



In this edition of GP News, you'll find a wealth of information, including resources for GPs and training opportunities. As the end of the year approaches, we would like to thank you for the exceptional care you provide, particularly our dedicated Shared Maternity Care Affiliates. We wish you all a safe and happy festive season!

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

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Emailing referrals to the Women's

Reminder: Email your referrals

The Women's now prefers email over fax for new or updated referrals. This change reflects the increasing unreliability of faxed transmissions due to ageing fax infrastructure, NBN-related issues, and the fact that many clinics no longer use fax.

Emailed referrals are centrally processed by our Access Centre in the same way as faxed referrals.

If you have previously sent a referral via fax and have not received a letter from the Women's within 1-2 weeks, please contact our Access Centre via the GP Hotline ([03\) 8345 2058](tel:0383452058) - *Option 2*.

Please ensure you provide all information required for triage, including language spoken (even if English) and whether an interpreter is required.

Tips for emailing your referrals securely:

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

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

- In the 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.

More information: [Sending referrals | The Royal Women's Hospital](#)

The Parkville Precinct (The Women's, Royal Melbourne Hospital, Royal Children's Hospital and Peter MacCallum Cancer Centre) is pleased to announce that development of an eReferral system has commenced. It is expected to be available in approximately one year. We will keep you updated.



Re-credentialing update for Shared Maternity Care Affiliates

Re-credentialing for the 2026-2028 triennium for Shared Maternity Care Affiliate (SMCA) GPs, obstetricians and midwives is taking place from now until December.

Current affiliates should have received an invitation via email from one of the four Shared Care Collaborative hospitals: the Women's, Mercy Health, Northern Health and Western Health.

For those assessed by the Women's, the SMCA will receive an email with a link to an online system.

SMCAs will be required to upload evidence of:

- Pregnancy-related CPD in [2023-2025 \(5](#) hours for GPs and 10 hours for midwives. No evidence is required for obstetricians or affiliates who first credentialed in 2025).
- Professional indemnity certificate.

SMCAs will also be asked to confirm their agreement to a set of professional undertakings as part of the re-credentialing process.

If your contact details have changed, please notify us via sharedcare@thewomens.org.au

Test to check fetus' Rh status if women are Rh Negative

There is now an ability and MBS rebate to check a fetus' Rh status when a pregnant woman's blood group is Rh Negative with no preformed anti D.

This will enable women to only receive Rh D Immunoglobulin if they need to (i.e. their baby is Rh D Positive).



This is a maternal blood test:

- Through a Non-Invasive Prenatal Test (NIPT) for fetal RHD
- Undertaken at 15-26 weeks (this usually enables a single test and time before the 1st routine prophylaxis at 28 weeks)
- Currently offered in Victoria by Healius (Dorevitch), Sonic (Melbourne Pathology) and Lifeblood. Can be done with other tests, non-fasting or fasting.

It is currently only validated in singleton pregnancies. The test will not routinely be available via the Women's.

If the NIPT indicates:

- Fetus is Rh Positive: the woman will receive usual prophylaxis with anti-D immunoglobulin at the Women's at 28 weeks, 34-36 weeks and postpartum, plus for any sensitising events
- Fetus is Rh Negative: the woman will not receive anti D immunoglobulin during pregnancy (the baby's Rh status will be confirmed post birth)
- Indeterminate response: the choice is to treat as Rh Positive or repeat (only if there is sufficient time. This should not delay the 28-week prophylaxis)

If you refer or are caring for a pregnant woman with a singleton pregnancy whose blood group is **Rh Negative with no preformed anti D; please consider ordering a NIPT for fetal RHD at 15-26 weeks.**

Please provide women with a copy of the results.



In Time

Fertility preservation for young cancer patients



In Time: Paediatric fertility preservation program for young cancer patients

The Women's has long had a fertility preservation program for adults of all genders. The new *In Time* program, led by the Women's, now also provides cryopreservation services for young cancer patients (aged up to 24 years, Australia-wide) with cancer.

The program is free and includes:

- Transport and storage of ovarian and testicular tissue
- Counselling for patients and families about fertility preservation
- Advisory support and education for health professionals
- Post-procedure clinic review to discuss results and future fertility.

For children who have not reached puberty and whose future fertility may be impacted by cancer treatment, the only option is tissue cryopreservation. This may also be the only option for patients whose treatment does not provide adequate time to collect eggs.

- Females: a small piece of ovarian tissue is removed, sliced into thin strips and frozen. Later in life, the tissue can be transplanted back to produce eggs for IVF.
- Males: testicular tissue can be collected and stored, with research underway to one day enable sperm production.

This program has been made possible by a \$6.4 million philanthropic investment from the Children's Cancer Foundation and My Room Children's Cancer Charity.

Any doctor or specialist can refer a patient to the *In Time* program, regardless of how long ago a patient received oncology treatment. As not all patients have the opportunity to preserve their fertility prior to treatment, GPs can play a role in identifying whether a fertility preservation discussion has occurred with patients and their families before or after treatment.

For more information about the program and how to refer, visit: [the Women's website](#).

Perineal Clinic Referral: Key information to include



The Perineal Clinic at the Women's provides specialist assessment and management for postpartum women who have experienced anal sphincter tears (3rd and 4th degree tears) during childbirth. This service is available to patients across Victoria who gave birth within the last six months and have

either acute healing issues or chronic perineal pain.

- Multidisciplinary team including doctors, continence nurses and physiotherapists
- Manometry and ultrasound assessment of the anal sphincter following tear
- A range of management options from conservative management to surgery.

All referrals must include essential demographic, medical and social history details, along with relevant information about the birth and presenting complaint:

- Date of delivery
- Mode of delivery
- Summary of delivery
- Type of anal sphincter tear
- Operation notes from the repair
- Mobility problems
- Relevant investigations.

For more information, visit the [Women's Perineal Clinic website](#).

For patients with urogynaecological issues who did not give birth within the last six months, please consider referral to the Women's [Pelvic Floor Clinic](#).

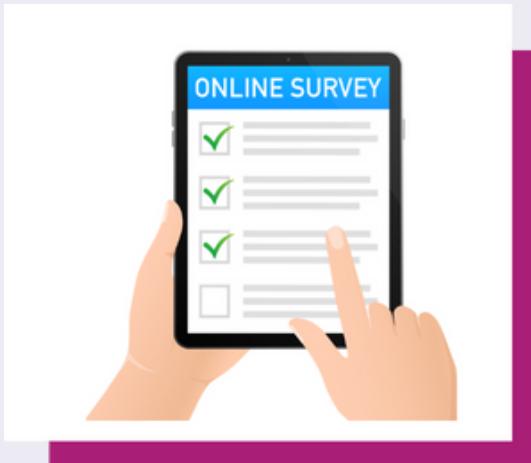
LEAPP Pregnancy and Postnatal Care Guidelines

Have you reviewed the latest updates to the Living Evidence for Australian Pregnancy and Postnatal Care (LEAPP) Guidelines?

Updates from August 2025 have been made to the following topics:

- [Infant feeding considerations](#)
- [Breastfeeding](#)
- [Formula feeding](#)
- [Lactation suppression](#)
- [Smoking, tobacco use and vaping](#)
- [Substance use](#)
- [Asymptomatic bacteriuria](#)
- [Vitamin D](#).





Survey: Management of pregnancy-related hypertension in the postpartum period

Please participate in a survey to help understand the provision of postpartum care to women diagnosed with hypertensive disorders in pregnancy.

This survey is voluntary, anonymous, and will take between 5 and 10 minutes to complete.

This study forms part of the PhD work of Dr Naomi Whyler and has been approved by Monash University HREC.

Thank you in advance for your time and assistance in completing this survey.

[Start survey](#)



Shared Maternity Care workshop recordings



The annual free Shared Maternity Care workshop webinars took place in September and are now available as recordings online. Attendance or watching the recordings and self-logging hours counts towards pregnancy-related CPD requirements for SMCA re-credentialing.

Workshop 1: Declining recommended maternity care & Abnormal ultrasound findings

Presenters: Dr. Gill Paulsen and Dr. Peter Jurcevic

Workshop 2: Fetal growth restriction, Perinatal mental health & Family violence screening

Workshop 1: Watch the recording

Workshop 2: Watch the recording

Implanon NXT training

Date: 26 November 2025

Time: 6–7.30pm

Location: Online and in-person at the Women's in Parkville

Cost: Free

Description: Gain the knowledge and skills necessary to safely insert and remove Implanon NXT through supervised simulated practice. Learn about clinical information, safe insertion and removal, indications and contraindications, as well as management of side effects. Suitable for doctors, nurse practitioners, nurses, and midwives.

Note: Completion of online Implanon NXT training is required as a prerequisite to attend a workshop.

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



resolution, including post-procedure care and contraception options.

Course 2: [Follow-up after early medical abortion](#)

Covers the clinical pathway following administration of MS2Step medication regimen, investigations and management following EMA, and how to manage presentations that deviate from the normal pathway.

These courses were developed by the Women's in collaboration with Gateway Health, Bendigo Community Health Services and Gippsland Lakes Complete Health.

Abortion Clinical Guidelines are also available on the [Women's website](#).

Early medical abortion training

Two free 45-minute online courses about early medical abortion (EMA) management and care are available via Women's Health Victoria.

Course 1: [Early medical abortion](#)

Covers how to provide EMA care from assessment to procedure

Supporting GP education in reproductive health

The SPHERE Centre of Research Excellence and the AusCAPPs Network are proud to collaborate with General Practice Supervision Australia (GPSA) to support education and resource development for the next generation of GPs in training.

Explore the new resources to support your delivery of women's reproductive health services:

- [**Teaching Plan: early medical abortion \(EMA\)**](#)
- [**Teaching Plan: long-acting reversible contraception \(LARC\)**](#)
- [**Teaching Plan: contraception**](#)
- [**Teaching Plan: endometriosis**](#)

These new teaching resources are discussed in this [**webinar recording**](#) and [**podcast episode**](#).

You can also join the [**AusCAPPs network**](#) to access more resources and connect with other practitioners. This month, AusCAPPs is focusing on practical strategies for navigating very early medical abortion in general practice.



Contact us

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Referrals

Fax: (03) 8345 3036
E: referrals@thewomens.org.au

GP Quick Access Number
P: (03) 8345 2058

Shared Maternity Care Coordinator
P: (03) 8345 2129
E: sharedcare@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)



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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.

