

#### **GP** News

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

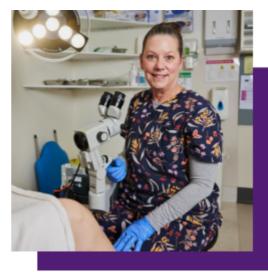
If you have any feedback or questions, please email us.

### **Colposcopy video for patients**

Patients who are referred for a colposcopy, after having an abnormal Cervical Screening test, sometimes feel stressed or frightened.

To help improve the patient experience, the Women's and Cancer Council Victoria have developed a five minute video: 'Colposcopy: What you should know before your appointment'.

Ange Steele, a nurse colposcopist at the Women's, explains the steps involved in having a colposcopy, how long it takes, and the benefits of having one.



In future, a link to the video will be sent to our patients prior to their colposcopy appointment. We also encourage you to share the video with relevant patients.

For more information or to watch the video, see Dysplasia Clinic.

#### **Perineal tears**



#### **Reducing the risk**

There is increasing evidence that perineal massage in the antenatal period from 34 weeks of pregnancy decreases the risk of severe perineal tears (3<sup>rd</sup> and 4<sup>th</sup> degree tears) in labour.

Unless contraindicated, you are encouraged to raise perinatal massage as part of your usual antepartum discussions with your patients. Please share this patient information sheet: <u>Practising perineal massage during</u> your pregnancy.

Additionally, the use of warm compresses on the perineum between contractions in labour has been found to decrease the risk of severe perineal

tears. It is now routine practice at the Women's to encourage use of warm compresses, during the late second stage of labour.

#### After a severe perineal tear

At the Women's, patients who sustain a 3<sup>rd</sup> or 4<sup>th</sup> degree tear receive care from members of the Women's multidisciplinary team. This includes obstetrics, physiotherapy and midwifery. As appropriate, this care team may also refer women to dietetics, colorectal or sexual counselling.

Affected women routinely receive a follow up appointment with a physiotherapist from the Women's Perineal Clinic 6-8 weeks postpartum. The Clinic and our Urogynaecology team will discuss whether further assessment is required, including endoanal ultrasound.

For more information on care, recovery and follow-up after perineal trauma, see this patient information sheet: <u>Perineal tears: third and fourth degree tears</u>.

GPs can refer eligible postpartum patients to the Women's Perineal Clinic. The clinic accepts referrals for patients with 3rd and 4th degree tears and acute healing issues between 6-8 weeks post birth.

Patients who did not birth at the Women's are eligible. In these cases, referrers are asked to please include details about the woman's delivery and any repairs, including any theatre notes. For more information, see <u>Perineal Clinic.</u>

Beyond 6 months post-delivery, women can be seen by the Women's Pelvic Floor Unit. However, due to high demand for this service, there is a long wait time (currently 2.5 - 3 years).

# New service to support pregnant women on psychotropic medication

The Women's has commenced a Maternity Psychotropic Medicine Assessment Service.

The service provides a single session consultation with a perinatal psychiatrist who has special training in maternity care.

It offers an assessment and advice on taking prescribed psychotropic medications (such as anti-depressants or anti-psychotics) in early pregnancy and pre-pregnancy, including risks and benefits for the mother, fetus and baby.



#### Women and their referring

GP/psychiatrist are provided with a written assessment and recommendations on the use of psychotropic medicine, individualised for the woman's situation. The service does not prescribe medications, diagnostic clarification, diagnostic clarification, crisis management, assessment of parental capacity or follow-up care.

To access the service, women require a referral from their treating GP or psychiatrist. They do not need to be an existing patient of the Women's. For more information on the eligibility criteria and how to refer, see <u>Maternity</u> <u>Psychotropic Assessment Service.</u>

You may also be interested in this news story on the Women's website: <u>New</u> service to support pregnant women with mental health conditions.

# **Reproductive carrier screening**

#### **New Medicare rebates**

A few months ago, the Australian Government announced new Medicare rebates for genetic testing. See: <u>Department of Health and Aged Care</u> <u>website</u>.

The rebates apply to reproductive carrier screening which determines a couple's risk of having a child born with Cystic Fibrosis, Spinal Muscular Atrophy or Fragile X Syndrome.

Approximately one in 20 Australians are genetic carriers of at least one of these conditions. One in 240 couples will end up at high-risk (a 25% chance) of their child being born with one of these conditions.



Carrier screening should be offered to all women planning to conceive or in their first trimester of pregnancy, regardless of their family background or known genetic risk.

When there is a family history of Cystic Fibrosis, Spinal Muscular Atrophy or Fragile X Syndrome or other inheritable problem of concern, please refer your patient to the Women's <u>Clinical Genetics Service.</u>

The service organises the correct tests based on the inheritable genotype, which may differ from the universal tests. It can assist women prior to pregnancy and in pregnancy (regardless of whether they are being cared for at the Women's or another maternity setting).

Accredited training is available for GPs to support them in having conversations with patients about genetic testing. For guidelines and resources on this topic, visit the <u>RACGP website</u>.

# **Maternity referrals: Important reminders**



# Normal risk maternity referrals

A reminder to GPs that unless a woman is high risk, maternity referrals should be sent with:

- initial blood and urine test results
- 12-week ultrasound results, and
- Down syndrome test (if the patient decided to have one).

There is no benefit for the patient in sending an earlier referral, as this is unlikely to be accepted.

The model of maternity care which will be offered to the patient is not selected until the patient's appointment at 16-20 weeks' gestation.

#### Higher risk maternity referrals

If a patient is high risk and requires earlier antenatal care, please send the referral early in the pregnancy (less than 12 weeks). Please indicate the reason in the referral and which tests are outstanding.

If additional tests are completed after the referral is sent, please fax to (03) 8345 2624. However, note these test results will not be reviewed by clinicians until the patient's next appointment.

If you have any concerns with the results and the patient requires an earlier appointment, please send a new referral and attach the relevant test results.

For urgent clinical advice, call the Women's on (03) 8345 2000 and ask to speak with the on-call obstetric registrar.

Mandatory demographic and clinical information is available at <u>Maternity</u> <u>Referrals</u>. Referral templates for common GP software are also available to download.

Providing all demographic information in your referral ensures the referral can be triaged without delay, and appropriate support services can be arranged. Please remember to include if an interpreter is required (or not) and if so, the relevant language.

# **Breast cancer and breast surgery**

#### New Statewide Referral Criteria

From 1 June 2024, new Statewide Referral Criteria for breast cancer and breast surgery comes into effect, requiring mandatory referral information and tests.

These will include the below criteria, which have been published in advance on the Statewide Referral Criteria for Specialist Clinics website:

- <u>Advice on inherited breast cancer</u> (<u>high- risk patients</u>)
- <u>Assessment for breast reconstruction</u> <u>surgery</u>
- Breast cancer (suspected or confirmed)
- Breast lumps and other conditions
- Breast reduction surgery

Criteria for referral to public hospital services will be updated on the <u>HealthPathways</u> website, and relevant hospital websites.

For more information, visit the <u>Statewide Referral Criteria for Specialist Clinics</u> <u>website</u>.

# CONTINUING PROFESSIONAL DEVELOPMENT



Webinar recordings

## <u>Shared maternity care</u> <u>workshops</u>

Two Shared Maternity Care workshops held in late 2023 are now available for viewing on the Women's website: <u>GP Continuing Professional</u> <u>Development.</u>

The workshops cover a range of topics from leading obstetrician and gynaecologist experts.

They were hosted by the Women's, Mercy Hospital for Women, Western Health, Northern Health, and the North Western Melbourne Primary Health Network.



In-person workshop

# ImplanonNXT training

Dates: 19 June, 22 June, 27 June, 22 July, 1 August

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

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

Cost: Free

**Description**: In this workshop, you'll gain the knowledge and skill necessary to safely insert and remove ImplanonNXT through supervised simulated practice.



You'll learn about: clinical information, safe insertion and removal, indications and contraindications, and management of side effects. Suitable for doctors, nurse practitioners, nurses, and midwives.

**Please note:** Completion of online training is required as a pre-requisite to attend a workshop: <u>ImplanonNXT training</u>

Registration and more information: the Women's website.

Online webinar

## Infertility: supporting patients in primary care and the new Public Fertility Care Service

Date: Thursday 30 May 2024 Time: 6pm-7pm Type: Online Cost: Free (for RACGP Members) Hosted by: Department of Health Victoria & RACGP Victoria

**Description**: Discover how we're breaking barriers in Victoria by making fertility treatment more accessible through Victoria's Public Fertility Care service and Australia's first egg and sperm bank.

Join our webinar to explore innovative approaches to investigating subfertility, along with the latest advancements in assisted fertility and fertility preservation treatments.

**Registration and more** information: the RACGP website.



Online workshop

#### **Deep dive into** <u>dyspareunia</u>

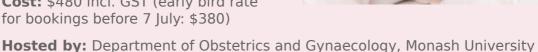
#### A multi-disciplinary workshop on sexual pain

Date: Saturday 20 July 2024

Time: 8.30am-5.15pm

**Type:** Online (including live presentations and case study discussions)

Cost: \$480 incl. GST (early bird rate for bookings before 7 July: \$380)



Main course facilitator: Dr Anita Elias, Head of Sexual Medicine and Therapy Clinic at Monash Health

Description: This interactive one-day online workshop will gather a multidisciplinary team of experts to discuss the assessment and management of dyspareunia.

It will include presentations as well as interactive case-based discussions inclusive of diversity of gender, sexual orientation, culture and clinical features.

Registration and more information: Monash University website

#### Contact us

A/Prof Ines Rio, Head GP Liaison Unit P: (03) 8345 2064 E: <u>gp.liaison@thewomens.org.au</u>

Fast Fax Referral F: (03) 8345 3036

**GP** Ouick Access Number P: (03) 8345 2058



Shared Maternity Care Coordinator P: (03) 8345 2129 E: <u>shared.care@thewomens.org.au</u>

The Women's Switchboard P: (03) 8345 2000

The Women's Abortion & Contraception Service P: <u>(03) 8345 2832</u> (professional line only – not for use by women needing the service)



#### Forward email

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

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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