

Resources and training opportunities for GPs

GP News - March 2025

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](#).

In this edition:

- RSV vaccine information
- Female genital cutting guidance
- Early Pregnancy Assessment Service (EPAS) update
- Aspirin trial for multiple pregnancy
- CPD opportunities

RSV vaccine for pregnant women

The respiratory syncytial virus (RSV) vaccine Abrysvo® is now available for free under the National Immunisation Program for women at 28–36 weeks of pregnancy. It can be provided after 36 weeks if missed.

The vaccine provides the baby with passive protection against RSV during the first six months of infancy.



Infants born between 1 April and 30 September 2025

The Victorian Department of Health has introduced a free long-acting RSV monoclonal antibody, Beyfortus™ (nirsevimab) for infants where:

- their mother did not have the RSV vaccine in pregnancy, or
- maternal RSV vaccine was administered less than 2 weeks before birth.

For eligible babies born at the Women's, this will be provided in hospital before the baby goes home.

More RSV information

- [Australian Immunisation Handbook, Respiratory syncytial virus \(RSV\) chapter](#)
- [Victorian Department of Health, RSV immunisation](#)

Webinar recordings

- Recording 1, 9 Jan 2025: [Overview of the RSV Mother and Infant Protection Program](#)
- Recording 2 (22 Jan 2025): [Clinical and logistics elements of the program](#)



How to discuss female genital cutting with your patients

Do you know how and when to start the conversation about female genital cutting/circumcision (FGC), also known as female genital mutilation (FGM)?

The Women's has launched two videos to help guide you. The videos

weave in the experiences of consumers, to support you in addressing FGM/C sensitively.

They were developed by the Women's FGM Clinic and Family & Reproductive Rights Education Program (FARREP) teams, who are experienced in supporting women from countries where FGM/C may be practised.

These practical videos explain what FGC is and in which countries it is more commonly practised. They outline why and how to screen patients and where to find appropriate services, resources and training.

Watch the videos

- [Introduction to FGC \(4 min\).](#)
- [Asking about FGC \(6 min\).](#)

Thank you to the Scanlon Foundation for funding the development of this resource.

More information: Referrals and training

- [FGM Clinic](#) (formerly African Women's Clinic): Clinical advice, assessment and deinfibulation procedures.
- [Family & Reproductive Rights Education Program \(FARREP\)](#): Support and education for health professionals, and support and advocacy for women from countries where FGC is practised.
- Organise a free training session for you, your practice or organisation: contact the FARREP team by email farrep.program@thewomens.org.au or call [\(03\) 8345 3058](tel:(03)83453058).

Changes to cervical screening guidelines

The Cancer Council has reviewed and updated the National Cervical Screening Program (NCSP) guidelines. The updated guidelines take effect in April 2025 and include changes to:

- self-collection
- Test of Cure (ToC) management
- surveillance and follow up after treatment for adenocarcinoma in situ (AIS)/glandular
- post-total hysterectomy.



Useful resources

- [Updates to NCSP Guidelines](#)
- [Cervical screening resources \(Department of Health and Aged Care\)](#)

Training opportunities in cervical screening are outlined in the CPD section below.

Early Pregnancy Assessment Service (EPAS) - FAQs

The Women's Early Pregnancy Assessment Service is a non-acute outpatient service for pregnant women experiencing pain and/or bleeding before 14 weeks of pregnancy.

It is not a walk-in service. Patients require a referral and an appointment to attend.

The Women's will contact patients by phone within 2 working days of receiving a referral.

Please refer via the usual **Fast Fax on Fax: (03) 8345 3036**. If you have trouble faxing, please [email the GP Liaison team](#).

Information for referrers is always available on our website: [Early Pregnancy Assessment Service \(EPAS\)](#).

Who can be referred to EPAS?

The service can manage women who are clinically stable and <14 weeks pregnant, with any of the following:

- bleeding
- pain
- pregnancy of unknown location (PUL)
- intrauterine pregnancy not visualised on ultrasound and inappropriately rising or slow rising Beta hCG levels
- threatened or incomplete miscarriage
- retained products of conception post-miscarriage
- possible uterine arteriovenous malformation
- suspected molar pregnancy.

EPAS accepts referrals when the Women's is the patient's closest maternity hospital, or the patient requires tertiary level care (complex medical patients or suspected non-tubal ectopic e.g. cervical or caesarean scar).

Find out what to include with your referral on [the Women's website](#).

When is the EPAS service available and how do I contact them?

EPAS clinics are held Monday to Friday, on every weekday morning and some afternoons. Nursing staff are available for phone enquiries until 4:30pm daily.

- Phone: [\(03\) 8345 3643](#) (business hours, Monday to Friday)
- Fax referral: [\(03\) 8345 3036](#)

If you have trouble faxing, please [email the GP Liaison team](#).

The service is closed on Saturday, Sunday and public holidays. Please consider this when deciding whether to refer your patient to EPAS or Women's Emergency Care.

When should I send a pregnant patient to Women's Emergency Care (WEC) instead?

Patients should present to WEC if:

- haemodynamically compromised/clinically unstable
- confirmed ectopic pregnancy
- suspected ectopic pregnancy on the weekend (EPAS service not available)
- severe pain
- continued heavy vaginal bleeding
- postpartum haemorrhage or retained products post-birth.

Aspirin clinical trial for multiple pregnancy

Research opportunity

The Women's is one of two Australian hospitals participating in the ASPRE-T study: Aspirin versus placebo in twin pregnancies for preeclampsia prevention.

Although many women with twin pregnancies are put on low-dose aspirin, there is currently no evidence supporting routine use of aspirin in the prevention of preeclampsia in multiple pregnancies. This study is the largest effort to date to try to answer this clinical question.

Please support this trial by **referring all twin pregnancies early**.

About the study

Aim



The aim of the trial is to examine if the prophylactic use of low-dose aspirin from the first-trimester of pregnancy in women with twin pregnancies reduces the incidence of preeclampsia resulting in delivery before 37 weeks gestation.

Inclusion criteria and study requirements



Women with dichorionic and monochorionic-diamniotic twin pregnancies.

Study participants will be randomised to take aspirin (150 mg/day) or placebo from 12-14 weeks until 36 weeks gestation. The researchers will record maternal characteristics, medical history and perform an ultrasound (at the Women's) to determine chorionicity, confirm gestation, diagnose any major fetal abnormalities and screen for chromosomal abnormalities based on the nuchal translucency thickness.

Referral



In your maternity referral prior to 12-13 weeks, please indicate the patient's interest in this study so that an ultrasound and screening visit can be organised. Please complete the usual antenatal tests. All potentially eligible patients will be phoned by our Research Midwife and offered a 12-13-week ultrasound at the Women's.

More information



Email Research Midwife, Karen Reidy: Karen.reidy@thewomens.org.au

CONTINUING PROFESSIONAL DEVELOPMENT

Find upcoming events and past webinar recordings on our website – go to [GP continuing professional development](#).

Catch up with our video recordings of:

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

To request future maternity or women's health webinar topics in 2025, please email gp.liaison@thewomens.org.au

Reminder

Shared Maternity Care re-credentialing

GPs and obstetricians who are affiliated with the Shared Maternity Care Collaboration will be invited to re-credential for the 2026–28 triennium later this year.

The program is a collaboration with the Women's, Northern Health, Mercy Health and Western Health.



To prepare for re-credentialing, please complete and record 5 hours of pregnancy-related CPD (between 2023–2025).

Tip: A simple way to complete your CPD is to attend or watch the recordings of our annual workshops. Watch the 2023 and 2024 recordings on the Women's website: [GP continuing professional development](#).

Online modules

National Cervical Screening Program

Type: Online learning modules, self-paced

Cost: Free

Description: The Australian Centre for the Prevention of Cervical Cancer (ACRRM) has developed five eLearning modules with tools for healthcare providers to deliver cervical screening. They are free to complete and are CPD-accredited with RACGP and ACRRM.

Registration: [National Cervical Screening Program bundle on GPEx](#)

Online recording

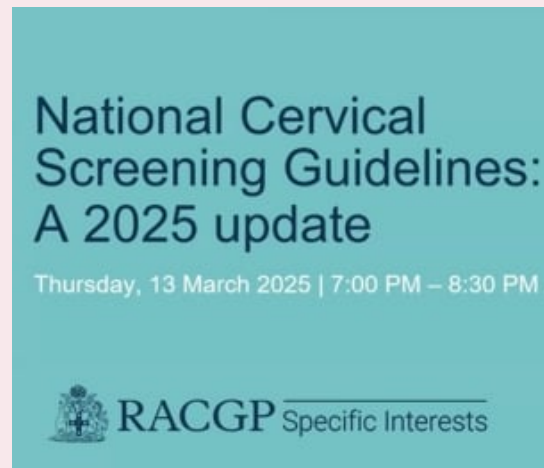
Cervical screening update - RACGP

Type: Webinar recording (recorded 13 March 2025)

Cost: Free

Description: This RACGP webinar will support you in optimising care for your patients by guiding you through changes from the latest review of the cervical screening guidelines.

Watch the webinar: [RACGP website](#)



Online training

Antenatal syphilis - Train the trainer

Type: Live (remote) session

Date: Thursday 27 March, 7-9pm

Description: ASHM is calling for expressions of interest for a new Antenatal Syphilis Train the Trainer Program on antenatal STI testing, with an emphasis on the prevention of congenital syphilis. The training is targeted at GPs and midwives providing antenatal care.

Learning outcomes:

- Describe the clinical stages of syphilis and identify clinical symptoms.
- Explain the importance of syphilis testing in pregnancy.
- Interpret syphilis serology test results.
- Discuss referral pathways and supports for positive syphilis cases in pregnancy.

Register your interest: [ASHM website](#)

Online community

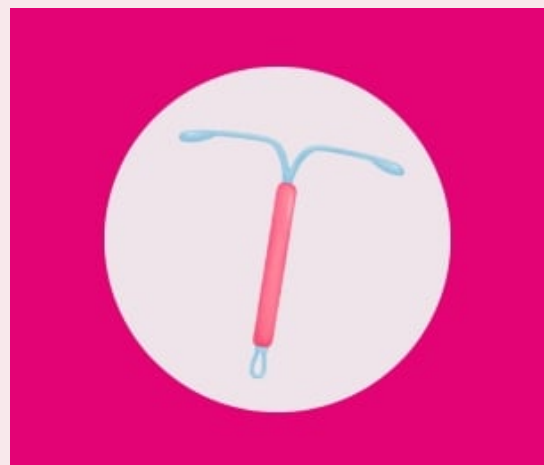
IUD displacement and malpositioning

Type: Online community of practice

Description: The Australian Contraception and Abortion Primary Care Practitioner Support Network (AusCAPPS) is running a topic of the month in March exploring: 'Effective approaches to handling IUD displacement and malpositioning'.

Take part to learn about the types of IUD issues clinicians have experienced and suggestions for managing them.

Registration: [Join the AusCAPPS network for free.](#)



Contact us

A/Prof Ines Rio, Head GP Liaison Unit

P: [\(03\) 8345 2064](tel:(03)83452064)

E: gp.liaison@thewomens.org.au

Fast Fax Referral

F: [\(03\) 8345 3036](tel:(03)83453036)

GP Quick Access Number

P: [\(03\) 8345 2058](tel:(03)83452058)

Shared Maternity Care Coordinator

P: [\(03\) 8345 2129](tel:(03)83452129)

E: shared.care@thewomens.org.au

The Women's Switchboard

P: [\(03\) 8345 2000](tel:(03)83452000)

The Women's Abortion &

Contraception Service

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

**Copyright © 2025 The Royal
Women's Hospital**

20 Flemington Road, Parkville
Australia

*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.*



[Forward this email](#)

You are receiving this email because
you have subscribed to receive
updates from the Women's GP
Liaison Unit.

[Unsubscribe](#)