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

There is an operation list every Monday afternoon at The Surgery Centre, Repatriation Campus. This Operating list includes:

- Surgical Abortion care
- Tubal Ligations
- Complex IUD insertions and removals

For all unplanned pregnancies/abortion care referrals, please phone Specialist Clinic GP Liaison Nurse to expedite appointment via:
Phone: 9496 2533 (M-F business hours)
Email: GPAccessNurse@austin.org.au

For current inpatients at Austin and postpartum women at the Mercy Hospital - Urgent Implanon Insertion:

- Can be arranged outside of clinic hours by Contacting the Mercy Hospital Registrar via Mercy Switch Board 8458 4444
- Urine sample for chlamydia and Gonorrhoea PCR required.

Condition / Symptom	Criteria for Referral	Investigations to be included	Expected Triage Outcome	Austin Specific Guidance Notes
These guidelines have been set by DHHS: src.health.vic.gov.au				
Contraception Additional Comments: • 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 these GP clinics.	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).	**Must be provided:** 1. Past gynaecological history including menstrual health and details of previous experience with contraception. 2. Relevant family history. **Provide if available:** 1. Past gynaecological history including menstrual health and details of previous experience	**Urgent:** - Seen within 4 weeks **Semi-urgent** - Seen within 3 months **Routine** - removal of IUD and Implanon	Implanon and IUD insertion usually occurs on same day. Depending on complexity of problems, more than 1 consultation may be required to discuss and initiate contraception/ Follow up with GP is preferred – GP management note: • Mirena IUDs last 5-6

• Where appropriate and available the referral may be directed to an alternative	Referral not appropriate for: • Reversal of tubal ligation.	with contraception. 2. Relevant Family History		years and in perimenopausal women can remain in
These guidelines have been set by DHHS: src.health.vic.gov.au				
Pregnancy choices Additional Comments: • Medical abortion care managed in primary care is preferred to surgical where practicable. • Referrals should be made to suitable community-based services wherever possible (see 1800 My Options). • Providing abortion care 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.	• Surgical abortion of pregnancy at later gestations. • Surgical abortion of pregnancy where medical termination is no longer appropriate and services. cannot be accessed outside of a public health service.	**Must be provided:** 1. Results of human chorionic gonadotropin (hCG) confirming pregnancy 2. Results of pelvic ultrasound confirming pregnancy and weeks of gestation 3. Documented rhesus blood group. **Provide if available:** 1. Not applicable.	**Urgent** Will be seen 1-2 weeks	For Medical abortion refer to page 3 Shared care responsibility. Follow up appointment offered to all women. Those who have LARC introduced at time of surgical abortion are encouraged to have follow up with GP. Other women are encouraged to return for follow up to ensure adequate contraception.

Condition / Symptom	Criteria for Referral	Investigations to be included	Expected Triage Outcome	Austin Specific Guidance Notes
Abortion Care	When to Refer: 1. Between 5 - 9 weeks. 2. These are done weekly in the clinic	**Clinical history, examination, and O&G history** **Diagnostics:** 1. First pass urine test for chlamydia and gonorrhoea PCR 2. Serology for HIV, syphilis, Hep B & C if high risk sexual activity's ex worker or intravenous drug use	**Urgent:** will be seen according to clinical urgency	Shared Care responsibility Review of all women occurs at 2-3 weeks post medical abortion. Subsequent review may be required. Further review to ensure adequate contraception may be required.
Counselling for sterilisation procedures		**Clinical history, examination and O&G history** **Diagnostics:** 1. First pass urine test for chlamydia and gonorrhoea PCR 2. Serology for HIV, syphilis, Hep B & C if high risk sexual activity, sex worker or intravenous drug use	**Semi-Urgent:** will be seen within 3 months **Routine:** if alternative contraception is in place – non-urgent appointment	Shared Care responsibility Waiting time to T/L may be several months. Follow up post procedure is encouraged with GP.