Emergency contact numbers
For emergencies or urgent clinical information, please call KEMH and ask for the appropriate staff member:

King Edward Memorial Hospital: (08) 9340 2222
- Oncology: Oncology Registrar
- Gynaecology: Gynaecology Registrar
- Pregnancy
  - Gestation < 20 weeks: Gynaecology Registrar
  - Gestation > 20 weeks: Obstetric Registrar

Early pregnancy problems
For urgent early pregnancy problems, there is also a registrar or consultant available in the Emergency Centre in hours for clinical advice.

Emergency Centre: (08) 9340 1431
For urgent early pregnancy problems after hours, please contact the Gynaecology Registrar as above.

Referring women to KEMH
In 2014, the Department of Health introduced the Central Referral Service (CRS) to manage specialist outpatient referrals in the public health system.

Gynaecology Referrals

Routine referrals
GPs are requested to send all routine Gynaecology referrals to the Central Referral Service for processing and allocation to the most appropriate gynaecology service based on the woman’s current gynaecological problem, past and present medical problems, postcode of residence and availability of gynaecology services.

Fax: 1300 365 056
Post: PO Box 3462, Midland WA 6056
MMEx Secure Messaging: central@mmex.gsmhn.com.au

Referrals for women with gynaecological problems that require review within 7 days should not be sent to the CRS.

Referrals for women requiring review within 7 days
If women require a review within 7 days, referrals should be faxed directly to KEMH Outpatient Department marked “URGENT”.

Fax: (08) 9340 1031

Immediate referrals (women who require review ASAP)
Please contact the on-call Gynaecology Registrar by phoning the KEMH switchboard.
Phone: (08) 9340 2222 – ask for the Gynaecology registrar to be paged.

Gynae-oncology referrals
Please fax referrals to Oncology Fax: (08) 9340 1031 marked “URGENT”
For clinical advice, contact the Gynae-oncology Registrar, Fellow or on-call Consultant. Phone (08) 9340 2222 and ask for them to be paged.
Antenatal Referrals

At the time of publication, antenatal referrals were outside the scope of the Central Referral Service. Please refer to the Health Professionals page of the KEMH website for updates.

Routine referrals

GPs are requested to refer low risk antenatal patients to their local maternity service based on their postcode of residence.

(See Tables 1 and 2 on page 6 and 7)

GPs are requested to clearly indicate their intention to share care on the referral. For low-risk women who are referred to KEMH, the first visit is usually at 20-22 weeks gestation. If GPs are unsure if a woman is low or high risk, they can refer to the local maternity service which will assess the referral and send on to KEMH if required. All secondary maternity services (except Bentley Health Service) are able to take women with a BMI up to 40.

High risk antenatal patients may be referred directly to KEMH Outpatient Department. Please refer early as these women may need to be seen at an earlier gestation. Fax: (08) 9340 1031

Referrals for women requiring review within 7 days

If the woman resides within KEMH catchment area, the GP should contact the KEMH Clinical Midwifery Nurse Manager (Ambulatory Services) Phone: (08) 9340 2222 page 3419.

If woman resides outside KEMH catchment area, the GP needs to contact their local maternity service to discuss the referral.

Immediate referrals (women who require review ASAP)

<20 weeks gestation Contact the KEMH Gynaecology Registrar Ph (08) 9340 2222 and request them to be paged

>20 weeks gestation Contact the KEMH Obstetric Registrar Ph (08) 9340 2222 and request them to be paged

The KEMH Outpatient Referral Form can be downloaded from the Health Professionals section of the KEMH website: http://www.kemh.health.wa.gov.au/health_professionals/

Referrals using GP software that include all the relevant history and information are also welcome.
Antenatal Clinic

All referrals should include obstetric history, gravida/parity, LNMP/EDD, weight, height, BMI, medical history, medications and allergies.

Local maternity units in the community are able to provide antenatal care for women with low risk pregnancies. This also reduces the clinical load at KEMH so that the hospital can provide care for high risk women and their babies. Please see the table on page 6 for the postcodes in the catchment area for all maternity units.

Many low risk women referred to KEMH receive antenatal care in a midwife-led clinic and may not see a doctor.

Body Mass Index

All secondary maternity services (except Bentley Health Service) are able to take women with a BMI up to 40.

*KEMH also has the following clinics to provide specialised antenatal care:

Gold Team (Maternal Fetal Medicine) – complex high risk pregnancies (maternal and fetal disorders/disease)

CAMI Clinic (Childbirth and Mental Illness) – schizophrenia, severe depression and significant psychiatric illness.

WANDAS (Women and Newborn Drug and Alcohol Service) – alcohol/drug dependency

Adolescent Clinic – 1st pregnancy, <18 years at delivery

Physicians’ Clinic – for patients with medical problems. Provides preconception counselling (GPs can refer prior to pregnancy) and medical review during pregnancy (GPs can refer directly or through antenatal clinic).

Preterm Birth Prevention Clinic – for patients at risk of preterm birth.

Women receive specialist assessment and a management plan regarding recommended intervention, monitoring and most appropriate place for antenatal care and birth. For more information contact MFM Service: Phone (08) 9340 2848 or see website: www.thewholeninemonths.com.au

Unless medically indicated, patients will have their first antenatal appointment between 20-22 weeks.

Please note on your referral if you would like your patient to be seen earlier in a specialised clinic or have input from social work, dietetics (esp. if BMI>35), or psychological medicine.

Further information on antenatal shared care can be found in the Antenatal Shared Care Guidelines for GPs on the KEMH website or phone (08) 9340 1382 for a copy. http://kemh.health.wa.gov.au/development/manuals/guidelines/2577.pdf

Pre-requisite tests

<table>
<thead>
<tr>
<th>Prior to 1st antenatal clinic appointment (to be offered to all women regardless of age)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full blood picture</td>
</tr>
<tr>
<td>Blood group / Rhesus</td>
</tr>
<tr>
<td>Antibody Screen</td>
</tr>
<tr>
<td>Hepatitis B surface antigen</td>
</tr>
<tr>
<td>Hepatitis C antibodies</td>
</tr>
<tr>
<td>HIV antibodies</td>
</tr>
<tr>
<td>Rubella titre</td>
</tr>
<tr>
<td>Syphilis (TPHA) serology</td>
</tr>
<tr>
<td>Blood sugar level</td>
</tr>
</tbody>
</table>
- random BSL>7.8 needs OGTT
- Fasting BSL>5.5 indicates gestational diabetes

MSU

Chlamydia screening

All women should be counselled and offered fetal anomaly screening.

Screening options include:

1. First trimester screening (blood test at 10 weeks and ultrasound at 12 weeks)
2. Maternal serum screening (blood test at 15-17 weeks)
3. Non-invasive prenatal testing (from 10 weeks, not covered by Medicare)

19 week fetal anatomy ultrasound – can be sent on after initial referral

Investigations to be considered depending on individual woman

| Early dating ultrasound |
| Pap Smear (if not done within 2 years) |
| Early OGTT (if high risk of Gestational Diabetes) |
| HbA1C if Type 1 or Type 2 DM |
| Haemoglobinopathy screening |
| Iron studies if at risk of anaemia |
| Twin pregnancy: USS to determine chorionicity |

Prior to 28 week appointment at hospital clinic or GP

| Full blood picture |
| Blood group and Antibody screening (Rh neg. women) |
| Diabetes screen: fasting 75g OGTT for all women |
| Iron studies if at risk of anaemia |
Referral options:
GP.s to refer low risk women to the maternity service that matches their postcode of residence.
High risk women may be referred directly to KEMH Outpatient Department.
Note: At the time of publication, antenatal referrals were outside the scope of the Central Referral Service. Please refer to the Health Professionals page of the KEMH website for updates.

Table 1
Postcodes within hospital catchment areas from May 2015

<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th>POSTCODES (inclusive of all numbers within ranges)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armadale Health Service</td>
<td>6108-6112, 6121-6126</td>
</tr>
<tr>
<td>Bentley Hospital</td>
<td>6100-6105, 6107, 6151, 6152</td>
</tr>
<tr>
<td>Fiona Stanley Hospital</td>
<td>6147-6150, 6153-6160, 6162-6164, 6166</td>
</tr>
<tr>
<td>Joondalup Health Campus</td>
<td>6019, 6020, 6023-6038, 6061, 6064-6067, 6069</td>
</tr>
<tr>
<td>KEMH</td>
<td>6000, 6001, 6003-6013, (6014 Jolimont/Floreat/Wembley), 6015, 6016, 6050, 6051, (6052 Bedford), 6053, 6062</td>
</tr>
<tr>
<td>Osborne Park Hospital</td>
<td>6014-6015, 6017-6022, (6052 Inglewood), 6059-6061, 6063</td>
</tr>
<tr>
<td>Peel Health Campus</td>
<td>6180, 6207, 6208, 6210, 6211</td>
</tr>
<tr>
<td>Rockingham General Hospital</td>
<td>6165, 6167-6176</td>
</tr>
<tr>
<td>Swan District Hospital</td>
<td>6054-6058, 6068, 6070-6074, 6081-6085, 6090, 6500, 6556, 6558 plus Wheatbelt region</td>
</tr>
</tbody>
</table>

Table 2
Proposed postcodes within hospital catchment areas from November 2015

<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th>POSTCODES (inclusive of all numbers within ranges)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armadale Health Service</td>
<td>6108-6112, 6121-6126</td>
</tr>
<tr>
<td>Bentley Hospital</td>
<td>6100-6105, 6107, 6151, 6152</td>
</tr>
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</tr>
<tr>
<td>Peel Health Campus</td>
<td>6180, 6207, 6208, 6210, 6211</td>
</tr>
<tr>
<td>Rockingham General Hospital</td>
<td>6165, 6167-6176</td>
</tr>
<tr>
<td>Midland Public Hospital (In Nov 2015, Swan District Hospital will close and SJOG Midland Public Hospital will open)</td>
<td>6054-6058, 6066, 6068-6074, 6081-6085, 6090, 6500, 6556, 6558 (plus Wheatbelt region)</td>
</tr>
</tbody>
</table>

Please Note: Frequent review of postcodes is undertaken taking into account population growth, service demand and service capacity.
**COLPOSCOPY**

Women should be referred to the Colposcopy Clinic if they do not have an obvious clinical cancer of vulva, vagina or cervix.

There are also 3 vulvoscopy clinics per month where patients with a history of vulval dyplasia or chronic vulval skin conditions (such as lichen sclerosis) can receive management and follow-up.

**Pap Smear abnormalities**

Please ensure the appropriate pathway is followed and copies of Pap smear(s) results are attached to the referral.

**LSIL** Low-grade squamous intraepithelial lesion

**HSIL** High-grade squamous intraepithelial lesion

Note: The changes to the National Cervical Screening program are due to come into effect in May 2017 (Implementation date at time of publication).

<table>
<thead>
<tr>
<th>Pap Smear result</th>
<th>Pathway</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsatisfactory</td>
<td>Repeat Pap smear</td>
</tr>
<tr>
<td>LSIL (CIN 1) x 1</td>
<td>Repeat Pap in 12 months</td>
</tr>
<tr>
<td>LSIL x 2 (consecutive)</td>
<td>Refer for Colposcopy</td>
</tr>
<tr>
<td>HSIL or abnormal glandular cells</td>
<td>Refer for Colposcopy</td>
</tr>
<tr>
<td>Abnormal appearance of the cervix</td>
<td>Refer for Colposcopy</td>
</tr>
</tbody>
</table>

**Referral Options**

- GP referral via CRS
- Internal specialist referral within KEMH
- Community specialist referral

**EARLY PREGNANCY ASSESSMENT SERVICE (EPAS)**

The dedicated Early Pregnancy Assessment Service provides a consultant-led service with ultrasound support. EPAS is located at the Emergency Centre at KEMH and has an appointment system that operates from 0830-1230 Monday to Friday.

**Referral Criteria**

Gestation cut-off for EPAS is 13 weeks

Women in the first trimester who have had a positive pregnancy test and one or more of the following:

- abdominal/pelvic pain
- vaginal bleeding
- previous ectopic pregnancy
- previous tubal surgery
- two or more previous miscarriages
- IUCD in-situ

**Referral Options**

GP to contact KEMH directly if their patient meets the criteria. Telephone (08) 9340 1431 for an appointment date/time for your patient.

Please send a referral letter with the patient or Fax this to (08) 9340 1402.

**ENDOSCOPY**

**Services available:**

- Treatment of endometriosis: medical, surgical and pain management
- Endoscopic surgery for menstrual disorders
- Advanced endoscopic surgery
- All aspects of reproductive endocrine surgery

**Pre-requisite tests for all women**

- Recent Pap smear (within past 2yr)

**Referral Options**

- GP referral via CRS
- Internal specialist referral within KEMH
- Community specialist referral
### FAMILY PLANNING

**Services available:**
- Insertion of contraceptive implants and intra-uterine devices
- Provision of injectable, oral and barrier contraceptives
- Discussion about sterilisation

**Pre-requisite tests for all women**
- Recent Pap smear (within past 2yr)

**Referral Options**
- GP referral via CRS
- Internal specialist referral within KEMH
- Community specialist referral

### GENERAL GYNAECOLOGY

<table>
<thead>
<tr>
<th>Problem</th>
<th>Pre-requisite tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abnormal Pap Smear</td>
<td>Refer to Colposcopy guidelines</td>
</tr>
<tr>
<td>Fibroids</td>
<td>Full blood picture/iron studies Pelvic ultrasound</td>
</tr>
<tr>
<td>Menorrhagia</td>
<td>Full blood picture/iron studies Thyroid function tests Pelvic ultrasound Pap smear (within 2yr)</td>
</tr>
</tbody>
</table>
| Ovarian Cysts | CA125 Vaginal ultrasound Additional pre-requisite tests for massive ovarian cysts:  
  - Tumour marker CEA  
  - CT abdomen and pelvis |
| Post-coital bleeding and inter-menstrual bleeding | Pap smear (within 2 years) STI screen |
| Postmenopausal bleeding | Pelvic ultrasound Pap smear (within 2 years) |
| Requests for tubal ligation | Pap smear (within 2 years) |
| Reversal of tubal ligation | Not available at KEMH |

### Pelvic organ prolapse

Note: all women should be referred to their GP to a women’s health physiotherapist prior to or at the time of referral. (See options below)

MSU Pap smear (within 2 years)

### Urinary incontinence

Note: all women should be referred to their GP to a women’s health physiotherapist prior to or at the time of referral. (See options below)

MSU Bladder diary +/- Bladder ultrasound required to exclude high residuals (>100mL) prior to starting anti-cholinergic medication for urge incontinence. See Urogynaecology section for more information (page 24).

### Options for how to find a women’s health physiotherapist

   Click on “Find a Physio” – enter state/postcode/Treatment Area (Continence and Women’s Health)
2. Look up the Australian Physiotherapy Association “National Directory of Practising Continence and Women’s Health Physiotherapists 2012–2013”  
   Click on “Get help” →“Search for a service provider” – enter state/suburb/postcode/requested health professional (physiotherapist), caters for (women)
4. Ring KEMH Physiotherapy Department for advice: Phone (08) 93402790

### General Gynaecology Referral Options

GP referral via CRS
- Internal specialist referral within KEMH
- Community specialist referral
The Familial Cancer Program Secretary can be contacted by phoning (08) 9340 1683 (clinician line only). Patients can contact the service on (08) 9340 1603, but will require a referral.

GPs or Specialists can refer patients at high risk of hereditary cancer, including:
- when another family member has had a positive gene mutation result
- Epithelial ovarian cancer <70 years
- cancer diagnosis at a young age (<50 years, or <40 years for breast cancer)
- Multiple primary tumours or multiple gastrointestinal polyps
- families at high risk of breast and/or ovarian cancer according to Cancer Australia guidelines “Familial Risk Assessment – Breast and Ovarian Cancer” http://canceraustralia.nbocc.org.au/fraboc/

Genetic testing will only be warranted in specific cases.

Pre-requisite tests and information
Detailed family history, including:
- the names of relatives who have cancer
- the types of cancer they had
- the ages at which they were diagnosed
- whether any other family members have already had genetic testing
Note: where history is not known, family risk is assessed on an individual basis

Any available results such as:
- Cancer/polyp histopathology report
- Colonoscopy/upper endoscopy report
- Genetic test results

Referral Options
Detailed referral guidelines are available at https://www.eviq.org.au/ (free login required or username: phc, password: phc)
Further information and a referral form are available on our website http://www.kemh.health.wa.gov.au/services/genetics/#fc
Referral forms should be faxed to (08) 9340 1725
Refer for specialist risk-management (gynaecological oncology, gastroenterology, specialist breast clinic) if the family have already had a genetic assessment/and or have a genetic test result.

GYNAE-ONCOLOGY

Direct referral to the Gynae-oncology Service at KEMH is indicated for the following:
- Gynaecologic cancer is histologically confirmed
- Gynaecologic cancer is highly likely such as:
  - clinical cancer of the vulva, vagina or cervix
  - severe atypical endometrial hyperplasia
  - ovarian mass with ascites
    - Massive ovarian cysts without complex features are often managed by the general gynaecology team
  - elevated Ovarian Risk of Malignancy Index* (RMI)
    - RMI = Menopausal status x USS features x absolute CA125 level
    - Menopausal status: pre=1, post=3
    - USS features: simple =1, complex =3
    - Refer if RMI >200 (If lab’s normal range for CA125 is <35)
    - Refer if RMI >120 (If lab’s normal range for CA125 is <21)
- Risk reduction counselling and surgery

A complex pelvic surgery service is also offered but these women will have lower priority.

Pre-requisite tests for proven cancers

<table>
<thead>
<tr>
<th>SITE</th>
<th>TESTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulva/vagina</td>
<td>CT abdomen and pelvis</td>
</tr>
<tr>
<td>Cervix</td>
<td>Chest X-ray or CT chest</td>
</tr>
<tr>
<td>Endometrium</td>
<td>Biopsy results if available</td>
</tr>
<tr>
<td>Ovary</td>
<td>As above plus: Calculated RMI</td>
</tr>
<tr>
<td></td>
<td>CA125 result (provide normal range for your lab)</td>
</tr>
</tbody>
</table>

Contact details:
Fax referrals to: (08) 9340 1031 - and mark “urgent”
For clinical advice, GPs are always welcome and encouraged to phone KEMH and ask to speak to the Gynae-oncology Registrar, Fellow or the on-call Consultant.
Phone (08) 9340 2222 and ask for them to be paged
**HYSTEROSCOPY**

**Role of the service: investigation of post-menopausal bleeding**

| Pre-requisite tests for all women | Pelvic ultrasound  
|                                  | Recent Pap smear (within 2 years) |

**Referral Options**

- GP referral via CRS
- Internal specialist referral within KEMH
- Community specialist referral

CRS Gynaecology referrals for postmenopausal bleeding or abnormal uterine bleeding are triaged according to symptoms, menopausal status and suitability for an outpatient procedure.

Direct specialist referrals may also be acceptable especially for more urgent cases such as postmenopausal bleeding with raised endometrial thickness on ultrasound or women with a history of breast cancer who are taking Tamoxifen.

**MENOPAUSE SERVICE**

**Including:**

- Menopause Symptoms After Cancer (MSAC) Clinic
- Surgical Menopause Service (SMS)
- Young Age at Menopause Service (YAMS)

If patient has abnormal bleeding or bloating, please refer to Gynae clinic.

SMS is a multidisciplinary service providing information and support for women with a planned surgical menopause. These women may experience sudden or more severe menopausal symptoms compared to a naturally occurring menopause.

Women may be seen pre-operatively (please ring for an urgent appointment) or as an inpatient (KEMH only) or post-operatively.

The MSAC multidisciplinary team meeting is held at 12.15 on the last Wednesday of each month. GPs are welcome to attend.

Please direct queries to:

- Clinical Nurse Coordinator, Menopause, SMS and YAMS Services.
  Phone KEMH (08) 9340 2222, and ask for pager 3138 (Monday and Wednesday)
- Clinical Nurse Specialist, Menopause Symptoms After Cancer Clinic.
  Phone KEMH (08) 9340 2222, and ask for pager 3358 (Monday, Tuesday, Wednesday)

| Menopause Service | Current Pap smear  
| Pre-requisite tests | Mammogram  
|                    | Fasting lipids and BSL  
|                    | Thyroid function tests  

**And if indicated**

- Bone Mineral Density, Vitamin D

**Plus:**

- Record of current medications (including hormone therapy)
- Allergies
- Any other recent tests

**MSAC Clinic**

| Pre-requisite tests | All the above plus:  
|                    | Tumour histopathology  
|                    | Cancer treatment summary  
|                    | Details of cancer specialist  

**SMS Clinic**

| Pre-requisite tests | Relevant history and pathology (if available)  
|                    | Results of genetics (if available)  
|                    | Any other useful results e.g. Bone Mineral Density  

**YAMS Clinic**

| Pre-requisite tests | Hormone tests confirming diagnosis of premature menopause  
|                    | Pelvic Ultrasound  

**Referral Options**

- GP referral via CRS
- Internal specialist referral within KEMH
- Community specialist referral
**PELVIC PAIN**

The Pelvic Pain Clinic is a multidisciplinary service which addresses complicated pain problems. Pelvic and vulvar pain disorders are treated. The clinic is staffed by a Pain Specialist, Women’s Health Physiotherapist, Psychologist and Gynaecologist.

**Referral Criteria**

All women must have had evaluation and treatment by a specialist Gynaecologist

**Referral Options**

Internal referrals from KEMH Gynaecology clinics.

Direct referrals are accepted from community Gynaecologists.

GP referrals through CRS for complicated pain problems may be triaged for both KEMH General Gynaecology and the Pelvic Pain Clinic if accompanying documentation is extensive.

---

**REPRODUCTIVE MEDICINE: FERTILITY**

The Reproductive Medicine Service at KEMH provides a limited infertility service on-site for sub-fertile couples. This may include investigation, education, counselling, cycle tracking, ovulation induction and surgery plus assessment of women with recurrent miscarriages.

The Service assesses women and men who are concerned about the implications of impending cancer treatment and their fertility.

A limited in vitro fertilisation (IVF) and intrauterine insemination service is offered for women less than 35 years.

The waiting period is approximately 18 months from the time the referral is processed, however cancer patients can be seen at short notice.

**Please direct queries to the Clinical Nurse Manager Referral Coordinator.**  
**Phone KEMH (08) 9340 2222 ask for pager 3548**

**Inclusion criteria for referral to the Fertility Clinic:**

- Woman’s age to be between 21-38 years (at time of referral)
- Couple must be living in the same house, both desire treatment and both have the same GP
- Couple must be unable to conceive naturally

**Exclusion criteria for referral to the Fertility Clinic:**

- Women and/or partner not covered by Medicare
- Illicit drug use (either partner)
- Smoking (either partner)
- Incarcerated in prison (either partner)
- Female BMI >35
- Fertility treatments requiring the use of donor sperm
- Request for egg donation or surrogacy
- 2 or more living children from the same relationship
- Change of relationship or partner during the lifespan of the referral
- Lacking a reasonable understanding of the English language +/- intellectual capacity to understand treatment issues (due to safety issues with the self-medication of treatment)
- Where there are significant concerns about the welfare of any existing children
- Infertility due to sterilisation or those requesting reversal of tubal ligation or vasectomy (please refer privately)

**Pre-requisite tests need to be performed approximately 2 months (60 days) prior to the appointment so that results are current at the time of the appointment.**

Patients are sent their appointment date and a request for pre-requisite tests (as per pages following) 60 days prior to their appointment.

**Referral Options**

- GP referral directly to KEMH Fax (08) 9340 1031
- Internal specialist referral within KEMH
- Community Specialist referral
## REPRODUCTIVE MEDICINE: FERTILITY

### 1. ALL REFERRALS

#### (A) Female Partner: Pre-requisite tests for ALL referrals to be done 60 days prior to 1st appointment.

<table>
<thead>
<tr>
<th>Test type</th>
<th>Timing of test</th>
<th>Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urine</td>
<td>First void/first catch (2hr post last void)</td>
<td>Urine PCR, SOLVS (self-obtained low vaginal swab)</td>
</tr>
<tr>
<td>Vagina or Endocervix</td>
<td>Timing not important</td>
<td>Culture/PCR (Chlamydia and Gonorrhoea)</td>
</tr>
<tr>
<td>Cervix</td>
<td>Timing not important</td>
<td>Pap smear within 2 years (more recent if previous abnormal smear)</td>
</tr>
<tr>
<td>Blood tests</td>
<td>Timing not important</td>
<td>Full blood picture, Blood group and antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, HIV antibodies, Syphilis (TPHA) serology, Rubella titre, Varicella status, Thyroid function, Prolactin</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>Between Day 2-6 (follicular phase of menstrual cycle)</td>
<td>Pelvic ultrasound</td>
</tr>
</tbody>
</table>

#### (B) Male Partner: Pre-requisite tests for ALL referrals to be done 60 days prior to 1st appointment.

<table>
<thead>
<tr>
<th>Test type</th>
<th>Timing of test</th>
<th>Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urine</td>
<td>First void/first catch (2hr post last void)</td>
<td>Urine PCR (Chlamydia and Gonorrhoea)</td>
</tr>
<tr>
<td>Urethral swab (if urine sample not available)</td>
<td>Timing not important</td>
<td>Gonorrhoea</td>
</tr>
<tr>
<td>Blood tests</td>
<td>Timing not important</td>
<td>Analysis of semen. If results abnormal, repeat to confirm abnormal results</td>
</tr>
</tbody>
</table>

### 2. REFERRALS FOR CONSECUTIVE MISCARRIAGES THREE (3)

Pre-requisite tests include all previously requested tests for female and male partners PLUS:

#### (A) Female Partner: To be done 60 days prior to 1st appointment

<table>
<thead>
<tr>
<th>Test type</th>
<th>Timing of test</th>
<th>Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood tests</td>
<td>Timing not important</td>
<td>HbA1c, Endomyseal antibodies, Karyotype, Thrombophilia screen, Thyroid antibodies</td>
</tr>
</tbody>
</table>

#### (B) Male Partner: To be done 60 days prior to 1st appointment.

<table>
<thead>
<tr>
<th>Test type</th>
<th>Timing of test</th>
<th>Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood tests</td>
<td>Timing not important</td>
<td>Karyotype</td>
</tr>
</tbody>
</table>
REPRODUCTIVE MEDICINE: FERTILITY

3. REFERRALS FOR POLYCYSTIC OVARIAN SYNDROME

Pre-requisite tests include all previously requested tests for all referrals for female and male partners PLUS:

(A) Female Partner: To be done 60 days prior to 1st appointment

<table>
<thead>
<tr>
<th>Test type</th>
<th>Timing of test</th>
<th>Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood tests</td>
<td>Timing not important</td>
<td>Androstenedione, DHEA, SHBG, Testosterone, 17 Hydroxyprogesterone</td>
</tr>
<tr>
<td>Blood tests</td>
<td>Fasting for 10 hours overnight</td>
<td>OGTT, Fasting Insulin</td>
</tr>
<tr>
<td>Blood Tests</td>
<td>Between Day 2 - 6 if regular cycle</td>
<td>Follicle Stimulating Hormone, Luteinising Hormone, Oestradiol, Prolactin levels</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>Timing not important</td>
<td>Pelvic ultrasound</td>
</tr>
</tbody>
</table>

(B) Male Partner: no extra tests

SEXUAL HEALTH

Refer where there is a history of sexually transmitted infections or chronic vaginitis.

Services available:

- This clinic provides minor procedures, Pap smears and medication treatments.
- Links with the Notifiable Disease Branch, Department of Health WA.
- The patient's partner may also attend this clinic.

Pre-requisite tests for all women:

- Pap smear (within 2 years)
- Please include any other relevant results.

Referral Options:

- GP referral via CRS
- Internal specialist referral within KEMH
- Community specialist referral

Blood Tests

- Between Day 2 - 6 if regular cycle
- Timing not important if oligomenorrhea or very irregular cycle
- Follicle Stimulating Hormone
- Luteinising Hormone
- Oestradiol
- Prolactin levels

Ultrasound

- Timing not important
- Pelvic ultrasound

(A) Female Partner: To be done 60 days prior to 1st appointment

<table>
<thead>
<tr>
<th>Test type</th>
<th>Timing of test</th>
<th>Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood tests</td>
<td>Timing not important</td>
<td>Androstenedione, DHEA, Karyotype, SHBG, Testosterone, 17 hydroxyprogesterone</td>
</tr>
</tbody>
</table>
UNPLANNED PREGNANCY

Resources

Centrecare
Phone: (08) 9325 6644
www.centrecare.com.au

Sexual and Reproductive Health WA
Phone: (08) 9227 6177
Free-call: 1800 198 205
www.srhwa.org.au

Relationships Australia
Phone: 1300 364 277
www.relationships.org.au

Goldfields Women's Health Centre
Phone: (08) 9021 8266
Fax: (08) 9091 1916
www.gwhcc.org.au

South West Women’s Health and Information Centre (Bunbury)
Phone: (08) 9791 3350
Fax: (08) 9791 1810
Free-call: 1800 673 350
www.swwhic.com.au

Women’s Health Resource Centre (Geraldton)
Phone: (08) 9964 2742
Fax: (08) 9964 2811
Free-call: 1800 196 888

Adoption and foster care

Adoption Research and Counselling Service
301 Railway Parade Maylands WA 6051
Phone: 9370 4914
Fax: 9370 4917
arcs@adoptionwa.org.au

Fostering and Adoption Services
Department for Child Protection
L2/161 Great Eastern Highway
Belmont WA 6104
Free-call: 1800 182 178
Fax: (08) 9259 3438
www.dcp.wa.gov.au

UNPLANNED PREGNANCY

Termination of Pregnancy

KEMH does not provide a routine Termination of pregnancy (TOP) service but does assist patients who are unsuitable for external TOP clinics. This may include women with medical or surgical comorbidities, women with anaesthetic problems or adolescents 14 years and younger.

In addition, for women with extreme financial difficulties who are socially disadvantaged, KEMH can advise on options for funding for an elective TOP.

For information or to discuss a referral

To request medical advice or a procedure under 19 + 6 weeks, please phone KEMH (08) 9340 2222 and request pager 1600 (Family Services Coordinator) during office hours. This pager is covered Monday to Friday, 0800-1630hr, excluding public holidays. If the Family Services Coordinator is not available, please page the Clinical Midwifery Nurse Manager Ambulatory Services (pager 3419).

Note: Women who request a termination of pregnancy should not be sent into the Emergency Centre unless this has been pre-arranged with the Family Services Coordinator or Gynaecology Registrar.

External clinics providing termination of pregnancy:

1. Dr Marie (formerly Marie Stopes International), Midland
   Phone: 1800 003 707 (24 hours)
   www.drmarie.org.au

2. Nanyara Medical Group, Rivervale
   Phone (08) 9277 6070
   www.nanyaraclinic.com/

Information about termination of pregnancy:
UNPLANNED PREGNANCY

Checklist if referring for termination

LMP
Circumstances: (e.g. contraception used, relationship, assault)
Obstetric history: GxPx
Psychosocial issues
Risks of termination of pregnancy discussed
Risks of ongoing pregnancy discussed
Counselling offered
Pamphlets/handouts given
STI screening offered (e.g. SOLVS for chlamydia)
Cervical screening history – offer if due
Examination findings
Contraception discussed
Method chosen +/- Script and information provided
(Contraceptive implants and intra-uterine devices may be inserted at the time of
termination.)
Referral
GP to follow-up in 3 weeks

Pre-requisite information for referrals

Detailed history, including current medications and allergies
Details about any mobility issues
Details of pessary (if in situ)
Details about whether the woman has a current IDC or has had a past IDC.
BMI (required for urodynamics, will not be done
if BMI>40)

Pre-requisite tests for referrals

MSU
Bladder ultrasound and estimate of residuals
Please include any other investigation results if available such as: pelvic ultrasound, IVP, MRI,
CT, cystoscopy, urodynamics

Stress and urge incontinence:

• It is recommended that GPs initiate first line treatments of physiotherapy and
  medication which can provide a significant reduction in symptoms.
• Women should only be referred to a qualified women’s health physiotherapist.
  (See page 11 for information on how to find a women’s health physiotherapist)
• Weight loss and exercise for overweight or obese women with urinary
  incontinence should also be encouraged.
• Recommended investigations: all women should have an MSU
• prior to starting anticholinergic medications, a bladder ultrasound is required to
  exclude high residuals (up to 100mL is acceptable)
• If initial management strategies for urinary incontinence or prolapse are
  unsuccessful, GPs should make a General Gynaecology referral via the CRS.

Clinical presentations and management suggestions:

<table>
<thead>
<tr>
<th>Clinical presentation</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Continence issues post-menopause</td>
<td>Offer vaginal oestrogens unless contraindicated</td>
</tr>
<tr>
<td>2. Stress incontinence</td>
<td>Physiotherapy</td>
</tr>
<tr>
<td></td>
<td>Check bladder residuals</td>
</tr>
<tr>
<td>3. Urge incontinence</td>
<td>Physiotherapy</td>
</tr>
<tr>
<td></td>
<td>Check bladder residuals</td>
</tr>
<tr>
<td></td>
<td>Anti-cholinergic medication</td>
</tr>
<tr>
<td>4. Mixed urge and stress incontinence</td>
<td>Physiotherapy</td>
</tr>
<tr>
<td></td>
<td>Check bladder residuals</td>
</tr>
<tr>
<td></td>
<td>Anti-cholinergic medication</td>
</tr>
<tr>
<td>5. Pelvic organ prolapse</td>
<td>Physiotherapy</td>
</tr>
</tbody>
</table>

UROGYNAECOLOGY SERVICE

For information or to discuss a direct urgent referral, please contact:

Urogynaecology Registrar through KEMH switchboard Ph: 08 9340 2222 or
Urogynaecology Nurse Practitioner Ph: (08) 9340 2222 and page 3136

The majority of patients referred with prolapse or incontinence will be seen by
General Gynaecology first and referred to Urogynaecology as indicated. Direct
referral to the Urogynaecology Service (via CRS) is indicated for exceptional
circumstances only which may include:

• Severe pelvic organ prolapse (uterus, vagina, bladder)
• Mesh complications
• Urological complications of gynaecology surgery
• Recurrent stress incontinence or prolapse
• Urinary incontinence in association with high residuals, suspicion of fistula or
  urethral diverticulum
Appendix – Important telephone numbers

Free-call for GPs anywhere in WA to obtain medical advice from a senior staff member 1800 428 615.

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal Clinic</td>
<td>(08) 9340 1377</td>
</tr>
<tr>
<td>Clinical Midwifery Nurse Manager (Ambulatory Services)</td>
<td>(08) 9340 2222 (Page 3419)</td>
</tr>
<tr>
<td>Clinical Referral Co-ordinator</td>
<td>(08) 9340 2222 (Page 3548)</td>
</tr>
<tr>
<td>Breastfeeding Centre of WA</td>
<td>(08) 9340 1844</td>
</tr>
<tr>
<td>Department of Obstetrics/Gynaecology</td>
<td>(08) 9340 1382</td>
</tr>
<tr>
<td>Department of Psychological Medicine</td>
<td>(08) 9340 1521</td>
</tr>
<tr>
<td>Early Pregnancy Assessment Service</td>
<td>(08) 9340 1431</td>
</tr>
<tr>
<td>Emergency Centre KEMH (24 hours)</td>
<td>(08) 9340 1431</td>
</tr>
<tr>
<td>Family Birth Centre</td>
<td>(08) 9340 1800</td>
</tr>
<tr>
<td>Genetics Services of WA</td>
<td>(08) 9340 1525</td>
</tr>
<tr>
<td>Gynaecology Senior Registrar (switchboard to page)</td>
<td>(08) 9340 2222</td>
</tr>
<tr>
<td>Gynae-oncology Registrar/Fellow (switchboard to page)</td>
<td>(08) 9340 2222</td>
</tr>
<tr>
<td>KEMH Switchboard (24 hours)</td>
<td>(08) 9340 2222</td>
</tr>
<tr>
<td>Maternal Fetal Assessment Unit (24 hours)</td>
<td>(08) 9340 2199</td>
</tr>
<tr>
<td>Maternal Fetal Medicine Service</td>
<td>(08) 9340 2848</td>
</tr>
<tr>
<td>Menopause Clinical Nurse Coordinator</td>
<td>(08) 9340 2222 (Page 3138) M, W</td>
</tr>
<tr>
<td>- Menopause, SMS, YAMS (Page 3358) M, T, W</td>
<td></td>
</tr>
<tr>
<td>- MSAC</td>
<td></td>
</tr>
<tr>
<td>Obstetric Drug Information Service (7 days)</td>
<td>(08) 9340 2723</td>
</tr>
<tr>
<td>Obstetric Senior Registrar (switchboard to page)</td>
<td>(08) 9340 2222</td>
</tr>
<tr>
<td>Pathology</td>
<td>(08) 9340 2767</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>(08) 9340 2727</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>(08) 9340 2790</td>
</tr>
<tr>
<td>Social Work</td>
<td>(08) 9340 2777</td>
</tr>
<tr>
<td>Ultrasound Department</td>
<td>(08) 9340 2700</td>
</tr>
<tr>
<td>Urogynaecology Nurse Practitioner</td>
<td>(08) 9340 2222 (Page 3136)</td>
</tr>
</tbody>
</table>

Further information about anticholinergic medication options:

1. **Oxybutinin** (Ditropan) patch (2x weekly) or orally 2.5-5mg bd / tds
   First line. If oxybutinin is helpful but there are unacceptable side effects try an alternative anticholinergic. Side effects include dry mouth, constipation, drowsiness, dizziness.

2. **Solifenacin** (Vesicare) 5-10mg daily
3. **Darifenacin** (Enablex) 7.5-15mg daily
4. **Imipramine** (Tofranil) 10-50mg noxte is first line if the woman has nocturia.

Exclusions from the Urogynaecology Service:

Faecal incontinence not associated with gynaecological disease – refer to Colorectal Unit via the CRS or direct contact with a particular Colorectal Unit.
Lower urogenital tract problems unrelated to pregnancy, recurrent UTIs (not associated with gynaecological problems), haematuria, malignancy, upper renal tract disease – refer to a Urology Clinic at a general hospital via the CRS.
<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visiting Midwifery Service</td>
<td>(08) 9340 1530</td>
</tr>
<tr>
<td>WA Cervical Cancer Prevention Program</td>
<td>(08) 9323 6788</td>
</tr>
<tr>
<td>Women and Newborn Drug and Alcohol Service (WANDAS)</td>
<td>(08) 9340 1377 (Page 3425)</td>
</tr>
</tbody>
</table>

**Appendix – Important fax numbers**

<table>
<thead>
<tr>
<th>Service</th>
<th>Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Referral Service</td>
<td>1300 365 056</td>
</tr>
<tr>
<td>Genetic Services of WA</td>
<td>(08) 9340 1725</td>
</tr>
<tr>
<td>Gynae-oncology Referrals</td>
<td>(08) 9340 1031</td>
</tr>
<tr>
<td>Outpatient Clinic Fax</td>
<td>(08) 9340 1031</td>
</tr>
</tbody>
</table>