

GP News



the women's
the royal women's hospital

Connecting healthcare for the benefit of patients

In this edition of GP News you'll find important updates about Shared Maternity Care, testing for gestational diabetes, and changes to acceptance criteria for colposcopy. We also invite you to attend a webinar session providing information on COVID-19 and pregnancy.

Shared Maternity Care updates

Patient Held Pregnancy Record changes

The Women's has moved to an Electronic Medical Record (EMR) and as a result, the **Victorian Medical Record (VMR) will no longer be used as a Pregnancy Hand Held Record** for women undertaking shared maternity care.

Instead, shared maternity care patients attending the Women's will be provided with a **Maternity Shared Care Progress Letter**. Please review this letter, which will be updated at each hospital attendance and should include all relevant history, investigations and findings.

Please **provide your patient with a print out of your consultation notes at each attendance for pregnancy care**. The patient should keep these in their shared care folder and provide to the doctor/midwife to review at their next hospital appointment.

It is intended these consultation notes will be collected from the patient and uploaded to her EMR when admitted for birth.

Women will continue to receive a schedule of visits, maternity wheel and be provided with all planned hospital appointments upon registering for shared maternity care.

In the coming weeks, we will provide further information on how to register for Parkville Connect – the secure website where you can access patient information, with their consent, in the EMR.

Copy results to 'RWH'

Please CC antenatal tests to the Women's by using the code 'RWH' on the CC section of the request form. Some pathology providers can upload directly to the EMR. Please ensure that you continue to follow-up any tests you order.

Referrals for women undertaking shared maternity care

- For referrals **requiring same day care**: Refer to Women's Emergency Care on 03 8345 2058 or Pregnancy Day Service or 03 8345 2170
- For referrals for **Genetics and Fetal Management Unit**: Contact units directly on 03 8345 2180 (Genetics), 03 8345 2158 (FMU), or fax 03 8345 2179
- For **non-urgent referrals**: Fax or email written referral to Shared Care Coordinator (only for women already registered for shared care) on 03 8345 2129 or shared.care@thewomens.org.au
- For **urgent clinical advice**: Contact the on-call Registrar via switch on 03 8345 2000

Testing for gestational diabetes during COVID

Please see below **recently revised advice** around gestational diabetes screening, diagnosis and management.

Women with previous GDM, impaired fasting glycaemia or glucose tolerance

Early in pregnancy: Fasting blood glucose (fBG) and HbA1c

Women with fBG ≥ 5.1 mmol/L or HbA1c $\geq 5.9\%$ will be treated as for GDM

At around 24 weeks: If *normal* early test option of:

- GTT or
- Self BSL monitoring from the time of previous “diagnosis” (Refer to Diabetes Educators at the Women's to facilitate this)

Women at high risk of GDM (but without previous GDM)

Early in pregnancy: Fasting blood glucose (fBG) and HbA1c

Women with fBG ≥ 5.1 mmol/L or HbA1c $\geq 5.9\%$ will be treated as for GDM

At around 24-28 weeks: If *normal* early test then GTT

“High risk” if **two** or more of the following:

- Previously elevated blood glucose levels
- Maternal age ≥ 40 years
- Ethnicity: Asian, Indian subcontinent, Aboriginal, Torres Strait Islander, Pacific Islander, Maori, Middle Eastern, non-white African
- Family history diabetes mellitus (1st degree relative with diabetes or a sister with hyperglycaemia in pregnancy)
- Pre-pregnancy BMI > 30 kg/m²
- Previous macrosomia (baby with birth weight > 4500 g or > 90 th centile)
- Polycystic ovarian syndrome
- Multiple pregnancy
- Medications: corticosteroids, antipsychotics

Women at high risk should have a fasting BG and HbA1c when first seen

Women at low risk of GDM (Routine GTT to be discontinued until further notice)

Fasting blood glucose (fBG) and HbA1c at around 26 weeks

Women with fBG ≥ 5.1 mmol/L or HbA1c $\geq 5.9\%$ will be treated as for GDM

Women with a fBG $\geq 4.7 - 5.0$ mmol/L will proceed to a GTT

Postnatal testing for women with GDM

The postnatal GTT should be delayed until after the pandemic (around 6-12 months), unless there is a clear clinical need beforehand. All women should have the postnatal GTT before their child reaches 12 months of age or before trying to conceive again.

Dysplasia clinic changes to cervical screening

The Women's has made changes to its acceptance criteria for colposcopy for women who have two consecutive non 16/18 HPV with low grade cytology changes or better on cervical screening.

Instead of all women being accepted for a colposcopy, many women will be advised to have a further cervical screen with their GP in 12 months.

This change follows an extensive audit and the Victorian Department of Health and Human Services has endorsed it as safe and appropriate. We are aware this does not currently align with other guidelines or recommendations, but we anticipate the updated Clinical Guidelines for the National Cervical Screening Program will soon align with this approach.

The following women will still be accepted for a colposcopy after two consecutive non 16/18 HPV with low grade cytology changes or better:

- Women 50 years of age or older
- Women two or more years overdue for screening at the time of the first of the two Cervical Screening Test
- Aboriginal or Torres Strait Islander women
- Women exposed to DES in utero
- Women who are immune deficient
- Women where the two screens were over a prolonged period

All women with a third cervical screen showing non 16/18 HPV should be referred to the Women's for a colposcopy and will be triaged for a semi-urgent colposcopy (as per high grade changes).

Women who were on the list for a planned colposcopy, but meet the updated criteria for a repeat cervical screen

in 12 months instead of a colposcopy have been contacted to notify them of the changes.



COVID-19 updates

COVID & pregnancy webinar

Join Obstetrician and Specialist in Maternal-Fetal Medicine Dr Steve Cole, and Head of the Women's GP Liaison Unit Dr Ines Rio, for a webinar looking at the effect of COVID-19 on pregnancy.

Date: Tuesday 15 September

Time: 7pm-8pm

Cost: Free

RSVP: [Register here](#)

Keep up-to-date

The [COVID-19 Information Hub](#) on our website continues to be the best source of information and advice for patients, and includes details of any changes that may affect their visit or stay at the Women's. We encourage you to direct patients to our [COVID-19 Information Hub](#).

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

COVID-19 is an evolving situation. To keep up-to-date with the latest evidence and advice visit:

- [RACGP website](#)
- [RANZCOG website](#)
- [DHHS website](#)

- [Australia Government Department of Health website](#)



Upcoming education

Medical Abortion Education Information Session for Practice Managers

Medical abortion can be safely and effectively provided in primary care with appropriate follow up and emergency arrangements. With the availability of medication for medical abortion (MS2Step) and the legislative support that enables a woman's right to choose, primary care providers have an opportunity to incorporate medical abortion care into practice.

The event provides information on the practice considerations for medical abortion service delivery and the available supports and referral pathways for providers in their local area.

Date: Tuesday 15 September

Time: 12.30pm-1.30pm

Cost: Free

RSVP: [Register here](#)

Newborn Behavioural Observations online workshops

Newborn Behavioural Observations (NBO) training is available for a range of professionals working with families with newborn and very young infants.

Registrations for the next live online training workshops (18-20 October) are now open.

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

Women's Alcohol and Drug Service teleECHO sessions

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.

To view and register for upcoming sessions visit our [Alcohol & drugs education & training webpage](#).

Recent news from the Women's

- [*Forum to showcase how research is helping vulnerable babies*](#)
- [*Liptember puts mental health on everyone's lips*](#)
- [*Increasing access to reproductive health services in local communities*](#)
- [*Women's contributes to global plan to eliminate cervical cancer*](#)
- [*Funding to explore premature births prevention*](#)
- [*Mum of triplets shares breastfeeding journey*](#)
- [*Peer support to help new mums' mental health during COVID-19*](#)

Contact

GP Liaison Unit

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Primary Care Liaison Officer

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email: gp.liaison@thewomens.org.au

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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