View this online ›

Issue 8, June 2017

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

GP News

Connecting healthcare for the benefit of patients

New Ambulatory Gynaecology Service

Pictured from left: Nurse Joanne Garratt, Women's Health Clinics Manager Rosanne Spy, Nurse Georgia Privato, and Project Manager, Clinic Operations, Louisa Cady (front) in the new Ambulatory Gynaecology Service room

The Women's has recently begun an Ambulatory Gynaecology Service, headed by Dr Alex Ades. The service offers selected minor gynaecology procedures without general anaesthetic.

Women who are referred to the service will avoid the risks associated with general anaesthetic. They will also have shorter waiting time to surgery, quicker treatment, faster recovery time, and an easier return to normal activities. Women are currently referred to the service internally through other clinics. However iGPs are encouraged to indicate on their referral that this is a service that a woman is interested in, if she is eligible.

According to Dr Alex Ades, the introduction of an ambulatory service is in line with best practice “The concept is not new, but with the range of technological advances in recent years, the types of procedures which are now possible in this setting have expanded considerably,” says Dr Ades.

“These include procedures which do not require cuts or incisions and do not cause much pain during or after the procedure. Among others, we are now able to perform diagnostic hysteroscopies, the removal of endometrial and cervical polyps as well as the occlusion of the fallopian tubes for permanent contraception under local or no anaesthesia.

"Although not every woman is suitable for treatment in the Ambulatory Gynaecology Service, there is clear evidence that most women do not require a general anaesthetic for selected minor gynaecology procedures,” he says.

For your attention!

- **Pregnancy Record documentation in shared care**

  For women undertaking shared maternity care, please remember to complete the pregnancy record at each encounter.

  Incomplete or absent pregnancy records continues to be an issue for a small number of providers and places both you and the woman at risk.

  You can always print off your record and staple to the pregnancy record.

- **Opportunities for professional development**

  See the Women's website for continuing professional development events.

The importance of Fundal Height

All shared maternity care affiliates (SMCA) are reminded of the importance of responding appropriately to a woman who has measured small for gestational age.

When a baby is growth restricted this is more likely to result in a poor outcome, including fetal death in utero. Identifying and managing a growth restricted baby is a fundamental aspect of good obstetric care. It is therefore crucial all SMCA meet the clinical standards required. These include:

Fundal height:
All SMCA **must** measure and document in VMR symphysis-fundal height (SFH) from 24 weeks onwards (measure from highest point of fundus to symphysis pubis in centimetres) in the mother's Victorian Maternity Record.

If fundal height is:

- 2 cm smaller than gestational age (e.g. measures 27 cm at 30 weeks), or
- static at 2 consecutive visits, or
- there is significant deviation or concern about growth (normal growth is linear e.g. if SFH is 1cm less than gestation at one visit and then 2cm less at the next visit - this is abnormal).

Timely and appropriate follow-up must be undertaken and documented.

Options include:

- SMCA organising a growth and wellbeing ultrasound (specifically requesting growth, AFI and Dopplers) in the community in the next few days (and follow-up), or
- SMCA referring to the hospital pregnancy day service, or
- contacting the shared maternity care coordinator to organise an early outpatient review.

If there is any concern about fetal movement or fetal heart rate, the woman must be seen at hospital that day.

If an ultrasound is performed, referral to hospital is required asap if the ultrasound indicates the baby is;

- not biophysically well (must be seen at the hospital that day)
- ≤15th % estimated fetal weight (EFW)
- Growth pattern is not normal

If you have any queries, please feel free to contact the GP Liaison Unit.

Optimal Care Pathways for cancer

As part of the statewide implementation of the Optimal Care Pathways for cancer patients, Western & Central Melbourne Integrated Cancer Service (WCMICS) and North Western Melbourne PHN are surveying GPs to gather feedback on their experience of hospital communication processes.

Please take two minutes to complete the survey by following the link below and have your say in this large piece of work.

The survey is anonymous and there will be no follow-up contact, but if you would like

to hear more about the project please contact michael.barton@wcmics.org

Take the survey

The Pregnancy Advisory Service

The Pregnancy Advisory Service provides:

- support and information for women with unplanned or unwanted pregnancy
- pregnancy options counselling
- advocacy and referral for women with unplanned pregnancy
- support and information for health professionals
- assessment and bookings for a medical consultation for an abortion – early medication termination of pregnancy or surgical termination of pregnancy.

Most terminations at the Women's are provided between 6 and 12 weeks gestation from the last normal menstrual period. In some circumstances, termination can be provided at up to 18 weeks.

Access
There is extremely high demand for our Pregnancy Advisory Service and the Women's is able to provide only a limited number of appointments for abortions.

Priority access is given to women with a health care card, young women, women with complex needs, and marginalised/disadvantaged women. Assessments are made on an individual basis by the PAS intake staff (social workers and counsellor / advocates).

Medicare eligible women will be seen as a public patient. Generally, women not eligible for Medicare (eg. those with overseas health insurance) will be advised to contact a private clinic.

If the criteria for making an appointment have been met, an appointment at the Women's will be offered if available. Otherwise referrals to other internal or external services will be provided.

Health professionals are advised to also consult the Better Health Channel for a list of other abortion providers in Victoria.

Referral
A mailed or faxed letter alone does not automatically result in an appointment being arranged as each woman needs to contact PAS directly first.

GP letters should be provided to the women who should then call PAS directly. A GP letter should include:

- results confirming the pregnancy
- estimated gestation
- ultrasound results if available
- blood group and antibodies

Women who have been unable to obtain a GP letter, will not be automatically excluded.

Additional support
Health professionals who are supporting a women who is in crisis, have complex needs or requires interpreter assistance or advocacy, may call PAS on the PAS Health professional line (see ***Contacts*** below).

PAS can call women back where necessary. Patient safety, privacy and confidentiality will always be protected.

Follow up
Appointment details are provided to the woman by phone, email, text or post according to her preference. GPs will be notified of the outcome following a woman's attendance at the PAS consultation.

More information...

Contacts

GP Liaison Unit

Unit Head Dr Ines Rio
ph: 8345 2064
email: gp.liaison@thewomens.org.au

Shared Care Coordinators
Simone Cordiano and Jane De Marco
ph: 8345 2129
email: shared.care@thewomens.org.au

Fast Fax Referral: fax: 8345 3036
GP Quick Access Number ph: 8345 2058
The Women's Switchboard ph: 8345 2000

PAS Health professional line (03) 8345 3061 (not for use by women needing the service).