

In this edition of GP News, you'll find a wealth of information including referral advice, resources for GPs and training opportunities.

If you have any feedback or questions, please [email us](#).



Do you have patients struggling to become parents? They may be eligible for Victoria's free Public Fertility Care Service.

This free service provides access to comprehensive, world-class fertility treatment including fertility preservation, fertility assessment, and treatment. It is co-led by the Women's and Monash Health.

Provided across Victoria, this service is available to individuals and couples of all genders:

- who have been trying to conceive naturally but have been unsuccessful or
- whose situation or health may prevent or impair fertility or safe conception

and

- who meet the eligibility criteria.

Eligibility

To be eligible, patients need to:

- be a Victorian resident who holds a Medicare card
- have a referral from a GP or non-GP specialist which includes all necessary investigation results
- meet age criteria as follows:
 - aged 42 years or younger using their own eggs
 - aged less than 51 years and seeking to use donor eggs (the egg being used must be 42 years or younger at time of collection).

If the patient is part of a heterosexual couple who has been trying to conceive, the following applies:

- if aged under 35 years:
 - the patient needs to have been trying to conceive for more than a year.
- if aged between 35-42 years (inclusive)
 - the patient needs to have been trying to conceive for at least six months
 - the patient needs to be using an egg (their own or from a donor) that is 42 years or younger at time of treatment.

The service is not means-tested.

Referrals

Where to send:

If your patient lives in the Women's catchment areas or the western, northern, and northeastern parts of Victoria, please refer them to the Women's (via our usual Fast Fax - Fax [03 8345 3036](tel:0383453036)).

The referral process is outlined on the Women's [Statewide Public Fertility Care](#) webpage.

If your patient lives in the south-east metro or Gippsland areas, please refer them to Monash Health. Information on its referral process is available on the [Monash Health Fertility](#) website.

Requirements:

Referring GPs and non GP-specialists need to include all required investigation results with the referral to the Women's (as listed on the [Statewide Public Fertility Care](#) webpage).

Webinar - Public Fertility Care Service

To find out more about fertility care and the free public fertility service, please see information below (in **Continuing Professional Development** section) about a webinar on Tues 28 November 2023.

Vitamin D and pregnancy

A recent audit of the Women's maternity patients found 71% of those who had a Vitamin D test did not have a reason for testing.

Below, we share current evidence and guidelines for Vitamin D testing and supplementation in pregnant women/babies.

Testing

- Routine Vitamin D testing yields no net health benefit and is a significant cost to health resources (>\$84 million per year).
- Rebates under the Medicare Benefits Schedule for Vitamin D testing are only provided in very specific circumstances, with pregnancy not being one.
- Routine screening for vitamin D deficiency in pregnancy is no longer recommended by professional colleges or our hospital (see: [Guidelines for Shared Maternity Care Affiliates](#), [the Women's guideline](#), [RANZCOG guideline](#), [RACGP guideline](#)).



- Testing should be reserved for women who are at high risk of very low levels of Vitamin D as per [Medicare Benefits Schedule criteria](#) (e.g. malabsorption, deeply pigmented skin, chronic and severe lack of sun exposure for cultural, medical, occupational or residential reasons) or BMI>40 (for which a rebate is not provided).
- Re-testing of Vitamin D is not recommended (irrespective of previous level/s).

Supplementation

- Given the high prevalence of Vitamin D deficiency, all pregnant women should be advised to take 400 IU of Vitamin D as part of a multivitamin supplement.
- Exclusively breastfed babies should be given 400 IU daily of Vitamin D for at least the first six months of life ([RANZCOG guideline](#)).

Routine pathology tests for maternity referrals can be found on [the Women's website](#).

Queries: please contact Dr Ines Rio, Head of the Women's GP Liaison Unit, on ines.rio@thewomens.org.au or 8345 2064.

Blood pressure and pregnancy

Recently published evidence has demonstrated that tight blood pressure targets in pregnancy are:

- associated with improved maternal outcomes, and
- not associated with increased risk for the unborn baby.

The Victorian Consultative Council on Obstetric and Paediatric Mortality and Morbidity has observed an increase in maternal and fetal morbidity associated with delayed treatment of elevated blood pressure.



Advice for clinicians:

- Clinicians should assess and record maternal blood pressure at every pregnancy visit.
- Women with pre-existing hypertension should not cease anti-hypertensive medications, however clinicians should ensure these women are on pregnancy-safe medications.
- Women with a systolic blood pressure ≥ 140 or a diastolic blood pressure ≥ 90 should be screened for pre-eclampsia, and clinicians should commence therapy to target a blood pressure $<140/90$.

If a pregnant woman's BP is elevated and she is having her baby at the Women's, GPs and Shared Maternity Care Affiliates should ask the woman to attend the Women's Pregnancy Day Service (which operates during business hours) or Women's Emergency Care (24 hours/day) that day.

If anti-hypertensives are indicated, they will be initiated at the hospital. If this happens and the woman was previously receiving shared maternity care, she will be transferred to a hospital doctor-led model of care.

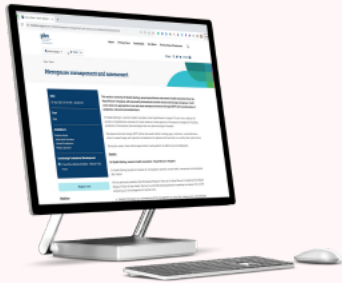
See: [Shared Maternity Care Guidelines](#).

- When treating hypertension in pregnancy, women should continue to be monitored closely until delivery, and gestation specific fetal surveillance

should be initiated. This will be undertaken at the hospital. Women who were previously receiving shared maternity care will be transferred to a hospital doctor-led model of care.

For more information, visit [Safer Care Victoria](#).

Managing menopause



Webinar recording

Dr Giselle Darling, Women's Health Consultant at the Women's, provides this online webinar.

Over 90 minutes, Dr Darling provides a comprehensive overview of current evidence around best practice menopause management.

You will learn about:

- the symptoms of menopause
- pharmacological and non-pharmacological therapies.
- Menopause Hormone Therapy (MHT) in detail including types, indications, contraindications, when to cease MHT, and important considerations of MHT in the context of previous or current breast cancer.

You can watch this webinar on [YouTube](#).

New toolkit

GPs caring for women at midlife are encouraged to access the revised document, *The Practitioner's Toolkit for Managing the Menopause*.

First developed in 2014 and recently revised, the toolkit presents an easy-to-use framework for practitioners evaluating and treating menopause-related conditions.

It covers topics such as:

- reasons why women present
- information that should be ascertained
- issues that may influence shared decision-making and algorithms that assist with determination of menopausal status
- Menopause Hormone Therapy (MHT), and
- non-hormonal treatment options for symptom relief.



The toolkit has been endorsed by the International Menopause Society, Australasian Menopause Society, British Menopause Society, Endocrine Society of Australia and Jean Hailes for Women's Health.

To access the toolkit, visit [Climacteric](#).



Contraception after pregnancy

The Women's has produced a new fact sheet, which GPs might like to share with relevant patients.

The fact sheet is for patients who do not want to conceive again soon after a pregnancy, or who have received medical advice to delay their next pregnancy.

Our fact sheet can assist them to choose a safe and effective contraception method.

It covers:

- when to start contraception after a pregnancy
- how to select the right contraception
- what contraception is safe to use after a pregnancy
- breastfeeding and contraception
- emergency contraception and breastfeeding.

The fact sheet can be downloaded from [the Women's website](#).

My Health Record updates

Discharge summaries

We're delighted to inform you of a significant improvement in the upload of discharge summaries to a patient's My Health Record (MHR).

Where a patient has an MHR, the Women's and our Parkville Precinct partners (Royal Melbourne Hospital, Royal Children's Hospital and Peter Mac) are uploading discharge summaries in about 96% of cases (up from about 20% last year).

We continue to monitor and work on this, with an aim of achieving 100%.

As MHR is increasingly used as a portal for communication and investigation results, we anticipate it will become ever more valuable for both patients and providers.

Request for GPs/Shared Care Affiliates

If you are providing shared maternity care, please upload your patient's event summary and investigations to her MHR following any consultations/tests. This



will help improve communication between providers.

Please join us in encouraging patients to have, and view, an MHR.

For more information about MHR including legislation, privacy controls, registration and access via the National Provider Portal, as well as training and support, visit the [Australian Digital Health Agency](#).



Survey - contraception and abortion care

GPs, GP registrars and other clinicians (nurses working in general practice and community pharmacists) are asked to participate in a 10-minute survey.

The aim of the survey is to better understand the knowledge, attitudes and practices clinicians have in providing Long Acting Reversible Contraception and Early Medical Abortion in general practice and primary care.

The survey is being conducted by the Australian Contraception and Abortion Primary Care Practitioner Support (AusCAPPS) Network along with Monash University. Survey responses are de-identified.

To win one of 10 iPads or one of 150 eGift cards (worth \$100 each), take the [survey](#).

For more information, visit the [SPHERE website](#) or email auscapps.trial@monash.edu



CONTINUING PROFESSIONAL DEVELOPMENT

Shared maternity care workshops

Held over two evening sessions, this workshop covers a range of topics, presented by leading obstetrician and gynaecologist experts.

These include:

- the first antenatal care visit and how to identify higher-risk patients

- problems in the third trimester
- prenatal screening and non-invasive prenatal tests (NIPT) - what is our current standard of care?
- modes of delivery - what is a 'normal' birth?

Participants will be eligible for **4 RACGP Continuing Professional Development hours**. This workshop is hosted by the Shared Maternity Care Collaborative (Mercy Health, Northern Health, the Women's and Western Health) and North Western Melbourne PHN.



When: Monday 27 November and Monday 4 December 2023, 7-9pm

Cost: Free

Speakers:

Dr Sarah McClusky – Western Health

Dr Ekaterina Jovic – Northern Health

Associate Professor Lisa Hui – Mercy Health

Dr Vicki Carson – the Women's

To register: visit [North Western Melbourne PHN](#)

Webinar: Supporting patients with infertility

Drawing on expertise from clinicians leading the Victorian Public Fertility Care Service, this online session will provide GPs with practical knowledge about:

- causes of infertility
- investigating subfertility in primary care
- the latest range of assisted fertility and preservation treatments, and
- supporting patients to access treatment through Victoria's Public Fertility Care Service.



Participants will be eligible for **1.5 RACGP Continuing Professional Development hours**.

When: Tuesday 28 November 2023, 6.30pm-8pm

Cost: Free

Speakers:

Associate Professor Kate Stern, Head of Reproductive Services Unit, the Women's

Katie Beveridge, Operations Manager, Reproductive Services Unit, the Women's

Dr Wan Tinn Teh, Co-Medical Director, Public Fertility Care Service

Dr Rashmi Kalra, Co-Medical Director, Public Fertility Care Service

To register: visit [North Western Melbourne PHN](#).

Interpreting research for busy health professionals

This online workshop will provide guidance on what constitutes 'quality' in:

- cohort studies
- case-control studies
- randomised controlled trials and
- systematic reviews.

The example studies which will be discussed will concern maternity and newborn care and women's health. This workshop is hosted by Monash University's Department of Obstetrics and Gynaecology.

Approved for RANZCOG CPD 2023, Domains & hours: EA: 5.50, PR: 2.00.

When: Saturday 2 March 2024, 8.30am - 3.15pm

Cost: from \$280 (early bird fee)

To register: visit [Monash University](#).



Contact us

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P: (03) 8345 2064
E: gp.liaison@thewomens.org.au

Fast Fax Referral
F: (03) 8345 3036

GP Quick Access Number
P: (03) 8345 2058

Shared Maternity Care Coordinator

P: (03) 8345 2129

E: shared.care@thewomens.org.au

The Women's Switchboard

P: (03) 8345 2000

The Women's Abortion & Contraception Service

P: [\(03\) 8345 2832](tel:(03)83452832) (professional line only – not for use by women needing the service)



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The Royal Women's Hospital acknowledges and pays respect to the peoples of the Kulin Nations, the Traditional Custodians of the Country on which our hospital stands.

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