061 (not for use by
women needing the service).

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