

GP News



the women's
the royal women's hospital

Connecting healthcare for the benefit of patients

As the COVID-19 situation continues to evolve, the Women's is actively monitoring the risk, implementing safety measures, and continuing to provide care for patients. We encourage GPs to continue to refer eligible patients as per usual for maternity, women's health and gynaecology, and other healthcare.

In this edition of GP News you'll find instructions to help your health service access 'Parkville Connect' when it launches next month; updates around COVID-19; information about decreased fetal movements; learning opportunities from the Women's Alcohol and Drug Service and Newborn Behavioural Observations Australia; and details about our African Women's Clinic.

Kind regards,
The Women's GP Liaison Unit

Preparing for EMR and Parkville Connect go-live

Parkville Connect is a new, secure website that will connect GPs, specialists and other healthcare professionals with information in the Parkville electronic medical record (EMR) when it goes live next month.

This means that you will be able to access information about your patient/s when they receive treatment and care at the Women's, Melbourne Health, Peter MacCallum Cancer Center and the Royal Children's Hospital.

In preparation for registering for Parkville Connect, please:

1. Identify one or more staff to be the site administrator for your practice or health service. This can be a

- clerical or clinical staff member. A single business (not personal) email address must be used by the person(s) nominated to be the site administrator.
2. Ensure that details for healthcare providers at the practice or health service are up-to-date on the [National Health Services Directory \(NHSD\)](#), including provider and professional registration numbers. If these details are not up-to-date in the NHSD, your registration with Parkville Connect could be delayed by 4-6 weeks.

We will email you an invitation to register when Parkville Connect launches next month. If you have any questions in the meantime, please contact our GP Liaison Unit (details listed at bottom of email).



COVID-19 updates

We have created a [COVID-19 Information Hub](#) on our website to keep outpatients and inpatients up-to-date with any changes, such as visitor restrictions, and advice for pregnant and breastfeeding women.

We are still encouraging outpatients to attend their hospital appointments alone, unless a carer/support person is required. Children are not permitted in the hospital, unless they are a patient.

Everyone is screened prior to entry and provided with a surgical face mask to wear.

We encourage you to direct patients to our [COVID-19 Information Hub](#) to keep up-to-date with any changes.

You can find updates for health professionals on our [For GPs webpage](#).

Movements matter

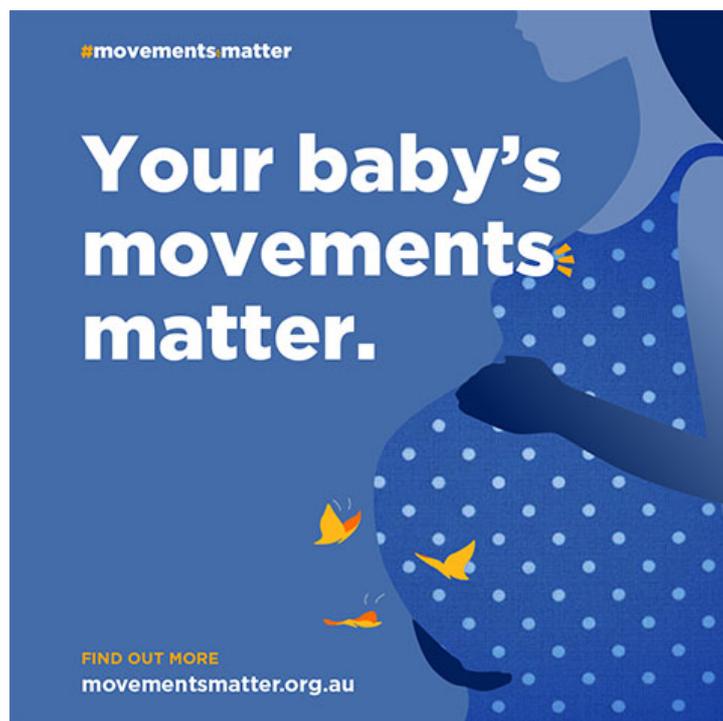
Consistent with Safer Care Victoria's campaign [Your baby's movements matter](#), women with decreased fetal movements are advised to report to their midwife or doctor.

It is crucial that if a woman reports decreased fetal movements from 26 weeks onwards that she is referred on the same day to the hospital for clinical assessment and a CTG. It is insufficient to perform only a fetal heart rate with a handheld Doppler.

Women who are concerned about changed fetal movements from 26 weeks should NOT be advised to:

- Wait until the next day for assessment
- Rest and monitor movements
- Drink iced water or have something to eat

Maternal concerns override any definition of decreased fetal movement based on the number of movements felt.



For decreased fetal movements between 24.0 and 25.6 weeks of gestation, please undertake a clinical

assessment of growth and confirm the presence of a fetal heart rate with a Doppler handheld device. If there are any concerns please refer her to the hospital.

If fetal movements have never been felt by 24 weeks of gestation, please arrange an ultrasound.

You can also direct women to useful resources at movementsmatter.org.au



Upcoming education

Women's Alcohol and Drug Service

Did you know the Women's Alcohol and Drug Service (WADS) offers free statewide professional education and training and secondary consultation for GPs and other health professionals?

Online education sessions using ECHO offer specialist knowledge and support in the management of women using drugs and alcohol during the perinatal period.

The current education series is about cannabis, with the next online session to take place on 14 July. You can find out more and register on our [Alcohol & drugs education & training webpage](#).

Newborn Behavioural Observations Australia

Newborn Behavioural Observations (NBO) training is offered by NBO Australia based at the Women's, the official training centre in Australia and New Zealand for NBO developed by the Brazelton Institute, Boston.

NBO training is available for a range of professionals working with families with newborn and very young infants including midwives, maternal and child health nurses, paediatricians, neonatologists, obstetricians, social workers, perinatal psychiatrists, infant mental health clinicians and family support workers.

The training has shifted online and bookings for the next workshop (9-11 August) are now open.

You can book online at nbo-australia.eventbrite.com/ or find out more about the program on our [NBO Training webpage](#).

Addressing FGM

The African Women's Clinic (AWC) at the Women's provides care for women affected by Female Genital Mutilation (FGM).

Associate Nurse Unit Manager, Marie Jones, said the nurse-midwife led clinic sees all women affected by FGM, including pregnant women.

"We discuss their general health briefly and their reproductive health in detail, offering opportunistic STI screening and cervical screening. We discuss their experience of their FGM and with their permission examine them to determine the type of FGM," she explains.

"We work closely with the Family & Reproductive Rights Education Program (FARREP) who offer support with clinic appointments, education about FGM, the law in Australia and linking women in to community supports."

If a woman has a type 3 FGM (infibulation), Marie says deinfibulation is offered in the clinic setting as an outpatient.



"This is done under local anaesthetic by the nurse/midwife and we review them in clinic four weeks later," she says.

"We can also organise a woman to have her deinfibulation procedure in theatre if requested or needed due to the severity of her FGM."

Many women have long-term side-effects of their FGM, which can be physical, psychological or emotional. The AWC also provides referral to mental health, physiotherapy, psycho-sexual counselling, gynaecology, and uro-gynaecology services.

The clinic is open every second Friday.

If you'd like to know more you can contact africanwomensclinic@thewomens.org.au or FARREP on 8345 3058 or farrep_program@thewomens.org.au

Recent news from the Women's

- [Study aims to improve the IVF experience for Australians](#)
- [40 years since the first IVF baby was born at the Women's](#)
- [COVID-19 simulations give hospital staff valuable experience](#)
- [\\$3.9m awarded for endometriosis research at the Women's](#)
- [New evidence shows examinations in pregnancy should be done differently](#)
- [Women's health research given major funding boost](#)
- [Education program goes virtual](#)

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

ph: (03) 8345 3061 (professional line only – not for use by women needing the service)



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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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