

**ASPOG 32nd Annual Scientific Meeting**

**THE INDIVIDUAL IN AN EVIDENCE BASED WORLD**

**4 and 5 August 2006**

**Marriott Sydney Harbour Hotel, Sydney**

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# PRESIDENT'S WELCOME

The Australian Society of Psychosocial Obstetrics and Gynaecology is the third oldest Australian medical society relating to women's obstetrics and gynaecological health. The Society is multidisciplinary and involves obstetricians and gynaecologists, psychiatrists, general practitioners, paediatricians, psychologists, other health practitioners, health researchers and administrators. The Society runs an annual meeting that is devoted to discussing the best way to manage the psychological and social aspects of pregnancy and gynaecological care of women, their infants and immediate families. This year we have an outstanding group of Australian keynote speakers discussing evidence-based care. We also offer a new investigator prize and the opportunity for free communications.

I look forward to meeting you in Sydney.

Professor Julie Quinlivan ASPOG President  
on behalf of the Conference Committee:  
Associate Professor Suzanne Abraham, Dr Amanda McBride and  
Dr Heather Rowe

## ASPOG

The Australian Society for Psychosocial Obstetrics and Gynaecology is a multi-disciplinary association devoted to furthering understanding of the psychosocial aspects of health, particularly in the field of obstetrics, gynaecology and reproductive medicine.

The strength of the Society is its multi-disciplinary membership and its informal, supportive meetings that foster interest in communication, counselling and psychosocial aspects of health. The Society welcomes health workers from all disciplines, e.g. medicine, midwifery, nursing, psychology, social work, social sciences, etc.

The Society holds a national congress that moves yearly between states and sometimes offshore. The topics debated reflect the Society's breadth of interests, including psychosocial aspects of puberty, fertility and infertility, contraception, pregnancy, menopause and men's reproductive health.

The broad **aims** of the Society are to:

- Foster and promote **increased awareness** of psychological, socio-cultural and ethical issues relevant to obstetrics, gynaecology and reproductive medicine.
- Promote and facilitate sharing of **scientific research** into psychosocial aspects of obstetrics, gynaecology and reproductive medicine.
- Increase sharing of clinical and practical knowledge relevant to **improving the psychological health** and well-being of women and their families, especially in obstetric and gynaecological settings.
- Provide a forum for cross-fertilisation of ideas from practitioners and researchers from the broadest possible spectrum of relevant areas.

**PROGRAM CHANGES**

There have been a number of program changes since the Registration Brochure was printed so please check the program in this book carefully.

**PRESENTERS**

Presenters using data projectors are asked to load their presentations onto the computer in the room where they will be presenting in a break prior to the presentation. If you need help with this, please ask at the Registration Desk.

Presenters are asked to convene at the front of the appropriate room with the Chair of their session a few minutes before the start of their session.

**SOCIAL PROGRAM**

On Friday evening, delegates will have the option of continuing their discussions over dinner and drinks in the Banjo Paterson Room at the Sydney Harbour Marriott Hotel. The 2006 Derek Llewellyn Jones Oration will be presented at the dinner by Ms Gretel Killeen. If you wish to attend the dinner and have not purchased a ticket, please check at the Registration Desk to see whether additional bookings can be taken.

Farewell drinks will be served at the end of the conference on Saturday.

**NAME BADGES/TICKETS**

Admission to all sessions and social functions is by the official conference name badge – please wear it at all times when at the conference. Tickets are necessary for the conference dinner.

**CERTIFICATES OF ATTENDANCE**

If you require a certificate of attendance, please ask for this at the Registration Desk.

**DELEGATES WITH ACCOMMODATION**

Deposits paid when delegates registered for the conference should be credited to your hotel account...please check that this has been done when you check out. It is recommended that you make arrangements for your luggage to be held at the hotel, rather than bringing it to the conference venue, where storage space is very limited and security cannot be provided.

**DISCLAIMER**

At the time of printing, all information contained in this booklet is correct; however, the organising committee, its sponsors and its agents cannot be held responsible for any changes to the final structure or content of the programme, or any other general or specific information published here.



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Conference  
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7.45am-8.15am	<i>Registration and arrival coffee</i>	
<b>8.15am-8.30am</b>	<b>President's Opening</b> <i>Julie Quinlivan</i>	<b>Thomas Keneally 2</b>
<b>8.30am-10.00am</b>	<b>Plenary Session: Arts and Medicine</b> <b>Chair: James Telfer</b>	<b>Thomas Keneally 2</b>
8:30am	Being a Health Professional and Coping <i>Jill Gordon</i>	
9:00am	Medicine as a Student with Music as a Passion <i>Gemma Dashwood</i>	
9:30am	Madness and Genius <i>Kathryn Lovric</i>	
<b>10.00am-10.30am</b>	<b>Plenary Session: Pain (Part 1)</b> <b>Chair: Julie Quinlivan</b>	<b>Thomas Keneally 2</b>
	Issues in the Management of Pain in Women <i>Michael Cousins</i>	
10.30am-11.00am	<i>Morning tea</i>	
<b>11.00am-1.00pm</b>	<b>Plenary Session: Pain (Part 2)</b> <b>Chair: Jenny Thomas</b>	<b>Thomas Keneally 2</b>
11:00am	Gynae or Gut? Chronic Pelvic Pain or Irritable Bowel Syndrome? <i>Katie Ellard</i>	
11:30am	Abdominal Bloating: Quality of Life Perspectives <i>Catherine Boyd</i>	
12:00pm	Pelvic Floor Muscle Spasm and Relaxation; Research and Clinical Applications of Physical Approaches to this Challenging Problem <i>Sherin Jarvis</i>	
12:30pm	Soothing the Ring of Fire: The Perineal Warm Pack Trial <i>Hannah Dahlen</i>	
1.00pm-2.00pm	<i>Lunch</i>	

**2.00pm-3.30pm Parallel Sessions 1A and 1B**

<b>Session 1A</b>	<b>Thomas Keneally 1</b>	<b>Session 1B</b>	<b>Thomas Keneally 2</b>
<b>Chair: Rosa Canalese</b>		<b>Chair: Amanda McBride</b>	
2:00pm	Shaping Pregnancy: Representations of Pregnant Women in Australian Women's Magazines <i>Joy Sha and Maggie Kirkman</i>	2:00pm	HATCh (Hypnosis Antenatal Training for Childbirth): Rationale and Feasibility of a Large Randomised Controlled Study <i>Cyna AM and Andrew MI</i>
2:20pm	Do Pregnant Teenagers Form Protective Emotional Attachments to Their Unborn Babies? <i>Angela Steele and Heather Rowe</i>	2:20pm	The Burden of Infertility and Treatment Scale – A Useful Measure of Degree of Difficulty to Conceive <i>Karin Hammarberg, Jane Fisher, and Heather Rowe</i>
2:40pm	Knowledge and Decision Making for Labour Pain Management of Australian Women Pregnant with Their First Baby <i>Camille Raynes-Greenow, Christine Roberts, Kirsten McCaffery</i>	2:40pm	Intimate Partner Relationship, Father's Behaviour and Mood in Mothers Admitted to Early Parenting Centres <i>Jane Fisher, Doen Ming On and Heather Rowe</i>
3:00pm	Disciplinary Discourses: Rates of Caesarean Section Explained by Medicine, Midwifery, and Feminism <i>Amy Su May Lee and Maggie Kirkman</i>	3:00pm	Detecting Postpartum Mental Disorders in Women Admitted to Residential Early Parenting Centres <i>Heather Rowe, Wai May Loh and Jane Fisher</i>

3.30-4.00pm *Afternoon tea*

**4.00pm-5.30pm Plenary Session: Eating Disorders** **Thomas Keneally 2**  
**Chair: Fiona Robinson**

- 4:00pm Fluid Intake in Women: What is Normal?  
*Susan Hart*
- 4:30pm Puberty and Beyond: Weight Management Issues for Young Women  
*Kate Steinbeck*
- 5:00pm Obesity in Pregnancy: An Australian Prospective Trial  
*Julie Quinlivan*

**7.00 for 7.30pm Drinks, Dinner & the 2006 Derek Llewellyn Jones Oration**  
**The Banjo Paterson Room, Marriott Sydney Harbour Hotel**

*Chair: Julie Quinlivan*

*Speaker: Gretel Killeen*

8.00am-9.00am *Arrival coffee*

**8.30am-10.30am      Debate: The Individual in an Evidence Based World**  
**Thomas Keneally 2**  
**Chair: Rodney Petersen**

- 8:30am      Taking an Evidence Based Approach to Eating Disorders  
*Janice Russell*
- 8:50am      Pregnancy and Beyond  
*Vijay Roach*
- 9:10am      The Challenges of Developing an Australian Evidence Based Guideline  
for Antenatal Care  
*Jeremy Oats*
- 9:30am      Evidence-based Obstetrics: Contributions to Care  
*Christine Roberts*
- 9:50am      Panel

10.30am-11.00am *Morning tea*

**11.00am-12.30pm      Parallel Sessions 2A and 2B**

<b>Session 2A</b> <b>Thomas Keneally 1</b>		<b>Session 2B</b> <b>Thomas Keneally 2</b>	
<b>Chair: Carolyn Bennett</b>		<b>Chair: Sabrina Saldanha</b>	
11:00am	Improving Young Women's Knowledge of the Menstrual Cycle <i>Nicola Reid and Heather Rowe</i>	11:00am	Boy or girl? Intersex and the Sex Binary <i>Susan Peterson and Maggie Kirkman</i>
11:20am	A RCT on Effectiveness of Psychological Support Following Miscarriage <i>Ingrid Lok and Tony Chung</i>	11:20am	Employee Entitlements during Pregnancy: Implications for Maternal Well-Being <i>Amanda Cooklin, Heather Rowe and Jane Fisher</i>
11:40am	Psychological Implications and Psychoeducational Needs of Women Undergoing Preimplantation Genetic Diagnosis <i>Janan Karatas, Kris Barlow-Stewart, Catherine McMahon, Bettina Meiser, Cynthia Roberts and Kim Strong</i>	11:40am	Intuition in an Evidence-based World <i>Simon Young</i>
12:00pm	'Pretty Woman' and the 'Other Self' Romance, Reality and Substance Abuse Social Myths, Individual Reality and Their Relationship to a Failure of Care <i>Brian Hunt</i>	12:00pm	A Psychosocial Risk Assessment Model (PRAM) for Identifying Women at Risk of Perinatal Mental Health Problems and for Planning Ongoing Care. <i>Susan Priest and Marie-Paule Austin</i>

**12.30pm-1.30pm      Lunch and AGM**

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**1.30pm-3.00pm      Plenary Session: Mental Health      Thomas Keneally 2**  
**Chair: Heather Rowe**

- 1:30pm      Sex Differences in Psychiatric Illness  
*Kay Wilhelm*
- 2:00pm      Psychosomatic Disorders in Premenstrual Dysphoric Disorder  
*Georgina Luscombe*
- 2:30pm      Personality Characteristics as Moderators of the Effectiveness of Holistic  
Treatments for Depression  
*Vijaya Manicavasagar*

3.00pm-3.30pm      *Afternoon tea*

**3.30pm-5.00pm      Plenary Session: New Advances      Thomas Keneally 2**  
**Chair: Fran Orr**

- 3:30pm      The New Era of Cancer of the Cervix, HPV Infection and Pap Tests  
*Rodney Petersen*
- 3:50pm      Pre-Implantation Genetic Diagnosis in 2006  
*Devora Lieberman*
- 4:15pm      HIV in Pregnancy  
*Linda Dayan*
- 4:40pm      Antidepressants in Pregnancy: A Clinician's Perspective on Recent  
Research  
*Ralf Ilchef*
- 5:05pm      The Evidence is Not Enough – Translating the Evidence about Home  
Visiting into Practice in South Australia  
*Victor Nossar*

**5.30pm-6.00pm      Farewell Drinks and Prize Presentation**

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**Abdominal Bloating: Quality of Life perspectives****Catherine Boyd**

Darwin Hospital and University of Sydney

Functional abdominal bloating is a common symptom experienced by up to 30% of community subjects, and medical, gynaecological, surgical and psychological causes must be considered in the differential diagnosis. It is commonly experienced by >90% of patients with irritable bowel syndrome, and most patients with eating disorders and premenstrual syndrome. The aims of this study were to determine, in three groups of women (eating disordered, irritable bowel, and premenstrual syndrome) which gastrointestinal symptoms were most likely associated with abdominal bloating, and the relative impact on quality of life. Validated questionnaires including the ROMEII and measures of quality of life (EEE-C and SF-12) were used. It is hoped, that an understanding of the associated symptoms, and the impact on quality of life will help clinicians in their assessment of the patient with functional abdominal bloating.

**Employee Entitlements during Pregnancy: Implications for Maternal Well-Being****Amanda Cooklin,\* Heather Rowe and Jane Fisher**

Key Centre for Women's Health in Society, School of Population Health, The University of Melbourne

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**Background:**

Few Australian studies have systematically investigated mothers' employment during pregnancy and postnatally in relation to their psychological well-being. Higher socioeconomic status is associated with better antenatal mood. It is yet to be established whether employment conditions specifically contribute to well-being in pregnancy.

**Objective:**

To assess the contribution of employment conditions to well-being during pregnancy and after the birth of a first baby.

**Method:**

A socio-demographically representative cohort of 172 employed primigravid women was recruited in late pregnancy and is being followed until 12 months postpartum. Current employment arrangements, experience of pregnancy-related discrimination, access to maternity leave and plans for employment were collected at recruitment. Participants completed two self-administered standardised psychometric measures of maternal mood (Edinburgh Depression Scale and Profile of Mood States). Workplace adversity was defined as lack of access to paid and/or unpaid maternity leave, experience of discrimination in pregnancy and difficulty negotiating leave after the birth. Preliminary analysis of mood and employment data was conducted and outcomes compared by health insurance status.

**Results:**

Eighty percent (128/161) of the total sample reported one or more forms of workplace adversity during pregnancy. Women without private health insurance were more likely to experience workplace adversity during pregnancy and while making arrangements for leave following childbirth than privately insured women [89% (86/97) compared with 66% (42/64),  $p < 0.001$ ]. Mean EPDS scores of women experiencing workplace adversity were significantly higher than those of women experiencing no workplace adversity (7.51 versus 5.33, mean difference = -

2.18, 95% CI for the difference -3.80 to -0.56,  $p=0.009$ ). Similar findings are reported for three POMS subscales.

**Conclusions:**

Results provide preliminary evidence that employment adversity during pregnancy is a possible explanatory factor for the observed relationship between higher socio-economic status and better mood. Further analysis including other risk and protective factors will establish the relative contribution of employment factors to maternal psychological well-being.

**HATCh (Hypnosis Antenatal Training for Childbirth): Rationale and Feasibility of a Large Randomised Controlled Study****Cyna AM and Andrew MI**

Department of Anaesthesia, Women's and Children's Hospital, Adelaide SA

Email: allan.cyna@cywhs.sa.gov.au

**Background and study aims:**

Clinical hypnotherapy utilises verbal and non-verbal communications, known as suggestions, to elicit subconscious therapeutic responses such as analgesia and anxiolysis. Systematic review evidence suggests that utilising hypnosis, during childbirth, decreases the need for pharmacological analgesia and labour augmentation, and increases the incidence of spontaneous vaginal birth.[1] However the studies are mostly small and of inadequate methodology to make clear recommendations. A study in our institution comparing antenatal preparation for childbirth using hypnosis with over 3000 case matched controls in 2003 suggests that hypnosis confers some of the benefits suggested by the systematic review.[2] The HATCh trial is the first well designed RCT investigating the effects of antenatal group hypnosis preparation for childbirth in both nulliparous and multiparous women, in their 3rd trimester of pregnancy, with comprehensive post-partum follow-up.[3] Clear objective answers to the application of a relatively old therapy would be of high significance to consumers (birthing women), midwives, anaesthetists and obstetricians. This study aims to present preliminary data that suggests a large well designed trial on this topic is feasible.

**Results:**

Following seed funding, we have recruited 65 women during the first five months of the trial. Eighty-six percent of participants have attended at least two of the three intervention, allocated sessions. We estimate that this level of recruitment is likely to achieve the sample size required (450 women) by June 2009.

**Conclusions:**

The rigorous design put forward covers many of the criticisms of previous attempts to evaluate the effects of hypnosis in childbirth. It is likely that many unanswered questions related to this topic will be answered, in particular a range of psychological effects such as a decreased incidence of post partum depression and anxiolysis, and this trial will provide valuable information on which to base future research in this setting.

**References**

1. Cyna A, McAuliffe G, Andrew M: **Hypnosis for pain relief in labour and childbirth: a systematic review**. *Br J Anaesth* 2004, **93**(4):505-511.
2. Cyna AM, Andrew MI, McAuliffe GL: **Antenatal hypnosis for labour analgesia**. *Int J Obstet Anesth* 2005, **14**(4):365-366.
3. Cyna AM, Andrew MI, Robinson JS, Crowther CA, Baghurst P, Turnbull D, Wicks GR, Whittle C: **Hypnosis Antenatal Training for Childbirth (HATCh): a randomised controlled trial**[NCT00282204]. *BMC Pregnancy Childbirth* 2006, **6**(1):5.

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**Soothing the Ring of Fire: The Perineal Warm Pack Trial****Hannah Dahlen**

Sydney South Western Area Health Service, Eastern Sector

Many women, particularly first time mothers, experience perineal trauma due to childbirth. Such trauma can have long-term negative consequences for women. Identifying methods to reduce perineal trauma and pain associated with birth should be a priority for health researchers.

The perineal warm pack trial is a large, randomised controlled trial designed to test the effect of applying warm packs to the perineal area of primiparous women, just prior to giving birth. The objective of this study is to examine whether applying warm packs to the perineum whilst the baby's head is "crowning" reduces pain and trauma to the mother and increases comfort. The 'perineal warm pack trial' was completed in July 2004 with 717 primiparous women participating across two hospital sites in the Sydney South Western Area Health Service.

Women were recruited in the antenatal period and randomised when in labour. Remote access randomisation occurred to insure allocation concealment. Participants were stratified for age and ethnicity. Data were collected: immediately following the birth; on day one; day two; at six weeks and three months following the birth. The main outcome variables were perineal suturing (yes/no) and pain scores. Women receiving warm packs filled in questionnaires regarding the perceived effects. Midwives also filled in questionnaires on the effect of the warm packs on women. An intention to treat analysis was conducted. All questionnaires were translated into the languages of the main ethnic groups (Chinese, Vietnamese, Korean, Arabic).

This is the largest study yet to be conducted on perineal warm packs. Results will be made available at the conference and implications for practice will be discussed

**Medicine as a Student with Music as a Passion****Gemma Dashwood**

Australian National University, Canberra

They say whatever doesn't kill you makes you stronger – and this definitely applies to medical school. No matter what they say the traditional medical school attitude is still alive and kicking – long hours, electives during holidays, research projects and exams. We are told to keep our lives in perspective and to make sure we have outside interests from the hospital, but in reality it's not that easy. (From my experience, music rehearsals are not accepted as an excuse for leaving on time!) All through life music has accompanied me on my journey. And I am not about to give it up now that I am studying medicine.

However difficult it is juggling medicine with outside interests, it is worth the effort. Entering into a fourth dimension with music surrounding you suddenly makes everything right with the world, and makes you realize that there isn't just one whole world out there – there are several. Whether music is made from one instrument or many, professional or beginner, active or passively, the rewards and benefits are profound.

The experiences of being a musician can be applied to various aspects of medicine: performing in an ensemble teaches commitment and team work, performance teaches coping under pressure and some conductors will rival any surgical consultant for putting you on the spot. Music therapy has lived up to evidence based studies, both as a tool for patients and for doctors alike.

By using experiences in music to equip myself for the challenges of medicine I can find a way to keep my life balanced and myself happy. I hope it lasts.

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**Gynae or Gut? Chronic Pelvic Pain or Irritable Bowel Syndrome?****K.T.Ellard**

Chronic Pelvic Pain is relatively common and hard to treat. The cause is often difficult to discover. However, studies done in the community identify Irritable Bowel Syndrome as the most common cause of chronic pelvic pain. IBS is due to abnormal motility in the gut, coupled with visceral hyperalgesia. Psychosocial issues commonly effect presentation and tolerance of symptoms. Although IBS is not always easy to treat correct diagnosis of the cause of pain, coupled with a clear explanation of the mechanism will help a large percentage of patients. Others respond to dietary manipulation, modification of fibre, antispasmodic medication, small doses of antidepressant medication or cognitive behaviour therapy. Diagnosis can ease symptoms and limit investigations. IBS needs to be considered in chronic pelvic pain.

**Intimate Partner Relationship, Father's Behaviour and Mood in Mothers Admitted to Early Parenting Centres****Jane Fisher, Doen Ming On and Heather Rowe**

Key Centre for Women's Health in Society, School of Population Health, Faculty of Medicine Dentistry and Health Sciences, University of Melbourne

Email: [jrwf@unimelb.edu.au](mailto:jrwf@unimelb.edu.au)

**Background and aim:**

A problematic intimate partner relationship is consistently linked with mood disturbance in mothers of newborns, but specific relationship qualities and behaviours are not well described. The aim of this study was to investigate the relationship between partner behaviours and severity of psychological distress in women admitted with their infants aged  $\leq 12$  months to two residential early parenting centres (REPCs).

**Method**

Consecutive cohorts of English-speaking mothers admitted with their infants aged  $\leq 12$  months to Masada Private Hospital Mother Baby Unit (MPHMBU) and Tweddle Child and Family Health Service (TCFHS) were invited to participate. Participants completed a structured self-report questionnaire assessing health and wellbeing and risk factors for postnatal mood disturbance and the Composite International Diagnostic Interview (CIDI). Partner relationships were assessed in terms of participation in infant care and household work, capacity to confide, experience of physical or sexual abuse and satisfaction with sexual relationship. The questionnaire incorporated standardised psychometric measure including the Edinburgh Postnatal Depression Scale (EPDS), the Intimate Bonds Measure (IBM), the Vulnerable Personality Scale (VPS) and the Abuse Assessment Scale (AAS).

**Results**

Of the 138 women admitted to the REPCs during the recruitment period who met inclusion criteria, 110 (80%) provided complete or near complete data. Two factors: partner critical coerciveness (IBM Control score) and an unassertive, anxious personality style (VPS Vulnerability score), contributed independently to EPDS scores and together explained 32.7% of the variance. Higher IBM Control scores were associated with partner's being critical of women's household management and infant care skills; having limited involvement in infant care, not offering opportunities to confide and a poor sexual relationship.

**Conclusions**

More severe emotional distress in women admitted to residential early parenting programs is associated with critical and coercive partner behaviours and an unassertive personal style. Interventions to include partners and to address these behaviours are needed as part of comprehensive early interventions.

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**Being a Health Professional and Coping****Jill Gordon**

GP and Medical Humanities Unit, Faculty of Arts, University of Sydney

*The Individual in an Evidence-Based World* creates a rather anxiety-provoking image of the individual heavily overshadowed by a mountain of cold, hard facts. This image is reinforced by the possibility that the topic allocated to me – “the coping health professional” – may actually be an oxymoron. It is only the theme of this first session, ‘Arts and Medicine’, engaging the able support of Gemma Dashwood and Kathryn Lovric that raises hope of a balance that does not relegate the individual to the bottom of an insuperable pile. Broad social changes are encouraging a move toward a better work-life balance for health professionals, changes that have important workforce implications. The question becomes, “Can coping strategies be found in recourse to the arts and humanities?” One of the characteristic features of the arts and humanities is the way in which they explore the nature of human experience as opposed to the nature of the material world, the province of the sciences. They ask ‘why’ rather than ‘how’. It is easy to see these two different cultures, art and science, as being set in opposition to one another, rather than being in a relationship of mutual support. The balance offered by the arts and humanities is described in a case study among medical graduates who are engaging in the Medical Humanities program at the University of Sydney. Despite having busy careers, a number of the students described a need to greater balance. They reacted to four “-isms” – workaholism, dogmatism, reductionism and materialism, and found a number of remedies. Since work always has the capacity to expand to fill the time available, it becomes important to ensure that the components of a balanced life – physical, social, intellectual, cultural – also claim their share.

**The Burden of Infertility and Treatment Scale – A Useful Measure of Degree of Difficulty to Conceive****Karin Hammarberg, Jane Fisher, and Heather Rowe**Key Centre for Women’s Health in Society, School of Population Health, University of Melbourne, [karinhammarberg@bigpond.com](mailto:karinhammarberg@bigpond.com)Email: [karinhammarberg@bigpond.com](mailto:karinhammarberg@bigpond.com)**Background and Aim**

Most research to date about postnatal adjustment has failed to identify differences between women who give birth after spontaneous and assisted conception. However, recent evidence suggests that women who conceive with assisted reproductive technology (ART) are at increased risk of early parenting difficulties. It was hypothesised that the burden of infertility and infertility treatment erodes maternal confidence. One of the aims of this study was to quantify the experience of infertility and infertility treatment to investigate whether degree of difficulty involved in conception influences maternal confidence.

**Method and study population**

A prospective, longitudinal study of a consecutive cohort of women who conceived with ART between July and December 2001 was conducted. Of the 239 eligible women, 183 (77%) agreed to participate. Participants completed self-report questionnaires twice in pregnancy and 3, 8 and 18 months postpartum. Based on empirical evidence about their impact on psychological wellbeing, seven infertility and treatment related factors were used in a composite

score labeled the “Burden of Infertility and Treatment Scale” (BITS): advanced maternal age, prolonged infertility, extensive treatment, male factor infertility, previous pregnancy loss, being a first-time mother, and using donor gametes to conceive. BITS scores were compared with self-rated maternal confidence at three months and with admission to residential mother-baby services in the first 18 months after birth.

### Results

At three months 44% of women reported feeling less than ‘very confident’ about caring for the baby and in regression analysis the degree of difficulty involved in conception as measured by the BITS made a significant independent contribution to lower maternal confidence. By 18 months 17% had been admitted to a residential mother-baby service, a three times higher rate than the population rate of admission. Admission was associated with lower maternal confidence but not with the BITS score.

### Conclusion

The BITS measure of degree of difficulty of conception may be useful in identifying women at increased risk of diminished maternal confidence.

## What is Normal Fluid Intake in Women?

### Susan Hart

Dietician, Sydney

### Aim

To discuss fluid intake in women.

### Methods

This presentation uses Australian Bureau of Statistics data from the National Nutrition Survey to highlight what Australian women are currently drinking, and Apparent Consumption Of Foodstuffs data looking at changes in fluid intake over the past 60 years. Standard dietary/fluid histories are used to record intake data on women with eating disorders.

### Discussion

- What is the adequate intake of water for women of all ages and during pregnancy and lactation?
- What is the contribution of water, tea, coffee, soft drinks and other beverages to nutrient intake and health?
- What are the trends in fluid consumption over time in Australia?
- What are problems with current fluid consumption patterns?
- Case histories of disturbances in fluid intake i.e. inadequate fluid intake and consequences, and fluid excess.

The presentation discusses common facts and fiction about fluid intake and provides practical advice and information.

**'Pretty Woman' and the 'Other Self'  
Romance, Reality and Substance Abuse  
Social Myths, Individual Reality and Their Relationship to a Failure of Care**

**Brian Hunt**

Psychotherapist Private Practice, Bronte, NSW

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The film 'Pretty Woman' has two principle female characters, the two prostitutes who share an apartment. One is an unglamorous drug using caricature and the other a glamorous romanticised almost heroic figure- the 'Pretty Woman'. The story is about how the 'Pretty Woman' is rescued by a rich and powerful prince charming and the unfolding of the story implies a happy ending.

The story I wish to tell in this paper does not have a happy ending. It is about a woman who closely identified with the 'Pretty Woman. She was a 'working girl'. This title and the title of the film are both embodiments of a myth that has allowed our society to construct a romantic fantasy. This fantasy denies the necessity to care for and contain those individuals who are in most need.

A single case history will be presented illuminated by a theoretical model of developmental process. This model should provide a treatment structure that gives opportunity for maturation and integration. However the failure in this case will be described in relation to the following factors.

The presence of substance abuse as symptomatic evidence of underlying disorder.  
The greater risk of decompensation when pregnancy occurs.  
The need for protection and containment when chaotic and destructive family dynamics as well as terrifying intra-psychic processes are evident.  
The presence of a resonance between individual fantasy and mythic social structures and ideas such as the notion of the 'Pretty Woman' or the 'Happy Hooker'.

**Antidepressants in Pregnancy: A Clinician's Perspective on Recent Research**

**Ralf Ilchef**

Consultation Liaison Psychiatry, Royal North Shore Hospital, Sydney

Dr Ilchef will present a clinical review of recent research into the use of antidepressants in pregnancy, with a specific focus on potential risks and benefits of commencement, continuation and withdrawal of these agents during pregnancy and the perinatal period.

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## **Pelvic Floor Muscle Spasm and Relaxation; Research and Clinical Applications of Physical Approaches to this Challenging Problem**

**Sherin Jarvis**

Pelvic Floor Physiotherapist

The above talk will be based around the following:

### **1. Background information**

Chronic pelvic pain (CPP) affects 15% women; there are many causes; major negative impact on quality of life, relationships, work etc.

### **2. Research at the Royal Hospital for Women**

Botox & CPP – 4 separate studies

“OVERcome” – Dyspareunia & Breast cancer

### **3. Physical therapies**

**The aims** of physical therapies are to: decrease pain (noxious stimulus); decrease pelvic floor muscle (PFM) spasm, interrupt the “Pain-Spasm” cycle; improve function - bowel, bladder, vaginal (intercourse, tampons, Pap smears, examinations); give self management strategies; increase participation in exercise and ADL.

History taking and vulval skin examination would lead to vaginal assessment of PFM for tone at rest; ability of PFM to generate active contraction; hold and relaxation ability; and sustain gentle manual stretch, i.e., properties of normal skeletal voluntary mm and how the PFM of women with CPP may differ from her other voluntary muscles.

Treatments - PFM contract-hold-relax exercises i.e., "down training " of the PFM

Awareness of PFM contraction/ relaxation status at assessment and Rx session and the application of that awareness during the day especially if stressed or anxious

Education re "Protective response" of PFM and other associated (non-PFM) mm which co-contract when experiencing pain or anticipates pain to be experienced

Techniques for penetration to facilitate PFM relaxation; lubricants (water based, oils, fruit gels)

Vaginal PFM Biofeedback - pressure and EMG, uses and limitations

Stretches +/- dilators

Emphasis on home programme and patient needing to take responsibility for the above

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## Psychological Implications and Psychoeducational Needs of Women Undergoing Preimplantation Genetic Diagnosis

**Janan Karatas<sup>1,2</sup>, Kris Barlow-Stewart<sup>1,2</sup>, Catherine McMahon<sup>3</sup>, Bettina Meiser<sup>4</sup>, Cynthia Roberts<sup>5</sup> and Kim Strong<sup>6</sup>**

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Preimplantation genetic diagnosis (PGD) is a process using high level medical technology that allows couples at high genetic risk to avoid having a child with a genetic condition that also includes chromosomal disorders. The process involves testing for genetic disorders, similar to the now mainstream prenatal amniocentesis and CVS tests. The important difference however is that the tests are carried out prior to women becoming pregnant. This allows women to test for genetic conditions without having to face the potentially traumatic experience of terminating affected pregnancies.

PGD is the combination of IVF therapy and genetic testing. A few cells are removed from the embryos produced through IVF and tested for specific genetic conditions. The embryos found to be unaffected are then available to be implanted into the mother. It is known that IVF therapy and genetic testing can be stressful. The impact of the combination of these stressors has not been assessed to date. Also, the use of PGD is increasing for women who have difficulties becoming or maintaining a pregnancy and those at higher risk of having a child with a genetic condition. Yet, we do not know the psychological impact of the technology, the psychoeducational needs of the women undergoing this process and subsequent training needs of the health professionals who care for them.

Therefore there is an urgent need to establish evidence-based practice and subsequent health policy for the services that provide PGD now and in the near future.

The authors have designed a national prospective study that examines at the impact of PGD on women. The pilot of the main study is underway. The main purpose of this pilot is to establish the best possible procedure and measures for the aims of the project. This paper will present the findings of the pilot data to date.

## Disciplinary Discourses: Rates of Caesarean Section Explained by Medicine, Midwifery, and Feminism

Amy Su May Lee and Maggie Kirkman

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In the context of public comment on increasing rates of caesarean sections, explanations of the phenomenon arising from the disciplines of medicine, midwifery, and feminism were examined to identify relevant discourses. Selected articles in peer-reviewed journals and the professional literature representative of each discipline were subject to discourse analysis. It was found that each discipline positioned itself differently in relation to the rising rates, with sets of discourses revolving around a central idea or ideology. Medical discourses asserted that doctors are authorities on birth and that, although caesareans are sometimes medically necessary, women recklessly choose unnecessary caesareans against medical advice. Midwifery discourses portrayed medicine as paternalistic towards both women and midwifery, and feminist discourses situated birth and women's bodies in the context of a patriarchally structured society, which includes the medical system. The findings illustrate the complex ways in which this intervention in birth is discursively constructed, and demonstrates its significance as a site of disciplinary conflict.

## A RCT on Effectiveness of Psychological Support Following Miscarriage

Ingrid Lok and Tony Chung

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### Background:

Psychological morbidity following miscarriage has been documented. It is unclear whether a programme of psychological support is on value in reducing this psychological morbidity.

### Materials & Methods:

A randomised controlled trial of psychological intervention for women who had suffered miscarriage. Group 1 received psychological counselling from a nurse counsellor after completion of the baseline questionnaires in the hospital before discharge. They were then followed up by telephone 2 weeks later by the nurse counsellor to reinforce the counselling. Group 2 was managed using a protocol where specific psychological counselling was not a feature. The primary outcome of this RCT was to assess the proportion of patients with psychological morbidity at three months after miscarriage, as defined by a GHQ-12 score  $\geq 4$  and or a BDI  $\geq 12$ . 280 subjects were recruited and randomised equally to each group.

### Results:

	Counselling group (n=105)	Control group (n=115)	P value
GHQ-12			
Scorers $\geq 4$ (n, %)	18 (17.1%)	28 (24.4%)	0.19
BDI			
High scorers $\geq 12$ (n, %)	14 (13.3%)	17 (14.9%)	0.76

**Discussion:**

There was a trend towards less women recording a higher than a predetermined cut off score in both the GHQ and BDI at 3 months following miscarriage. However, this did not reach statistical significance. Discussion shall include design of RCT of psychological intervention, effect size and generalizability.

**Madness and Genius****Kathryn Lovric**

Sydney

The idea of a link between “madness” and “genius” (creativity and psychopathology) is a controversial issue. Whilst the majority of people suffering from mental illness are not extraordinarily artistic compared with the general population, writers and artists do experience vastly disproportionate rates of bipolar and depressive illness. Whilst some may experience a surge of creativity in the active phase of their illness, others may lose their creativity, and these illnesses are frequently lethal, the suicide rate of artists being three times the national average. This paper examines the evidence for the “mad genius” phenomenon, the relationship between “mind and brain” in the creative process and also considers the lives and works of some creative individuals who have suffered from mental illnesses.

**Psychosomatic Disorders in Premenstrual Dysphoric Disorder****Georgina Luscombe**

Brain and Mind Research Institute, University of Sydney

Estimates of the prevalence of premenstrual syndrome (PMS), a condition comprising psychological and physical symptoms during the luteal phase of the menstrual cycle, range between 5 and 80%. Little is known about the aetiology, treatment or even the precise definition of PMS. The only evidence-based treatments are cessation of normal ovarian function, serotonin-specific reuptake inhibitor (SSRI) antidepressants and cognitive behaviour therapy (CBT).

The results of a randomised, double-blind, placebo-controlled trial for women with premenstrual dysphoric disorder (PMDD), contrasting fluoxetine against brief, individual CBT, as well as a combination of the treatments, are presented. While all interventions reduced the prevalence of PMDD during treatment, there were notable individual differences. In addition to treatment outcomes, the prevalence of other psychiatric disorders, including depression, anxiety, PTSD and somatoform disorders were measured.

The study also examined the prevalence of functional gastrointestinal disorders (FGIDs) in women with PMS. There was a significantly higher prevalence of irritable bowel syndrome observed in women with PMS compared with a general female population and a control sample of women without PMS. Relationships between FGIDs and psychological states were also explored.

Those enrolled in the study had been frustrated by stigma, unsuccessful attempts at treatment and the psychological consequences of their premenstrual behaviour. Many participants suggested more should be done to educate women about the condition and possible treatments.

To this end, it is suggested that since most Australian women seek help from their general practitioners regarding psychological issues, PMS should receive greater attention from primary care providers. Finally, it is noted that further research is required into tailoring treatments to fit individual presentations and preferences.

### **Personality Characteristics as Moderators of the Effectiveness of Holistic Treatments for Depression**

**Vijaya Manicavasagar**

Psychological Services, Black Dog Institute, Sydney

This paper details a new subtyping model for mood disorders which has both clinical and theoretical validity. In this model, biological factors are heavily implicated in the development of melancholic depression (incorporating both psychotic depression and non-psychotic melancholic depression) while temperament and personality style are thought to play a central role in the aetiology and maintenance of non-melancholic depression. Biological interventions such as antidepressant and antipsychotic medications tend to be more effective as first-line treatments for melancholic depression while psychological and psychosocial interventions are recommended for the non-melancholic depressions.

The Black Dog Institute has identified 8 personality styles which are associated with non-melancholic depression. This paper outlines how personality characteristics such as 'anxious worrying' can affect treatment choice, treatment efficacy and long-term outcome. Anxious worrying is associated with high levels of autonomous arousal and catastrophic cognitive styles. Depressed mood often follows when a downward spiral of worry compromises coping skills including problem-solving ability, undermines self-confidence and a sense of mastery, and lowers self-esteem.

Holistic and alternative therapies are gaining popularity in the treatment for a range of psychological problems and, compared to conventional medical treatments, are more likely to be tailored to individual differences. This paper details how personality factors can impact upon the effectiveness of holistic and alternative treatments using the example of the anxious worrying personality style. More optimal therapeutic outcomes may be expected if personality characteristics are attended to in developing an effective treatment plan for non-melancholic depression.

### **Boy or girl? Intersex and the Sex Binary**

**Susan Peterson and Maggie Kirkman**

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The medical management of intersex infants has been influenced by the urgent need to assign a gender; surgery to ambiguous genitalia has been an integral part of the process. Medical management has been questioned over recent decades from both within and without the discipline of medicine, with reference to case studies of individuals for whom it has had adverse effects. The surgical assignment of intersex infants as genital males or (more often) females is based on gendered norms and not evidence. This presentation examines the discourses which

inform the management of intersex infants, emphasising the sex binary as an explanation of why infants who cannot be easily classified as either a girl or a boy are so troubling to medicine and society. Drawing briefly on scientific history and recent scientific developments that demonstrate the complexity of biological sex, as well as on the work of Thomas Laqueur, the authors argue that the sex binary is not 'natural' but is a cultural artefact, specific to time and place. By examining and re-evaluating the sex binary, we hope to contribute to debate on new possibilities for the management of intersex infants, and to encourage dialogue between intersex people, medical professionals, and other disciplines.

### **A Psychosocial Risk Assessment Model (PRAM) for Identifying Women at Risk of Perinatal Mental Health Problems and for Planning Ongoing Care.**

**Susan Priest\* and Marie-Paule Austin**

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The childbearing years carry a heightened risk of mental health problems for women and a number of psychological and social risk factors have been identified associated with the onset of perinatal mood disorders, in particular postnatal depression (PND). Work carried out at Royal Hospital for Women (RHW) in Randwick from 2000-2005 has led to the development of a model for classifying women during pregnancy for risk of perinatal mood disorders. Data will be presented from 2,154 women assessed by Midwives for symptoms of emotional distress and presence of psychosocial risk factors during their antenatal booking visit. The measures used were the Edinburgh Depression Scale (EDS) and the Antenatal Risk Questionnaire (ANRQ).

The PRAM assists Midwives to decide which women need additional support with psychological and social issues during pregnancy and is linked with recommendations for ongoing care. The measures and procedures are suited for one-off office based assessments by health care professionals as well as for universal antenatal assessment in primary care settings and can be applied in postnatal settings with modifications.

The table below shows percentages of women grouped by risk classification based on the PRAM.

Risk Classification	Frequency	Percent
Low	1513	70.6
Medium <sup>R</sup>	441	20.6
Medium <sup>S</sup>	75	3.5
High(Complex)	2142	5.3

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**Knowledge and Decision Making for Labour Pain Management of Australian Women Pregnant with Their First Baby****Camille H Raynes-Greenow<sup>1</sup>, Christine L Roberts<sup>1</sup>, Kirsten McCaffery<sup>2</sup>**<sup>1</sup>Centre for Perinatal Health Services Research, University of Sydney<sup>2</sup>Screening and Test Evaluation Program, School of Public Health, University of Sydney

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**Objective:**

To assess and investigate knowledge of labour pain management options and decision making among primiparous women.

**Design:**

A semi-structured guide was used in focus groups to gather pregnant women's knowledge concerning labour analgesia. Attitudes to labour and pain relief, knowledge of pain relief, trustworthiness of knowledge sources, and plans and expectations for labour pain relief were investigated.

**Setting:**

A major tertiary obstetric hospital in metropolitan Sydney, Australia.

**Participants:**

Twenty-five primiparous women, who were  $\geq 25$  weeks gestation, and planning a vaginal birth.

**Findings:**

Although women considered themselves knowledgeable they were unable to describe labour analgesic risks and/ or benefits, and there was a large discrepancy between perception and actual knowledge. The main source of knowledge was anecdotal information. Late in pregnancy was considered the ideal time to be given information about labour analgesia. Women described their labour pain relief plans as flexible with regard to their labour circumstances; however most women wanted to take an active role in decision making.

**Conclusions:**

The large discrepancy between perceived knowledge and actual knowledge of the likely consequences of labour analgesia suggests that women rely too heavily on anecdotal information.

**Implications for practice:**

Clinicians should be aware that some women overestimate their knowledge and understanding of analgesic options which is often based on anecdotal information. Standardised labour analgesia information at an appropriate time in their pregnancy may benefit some women and assist care-providers and women to practice shared decision-making.

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## **Improving Young Women's Knowledge of the Menstrual Cycle**

**Nicola Reid and Heather J. Rowe**

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### **Background and Aims:**

Accurate information about the physiology of menstruation is essential for informed decisions regarding sexual and reproductive health, including contraception and conception. Clinically, menstrual health is regarded as a good indicator of a woman's overall health, and accurate knowledge about normal physiology may assist early diagnosis and treatment of pathological conditions and reduce their health impact. Further, clinical experience suggests that young women's knowledge about the menstrual cycle is poor. The aims of this study were to establish the extent of young women's knowledge of the menstrual cycle and to propose an educational intervention to address identified gaps in knowledge.

### **Methods:**

In order to assess the existing evidence regarding young women's knowledge about menstruation, a review of the literature published between 1985 and the present was conducted. Further, examples of educational interventions which had achieved changes in knowledge and attitudes in young women in relation to their health were identified.

### **Results:**

Young women lack adequate knowledge and understanding of the menstrual cycle, including its biological role, and its personal, social and cultural meanings. Despite social change during this period, the available evidence indicates that there has been little change in knowledge and attitudes over time. Modern education models provide opportunities to enable young women to gain accurate factual information in an interesting and interactive way. A 6 session, age-appropriate educational program addressing knowledge, attitudes and psychosocial context of menstruation was developed. It is hypothesised that this menstrual education program, which fosters acceptance and understanding of this important bodily function, may facilitate an improvement in women's physical, mental and emotional health. Opportunities for inclusion in the Victorian curriculum and a plan for its evaluation are described.

### **Conclusions:**

A successful education program has potentially important benefits for the current and future health and wellbeing of young women.

## **Evidence-based Obstetrics: Contributions to Care**

**Christine Roberts**

School of Public Health at the University of Sydney

"Evidence" means different things to different people, depending on the context. In this presentation I will use the word "evidence" in the scientific context of the highest level of evidence for demonstrating whether an obstetric treatment or intervention is effective. The highest level of evidence comes from systematic review and meta-analysis of randomised controlled trials. Initially I'll present a population health perspective and briefly give some examples of the uptake of selected evidence-based obstetric practices in Australia. Monitoring of evidence-based care is contingent upon the appropriate data being collected. I will then consider a more individual perspective, including the use of decision aids as tools for the

presentation of evidence. Decision aids aim to improve shared decision making by helping consumers to weigh the risks and benefits of a specific intervention. Finally, I'll use the management of breech presentation at term, as an example of using evidence to facilitate informed individual decision-making. I will present a decision aid we have developed and evaluated for women with a breech presentation who must decide whether to try having their fetus turned to a head down presentation, an external cephalic version. The National Health and Medical Research Council states that good medical decision-making should take account of patients' preferences and values, thus is challenging health professionals to find ways of involving consumers in decisions about their health. Decision aids are a useful adjunct to informed decision making for the individual in an evidence-based world.

### **Detecting Postpartum Mental Disorders in Women Admitted to Residential Early Parenting Centres**

**Heather J Rowe, Wai May Loh and Jane RW Fisher**

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#### **Background:**

Women admitted to residential early parenting centres (REPCs) have been found to experience high rates of psychological distress as assessed by self-report measures, yet whether this qualifies as diagnosable mental disorders and includes anxiety disorders is unknown.

#### **Aims:**

1. To investigate rates of diagnosable depression and anxiety in women admitted to REPCs. 2. To assess the ability of the Edinburgh Postnatal Depression scale to detect and distinguish between diagnosable depression and anxiety.

#### **Methods:**

A consecutive cohort of women admitted with their infants aged under one year to two REPCs completed a self-report questionnaire and a structured, computerized diagnostic interview. Participants' EPDS scores were obtained from admission records.

#### **Results:**

110 of 138 eligible women (80%) consented to participation. The prevalence of a depressive or anxiety disorder according to DSM-IV was 25% and 21%, respectively. Substantial comorbid depression and anxiety was also observed. The EPDS screened adequately for both diagnosable depression and anxiety but failed to distinguish clearly between depression and anxiety. Of the 49 women who scored above 12 on the EPDS, 6 (12%) had diagnosable anxiety but not depression.

#### **Discussion:**

High rates of diagnosable postpartum mental disorders were found. Performance of EPDS in this study indicates that a continuum of distress may conceptualize postpartum mental disorders more accurately than a dichotomy. Recognition that high scores on the EPDS may indicate probable cases of anxiety and not depression highlights the need to provide tailored treatment interventions.

#### **Conclusion:**

The elevated burden of common mental disorders in women admitted to REPCs suggest the need for improved and integrated liaison between specialist health professionals and REPCs as well as the development of appropriate specific treatment interventions.

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**Taking an Evidence Based Approach to Eating Disorders****Janice Russell**

Discipline of Psychological Medicine, University of Sydney

Treatment guidelines for eating disorders suggest that there is a dearth of evidence for the efficacy of any treatments in eating disorders apart from cognitive behavioural treatment (CBT) for bulimia nervosa and a specific form of family therapy for anorexia nervosa in childhood and early adolescence. Even CBT is being seen to be of benefit to fewer patients than was first claimed and the application of the Maudsley method of family therapy has important limitations. Magic bullets come and go and it has even been claimed that treatment has no effect at all on outcome! . Yet weight restoration undoubtedly prevents death and long term complications whilst reversing metabolic dysfunction in anorexia nervosa where the superiority of non specific supportive psychotherapy in promoting recovery has recently been demonstrated. Naturalistic studies have shown that older sicker patients benefit from long-term hospitalisation in specialist treatment programs whilst younger patients who are less ill can benefit from a variety of treatment settings. Health funding for treatments and services is increasingly dependent on the production of evidence and in conditions where patients are unwilling to be randomised, the so called gold standard of this, namely the randomised controlled trial might not be feasible. Nor might it provide the necessary information. Thus new research paradigms are necessary in these complex illnesses and disorders.

**Shaping Pregnancy: Representations of Pregnant Women in Australian Women's Magazines****Joy Sha and Maggie Kirkman**

Key Centre for Women's Health in Society, The University of Melbourne

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This presentation reports a discursive analysis of representations of pregnancy in Australian women's magazines, which play a significant role in the distribution of knowledge and the construction of meaning in society. Investigation of more than 90 relevant articles from popular women's magazines led to the identification of six discourses: 'Pregnant women's appearance must be confined within strict conservative boundaries'; 'The pregnant body must not be slim'; 'Pregnant women require a partner'; 'Pregnancy is a woman's destiny'; 'Pregnancy gives promise of a future'; and 'Pregnant women are responsible for their own health and that of the foetus'. Two of the discourses, both relating to the appearance of the pregnant body, are discussed in detail. All identified discourses are consistent with the feminist ideology that apprehends society as patriarchally structured. Magazines are embedded in culture, both influenced by and influencing normative standards of society. The identified discourses they distribute can be seen as contributing to the scrutiny of pregnant women and functioning to maintain and reinforce their disciplinary regime. The research contributes to an understanding of potential influences on women's self-identity and mental health, especially during pregnancy.

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**Do Pregnant Teenagers Form Protective Emotional Attachments to Their Unborn Babies?****Angela Steele\* and Heather Rowe#**

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#Key Centre for Women's Health in Society University of Melbourne

Email: [angela.steele@rwh.org.au](mailto:angela.steele@rwh.org.au)**Background:**

The growth of a mother's protective emotional attachment to her baby begins in pregnancy, and is influenced by her own early experiences, current relationships and levels of social support. Pregnant young women experience higher levels of social adversity and anxiety than older mothers.

**Aim:**

The aim of this study was to compare the development of maternal-fetal emotional attachment in pregnant teenagers with that in older mothers.

**Methods:**

A prospective longitudinal cohort study was conducted, of pregnant teenagers who completed self-report questionnaires in each trimester. Data collected included demographic variables and pregnancy history. Levels of anxiety, depression and maternal-fetal emotional attachment were assessed using validated measures. Comparisons were made with data collected in an equivalent study of adult women. Factors associated with maternal fetal attachment were assessed using univariate statistics.

**Results:**

123 of the 141 (87%) pregnant teenagers who were invited to participate agreed to do so. The mean (range) age of participants was 17.9 years (13-20) and 36% reported that the timing of their pregnancy was "about right". Levels of maternal-fetal attachment in the adult and teenage samples did not differ significantly. Levels of anxiety and depression were higher in the sample of pregnant teenagers than in adult women ( $p < .001$ ) but were not significantly associated with levels of maternal-fetal attachment in the teenage sample. A longer relationship with the father of the baby was associated with higher levels of teenage maternal-fetal emotional attachment ( $p = .01$ ).

**Conclusions:**

Findings challenge popular assumptions about teenage pregnancy being unwelcome and problematic. The finding that length of relationship to the baby's father is associated with stronger maternal fetal emotional attachment suggests that both are associated with teenagers' capacity to form sustained intimate relationships.

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**Puberty and Beyond: Weight Management Issues for Young Women****Kate Steinbeck**

Adolescent Medicine Consultancy Service, Royal Prince Alfred Hospital, Sydney

The prevalence of overweight and obesity is increasing worldwide. In Australia young women appear to be gaining weight at a greater rate than other age groups. The hormonal changes of puberty have a major effect on body composition by increasing the percentage of body fat relative to lean body mass. These hormonal changes may predispose to weight gain during adolescence. Obesity in adolescent females will not regress spontaneously and they will enter young adulthood obese, unless active intervention takes place. Lifestyle changes in adolescence, including decreasing physical activity, increasing independence of food choice, disordered eating and alcohol may also contribute to excess weight gain. The rapid changes in lifestyle during adolescence and young adulthood also mean that weight management issues often take a low priority. Early adult obesity carries an increased risk of medical co-morbidity, which includes insulin resistance, polycystic ovaries, gestational diabetes mellitus and an increase in negative pregnancy outcomes, together with higher cardio-vascular risk profiles. This early onset of co-morbidity will mean greater disability and greater health burden in later adulthood. Little is known about weight loss practices in young women, although restrictive eating and over the counter medications play a significant role. Young women are under-represented in both clinical trials and in clinical weight management programs. If they attend a weight management service, attrition rates tend to be high. There is a need to explore ways in which this age group can be actively involved in healthy weight management practices, to avoid longer term health costs to both individuals and the community.

**Intuition in an Evidence-based World****Simon Young**

General Practitioner and Discipline of General Practice and Discipline of Paediatrics and Child Health, University of Sydney

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This presentation will explore the role of intuition in everyday practice. Intuition is an unrecognised aspect of every doctor's interaction with patients. Four types of intuition have been described *Mystical, Spurious, Inferential, and Holistic*. The modern doctor is expected to embrace evidenced based medicine. Yet intuition and evidence have been called 'uneasy bedfellows'. Despite making the application of EBM in practice more palatable and easier to use with such patient-oriented acronyms as NNT, AR, OR and so on, EBM isn't always easy to apply. That is because we all deal with 'serial individuals'. We may belong to populations and understand them, but we still need to treat the individual in front of us.

**Dr Catherine Boyd**

Catherine has been involved in research with patients with eating disorders for 7 years, and is in the final stages of completing her PhD with A/Prof Suzanne Abraham at the University of Sydney. Her research experience includes conference presentations and peer-reviewed journal publications. She is currently working as resident medical officer in Darwin Hospital.

**Professor Tony Chung**

Professor Tony Chung is the Chair Professor of Obstetrics & Gynaecology at The Chinese University of Hong Kong. He is a graduate of The University of Sydney. After some years in General Practice, he trained in Obstetrics & Gynaecology in Newcastle, Australia, following which he joined The Chinese University of Hong Kong. One of his main areas of research is psychological issues in reproduction and he has published consistently in this area over the last 10 years.

**Ms Amanda Cooklin**

Key Centre for Women's Health in Society, School of Population Health, The University of Melbourne

Amanda is currently midway through her PhD entitled Mothers' Paid Employment Following Childbirth. Amanda has a Masters' Degree in Women's Health from the University of Melbourne, and has worked as a research assistant on a number of projects related to mothers' reproductive and perinatal mental health. Her current research interest is to investigate the effect of mothers' paid and unpaid labour on their well-being following the birth of their first baby.

**Professor Michael Cousins AM**

Professor Michael Cousins, AM, is the Founding Dean of the Faculty of Pain Medicine at Sydney University. He is an Anaesthetist, and Fellow of the College of Pain Management (RACP). He is the professorial head of the Department of the University of Sydney Pain Management Research Institute. He is the Director of the Centre for Anaesthesia and Pain Management Research which has won an NH&MRC centre of excellence award for hospital based research. The Centre focuses on the epidemiology of pain; medical simulation centre for training professionals; and ADAPT which is a day program for those who suffer constant pain. His research has produced over 200 original papers, reviews and book chapters. He is the recipient of many international and national awards including the Order of Australia.

**Dr Allan Cyna**

Dr Allan Cyna is a senior consultant anaesthetist at the Women's and Children's Hospital, Senior Clinical Lecturer at the Department of Anaesthesia and Intensive care University of Adelaide and part-time PhD student (2nd year) at the Dept of Obstetrics and Gynaecology, University of Adelaide. The title of his ongoing PhD is "The use of hypnosis in pregnancy and childbirth". He obtained the Diploma in Clinical Hypnotherapy in 2003 and has full membership of the Australian Society of Hypnosis. He is currently practicing hypnotherapy as an adjunct to his anaesthetic clinical practice.

**Ms Hannah Dahlen**

Hannah Dahlen is the Clinical Midwifery Consultant for Sydney South Western Area Health Service, Eastern Sector, and she works between Royal Prince Alfred and Canterbury Hospital in this role.

Hannah is also the Secretary of the NSW Midwives Association and has held this position for nine years.

She has a Bachelor of Nursing with 1st class Honours, a Masters of Community Nursing in Family and Early Childhood and is currently completing a PhD at The University of Technology, Sydney, looking at the effect of applying warm packs to women's perineum's during birth.

Hannah writes regularly for the consumer magazine, 'Australian Parents' and holds a position on their Editorial Board. Hannah is also on the editorial committee for Midwifery Matters and is a regular contributor to this Journal as well as other Journals.

**Ms Gemma Dashwood**

Gemma is a third year medical student with the Australian National University in Canberra. She studied speech pathology in Newcastle from 1997 to 2000, where she also undertook studies in organ, church music and the Archbishop's Certificate of Church Music through the Newcastle Cathedral. From 2001 to 2004, in London, she sang with the BBC Symphony Chorus and played cello with the British Police Symphony Organ. She obtained the Diploma of Mental Health, honours, from Rusland College in Bath. Presently she sings with the local Canberra choir Igitur Nos, is a choral student at All Saints Anglican Church and a member of the Australian Doctors' Orchestra.

Between 1994 and 2000, Gemma represented Australia in swimming and holds various Paralympic and World records in Butterfly and Freestyle events.

**Dr Linda Dayan**

Linda is Head of Department of Sexual Health at Royal North Shore, Sydney; Director of Sexual Health Services in Northern Sydney and works in private practice in Darlinghurst, Sydney. Clinically her interest are HIV medicine, HIV in women and injecting drug users; sexually transmitted infections; and co-infections with hepatitis C. In the past she worked in women's health, including family planning clinics providing terminations of pregnancy and working with sex industry workers.

**Dr Katie Ellard**

Katie is a gastroenterologist in St Leonards, Sydney. She is the Honorary Secretary of the Gastroenterological Society of Australia (GESA) and has been the Chairman of the NSW Digestive Health Foundation. She is on national and state committees for standards in gastroenterology. She is a strong believer in improving professional communication and has written a book on Irritable Bowel Syndrome for consumers.

**Associate Professor Jane Fisher**

Jane Fisher is Associate Professor and Coordinator of Education and Training at the Key Centre for Women's Health in Society at the University of Melbourne. She has been Consultant Clinical Psychologist to the Masada Private Hospital Mother Baby Unit since 1996 and has a long standing interest in the links between women's reproductive health and mental health.

**Dr Jill Gordon**

Jill has combined clinical and academic interests. She is principle in an eight doctor general practice in Crows Nest, Sydney, specialising in psychotherapy. She is Director of the Medical Humanities Unit, Faculty of Arts, University of Sydney. From 1994 to 2003 she was Associate Dean for Education, Faculty of Medicine at Sydney. Prior to working at the university she was medical educator and Director of General Practice Training for the RACGP in NSW and also chaired the Postgraduate Medical Council, which oversees early postgraduate training for junior doctors.

**Ms Karin Hammarberg**

Karin Hammarberg was born in Sweden where she trained to become a registered nurse and midwife. Between 1984 and 2000 she worked as clinical co-ordinator of IVF programs in Sweden and Australia. In 1999 she completed a masters by research about women's experience of IVF treatment. Since 2001 she has worked as a Research Fellow and studied at the Key Centre for Women's Health in Society at the University of Melbourne and has just submitted her PhD thesis entitled "Women's experience of birth and early mothering after assisted conception".

**Ms Susan Hart**

Susan is a clinical dietitian specialising in eating disorders in Northern Sydney. She trained in London and Sydney. She is about to complete her PhD. Her special interests lie in researching, evaluating and managing chronic diseases (eg diabetes mellitus) and eating disorders.

**Mr Brian Hunt**

Brian Hunt has been a practicing psychotherapist for more than 40 years. During the past 22 years he has worked extensively with post addictive, severely depressed and borderline patients and their children. Cases such as the one examined in this paper have led Brian to try to understand more fully the relationship between culture and pathology, an interest that has grown out of having had the opportunity to work in a wide variety of settings with varied populations.

Brian has been in private practice for the last 20 years and is an active member of the Australian Association of Infant Mental Health and has run groups for fathers for the Early Intervention Program.

**Dr Ralf Ilchef**

Ralf is a staff specialist in Consultation Liaison Psychiatry at Royal North Shore Hospital Sydney and is in private practice in the same area.

He also holds an appointment as Clinical Senior Lecturer, School of Medicine, University of Sydney.

**Ms Sherin Jarvis**

Sherin is a physiotherapist with many years experience in pelvic floor disorders, she has post-graduate qualifications in Acupuncture, Continence and Pelvic Floor Dysfunction and Urodynamics. Sherin's focus is with women suffering from urinary incontinence, prolapse and pelvic pain. Her extensive knowledge and experience in these fields and taken her interstate and overseas sharing her research findings with medical and allied health professionals. She is currently leading research into the use of Botox for treatment of chronic pelvic pain.

**Ms Janan Karatas**

Janan Karatas is currently a PhD candidate within the Faculty of Medicine at the University of Sydney. Her PhD project is looking at the psychosocial implications of various assisted reproductive technologies. Janan has a background in perinatal mental health, including working with the Integrated Perinatal Care initiative in South Western Sydney and the beyondblue Postnatal Depression program, and is passionate about establishing best practice standards for new mothers and families. Janan hopes that her research will assist in further development of evidence-based practice, health policy and legislation.

**Ms Gretel Killeen**

Gretel is a mother and the author of more than 20 books. She writes and performs for radio, stage and television and recently wrote and directed a documentary in Zambia of AIDS orphans. Gretel is the host of Big Brother, a UNICEF Good Will Ambassador, an Ambassador for the National Breast Cancer Foundation and a role model for Red Dust Role Models which works in the Northern Territory and the Tiwi Islands with Indigenous Australians. She lives in Sydney.

**Dr Maggie Kirkman**

Dr Maggie Kirkman is a Research Fellow at the Key Centre for Women's Health in Society at the University of Melbourne, where she also teaches and supervises post-graduate students. Among her current research is a project on parents telling their adolescent children that they were conceived using donor sperm, and another on women's use of a pregnancy advice service, including termination of pregnancy. Maggie is a member of the Australian Psychological Society. Her most recent book is *Sperm Wars* (ABC Books 2005, edited with Heather Grace Jones).

**Ms Amy Lee**

In 2002 I graduated from Lauriston Girls' School in Victoria with an International Baccalaureate diploma. I was accepted into the medical school at the University of Melbourne and am currently in fourth year. During my Advanced Medical Science research year (which I have just completed), I was based in the Key Centre for Women's Health in Society at the University of Melbourne, where I conducted an investigation of discourses of caesarean section rates, supervised by Dr Maggie Kirkman. This is the first piece of research I have conducted. At the end of my medical degree I hope to travel and work overseas before establishing my own practice in Melbourne.

**Dr Devora Lieberman**

Devora Lieberman is currently a specialist in miscarriage and infertility at Sydney IVF, where she directs the Miscarriage Management Program. She returned to full-time clinical practice in December 2003 after three years at Organon, where she was Associate Medical Director, Women's Health, responsible for contraception, HRT and profertility. Devora was appointed to a VMO position at the Menopause Clinic at Royal North Shore Hospital in July 2004, where she has been an Honorary Research Fellow since 1998, and became President of FPA Health (formerly Family Planning NSW) in June 2003.

Prior to migrating to Australia in 1998, when her fiance told her, "there's no surf in Boston Harbor," Devora was a lecturer at Harvard Medical School in Obstetrics and Gynaecology and received her Masters Degree in Public Health from Harvard in 1996.

**Dr Kathryn Lovric**

Kathryn graduated in medicine with honours 1 and proceeded to obtain her FRANZCP. Her first degree was Bachelor of Music and she has maintained her interest in the Arts, working with the Australian Opera. She is in private practice in Paddington, Sydney, and is a Forensic Psychiatrist as well.

**Dr Georgina Luscombe**

Georgina is a research officer at the Brain and Mind Research Institute, University of Sydney, and investigates community awareness and mental health literacy. She recently completed a PhD at the Department of Obstetrics and Gynaecology at the University of Sydney, submitting a thesis assessing different treatments for Premenstrual Dysphoric Disorder. Georgina has research experience working in diverse disciplines: from psychiatry to dentistry to education. Her key interests include women's health, especially from the perspective of mental health.

**Associate Professor Vijaya Manicavasagar**

Associate Professor Vijaya Manicavasagar is the Director of Psychological Services at the Black Dog Institute. She is a clinical psychologist with over 20 years experience and has co-authored books on the treatment of both anxiety and depressive disorders. She is currently running an interventions study examining the effectiveness of Cognitive Behaviour Therapy and Mindfulness Based Cognitive Behaviour in the treatment of non-melancholic depression.

**A/Professor Victor Nossar**

Victor has been until now the Associate Professor in the School of Medicine at Flinders University and Clinical Associate Professor in the Department of Paediatrics at the University of Child and Youth Health in South Australia. He heads the "Every Chance for Every Child" early childhood initiative in South Australia. Victor has a long history of involvement in child health, nationally and internationally. He has recently moved back to Sydney to take up the position of Associate Dean of Medicine of the University of Notre Dame Australia in Sydney.

**Professor Jeremy Oats**

Jeremy is the Clinical Director of Women's Services, Royal Women's Hospital Carlton. He is Adjunct Professor in the School of Public Health La Trobe University and Chair of Victorian Maternity Services Advisory Committee. He is chair of the project management group for the Australian Evidence Based Guidelines for Antenatal Care. One of his other principle research activities includes being a member of the NIH funded Hyperglycaemia and Adverse Pregnancy Outcome (HAPO) study.

**Dr Rodney Petersen**

Rodney has research interests in the emotional and sexual concerns of women undergoing treatment and follow up for a gynaecological cancer and pre-invasive diseases of the genital tract. Rod graduated from the University of QLD and undertook a Masters of Business Administration at Sydney University before completing his Fellowship from the RANZCOG. He then completed 3 further years of training in gynaecological oncology. He currently works as a senior lecturer at the University of Melbourne and is a consultant in Gynaecology/Dysplasia at the Royal Women's Hospital and is Director of Dysplasia at Sunshine Hospital.

**Dr Susan Priest**

Susan is a Clinical and Research Psychologist with special interests in the area of perinatal mental health including training primary health care practitioners to identify women at risk of perinatal mood disorders, prevention of relapse, Aboriginal perinatal mental health, and psychological approaches to treatment of stress, anxiety and depression, childbirth related stress disorders. She currently holds with Marie-Paule Austin the RANZCP Kinsman Scholarship for Research into Postnatal Depression. She is co-author with Marie-Paule Austin of the perinatal component of the website for The Black Dog Institute in NSW. Conjoint Senior Lecturer in the School of Public Health and Community Medicine and School of Psychiatry UNSW.

**Professor Julie Quinlivan**

Julie completed her fellowship from the RANZCOG in Perth, WA. Her PhD thesis involved evaluating the effects of fetal cortisol exposure on brain development, winning several Australian and two overseas awards. She has research interests in teenage pregnancy, domestic violence, adolescent medicine and maternal-infant interaction. She is the foundation dean of the School of Medicine in Sydney and Melbourne, and Dean of Research at the University of Notre Dame Australia. She holds many posts in a variety of obstetric, gynaecology, medical education, psychosocial and bioethical areas.

**Ms Camille Raynes-Greenow**

Camille is an epidemiologist and is based at the Centre for Perinatal Health Services Research, University of Sydney. She has an interest in both qualitative and quantitative health research and is currently completing her PhD in perinatal epidemiology.

**Ms Nicola Reid**

B.A.Comm., ND, HD, MPH

Nicola is a qualified Naturopath and Homoeopath, with a background in journalism and public relations. She has worked as a practitioner, lecturer and clinical supervisor in natural medicine for the past 14 years and held the position of Head of Faculty Naturopathy at the Melbourne College of Natural Medicine.

Nicola has extensive experience in nutritional and herbal medicine and has worked with a number of leading Practitioner companies as a researcher and has presented both in Australia and overseas. Nicola currently works as a Complementary Health Industry Consultant at ARL Pathology.

This research was completed as part of the requirements of the degree Master of Public Health at The University of Melbourne, which she has recently completed.

**Ms Christine Roberts**

Christine is a medical epidemiologist who directs the research program of the Centre for Perinatal Health Services Research in the School of Public Health at the University of Sydney. Her current research includes the use of population health data in evaluating maternal and infant outcomes, and conducting clinical trials and systematic reviews to provide evidence upon which to base improved decision-making for clinicians, consumers and health service planners.

**Dr Heather Rowe**

Dr Heather Rowe is a health scientist with a background in genetics and health promotion.

She lectures in postgraduate courses and supervises postgraduate research in the Key Centre for Women's Health in Society in the School of Population Health at the University of Melbourne.

She has broad interests in the determinants of women's health, in particular those which are relevant to women's psychological wellbeing during the pregnancy and the postpartum periods.

She is active in research in mental health promotion for women, and the psychosocial impact of medical technologies in pregnancy and birth.

**Dr Janice Russell**

Janice is a physician and psychiatrist and is the clinical associate professor in the discipline of Psychological Medicine at the University of Sydney. She is a senior staff specialist at the Rivendell Adolescent Unit in Sydney and the Thomas Walker Hospital at Concord. She is the Director of the Eating Disorders Program at Royal Prince Alfred Hospital, Camperdown and the Medical Director of the Eating Disorders Program at Northside Clinic, Greenwich, Sydney. Her research interests include psychoneuroendocrinology and brain imaging in eating disorders: she is collaborating with the Garvan Institute and Royal North Shore Hospital.

**Ms Joy Sha**

I am an undergraduate medical student at the University of Melbourne. I began my medicine studies in 2003 after graduating from Lauriston Girls' School and receiving my International Baccalaureate diploma in 2002. Currently in my fourth year of medicine, I carried out this project as part of the Advanced Medical Science component of my course. It has been a rewarding learning experience that has allowed me to produce a piece of research that I am proud to present. After graduation, I plan to pursue a specialty with which I hope to integrate my new knowledge.

**Ms Angela Steele**

Education: Registered Nurse, Midwife, Post Graduate Diploma in Adolescent Health, Master of Public Health

Employment: Manager of The Young Women's Health Program at The Royal Women's Hospital which is a service for pregnant teenagers for the last 6 years.

Currently on The Board of Directors at Family Planning Victoria

Past work experience in drug and alcohol working with women using drugs in pregnancy.

Community Midwife experience both overseas and within and Aboriginal community in North Western Australia.

**Associate Professor Kate Steinbeck**

Kate is Clinical Associate Professor, Director of Metabolism and Obesity Services and Head, Adolescent Medicine Consultancy Service, Royal Prince Alfred Hospital, Sydney. Her primary research interest is obesity in adolescents and children. She is the Paediatric Associate Editor of the International Journal of Obesity; and is on the Executive of the Australian Child and Adolescent Research Network. She was on the NH&MRC committee that wrote the Guidelines for Overweight and Obesity Management in Children.

**Dr Kay Wilhelm**

Kay is a consultant Psychiatrist and Director, Consultation Liaison Psychiatry, St Vincent's Hospital, Sydney. She has been associated with the Black Dog Institute for clinical medicine and research since 1985. Professor Wilhelm is Project Leader, Black Dog Institute General Practitioner Education Program and has developed programs for GP education in association with Professor Gordon Parker and Dr Caryl Barnes. She is a Clinical Associate Professor, School of Psychiatry at the University of New South Wales. She has published over 140 scientific papers and 9 book chapters and has a longstanding interest in depression, especially gender issues and psychosocial risk factors for depression; and primary care and general hospital psychiatry.

**Dr Simon Young**

Simon Young is a full time General Practitioner in Western Sydney and a Clinical Lecturer in the Disciplines of General Practice and Paediatrics and Child Health, at Sydney University. He is a regular contributor to the medical and lay press.

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Dr Carolyn Bennett	NSW
Dr Margaret Bennetts	Wakefield Street Family Practice, SA
Dr Rosa Canalese	Women's Health Centre Wyoming, NSW
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Mr Michael Condon	QLD Fertility Group, QLD
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Dr Linda Mann	Inner West General Practice, NSW
Ms Zeljka Mariani	VIC
Dr John Mathews	NSW
Dr Amanda McBride	Miller Street Medical Practices, NSW
Ms Elizabeth McDonald	North Shore Pelvic Floor Centre, NSW
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