Changes to Maternity and Gynaecology Services at Sandringham Hospital

Frequently Asked Questions for GPs

Q: What is the Women’s at Sandringham?
A: The Royal Women’s Hospital assumed responsibility from Alfred Health for maternity and gynaecology services at Sandringham Hospital on 1 October 2013. The Women’s now has maternity and gynaecology services at both Sandringham Hospital and at the main Women’s hospital in the Parkville precinct. We are using the suburb names – Parkville and Sandringham – to differentiate between the two Women’s campuses.

Alfred Health’s Sandringham Hospital is proud of the high quality maternity and gynaecology care that Sandringham has provided to the Bayside community, however it became necessary to partner with a specialist tertiary hospital to meet continued growth.

The Women’s (Parkville) provides tertiary maternity and gynaecology services. The Women’s (Sandringham) provides maternity care for low-risk women and limited gynaecology services.

The Women’s has contracted Alfred Health to continue to provide radiology, pathology and operating theatre services.

Alfred Health continues to manage the Special Care Nursery at Sandringham Hospital.

GENERAL QUESTIONS ON REFERRALS

Q: How do I book a woman for maternity or gynaecology care at Sandringham Hospital?
A: Booking requests for maternity and gynaecology services at the Women’s (Sandringham) should be faxed to the Women’s Access Centre Fast Fax Referral line: 8345 3036.

Referral booking forms are available online: http://www.thewomens.org.au/ReferralsOtherResources

Downloadable templates for Medical Director, Genie and best practice will be available in 2014.

Q: What information needs to be contained in the referral?

The information required:

- Must be directed to a named specialist, e.g. Dr Brendan Steele. (This is a requirement as the clinics at Sandringham Hospital are MBS.)

- Must be sufficient to triage women and include:
  o presenting problem
- Interpreter or disability requirements
- The woman’s address and date of birth
- Your practice details and provider number

**NOTE:** If referrals do not contain sufficient information, including ALL of the above, they will NOT be able to be processed.

**Q:** Have maternity and gynaecology clinic schedules and location remained the same at Sandringham Hospital?

**A:** Yes, the clinic days, times and location remain unchanged.

**Q:** What is the website address for more information?

**A:** www.thewomens.org.au

**Q:** If a woman is ineligible for a Medicare card, where should I refer her?

**A:** The answer depends on whether she requires maternity or gynaecology care.

For maternity care: Refer her to the Women’s Access Centre as described above.

For gynaecology care: These patients can be referred to the Monash Medical Centre.
CLINICAL PATHWAYS
MATERNITY

Q. Which women are cared for at Sandringham?
A: Low risk healthy women with a healthy pregnancy IF Sandringham is their local maternity service.

Inclusion criteria for the Sandringham campus:
- Ambulant
- Singleton or dichorionic twin pregnancy
- Parity: < 5
- Age: > 16 years and < 42 years at date of referral
- Body Mass Index (BMI) > 17 and < 35 at date of referral

A full list of exclusion criteria is appended to this document.

Q. Where do I refer pregnant women?
A: If a woman is low risk and Sandringham is their closest maternity hospital, fax the referral to the Women’s Access Centre (on 8345 3036), which will triage to the Women’s (Sandringham).

If a woman is high risk, refer to their closest tertiary hospital, eg Monash Medical Centre, Mercy Hospital or the Women’s (Parkville).

Q: If a booked woman accepted for care at Sandringham then requires tertiary care during her pregnancy, where will she be cared for?
A: Women who have commenced care at the Women’s Sandringham campus who require tertiary care will have their care continued at an appropriate tertiary facility. This will be arranged by the Women’s.

A: If a pregnant woman presents at the Sandringham Hospital Emergency Department, or is admitted to Sandringham, will her ongoing care be automatically taken over by the Women’s?
A: This will depend on the clinical care required at the time. A woman who accesses Sandringham’s ED or is admitted at the Women’s (at either Parkville or Sandringham) will be discharged back to an appropriate maternity facility. She will not automatically become a patient of the Women’s.
GYNAECOLOGY

Q. What gynaecology cases does the Women’s (Sandringham) take?
A: The Women’s (Sandringham) offers general gynaecology services for women without significant comorbidities where Sandringham Hospital is their closest hospital with a gynaecology service. There are no specialist gynaecology services at Sandringham Hospital.

General gynaecology services provided at the Sandringham campus include:

- assessment and management of heavy menstrual bleeding, pelvic pain ovarian cysts, post-menopausal bleeding, uncomplicated prolapse
- Implanon insertion and removal
- IUD insertion for contraception only
- Vulval biopsies
- Vaginal pessary fitting and changeover
- Mirena insertion for management of heavy menstrual bleeding.

Q. Where do I refer women who need specialist gynaecology services or have significant comorbidities?
A: Refer to closest hospital that performs specialist gynaecology services, eg Monash Medical Centre, Moorabin, Caulfield, Dandenong, the Women’s (Parkville).

Significant comorbidities include obesity (BMI >40), moderate to severe pulmonary cardiac, renal or liver disease, insulin-requiring diabetes

Women should be referred to their closest hospital with specialist gynaecology services, eg Monash Medical Centre, Moorabin, Caulfield, Dandenong or the Women’s (Parkville) for any of the following:

- Urodynamics
- Breast abnormalities
- Complex gynaecology care requiring tertiary level service, which includes complicated urogynaecology, infertility oncology

Q: Who do I ask if I have any other queries about patient pathways?
A: Contact the Women’s GP Liaison Office on 8345 2064.
Exclusion criteria

Obstetric / gynaecology related:
- Monochorionic twin pregnancy or higher order multiple pregnancy
- Recurrent miscarriage x 3
- Recurrent mid trimester loss x 2
- Significant cervical conditions (i.e. previous cone biopsy, cervical incompetence, cervical anomalies)
- Previous extreme premature birth (<33 weeks gestation)

General
- Anaemia (Hb <90g/L & not responding to treatment)
- Auto-immune disorders (including antiphospholipid antibodies)
- Blood disorders, such as major haemoglobinopathies, haemolytic disease, thromboembolic disease
- Cardiac disease
- Neurological disorders
- Diabetes mellitus, type 1
- Unstable endocrine disorders
- Unstable epilepsy
- HIV or other infectious diseases of clinical significance (e.g. acute onset Hepatitis C)
- Chronic hypertension on medication
- Puerperal psychosis

Conditions subject to review

Obstetric / gynaecology related:
- Previous placental abruption in past pregnancy (Risk of recurrence 5-10%)
- Previous significant post partum haemorrhage (subject to anaesthetic review)
- Previous stillbirth
- Absence of antenatal care in a woman who is 28 weeks gestation or more at first presentation
- Uterine myoma or malformation, abdominal or adrenal masses
- Uterine surgery (eg. myomectomy & tubal reanastomosis involving the cornua)

General:
- Alcohol and drug abuse
- Rhesus isoimmunisation
- Gastroenterological disorders
- Renal disease
- History of significant anaesthetic difficulties (subject to anaesthetic review)
- Asthma, respiratory disease or chronic bronchitis requiring hospitalisation within the
last 12 months (subject to medical and obstetric consultant review)

- Diabetes mellitus type 2 (subject to review by the Sandringham Endocrine Clinic)
- Unstable psychiatric illness (subject to psychiatric advice)
- Women who refuse blood products
- Other factors (not listed formally herein) may also constitute reason for exclusion.