



Maternity Services GP Liaison Unit

Newsletter

October 2017

Maternity Shared Care Program Update

Shared care re-accreditation has now been completed and we are pleased to welcome our 260 maternity shared care affiliates to the new triennium.

We ushered in 2017 with a change of directorate for Maternity Services, bidding a fond farewell to Professor Euan Wallace and welcomed Dr Ryan Hodges as Director of Women's & Newborn Program at Monash Health. Ryan has also recently been appointed to Associate Professor within Monash University.

Ryan completed his O&G training at Monash Medical Centre and PhD in fetal medicine under Professor Euan Wallace at Monash University. He worked as a postdoctoral research and clinical MFM fellow in Belgium, and then undertook formal maternal fetal medicine subspecialty training through the University of Toronto at Mount Sinai Hospital. He leads perinatal services at Monash Health and is a member of the Victorian Fetal Therapy Service.

Revised maternity booking form

Our maternity booking referral form has been adjusted to accommodate the change in directorship. There are also a few changes in the clinical checklists to help with our triage process.

To assist with results communication, there is an extra space to add the details of the radiology or pathology service you have referred women to.

Directions for uploading into Medical Director and Best Practice are available on the Maternity GP Liaison website.

<http://www.monashhealth.org/page/Maternity2>

Please replace all older versions of this form with the current version.

Investigation results

Our Maternity Shared Care Coordinator (SCC), Claudia Clarke, has been working on improving communication at the hospital-SMCA interface. She is available daily for non-urgent clinical concerns, including extra appointment scheduling and confirming results.

To assist with the flow of information, all results performed in the community for a shared care patient should be faxed to the SCC. In this way we can ensure they are available for hospital medical review visits. This includes ultrasound results, early pregnancy investigations (if a copy has not already been sent in with the original booking referral) and any externally performed OGTT results.

Please fax results to:
Maternity Shared Care Coordinator
Fax: 9554 8188

For non-urgent clinical & administration queries:
Maternity Shared Care Coordinator
M: 0466 412 885



Maternity Services GP Liaison Unit

Newsletter

October 2017

Electronic Medical Record

All Monash Health maternity sites will soon be converting to an electronic medical pregnancy record, using the Birthing Outcomes System (BOS).

The current triplicate handwritten form will be replaced by a print version, containing the same information. SMCA and hospital staff will still complete a written continuation sheet at each clinical visit that the women carry as their hand-held record, to ensure a smooth flow of information. If you have any feedback concerning this system, once it is in place, please contact the Maternity Shared Care Coordinator.

Discharge summaries

A recent discharge summary audit conducted by the Maternity GP Liaison Unit showed pleasing improvement, with 90% of BOS summaries being received by GPs. Improvement is however, still necessary in identification of the referring GP and pregnancy care team.

Results revealed that extra medical handover information for more complicated pregnancies and births is not reliably reaching GPs. Work is currently being done to improve the format of the discharge summary to ensure the information provided is comprehensive and relevant.

Guidelines

Monash Health guidelines are regularly reviewed and updated and we encourage you to familiarise yourself with them at regular intervals.

The guidelines can be accessed via the Maternity GP Liaison [website](#) under 'Clinical Practice Guidelines'. New and updated information includes:

Prolonged pregnancy

Key practice changes: If a woman is of South Asian ethnicity (irrespective of where they were born or live) the risk of fetal death in utero increases at an earlier gestation. The risk of stillbirth at 39 weeks gestation in South Asian women is the same as that at 41+ weeks in other women.

South Asian background includes women of the following ethnicities: Indian, Pakistani, Sri Lankan, Afghani, Bangladeshi, Bhutanese and Maldivian. It does **not** include women with a background from other Asian regions such as East Asia or South-East Asia.

We now advise post term fetal surveillance of woman of South Asian ethnicity to commence earlier at 39 weeks. Women will be given referral forms at their 36 week hospital visit.

For all other women, post term fetal surveillance should commence in the 41st week.



Maternity Services GP Liaison Unit

Newsletter

October 2017

SMCA inclusion, exclusion and referral

Key practice changes:

- Women with a history of anal tears may be suitable for shared care, subject to obstetrician review.

Small for gestational age (SGA) and growth restricted fetus (FGR) detection and investigation

Key practice changes:

- Tables and charts to assist identification of pregnancies at moderate or higher chance of developing FGR.

Hypertension disorders in pregnancy pre-eclampsia/eclampsia

Key practice changes:

- Low dose aspirin (150 mg/nocte) is recommended for women at high and moderate risk for pre-eclampsia.
- Ideally commenced at <16 weeks gestation and continued until 36 weeks.
- Enalapril will generally be the postnatal hypertensive agent of choice at 2.5 mg-5 mg daily.
- See: [Aspirin can help prevent pre-eclampsia information for women](#)

Down syndrome, aneuploidy and high risk screening

Key practice changes:

- 20-22 week gestation is now preferable to 19-21 weeks for a fetal morphology ultrasound.
- Genetic counselling aids are available from Monash Health genetics (detailed in the guideline).

Education

Our most recent GP Education evening on 20 July 2017 was rated highly by attendees.

Dr Ryan Hodges outlines the 'Inverted Pyramid of Antenatal Care'. He reiterated how much our service relies on our GPs for early pregnancy management, including screening for abnormalities and pregnancies at risk of pre-eclampsia and IUGR.

Dr Daniel Rolnik, current Monash Health Maternal Fetal Medicine Fellow, discussed the outcome of his landmark trial on pre-eclampsia screening and the use of aspirin to reduce risk.

Maternity Services GP Liaison Unit

Newsletter

October 2017



Dr Ryan Hodges presenting at our GP Education event held on 20 July 2017.



Our attendees at our evening event.

CONTACT US

Maternity GP Liaison Unit

Phone: 9594 6220

Fax: 9594 5044

Dr Rebecca Fradkin

GP Liaison Officer

E: Rebecca.Fradkin@monashhealth.org

Ms Josie Ciotta

Administration Officer

E: Josie.Ciotta@monashhealth.org