

## Clinical Lead

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## How to Refer

All new referrals for Specialist Outpatient Clinics require a **medical referral**.

All new referrals are processed by the Bayside Health - Regional Care Group (Bass Coast) Access Department.

The **preferred mode** for external referrals to the Access Department is Fax (03) 9102 5307.

Internal referrals from within the Bayside Health – Regional Care Group can be sent via email ([Access@basscoasthealth.org.au](mailto:Access@basscoasthealth.org.au))

For further information on new referrals and services provided via the Access Team on (03) 5671 3175 or by email to [Access@basscoasthealth.org.au](mailto:Access@basscoasthealth.org.au)

### Relevant referral form

[Outpatient specialist clinic referral \(MR-309\)](#)

### Referrer guidance

Clinically recommended guidance for referrers is available through [Gippsland Pathways](#).

## Eligibility

Prior to referral, please check and ensure all referrals for Specialist Outpatient Clinics **meet**;

- [Minimal Referral Criteria](#)
- [State-wide Referral Criteria](#) (where applicable),
- Local Bass Coast service eligibility
- [Anaesthesia and Surgical Services – Patient Suitability Framework](#)

Please note, the [Managing referrals to non-admitted specialist services policy](#) states that we must not accept referrals that are incomplete or do not have the required information to assess.

Once we receive a referral we will **review to ensure**:

- We have all the information we need to progress
- The referral meets the Minimum referral criteria, State-wide Referral Criteria (where applicable) as well as local Bass Coast service eligibility
- Identify the best service/s to meet your patients' needs and
- Assign a referral priority, urgent or routine
- Provide a notification of a referral outcome

## Referral Processing

Accepted referrals are **triaged according to priority** by our specialist doctors/health professionals, as 'urgent' or 'routine'.

High priority, 'urgent' access, is assigned to patients that have a condition with potential to deteriorate quickly, with significant consequences for health and quality of life if not managed promptly.

For **urgent referrals**, we will contact the patient and aim to schedule an appointment within 30 days or at the earliest available time.

For **routine referrals**, we will notify you and the patient of a routine appointment date or the transfer onto a service waitlist and aim to schedule an initial appointment within 365 days.

Within 8 working days, we will send you and your patient notification of the **referral outcome**, i.e. if the referral has been:

- Accepted and an appointment has been scheduled OR
- Accepted and the patient has been placed on a service waiting list OR
- Not accepted and the reasons why

## Priority

### EMERGENCY

Conditions requiring **immediate emergency care**. Acute referrals requiring same day assessment or admission. **Recommend or contact '000' to arrange immediate transfer to emergency.**

### URGENT

Assigned to patients that have **a condition with potential to deteriorate quickly**, with significant consequences for health and quality of life if not managed promptly. Aim to **schedule an initial appointment within 30 days** or at the earliest available time.

### ROUTINE

Assigned to patients when **their condition is unlikely to deteriorate quickly** or have significant consequences for health and quality of life if the specialist assessment is delayed beyond 30 days. Routine appointments are scheduled (where possible) or transferred onto a service waitlist. Aim to **schedule an initial appointment within 365 days**.

## Safety risk screening



### RED FLAG CONDITIONS

### EMERGENCY

Red flags signal the most serious clinical risks and need for same day assessment or admission.

- Acute, severe or uncontrolled pelvic or abdominal pain
- Acute Pelvic Inflammatory Disease
- Ectopic pregnancy
- Suspected torsion of ovary
- Suspected pelvic sepsis
- Uncontrolled vaginal bleeding or if the woman is haemodynamically unstable
- Known endometriosis with hydronephrosis or bowel obstruction
- Unexplained acute onset urinary incontinence
- Symptoms suggest possible neurological emergency

## Procedures/Conditions seen at Bayside Health – Regional Care group (Bass Coast)

- [Contraception](#)
- [Dysplasia; Colposcopy](#)
- [Endometriosis](#)
- [Maternity Debrief](#)
- [Ovarian and other adnexal pathology](#)
- [Pelvic Organ Prolapse](#)
- [Persistent heavy menstrual bleeding](#)
- [Persistent Pelvic Pain](#)
- [Post coital bleeding](#)
- [Post-menopausal heavy bleeding](#)
- [Pregnancy Choices](#)
- [Urinary incontinence](#)

## Exclusions

The following conditions / procedures are not routinely seen at Bayside Health - Regional Care Group (Bass Coast)

- Reversal of tubal ligation
- 2nd trimester termination - refer to [Royal Women's Hospital](#)
- IVF
- Gynaecological Cancers
- Paediatric under 2 & Paediatric surgery 12 years and under – refer to [Monash Children's Hospital](#) or [Royal Children's Hospital](#)

## Contraception; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES** apply to this condition.

### When to refer

- Missing or lost strings on an intra-uterine device
- Request for tubal ligation
- Where hormonal contraception is contraindicated
- 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)

### Additional Information to be included

- Minimum referral criteria
- Past gynaecological history including menstrual health and details of previous experience with contraception.
- Relevant family history

Provide if available:

- Most recent human papillomavirus (HPV) and liquid-based cytology (LBC) co-test result or cervical screening test results
- Sexually transmitted infections test results

**ROUTINE**

- All referrals for specialist contraception consultation are considered routine

## Dysplasia; Colposcopy; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES NOT** apply to this condition.

### When to refer

- Pathology recommendation
- Positive Human papillomavirus (HPV), types 16 or 18 or both detected
- Positive HPV detected (but not types 16 or 18) & either:
  - possible or confirmed high-grade squamous intraepithelial lesions or any glandular abnormality
  - gynaecology assessment recommended by cytology service
- HPV, (not 16/18) with negative or possible or confirmed low-grade squamous intraepithelial lesion with either:
  - persistent across two tests (index test with a 12-months repeat) if the patient has any of the following:
    - unscreened or overdue for screening by at least 2 years at the time of the index test
    - identifies as Aboriginal and/ or Torres Strait Islander
    - is 50 years or older
  - persistent across three tests (index test, 12-months repeat, and 24-months repeat)
- Aged between 70 and 74 years of age, a history of immunosuppression or diethylstilbesterol (DES) exposure and human papillomavirus (any type) detected
- Colposcopy assessment recommended by cytology service

### Additional Information to be included

- Minimum referral criteria
  - Most recent Liquid-Based Cytology (LBC) results
  - Most recent HPV results
  - History of abnormal bleeding or abnormal change
  - If the woman has an immune-deficiency or is immunosuppressed
  - If the woman is pregnant.
- Provide if available;**
- If the person identifies as an Aboriginal and /or Torres Strait Islander.
  - History of exposure to diethylstilbesterol (DES)
- Exclusion:**
- Patients Assigned Male at Birth
  - Patients with Prior Hysterectomy -to be seen by Specialist Gynaecologist
  - Patients with additional Gynaecologic issues (Abnormal Uterine Bleeding, Heavy Menstrual Bleeding or Postmenopausal Bleeding
  - HPV virus not detected
  - Possible/confirmed LSIL where high risk HPV not detected

**URGENT**

- High grade changes in cytology
- Cancer diagnosis on Cytology

**ROUTINE**

- All non urgent referrals

Note Over 50 year old for colposcopy. Require script for oestrogen medication for at least 4 weeks prior to appointment

## Endometriosis; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES** apply to this condition.

### When to refer

Those presenting/reporting;

- Suspected endometriosis that has not responded to adequate medical management
- Significant deep dyspareunia
- Dyschezia
- Known endometriosis with associated reproductive issues
- Suspected endometrioma

### Additional Information to be included

- Minimum referral criteria
- Details of previous surgical and medical management
- Course of treatment, and outcome of treatment, over the past 12 months
- Transvaginal pelvic ultrasound results. (Transabdominal pelvic ultrasound results can be provided for women who have not become sexually active, are a survivor of sexual assault or have declined a transvaginal pelvic ultrasound.)
- Functional impact of symptoms on daily activities including impact on work, study, school or carer role
- Planning for pregnancy  
Provide if available;
- Description of symptoms
- Sexually transmitted infections test results

### EMERGENCY

Refer to [Safety Risk Screening – Red Flag Conditions](#): for Acute, severe or uncontrolled pelvic or abdominal pain

### URGENT

- Previous diagnosis of Endometriosis
- Under specialist care and experiencing worsening pain
- Progressive symptoms, rapidly deteriorating and causing significant functional impact on daily activities including impact on work, study, school or carer role

### ROUTINE

- All other non-urgent referrals

## Maternity Debrief; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES** apply to this condition.

### When to refer

Women and families who require post-natal support following a traumatic or unexpected outcome during their pregnancy/birth or postnatal course  
Inpatients can be internally referred by midwives or obstetricians at BCH.

Patients who have delivered outside of BCH or who are more than 6 weeks postpartum can also be referred by either GP or another specialist

Those whom report/present with;

- Severe, rare or unexpected outcomes with pregnancy or birth. Including but not limited to:
- Postpartum haemorrhage requiring emergency care/transfusion or surgical management
- Unexpected maternal transfer to higher level of care
- Unexpected neonatal transfer to higher level of care
- Difficult operative delivery
- Emergency Caesarean Section

### Additional Information to be included

- Minimum referral criteria
- Birthing history if occurred outside BCH

**ROUTINE**

- All maternity debriefs to be scheduled 6/52 post birth, unless otherwise specified

## Menopause; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES NOT** apply to this condition.

### When to refer

Menopause after cancer, Premature menopause, Complex menopause – we can also support. who require menopause and MHT advice.

### Additional Information to be included

- Minimum referral criteria

#### **Menopause after cancer**

- Information of diagnosis, management and therapy of cancer

#### **Premature menopause, & surgical menopause**

- Two FSH/E2 levels at least 1 month apart if spontaneous menopause

#### **Menopausal problems with complex medical or surgery problems or general menopause**

- Information about medical or surgical history

**ROUTINE**

- All referrals considered routine

## Ovarian and other adnexal pathology ; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES** apply to this condition.

### When to refer

- Those with;
- Suspected malignancy identified on clinical examination or imaging
  - Pre-menopausal complex ovarian cyst, suspected endometrioma, or dermoid
  - Persistent and enlarging ovarian cyst confirmed with imaging performed at least three months apart
  - Symptomatic hydrosalpinx

### Additional Information to be included

- Minimum referral criteria
- Past medical history including pain and other symptoms
- Family history of breast and ovarian cancer
- Imaging results
- Cancer antigen 125 (CA 125) results if the woman is being referred for suspected malignancy or post-menopausal ovarian cyst

### EMERGENCY

- Refer to [Safety Risk Screening – Red Flag Conditions](#): for
- Acute, severe or uncontrolled pelvic or abdominal pain
  - Ectopic pregnancy
  - Suspected torsion of ovary
  - Suspected pelvic sepsis
  - if the woman is haemodynamically unstable

### URGENT

- Suspected malignancy
- Symptomatic hydrosalpinx

### ROUTINE

- All other non-urgent referrals

## Pelvic organ prolapse; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES** apply to this condition.

### When to refer

Symptoms of pelvic organ prolapse despite at least three months of treatment that has included targeted conservative management e.g. pelvic floor muscle training, medication management (where appropriate)

### Additional Information to be included

- Minimum referral criteria
- History and examination
- Details of previous surgical and medical management
- Course of treatment and outcome of treatment
- Symptomatology – including pain, vaginal laxity, difficulty with defaecation / micturition, dyspareunia, voiding difficulty, urinary incontinence

#### Investigations

- Midstream urine microscopy culture sensitivities
- Urinary tract ultrasound
- Urea and electrolytes

**URGENT**

- Those with urinary retention

**ROUTINE**

- All other non-urgent referrals

## Persistent heavy menstrual bleeding; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES** apply to this condition.

### When to refer

- Those experiencing persistent, heavy menstrual bleeding that has not responded to adequate trial of medical treatment

### Additional Information to be included

- Minimum referral criteria
- Findings from physical examination
- Past medical history (e.g. diabetes, polycystic ovary syndrome)
- Transvaginal pelvic ultrasound results. (Transabdominal pelvic ultrasound results can be provided for women who have not become sexually active, are a survivor of sexual assault or have declined a transvaginal pelvic ultrasound.)
- Full blood count
- Iron studies
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- Provide if available;
- Thyroid stimulating hormone (TSH)
- Most recent human papillomavirus (HPV) and liquid-based cytology (LBC) co-test result or cervical screening test results

### EMERGENCY

- Refer to [Safety Risk Screening – Red Flag Conditions](#): for uncontrolled vaginal bleeding or if the woman is haemodynamically unstable

### URGENT

- Anaemia; Hb <90g/L

### ROUTINE

- All other non-urgent referrals

## Persistent Pelvic Pain; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES** apply to this condition.

### When to refer

- Those experiencing persistent pelvic pain that has not responded to adequate medical management

### Additional Information to be included

- Minimum referral criteria
- Past medical history including:
  - obstetric and gynaecological history
  - pain severity, duration, any link to menstrual cycle or dysmenorrhea
  - how pain is different to any co-existing gastrointestinal pain
  - any previous pelvic inflammatory disease
  - any history of sexual abuse
  - previous medical and surgical management
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- Any medicines previously tried, duration of trial and effect.
- Provide if available;
  - Most recent human papillomavirus (HPV) and liquid-based cytology (LBC) co-test result or cervical screening test results
  - Sexually transmitted infections test results

### EMERGENCY

- Refer to [Safety Risk Screening – Red Flag Conditions](#): for uncontrolled vaginal pelvic or abdominal pain

### ROUTINE

- All referrals routine

## Post coital bleeding; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES** apply to this condition.

### When to refer

- Those experiencing unexplained post-coital bleeding

### Additional Information to be included

- Minimum referral criteria
- Findings from physical examination
- Transvaginal pelvic ultrasound results. (Transabdominal pelvic ultrasound results can be provided for women who are a survivor of sexual assault or have declined a transvaginal pelvic ultrasound.)
- Past medical history (e.g. diabetes, polycystic ovary syndrome)
- Most recent cervical screening test results
- Sexually transmitted infections test results

Provide if available;

- Recent human papillomavirus (HPV) result
- Liquid-based cytology (LBC) co-test result

### EMERGENCY

- Refer to [Safety Risk Screening – Red Flag Conditions](#): for uncontrolled vaginal bleeding or if the woman is haemodynamically unstable

### ROUTINE

- All referrals considered routine

## Post-menopausal heavy bleeding; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES** apply to this condition.

### When to refer

Those experiencing;

- Post-menopausal bleeding with a thickened endometrium (>4mm measured on transvaginal pelvic ultrasound)
- Post-menopausal bleeding with polyp confirmed by imaging
- Post-menopausal bleeding in a woman taking tamoxifen

Exclusions;

- Single episode of bleeding with an endometrium (<4mm measured on transvaginal pelvic ultrasound), with negative cervical screening results

### Additional Information to be included

- Minimum referral criteria
- Findings from physical examination
- Most recent cervical screening results
- Transvaginal pelvic ultrasound results. (Transabdominal pelvic ultrasound results can be provided for women who have not become sexually active, are a survivor of sexual assault or have declined a transvaginal pelvic ultrasound.)
- Past medical history (e.g. diabetes, polycystic ovary syndrome)
- Sexually transmitted infections test results
- Provide if available;
  - Recent human papillomavirus (HPV) and liquid-based cytology (LBC) co-test result
  - Weight
- Body mass index

**EMERGENCY**

- Refer to [Safety Risk Screening – Red Flag Conditions](#): for uncontrolled vaginal bleeding or if the woman is haemodynamically unstable

**URGENT**

- All referrals considered urgent Especially those with;
  - Endometrial thickness >10mm on US
  - Suspicion Cancer on US

## Pregnancy Choices; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES** apply to this condition.

### When to refer

- Those seeking
- Surgical termination of pregnancy in 1<sup>st</sup> trimester
  - Surgical termination of pregnancy where medical termination is no longer appropriate and services cannot be accessed outside of a public health service

### Additional Information to be included

Minimum referral criteria

Investigations

- Results of human chorionic gonadotropin (hCG) confirming pregnancy
- Results of pelvic ultrasound confirming pregnancy and weeks of gestation
- Documented rhesus blood group
- STI screening

**URGENT**

- All eligible referrals for termination are considered urgent

## Urinary Incontinence; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES** apply to this condition.

### When to refer

Identified urinary incontinence despite at least three months of treatment that has included targeted conservative management e.g. pelvic floor muscle training, medication management (where appropriate)

### Additional Information to be included

- Minimum referral criteria
- Investigations
- Midstream urine microscopy culture sensitivities
- Urinary tract ultrasound
- Urea and electrolytes

**ROUTINE**

- All referrals considered routine