

Family Planning Unit Referral Guidelines

Austin Health Family Planning unit holds weekly sessions on Monday morning at the Austin Hospital Campus

Department of Health clinical urgency categories for specialist clinics
Urgent: Referrals should be categorised as urgent if the patient has a condition that has the potential to deteriorate quickly, with significant consequences for health and quality of life, if not managed promptly. These patients should be seen within 30 days of referral receipt. For emergency cases please send the patient to the Emergency department.
Semi-Urgent: Referrals should be categorised as Semi Urgent where the patient has a condition that has the potential to deteriorate within 30-90 days.
Routine: Referrals should be categorised as routine if the patient’s condition is unlikely to deteriorate quickly or have significant consequences for the person’s health and quality of life if within 90 days.
Exclusions: General gynaecology, and infertility problems are NOT seen in this clinic - these women need to be referred to MHW or their local hospital
<p>There is an Operation list every second Monday afternoon at The Surgery Centre, Repatriation Campus. This Operating list includes:</p> <ul style="list-style-type: none"> ▪ Surgical Terminations of Pregnancies ▪ Tubal Ligations ▪ Complex IUD insertions and removals <p>For all unplanned pregnancies/ terminations of pregnancies, please phone Ann Steven or Heather Padget (Specialist Clinic GP Liaison Nurse) to expedite appointment. They can be contacted on: Phone: 9496 2533 (M-F business hours) Fax: 9496 2311 Email: gpopreferral@austin.org.au</p>
<p>For current inpatients at Austin and postpartum women at the Mercy Hospital - Urgent Implanon Insertion:</p> <ul style="list-style-type: none"> ▪ Can be arranged outside of clinic hours by Contacting the Mercy Hospital Registrar via Mercy Switch Board 8458 4444 ▪ Mercy Registrar can undertake insertion in the Ambulatory Care Centre (Austin Health), Monday – Friday: 0800-1830hrs. ▪ Referrer to liaise with Mercy Registrar (8458 4444) and Ambulatory Care Centre Liaison Nurse (9496 4809) ▪ Urine sample for chlamydia and Gonorrhoea PCR required

Condition / Symptom	Criteria for Referral	Information to be included	Expected Triage Outcome	Austin Specific Guidance Notes
These guidelines have been set by DHHS: src.health.vic.gov.au				
<p>Contraception</p> <p>Additional Comments:</p> <ul style="list-style-type: none"> • Referrals should be made to suitable community-based services wherever possible (see 1800 My Options). • Where a public health service also operates a community health service or GP clinic, demand for reproductive health services should be met through 	<ol style="list-style-type: none"> 1. Missing or lost strings on an intra-uterine device 2. Request for tubal ligation 3. Where hormonal contraception is contraindicated 4. Where contraception is unable to be managed in primary care due to a complex medical condition (e.g. immunosuppression, breast cancer, multiple sclerosis, physical disability). 	<p>Must be provided:</p> <ol style="list-style-type: none"> 1. Past gynaecological history including menstrual health and details of previous experience with contraception 2. Relevant family history. <p>Provide if available:</p> <ol style="list-style-type: none"> 1. Past gynaecological history including menstrual health and details of previous experience with contraception 	<p>Urgent: - Seen within 4 weeks</p> <p>Semi-urgent - Seen within 3 months</p> <p>Routine - removal of IUD and Implanon</p>	<p>Implanon and IUD insertion usually occurs on same day.</p> <p>Depending on complexity of problems, more than 1 consultation may be required to discuss and initiate contraception</p> <p>Follow up with GP is preferred – Shared Care responsibility</p>

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<p>these GP clinics.</p> <ul style="list-style-type: none"> Where appropriate and available the referral may be directed to an alternative specialist clinic or service. 	<p>Referral not appropriate for:</p> <ul style="list-style-type: none"> Reversal of tubal ligation. 	<p>2. Relevant family history.</p>		<p>GP management note:</p> <ul style="list-style-type: none"> Mirena IUDs last 5-6 years and in perimenopausal women can remain in situ for longer
<p>These guidelines have been set by DHHS: src.health.vic.gov.au</p>				
<p><u>Pregnancy choices</u></p> <p>Additional Comments:</p> <ul style="list-style-type: none"> Medical termination of pregnancy managed in primary care is preferred to surgical terminations where practicable. Referrals should be made to suitable community-based services wherever possible (see 1800 My Options). Providing surgical termination of pregnancy of later gestation requires specialist surgical staff and support services. Women who require this service should be directed to designated service providers. Where appropriate and available the referral may be directed to an alternative specialist clinic or service. 	<ol style="list-style-type: none"> Surgical termination of pregnancy at later gestations Surgical termination of pregnancy where medical termination is no longer appropriate and services cannot be accessed outside of a public health service. 	<p>Must be provided:</p> <ol style="list-style-type: none"> Results of human chorionic gonadotropin (hCG) confirming pregnancy Results of pelvic ultrasound confirming pregnancy and weeks of gestation Documented rhesus blood group. <p>Provide if available:</p> <ol style="list-style-type: none"> Not applicable. 	<p>Urgent - will be seen in 1-2 weeks</p>	<p>For Medical terminations of pregnancy (MTO): refer to page 3</p> <p>Shared care responsibility.</p> <p>Follow up appointment offered to all women. Those who have LARC introduced at time of STOP are encouraged to have follow up with GP. Other women are encouraged to return for follow up to ensure adequate contraception.</p>

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<p><u>Medical Termination of Pregnancy (MTOp)</u></p>	<p>When to Refer:</p> <ol style="list-style-type: none"> Between 5 - 9 weeks. These are done weekly in the clinic 	<p>Clinical history, examination and O&G history</p> <p>Diagnostics:</p> <ol style="list-style-type: none"> First pass urine test for chlamydia and gonorrhoea PCR Serology for HIV, syphilis, Hep B & C if high risk sexual activity, sex worker or intravenous drug use 	<p>Urgent: will be seen according to clinical urgency</p>	<p>Shared Care responsibility</p> <p>Review of all women occurs at 2-3 weeks post MTOp. Subsequent review may be required. Further review to ensure adequate contraception may be required.</p>
<p><u>Counselling for sterilisation procedures</u></p>		<p>Clinical history, examination and O&G history</p> <p>Diagnostics:</p> <ol style="list-style-type: none"> First pass urine test for chlamydia and gonorrhoea PCR Serology for HIV, syphilis, Hep B & C if high risk sexual activity, sex worker or intravenous drug use 	<p>Semi-Urgent: will be seen within 3 months</p> <p>Routine: if alternative contraception is in place – non-urgent appointment</p>	<p>Shared Care responsibility</p> <p>Waiting time to T/L may be several months. Follow up post procedure is encouraged with GP.</p>