

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

If you have any feedback or questions, please [email the GP Liaison team](#).

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RSV Mother and Infant Protection Program

The Australian Government is now funding free Respiratory Syncytial Virus (RSV) vaccines for all pregnant women between 28 - 36 weeks gestation.

Additionally, RSV immunisation with antibodies is recommended for infants born during the RSV season to mothers who were not vaccinated at least two weeks before birth.

Maternal RSV vaccination

The National RSV Mother and Infant Protection Program (RSV-MIPP) began in February 2025. As part of the program, a single intramuscular dose of the

maternal RSV vaccine (*Abrysvo*®) is recommended for the mother from 28 to 36 weeks gestation. This protects babies from birth to 6 months of age from severe lower respiratory tract disease caused by RSV.

If not vaccinated before 36 weeks, the vaccine should be administered as soon as possible after 36 weeks gestation (unless the patient is booked for an elective caesarean or induction within 2 weeks).

Infants are not expected to be adequately protected unless they are born at least 2 weeks after the mother receives the vaccine.

Vaccinating in pregnancy produces RSV-specific antibodies that cross the placenta and protect the baby at birth. The RSV vaccine is available in pregnancy at no cost (funded through the [National Immunisation Program](#)).

Eligibility criteria for neonatal passive immunisation

There are currently no RSV vaccines available for neonates or infants for active immunisation. **Neonates should not be given RSV vaccine.**

However, neonates who meet the criteria below will be eligible to receive passive immunisation with monoclonal antibody *nirsevimab* (*Beyfortus*®) from April to September 2025 (state-funded program):

- a. The mother did not receive RSV vaccination during pregnancy
- b. The baby was born < 2 weeks after maternal RSV vaccination
- c. The baby is at increased risk of severe RSV, regardless of maternal vaccination status
- d. The mother has severe immunosuppression (which may reduce immune response to maternal vaccine)
- e. The mother received the RSV vaccine in pregnancy but subsequently underwent a treatment that reduced maternal antibodies (e.g. cardiopulmonary bypass or ECMO)

Further indications for *nirsevimab* in infants up to 24 months of age are available in the [Australian Immunisation Handbook](#).

For eligible neonates, *nirsevimab* is administered by the Women's staff soon after birth and can be co-administered with Vitamin K and Hepatitis B injections.



CMV testing and study

You are invited to take part in a 10-minute survey: '**General Practitioners' perspectives on universal screening for cytomegalovirus (CMV) infection in pregnancy.**'

Congenital CMV is the most common infection affecting newborns and an important preventable cause of childhood disability, hearing loss, stillbirth, and cerebral palsy.

Universal serological screening for CMV in pregnancy is not currently recommended in Australia, but is being adopted in some European countries.

We want your opinion on the acceptability and feasibility of routine CMV screening in pregnancy, and to hear about any implementation barriers you may face. Your input will help inform future health policy in antenatal care.

Participants can enter a draw to win one of three \$100 gift cards.

Take part in the [ESE-CMV survey on the UniMelb website](#).

Disability Liaison Service

The Women's [Disability Liaison Service](#) assists patients by coordinating care and ensuring that the care team is informed of the patient's specific needs. This ensures patients with disability receive safe, accessible, and inclusive care during hospital stays and outpatient visits.

You can request Disability Liaison support when submitting a referral—please include patient support needs or NDIS details.

Patients can also self-refer by emailing or identifying themselves via the **Disability Identifier form** in the *Health Hub* patient portal.

Contact (patients or referrers): Disability.Liaison@thewomens.org.au

Also see: [Women with Individual Needs \(WIN\) Clinic](#)



Maternity Psychotropic Assessment Service feedback

The Women's Maternity Psychotropic Assessment Service (MPAS) offers a one-off consultation with a perinatal psychiatrist regarding psychotropic medication management during pregnancy.

The service assesses women pre-conception and in early pregnancy and provides advice on the risks and

benefits to the mother, fetus/baby, and lactation.

We are seeking feedback from referring GPs on their experience of the service. Complete our short and anonymous [MPAS survey](#).

More information: [The Women's Maternity Psychotropic Assessment Service webpage](#).

Patient decision aid for the AMH Test

Women concerned about fertility often consider having an AMH test. A new, evidence-based decision aid is now available for patients and clinicians. It explains the limitations of the AMH test as a predictor of fertility or onset of menopause and

when it may be useful for infertility treatment.

Access the brochure via [Wiser Healthcare](#)



Free information night at the Women's Public Fertility Care: Meet the team

23 JUNE, 6-7PM



Public
Fertility
Care



Public Fertility Care - Meet the team

Date: Monday 23 June

Time: 6-7pm

Type: In-person event

Cost: Free

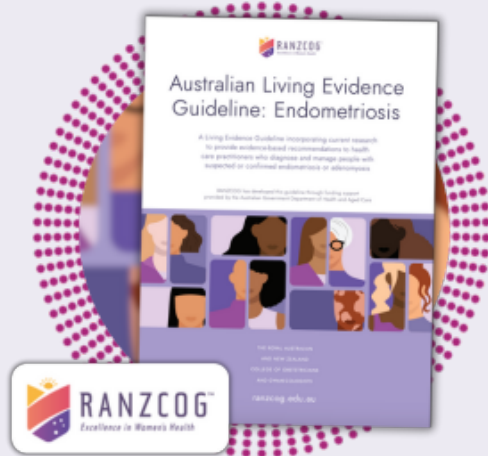
Location: The Royal Women's Hospital, Conference Room A

Description: Interested patients and GPs are invited to an in-person evening to meet the Public Fertility Care team. Hear from a panel of clinicians and care providers and ask any questions you have about fertility treatment options, accessing the service, wait times or anything else you or your patients would like to know.

Details and register: [Eventbrite](#)

Updated RANZCOG guideline for endometriosis

RANZCOG has updated its *Australian Living Evidence Guideline: Endometriosis* to assist in the detection, diagnosis, and



management of endometriosis and adenomyosis. New resources include a **Quick Reference Guide with Summary Flowchart for Primary Care.**

Key updates include:

- Non-invasive first-line diagnosis using transvaginal pelvic ultrasound and MRI.
- Support for early treatment in primary care, including first-line hormonal treatment and pain medication.

Access the guideline and resources on the [RANZCOG website](https://www.ranzcog.edu.au).

Information on referring to the Women's for [Pelvic Pain](#).

New RANZCOG guideline for miscarriage

In March 2025, RANZCOG published a new clinical guideline for health professionals providing care to women with suspected or confirmed early pregnancy loss (including miscarriage, recurrent miscarriage, and tubal or non-tubal ectopic pregnancy) up to 14 weeks gestation.



This guideline reviews the strength of evidence for various management approaches and includes helpful flowcharts.

Access the guideline on the [RANZCOG website](https://www.ranzcog.edu.au).

Information on referring to the Women's [Early Pregnancy Assessment Service \(EPAS\)](#).

**CONTINUING
PROFESSIONAL
DEVELOPMENT**



Shared Maternity Care workshops and recredentialing

Shared Maternity Care GPs and Obstetricians who are credentialed with the Shared Maternity Care Collaboration (SMCC; the Women's, Northern Health, Mercy Health and Western Health) will be invited to recredential for the 2026-28 triennium later this year.

Please let us know if your contact details have changed: gp.liaison@thewomens.org.au

To recredential, please complete 5 hours of pregnancy-related CPD (between 2023 – 2025). One easy way to do this is to attend or watch the recordings of our annual SMCC Workshops. 2023 and 2024 Recordings are available on the Women's CPD [webpage](#).

2025 Shared Maternity Care workshops

Please save the date for the 2025 SMCC Workshops on Tuesdays 16 and 23 September 6:30 to 8:30pm. Details and a link to register will be sent closer to the time.



ImplanonNXT training

Dates: 26 June, 4 August, 21 October, 26 November

Times: 1.5 hour workshops, held at various times. You only need to attend one workshop.

Type: In-person at the Women's (Parkville)

Cost: Free

Description: The Women's has developed two short courses designed to provide health professionals with the knowledge and

skills to provide best practice early medical abortion care.

Please note: Completion of online [ImplanonNXT training](#) is required as a pre-requisite to attend a workshop: [ImplanonNXT training](#).

Registration and more information: [the Women's website](#).

Early Medical Abortion training

Type: Online, self-paced modules

Cost: Free

Description: The Women's has developed two short courses designed to provide health professionals with the knowledge and skills to provide best practice early medical abortion care.

The training is delivered across two modules:

1. [Early Medical Abortion](#)
2. [Follow Up After Early Medical Abortion](#)

Additional resources:

- [AusCAPPS](#): an online community of practice for primary health care providers who provide long-acting reversible contraceptives (LARC) and medical abortion.
- [1800 My Options](#): a statewide, independent information and phone service that provides a database of abortion, options counselling, contraception and other sexual health service providers.

- The Women's [Clinical Guidelines](#) on abortion management
- [MS-2 Step](#) Medical Education Program



Recordings



Webinar recordings

Catch up on the Women's webinar recordings via our [CPD webpage](#):

- **Public Fertility Care webinar** (24 October 2024)
- **Shared Maternity Care workshops** (8 & 15 October 2024)
- **Perinatal mental health and psychotropic medicines in pregnancy** (1 October 2024)
- **Cervical and breast cancer: risk-based screening and management** (13 August 2024)

Have ideas for 2025 topics?

Email: gp.liaison@thewomens.org.au

Parkville Connect

Parkville Connect is the provider portal that enables GPs, specialists and other community health practitioners to access the Electronic Medical Record (EMR) of their patients receiving care at:

- The Royal Women's Hospital
- The Royal Melbourne Hospital
- The Royal Children's Hospital
- Peter MacCallum Cancer Centre.

The EMR system by itself does not currently enable automated cc of results (pathology and imaging) to SMCAs, GPs and other external providers. Parkville Connect is one way you can access these results.

Via Parkville Connect you can view:

- upcoming and past hospital visits



- inpatient and outpatient progress notes
- discharge and after-visit summaries
- laboratory and imaging results
- allergies, medical history and medications.

To register your practice and associated clinicians for Parkville Connect, please ensure that all your practice information is up to date in the National Health Services Directory (NHSD). It is recommended that all clinicians are included when registering your practice.

To register, visit the [Parkville Connect website](https://parkvilleconnect.org.au) and click 'Request New account'

Any queries, email: support@parkvilleconnect.org.au

Contact us

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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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