

## Victorian Clinical Network for Abortion and Contraception Care (VCNACC)

Network meeting, Tuesday August 24 2021. Meeting notes.

<p>Danielle Mazza, SPHERE Sharon James, AusCAPPS network</p>	<p><b>Australian Contraception and Abortion Primary Care Practitioner Support Network (AusCAPPS)</b> NHMRC funded grant. Aim: to improve access to LARC &amp; EMA in primary care. National project to establish to online community of practice. Target GP, Practice Nurses and Pharmacists. Clinical Experts – Kathy McNamee (FPV Vic) &amp; Deb Bateson (FPNSW). See attachment for further information.</p>
<p>Case study, Dr Paddy Moore Clinical Lead</p>	<p><b>Use of pre procedure assessment of iron &amp; ferritin levels, threshold for iron transfusion.</b> See ppt slides for case history Key points:</p> <ul style="list-style-type: none"><li>• Important to take a thorough clinical history to identify a symptomatic patient. Screen for risk factors i.e past history PPH, post-operative bleeding, anticoagulation therapy or known bleeding disorder, history of anaemia.</li><li>• Takes approx. 2 weeks for patient to notice improvement in symptoms related to low iron stores</li><li>• It is not necessary to delay EMA to treat her low iron when Hb ok. For EMA at an early gestation, less products of conception and therefore less bleeding</li><li>• Consider oral iron supplementation +/- Fe infusion after procedure</li><li>• Threshold for treatment with iron transfusion, trigger Hb&lt;100g/L</li><li>• For Hb&gt;100g/L consider oral supplementation</li><li>• Fe deficiency not a contra-indication to EMA, however symptomatic anaemia is. NOTE: It is not mandated in evidence based guidelines</li><li>• Surgical abortion vs medical abortion with patient Hb&lt;100g/L. Surgical could be recommended if available and with iron transfusion in recovery.</li><li>• Oral supplementation often hard to tolerate. Recommend liquid iron with orange juice.</li><li>• The Women's health information on iron transfusion, see: <a href="https://thewomens.r.worldssl.net/images/uploads/fact-sheets/Iron-Infusion-0718.pdf">https://thewomens.r.worldssl.net/images/uploads/fact-sheets/Iron-Infusion-0718.pdf</a></li><li>• Further reading, attached</li></ul> <p>Baird-Gunning J, Bromley J. Correcting Iron deficiency. Australian Prescriber 2016: Vol. 39, No. 6.</p>

EMA & Anti-D	<p>Rh-D immunoglobulin &amp; Anti D administration: National Blood Authority guidelines.</p> <p>Updated recommendation: Anti D not required with an EMA (to 9 weeks). See:</p> <p><a href="https://www.blood.gov.au/anti-d-0">https://www.blood.gov.au/anti-d-0</a></p>
Around the state	<p><b>Gateway:</b> ongoing impact of COVID-19. Additional barriers &amp; procedures that require a work-around:</p> <ul style="list-style-type: none"> <li>• Staff not able to work across Gateway sites (Wodonga &amp; Wangaratta).</li> <li>• Gateway deliver the surgical abortion pre-assessment clinic, documentation is paper-based.</li> <li>• Access to timely COVID tests as all patients require a pre-surgery test</li> </ul> <p><b>Mildura:</b> have observed increase in presentations for later gestation age abortion, requires referral &amp; care at the Women's. Numerous barriers limit &amp; delay access to care - anxiety for patient results in delayed presentation to GP, less face to face consultation results in missed diagnosis.</p> <p><b>Shepparton:</b> have commenced EMA via telehealth, signed written consent not mandated. FPV have an electronic version set-up.</p> <p>Refer to resources on the CERSH Resource Hub.</p> <p>See: <a href="https://medicine.unimelb.edu.au/cersh/learn/health-practitioner-resource-hub">https://medicine.unimelb.edu.au/cersh/learn/health-practitioner-resource-hub</a></p>
Next meeting	23 November 6pm



**Are you a clinician who wants to support women’s reproductive choices?**

**Involvement**

- Connect with like-minded peers.
- Engage in a safe space through discussions, case studies, ask an expert, webinars, and more.
- Provide consent for us to access your relevant long-acting reversible contraception and medical abortion PBS and MBS data.



**HOW TO GET INVOLVED**

Contact [ausCAPPS.trial@monash.edu](mailto:ausCAPPS.trial@monash.edu)  
 Monash University Human Research Ethics Committee #28002