EPAS – Early Pregnancy Assessment Service – currently operating 0830 – 1700 hrs Monday to Friday, This service manages all early pregnancy (< 16 weeks) presentations with integrated medical, nursing and imaging clinicians

Primary Condition	Key Information Points	Clinical Investigation
Women <16 weeks pregnant with any of the following: • Bleeding • Pain in relation to unsighted pregnancy • Pregnancy of unknown location (PUL) • Intrauterine pregnancy not visualised on ultrasound and inappropriately rising or slow rising Beta hCG levels • Threatened or incomplete miscarriage • Retained products of conception post a miscarriage or abortion (not post-birth) • Suspected molar pregnancy	If unstable (e.g. intrauterine pregnancy with significant bleeding or ectopic suspected or confirmed): refer patient to Emergency Department for assessment For direct GP referral, mark URGENT EPAS and fax details to the Women's Specialist Clinics or telephone the EPAS RN. • Fax: 9055 2125 • Ph: 0478 853 134	Along with the relevant clinical history, please provide the following information with ALL EPAS referrals: • All ultrasounds performed in the index pregnancy • Quantitative hCG results • *Relevant* other investigations eg. Blood group, full • blood count

Access and referral priority Gynaecology

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

URGENT Appointment timeframe 30 days.	URGENT Appointment within 60 days	ROUTINE Appointment timeframe greater than 30 days, depending on clinical need.
• Post-menopausal bleeding, including any pre malignant conditions including VIN/VAIN/ complex endometrial hyperplasia • EPAS (Early Pregnancy). • Abnormal uterine bleeding with Hb < 100g/DL or severe quality of life impairment. • Adnexal (ovary/tube) abnormality assessed as at risk of malignancy, torsion or other significant complication. • Other pelvic mass/tumour assessed as significant risk of malignancy or with severe symptoms. (e.g. fibroids with recent increase in size or pain) • Pelvic organ prolapse with urinary retention or Quality Of Life change assessed as severe and disabling. • Urinary retention or Voiding dysfunction emptying ≤50% of bladder volume. • Undiagnosed pelvic pain requiring hospital management. • Vulval conditions with suspected malignancy. • Persistent or recurring post-coital bleeding • Disadvantaged Women requesting Surgical Termination of Pregnancy 7-13+6 weeks gestation)	• All colposcopy referrals are managed as urgent to be seen within 8 weeks as per National Cervical Screening Guidelines. **Note**: current capacity does not allow this to be achieved – all colposcopy referrals are assessed and prioritised according to risk) • All OASIS (complex perineal and anal sphincter injuries 3B or more) are seen within 6-12 weeks of postnatal discharge. • Pelvic floor symptoms or complications following incontinence or pelvic organ prolapse mesh surgery See: http://tiny.cc/whmms	• Fertility referrals • Contraception – reversible or permanent • Menopause management • Abnormal uterine bleeding not meeting criteria for 'URGENT' referral. • Adnexal abnormalities with low risk of malignancy or other complication, particularly incidental findings on imaging. • Uterine fibroids with minimal or no symptoms. • Vulval conditions without risk of malignancy • Persistent or chronic pelvic pain • Pelvic organ prolapse not meeting 'URGENT' criteria. • Lower urinary tract symptoms including urgency, frequency, incontinence (will be triaged for physiotherapy assessment prior to appointment), recurrent UTIs or bladder pain • Voiding dysfunction not meeting 'URGENT' criteria • Isolated haematuria (refer to Urology) • Sexual dysfunction • Labial surgery for medical indications.