



## **June 2019**

Welcome to the winter edition of the Mercy Health Primary Care Liaison Newsletter. In this edition, there are a number of important updates about our health services.

Firstly, I would like to introduce myself as the new Ambulatory, Community and Allied Health Program Director. I am a qualified physiotherapist, hold a Masters of Public Health and have over 15 years' clinical and management experience in public and private health. I have held leadership roles within specialty medicine, ambulatory care, allied health, quality and clinical operations.

Partnering with GPs continues to be a priority for Mercy Health. This edition also features an in-depth case study review of a gynaecological patient throughout the care continuum, which we hope you will find useful.

We have welcomed a new dictation service that will improve communications with our GPs. We are also continuing to emphasise the importance of the flu vaccine for our patients across all our health services.

At Mercy Health O'Connell Family Centre in Canterbury, we have completed a review of our services and a long-term plan. The plan is informed by the Victorian Government's new policy directions relating to children and families. If you would like to know more about our early parenting service, please visit the [website](#) or contact the centre directly on 8416 7600.

This is yet another busy year at Mercy Health, as we are sure it is for primary care providers. We look forward to continuing to partner with you.

### **Erin Wilson**

Program Director, Ambulatory, Community and Allied Health  
Mercy Hospitals Victoria Ltd



## **Working collaboratively with our primary care providers**

### **A case study review of the management of heavy menstrual bleeding**

At Mercy Health our goal is to work collaboratively with our primary care providers and patients to improve the healthcare journey. Our aim is to start investigations and assessment of presenting symptoms prior to the patient's first appointment and facilitate timely interventions at a local level that can streamline, or even replace, the need for tertiary referral.

The following case study briefly explores the patient presentation and history, and the examinations and investigations performed in general practice. Red flags are identified, initial management is discussed and instances where tertiary referral is required.

### **At the GP with hospital support**

A 48 year-old woman presents at the GP, having experienced heavy and irregular menstrual bleeding for the last six months. For the first three days of her period, she changes pads every 60–90 minutes and passes large clots. From the fourth day of her period, the flow decreases. Previously, her cycles were regular and lasted 28 days.

### **The GP investigates sexual and reproductive history for information on:**

- age at Menarche
- contraception history
- menstrual history including cycle length, flooding, clots, number of days bleeding, any inter-menstrual bleeding or post-coital bleeding
- symptoms of anaemia
- current medications including anticoagulants and St John's wort



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- last cervical screening test (CST + co-test)
- pelvic pain symptoms
- hot flushes/ menopausal symptoms
- smoking status
- medical and surgical history
- family history.

**The GP performs the following examinations:**

- BMI
- speculum examination for any cervical or vaginal lesions/ masses
- bi-manual examination to establish size of uterus and any pelvic masses.

**The following red flags are detected:**

- nulliparity
- elevated BMI
- history of polycystic ovarian syndrome (PCOS)/ infertility
- family history of endometrial/ breast/ ovarian/ bowel cancer.

**Investigations required:**

- transvaginal pelvic ultrasound between days 5–10 of cycle
- full blood examination (FBE) and ferritin
- thyroid-stimulating hormone (TSH)
- pregnancy test
- prolactin
- clotting factor (APTT and PT).



### Initial management options

- Consider tranexamic acid with menses.
- If the pelvic ultrasound is normal, consider insertion of Mirena IUD (consider primary care provider where possible).
- If pelvic ultrasound is suggestive of a uterine/ pelvic abnormality, refer patient for gynaecology opinion.
- If iron deficient, consider ferritin injection.

### The GP should refer the patient for a tertiary specialist opinion if:

- there is an ultrasound abnormality
- they fail to respond to medical therapy
- they have severe anaemia
- there is a risk of malignancy.

### References and further reading

[Heavy Menstrual Bleeding Clinical Care Standard](#)

[HealthPathways – Women’s Health – Gynaecology – Heavy or Irregular Bleeding](#)

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## Shared maternity care

### Re-accreditation as a shared maternity care provider for 2020-22

Shared maternity care providers are required to demonstrate ongoing education in pregnancy and postnatal care during 2017-19 to obtain re-accreditation for 2020-2022. This requires a minimum of 10 category-two continuing professional development (CPD) points in pregnancy and postnatal care education, which is equivalent to five hours.



## **Update of maternity referral form**

The western region maternity referral form has been updated.

If you are referring your pregnant patients to any of the western region's public maternity providers (Werribee Mercy Hospital, Western Health or Djerriwarrh Health Services), please use the updated form. Please remember to include all of the required information such as all tests and investigations.

The form is available in Microsoft Word and editable PDF. We will soon have this in RTF formats for MedicalDirector, Best Practice and Zedmed software.

Please refer to [our website](#) to access the latest version. Please remove all old electronic or hard copies you may have stored.

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## **The Victorian Maternity Record (VMR) — our shared communication tool**

A friendly reminder to provide the required information for the VMR at every antenatal attendance for our shared maternity care patients. Recently, there have been a number of patient attendances where this information has not been provided. To ensure continuity of care for our shared maternity care patients, we encourage you to complete the VMR when required. Thank you for your continued partnerships of our shared maternity care patients.



## GP education program

Mercy Health strives to deliver first class education to our primary care providers. We are facilitating an evening education program this year, including a shared maternity care workshop and a gynaecology workshop. Further information and bookings will be available shortly.

Please join us for the Mercy Perinatal Mental Health Symposium 2019 to be held at the beautiful Park Hyatt, Saturday 3 August 2019. The symposium is not just about depression and anxiety; we will also be addressing those many heart-sinking 'what do I do now?' moments familiar to all of us in clinical life.

More specifically, the symposium will include the following topics.

### Screening, support and 'what happens next'?

- *Living in fear: effective screening and intervention for family violence.* We are incredibly lucky to have Professor Kelsey Hegarty joining us as a keynote speaker. Kelsey is one of the world leaders in the area of family violence.

### Trauma and tragedy

- *Good grief or Post Natal Depression? Recognising the difference, and managing perinatal bereavement well.* Red Nose CEO and psychologist Dr Karen Ludski will lead this special session on dealing with bereaved parents.
- *Unpacking the traumatic birth: the role of the trauma team.* Professor Stephen Tong asks 'How do we debrief and support women best after a traumatic birth to optimise their mental health?'



**It's complicated: challenging exposures, challenging personalities**

- *It's more than the ice age: a walk through substance use in pregnancy.*  
Facilitated by Mercy Hospital for Women Head of Transitions Clinic Dr Carol Vance.
- *Helping hard patients: managing borderline personality disorders.* Dr Gaynor Blankley

**Secure your own mask before assisting others: self-care in practice**

- *When 'R U OK?' is not OK: wellness, mental health and determining fitness to practice.* Panel discussion: Dr Alison Fung, Dr Gaynor Blankley and Prof Sue Walker.

We are also planning quick, clinician-friendly snack box sessions on depression, anxiety and PTSD for first responders. These sessions will include:

- effective triage
- first aid to patch up until help arrives
- '000': how and when to phone a friend.

To view the full program and register, go to the [symposium website](#).

**Tickets**

Midwives, allied health professionals and students: \$200

GPs and specialists: \$250

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### **Primary Care Liaison Unit contacts**

Our Primary Care Liaison Unit has offices at Mercy Hospital for Women (Heidelberg) and Werribee Mercy Hospital. This unit supports and develops communication between primary care providers and our Health Services.

All enquiries can be directed to Manager Primary Care Liaison Caitlin Shaw [primarycare@mercy.com.au](mailto:primarycare@mercy.com.au) or 8458 4833.

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