



## GP News

Connecting healthcare for the benefit of patients

### New resources on risk reducing surgery for women at high risk of ovarian cancer



**The Women's has released two world-first information resources for women and health professionals, aimed at helping women at high risk of ovarian cancer. They aim to inform and support the best care for women who are recommended, considering or have undertaken risk-reducing surgery.**

*Managing women at high inherited risk of ovarian cancer* is a resource for healthcare professionals, while *Considering surgery to reduce your risk of ovarian cancer?* is for women at high inherited risk.

Both resources are available on the [Women's website](#) and we encourage you to utilise and share them.

The resources were developed by the Women's GP Liaison Unit and Menopause Symptoms after Cancer (MSAC) Clinic. Our thanks to the many women, GPs, hospital doctors, counsellors and others who helped inform their development.

# Changes to Maternity Care Model and Shared Maternity Care

**As you may be aware, we've been working to update the model of care for Maternity Services at the Women's in Parkville. This has involved an extensive co-design with a broad range of Maternity Services staff, other clinical and non-clinical staff, as well as patients and consumers.**

The goal is to create a contemporary model that meets the changing needs and expectations of women while helping us to meet the challenges and opportunities coming our way as a tertiary hospital in a growing metropolitan city.

Pleasingly, what the women in our care think is important aligns well with what our staff think is important – choice for women, continuity of care, efficiency, standardisation and flexibility; including options for accessing antenatal care outside our hospital.

The new clinical model will be phased-in and includes some significant changes:

- A proportion of first hospital visits will be on Saturdays; this will start with women at low risk. Saturday clinics will start this month.
- A revamp of the Shared Maternity Care Program, with the aim to increase awareness, uptake and improve the support available for Shared Maternity Care Affiliates.
- The schedule of visits for Shared Maternity Care will be adjusted to reduce unnecessary hospital attendances for women at low risk, and these low risk women will only routinely see a doctor antenatally at 36 weeks (and as required).
- A greater emphasis on working with women to find a time, location and model of care to meet their needs.
- A greater focus on continuity of care. This means an increase in Shared Maternity Care, Caseload and more small teams.
- A greater focus on timely information and education for women, so women can actively participate in care, and know what to expect in advance.
- Clinics for high risk pregnancies will now be held on Tuesdays and Thursdays.

## **Information for women about pregnancy care options at the Women's**

### **Additional Changes to Shared Maternity Care**

From mid-October, most women undertaking Shared Maternity Care will have their 28 week visit with their Shared Maternity Care Affiliate, rather than the hospital.

- The usual hospital pre-admission/education midwife visit for these women will be moved from 28 weeks to 36 weeks, and a hospital doctor visit will also occur at this time.
- The routine 28 week bloods (GTT, FBE, Antibodies) will still be ordered by the Women's and routinely checked, with results shared with a 'cc' to the Shared Maternity Care Affiliate. If you notice a problem in the results, please contact the Shared Maternity Care Co-ordinator.
- Women who are Rh-ve or have had a previous caesarean section will still have a hospital visit at 28 weeks.

## **Changes to referral and acceptance process**

**We are changing our referral acknowledgement and acceptance processes. Going forward, we will require that routine antenatal blood/urine test results are included with the pregnancy referral. We will not triage a referral if this information is not sent to us.**

Please ensure that your referrals for pregnancy care at the Women's always include the following information:

- Blood group and antibodies
- Full blood examination
- Ferritin
- Hepatitis B serology
- Hepatitis C serology
- Syphilis serology
- Rubella antibodies
- HIV antibodies
- MSU M&C or urinalysis
- BMI

In addition, please let us know on your referral if your patient needs an interpreter. It is very difficult to arrange interpreters on the day (especially on Saturdays), so we urge you to state interpreter needs in your referral letter.

It is also important to include any findings if you perform a physical check of your patient (heart, lungs etc.). This is important as women opting for Shared Maternity Care will not routinely see a doctor until 36 weeks.

### **More information about Maternity care referrals**

## **Re-credential as a Shared Maternity Care Affiliate**

**General Practitioner and Obstetrician Shared Maternity Care Affiliates for the Women's, Mercy Health, Western Health and Northern Health were invited to re-credential for the 2020–2022 triennium. The invitation email sent early September included the agreement and a step-by-step guide to TryBooking.**

Re-credentialing is initiated by following the link below and completing the required information:

- [GPs](#)
- [Obstetricians who work at one of the hospitals above](#)
- [Other Obstetricians](#)

Once you register you will be sent an email outlining the documentation required to complete your application. [More information about credentialing and affiliates.](#)

### **Timelines**

- **Register as soon as possible**
- **1 November 2019:** Submit required information to re-credential
- **31 January 2020:** Applicants advised of outcome of application

If you have questions about the online registration process please contact Tammi Adams or Simone Cordiano, Shared Maternity Care Coordinators at the Women's: P: (03) 8345 2129 or email [sharedcare@thewomens.org.au](mailto:sharedcare@thewomens.org.au)

## Abortion, sexual and reproductive health services: Referral to 1800MyOptions



**1800 696 784**

For information about contraception,  
pregnancy options and sexual health.

**1800MyOptions is Victoria's independent phone and website for information about contraception, pregnancy options, reproductive health services (including abortion services) and sexual health.**

Health professionals and women can phone **1800 696 784** or go to the website [www.1800myoptions.org.au](http://www.1800myoptions.org.au)

The website provides information about medical and surgical abortion services, LARC providers and pregnancy counsellors. Services may be listed publicly on the website or privately through the phone line.

Over 70 per cent of women in contact with 1800MyOptions considering an abortion have a gestation less than nine weeks, with a medical abortion by a certified GP provider an option for many of these women.

### **Have you considered becoming a medical abortion provider?**

MSHealth provides online training to gain prescriber rights and the Women's will provide clinical and back-up support in your care of women. For more information see [www.ms2step.com.au](http://www.ms2step.com.au)

## Upcoming events

**30 October:** An education session on family violence screening and use of aspirin in pre-eclampsia prevention at Sandringham Hospital. [Register online here](#)

**23 November:** Seminar on paediatric and pregnancy care at the Royal Children's Hospital. Registration will open soon – [check back here](#).

## Contact

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Fast Fax Referral: fax: (03) 8345 3036

GP Quick Access Number ph: (03) 8345 2058

The Women's Switchboard ph: (03) 8345 2000

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

[Forward this email](#)



the women's  
the royal women's hospital  
victoria australia

You have received this email because you are a Shared Maternity Care Affiliate and GP, or you have asked for online updates from the GP Liaison Unit

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