

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:

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## Email referrals to the Women's

You can now send referrals to the Women's by email as well as fax.

This change addresses ongoing problems with ageing fax machines, NBN issues, and the fact that many clinics no longer use fax. The Parkville Precinct continues to work towards implementation of an eReferral system.

You can continue to fax referrals to **Fax: (03) 8345 3036**. Email referrals are processed the same way as faxed ones. Please ensure you provide all information required for triage, including:

- Language spoken (including if English) and
- If an interpreter is required.

Tips for emailing your referrals securely:

- Add this email to your clinical software address book: [referrals@thewomens.org.au](mailto:referrals@thewomens.org.au)
- Email referrals directly from your clinical software to improve cybersecurity through SSL/TLS encryption (check with your software provider if unsure).

More information on standards is available from the [Australian Digital Health Agency](#).

- In subject line, include: **SURNAME\_DOB** (e.g. CITIZEN\_01/01/1970)
- If urgent (e.g. Early Pregnancy Assessment Service, concerns of malignancy, abortion referrals) use both a 'High Priority/ High Importance' flag and include URGENT at the start of the subject line.
- Only mark as urgent when clinically necessary.
- Please do not email password-protected files or one-time codes.

For more information, visit the: [Sending referrals webpage](#) on the Women's website.



## Gestational diabetes and diabetes in pregnancy updates

The Australasian Diabetes in Pregnancy Society (ADIPS) has recently revised its [guidelines](#) for early testing and diagnosis of gestational diabetes (GDM) and diabetes in pregnancy (DIP).

The Women's has now adopted many of these updates, along with some other related changes.

Key changes to testing and diagnosis at the Women's (see more below) include:

- Early testing
- Women declining a glucose tolerance test
- Women unable to tolerate a glucose tolerance test or where testing is not appropriate
- Diagnostic criteria

Please contact us if your patient is diagnosed with diabetes, you have concerns, or you need guidance, on:

- Diabetes team: [diabetes.educators@thewomens.org.au](mailto:diabetes.educators@thewomens.org.au)
- Shared care: [sharedcare@thewomens.org.au](mailto:sharedcare@thewomens.org.au)

### 1. Early testing - SIGNIFICANT CHANGE

Women at increased risk of gestational diabetes should have a HbA1c undertaken in the first trimester (e.g. with initial antenatal bloods)

A glucose tolerance test (GTT) is no longer recommended as the first-line test.

Women with:

- HbA1c  $\geq 6.5\%$  ( $\geq 48$  mmol/mol) should be diagnosed and managed as having diabetes in pregnancy (DIP)
- HbA1c level  $\geq 6.0$ - $6.4\%$  should have a follow-up early 75 g two-hour GTT between 10-14 weeks' gestation (not before 10 weeks' gestation due to poor tolerance and limited evidence of benefit)

## 2. GTT at 26-28 weeks - NO CHANGE

As prior, all women (unless already diagnosed with GDM/diabetes) should have a 75g 2-hour tolerance test at 26-28 weeks.

- For shared-care women who are Rh positive, testing occurs in the community using a pathology slip provided by the hospital, with results cc'd to their shared maternity care affiliate.
- Please encourage use of the hospital slip so results are received and checked by the Women's.
- If you provide your own pathology form, you are responsible for checking and following up result. Do not rely on a cc' to the Women's as there is no mechanism to check this.

## 3. Women declining GTT - SIGNIFICANT CHANGE

- The Women's will offer 2 weeks of QID BGL finger-prick testing instead
- Women cover cost of glucose meter and testing strips
- Shared-care providers: please check results and contact the Women's if there are any concerns or for advice.

## 4. Women unable to tolerate GTT or where testing is not appropriate - SIGNIFICANT CHANGE

(Applies to medical reasons, e.g. post-bariatric surgery)

- The Women's will offer 2 weeks of QID BGL finger-prick testing
- Diabetes team provides education and glucometer, women cover costs of testing strips
- Shared-care providers: please check results and contact the Women's if there are any concerns or for advice.

## 5. Diagnosis criteria - SIGNIFICANT CHANGE

The diagnostic thresholds for GDM have increased.

GDM/DIP is diagnosed if ANY of the following after GTT:

- Fasting BGL  $\geq 5.3$  (previously  $\geq 5.1$ ;  $> 6.9$  = DIP)
- 1-hour plasma glucose  $\geq 10.6$  mmol/L (previously  $\geq 10.0$ )
- 2-hour plasma glucose  $\geq 9.0$  mmol/L (unchanged;  $> 11.0$  = DIP).

## 6. BGL targets - NO CHANGE

For women with GDM or DIP, the testing of QID and BGL targets remain the same:

- Fasting  $< 5.1$  mmol/L
- 2 hours post prandial  $< 6.7$  mmol/L



The Parkville Precinct hospitals – the Women’s, Royal Melbourne Hospital, Royal Children’s Hospital and Peter Mac – have transitioned from Argus to Healthlink secure messaging on 2 September 2025.

If your clinic already uses Healthlink:

- Please ask your practice managers to check all practitioners details are up-to-date in:
  - your Healthlink subscription
  - the [National Health Services Directory](#) and [Provider Connect Australia](#) (if registered).

If you haven’t received expected correspondence from these hospitals after 2 September, please contact the relevant service:

Service	Email address	Phone
Peter MacCallum	<a href="mailto:Doctor.Updates@petermac.org">Doctor.Updates@petermac.org</a>	(03) 8559 7370
Royal Children’s Hospital	<a href="mailto:HIS.Patientinfo@rch.org.au">HIS.Patientinfo@rch.org.au</a>	(03) 9345 6108
Royal Melbourne Hospital	<a href="mailto:RMHHISInfo@mh.org.au">RMHHISInfo@mh.org.au</a>	(03) 9342 7359
The Women’s	<a href="mailto:HIS@thewomens.org.au">HIS@thewomens.org.au</a>	(03) 8345 2600

## We’d love your feedback on Early Medical Abortion resources



### Survey on Early Medical Abortion resources

The Women's is inviting healthcare professionals to participate in an important survey as part of our Clinical Champions initiative.

We aim to explore the gaps in resources and support surrounding Early Medical Abortion, and we believe your insights are invaluable to this effort.

Your feedback will help us enhance our resources and support materials, ensuring practitioners are well-informed and equipped to provide optimal patient care.

The survey is available through Microsoft Forms, making it easy and accessible for you to share your feedback. The survey is open until 30 September 2025.



Complete survey



**SEXUAL AND  
REPRODUCTIVE  
HEALTH  
AUSTRALIA**  
Formerly Family Planning Alliance Australia

## AUSLARC Scholarships

APPLICATIONS OPEN



### Long-Acting Reversible Contraception Training Scholarships

AUSLARC aims to strengthen workforce capacity in long-acting reversible contraception (LARC) and promote health equity through targeted support for health professionals, particularly those working in rural and regional areas and with Aboriginal and Torres Strait Islander people as well as culturally and linguistically diverse people.

AUSLARC provides scholarships for Implanon and IUD training to reduce financial and geographic barriers to long-acting reversible contraception (LARC) training.

In Victoria, these scholarships are administered by Sexual Health Victoria and include travel reimbursement for eligible participants travelling more than 100 km to attend training.

Apply for a scholarship

### Childbirth education videos in Arabic

We are pleased to share a new antenatal education video series from Rhama Health, created with Arabic-speaking families in mind.

The series which the Women's has collaborated on, supports parents and loved ones to feel informed, respected, and cared for as they prepare to welcome their baby. Our hope is that every family feels confident and connected on this important journey together.

View the video series and our English series on [the Women's website](#).





## Fact sheets - to support you and your patients

More than 230 fact sheets on women's health topics are available on the Women's website. Some fact sheets are also available in a variety of languages. We hope you find these fact sheets useful and encourage you to share them with your patients.

Some of the new fact sheets we have recently published include:

- ▶ [New parents and falls: Tips to protect you and your baby \[pdf|118KB\]](#)
- ▶ [Family violence: Information for immigrants and refugees \[pdf|227KB\]](#)
- ▶ [Premature rupture of membranes \[pdf|87KB\]](#)
- ▶ [As your baby matures \[pdf|98KB\]](#)
- ▶ [Breast changes \[pdf|529KB\]](#) – also available in 9 other languages

[View A-Z fact sheets](#)

## CONTINUING PROFESSIONAL DEVELOPMENT



### Re-credentialing for Shared Maternity Care Affiliate (SMCA)

Re-credentialing for the 2026-2028 triennium for Shared Maternity Care Affiliates (SMCA) will take place later this year.

The shared care collaborative hospitals – the Women's, Mercy Health, Northern Health and Western Health – will each manage re-credentialing for an allocated cohort of practitioners. Each service will follow its own process and will

communicate directly with the SMCA they are responsible for.

For those assessed by the Women's:

- An online system will be used, and

- SMCAs will be required to upload evidence of:
- Pregnancy related CPD in [2022-2025](#) (5 hours for GPs and 10 hours for midwives)
- Medical indemnity

You will receive an email invitation by mid-October 2025 from the hospital managing your re-credentialing.

If your contact details have changed, please notify us:  
[sharedcare@thewomens.org.au](mailto:sharedcare@thewomens.org.au)

## Annual shared maternity care workshop webinars

You're invited to register for the annual free shared maternity care workshop webinars. Attendance counts towards the pregnancy-related CPD requirements for SMCA re-credentialing.

### Webinar 1: Tuesday 16 September, 7-9pm

Topics: Declining recommended maternity care and Abnormal ultrasound findings

Presenters: Dr Gill Paulsen and Dr Peter Jurcevic

Register [here](#).

### Webinar 2: Tuesday 23 September, 7-9pm

Topics: Preterm birth, Fetal growth restriction and Family violence

Presenters: Dr Tanya Ellis and Dr Bethany Sampson

Register [here](#).



## Contact us

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