



EMHS Bentley Maternity Unit GP Newsletter

September 2018 Edition



Aseel, Zena and Elveena with expectant mother.

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If you have any questions regarding a Bentley Maternity Unit patient please do not hesitate to contact the Midwifery Unit Manager by emailing:
Zena.Robinson@health.wa.gov.au
or by phone 9416 3627,

Message from Royal Perth Bentley Group Liaison GP



With the exciting announcement from the Minister for Health Roger Cook, that Bentley Maternity Services will continue for at least the next five

years, the Maternity team has been working hard to ensure that patients attending Bentley Hospital have the best possible experience and are able to opt for shared care with their GP if preferred.

I encourage you to consider sharing antenatal care with Bentley Hospital if you aren't already doing so. Further information is provided in this newsletter. We hope you find this newsletter informative. Many thanks to Dr Clare Matthews, Osborne Park Hospital Liaison GP, for allowing us to reproduce her useful article on varicose veins and leg oedema. If you would like to suggest topics for future newsletters please email me at Jacquie.GartonSmith@health.wa.gov.au

*-Dr Jacquie Garton-Smith,
Hospital Liaison GP*



or the Consultant Obstetrician and Gynaecologist by emailing Aseel.Alkiaat@health.wa.gov.au or by phone 9416 3529.





Bentley Maternity Unit Overview

The Maternity Unit (Ward 2) is a 23-bed unit providing low-risk maternity services.

Antenatal care is provided through antenatal clinics that are coordinated by midwives, and a Specialist Obstetrician and GPs can share antenatal care for low risk patients. Specialist antenatal clinics are also available for Aboriginal and Torres Strait Islanders, and interpreter services are available for non-English speaking women and their families. A number of other antenatal services including antenatal classes, ward tours and breastfeeding classes are also available on an appointment basis.

Labour care is provided by Specialist Obstetricians, GP Obstetricians and midwives. Anaesthetists' are also available to attend to epidurals as well as elective and non-elective caesarean sections, and Pediatricians attend births as required.

Postnatal care is provided to mothers by GP Obstetricians and midwives. The Maternity Unit also operates the Visiting Midwifery Service, which is available to women and their families that deliver and live close to the health service.



Bentley HS GPs and Obs.

How to refer to Bentley Hospital Antenatal Service:

Please use the Obstetrics Referral template. You may have this already set up in your practice software or the templates can be found in different formats online here:

https://ww2.health.wa.gov.au/Articles/N_R/Referral-form-templates.

If you would like to share antenatal care with us, please discuss this option with your patient and indicate that you are willing in the box titled "If Obstetric Patient" on page two.

Please note, the completed referral must be sent to the **Bentley Hospital Referral Office** (NOT to the Central Referral Service). If you print the form to mail or fax, please strike through the Central Referral Service details on page one to avoid confusion.

Please submit via ONE of the following methods:

If your GP office email is unsecure, you must make the patient aware before sending their referral.

- Email:
BHS.OutpatientReferrals@health.wa.gov.au
OR
- Fax: 9416 3688
OR
- Post: BHS Outpatient Referral Office, D Block, Bentley Hospital, PO Box 158, Bentley WA 6982

Please **DO NOT**:

- Email/fax/send directly to the BHS Antenatal Clinic.
- Send via the Central Referral Service (CRS) as they do not process obstetric referrals.
- Send multiple copies of the same referral.

For all referral enquiries, please contact the BH referral office on 9416 3213.

The Bentley Medicare Enrolment Project

Bentley Maternity Unit is delighted to have commenced a Medicare Enrolment Project from August 2018. Bentley Hospital now offers electronic enrolment of newborns for Medicare, with a My Health Record. This saves the parent from having to attend a Service Centre in person or provide the Department Human Services with proof of birth, and gives earlier access to Medicare claiming. Feedback from service users has been very positive, highlighting that it is time-saving and convenient.



GP Shared Antenatal Care Update

Bentley Maternity Unit launched its GP Shared Antenatal Care Program in January 2018 and has been delighted to share care for three patients to date.

We have received some referrals where the GP referring has checked the box indicating that the patient would like shared care, but the patient has not recalled this being discussed – please

ensure that you only select the shared care box if you are willing to offer shared care **and** the patient has agreed they would like you to shared care. A patient brochure can be found on <http://www.bhs.health.wa.gov.au/Our-services/Service-Directory/Maternity-Unit>.

If you would like further information and resources on sharing antenatal care with Bentley Maternity Unit, please see <http://www.bhs.health.wa.gov.au/For-health-professionals/Bentley-Antenatal-Shared-Care> or contact the friendly Bentley Maternity Unit staff. The Midwifery Unit Manager can be contacted by emailing Zena.Robinson@health.wa.gov.au or phone 9416 3627.

The Bentley Maternity Unit welcomes GP referral of antenatal patients.

Varicose Veins and Leg Oedema

Article from Osborne Park Hospital GP Shared Antenatal Care Newsletter March 2018 by Dr Clare Matthews, OPH Liaison GP and reproduced with kind permission

Varicosities may develop in up to 40 per cent of pregnant women. The increase in blood volume during pregnancy and effect of progesterone relaxing the muscular walls of the veins causes increased pressure on the veins. Varicose veins often improve three to four months following birth, and oedema generally reduces soon after birth. Evidence regarding successful interventions for varicose veins and leg oedema in pregnancy is lacking, however despite lack of adequate research, support measures such as use of compression stockings and elevation of the legs may provide comfort to women. Based on two small studies, reflexology or water immersion appears to improve symptoms for women with leg oedema.

MANAGEMENT

1. Elevate the legs when at rest.
2. Water immersion or compresses or spraying legs with hot and cold water may alleviate symptoms.
3. Reflexology may provide relief.
4. Avoid prolonged standing or immobility- take breaks to exercise or elevate the legs, and avoid wearing high heeled shoes.
5. Avoid tight or restrictive clothing.
6. Regular exercise improves calf muscle pump. Encourage ankle flexion exercise for at least 30 minutes per day.
7. Compression stockings may relieve swelling and aching of legs and prevent development of more varicose veins. Remove at night.
8. If resting for long periods, women are advised to lie on their left side which decreases pressure on the veins in the legs and feet (the inferior vena cava is on the right side, and left-sided position relieves it of the weight of the uterus)
9. Encourage use of compression stockings for plane travel or long vehicle journeys.

Note: Varicose veins are a risk factor for venous thromboembolism, and in combination with other VTE risk factors (e.g. long distance travel) may require VTE prophylaxis.

http://www.kemh.health.wa.gov.au/development/manuals/O&G_guidelines/sectionb/1/b1.10.pdf

Gynaecology Update

We are very excited to commence the trial of rotating our Advanced Trainees to Bentley for Gynaecology experience. There will be two Advanced RANZCOG trainees rotating to Bentley. We hope that this new initiative will prove mutually beneficial to both our trainees and to Bentley Hospital.

Vitamin D supplementation for neonates



Dr Mohammad Jehangir

Many of our multicultural clients have low levels of Vitamin D, so we recommend Vitamin D supplementation for babies up to three months of age, if mothers are exclusively breastfeeding.

We recommend that all babies should be seen by their GPs at six weeks and we suggest that GPs assess babies for signs of Vitamin D deficiency.

If there are any concerns, blood tests such as ALP and ionized calcium should be requested. In selected high risk cases, GPs should assess Vitamin D level of babies at the six week postnatal check.

Paediatric discharge summaries are completed and sent following the discharge of all mothers and babies. In the discharge summary, our paediatricians provide guidance for GPs about Vitamin D supplementation for babies, in accordance with King Edward Memorial Hospital guidelines.

http://kemh.health.wa.gov.au/development/manuals/O&G_guidelines/sectionb/1/b1.1.9.pdf

Our Head of Department for neonatal services, Dr Mohammad Jehangir, can be contacted for any queries about neonates by email on Mohammad.Jehangir@health.wa.gov.au