

ASPOG 33rd Annual Scientific Meeting

TALKING TOP SECRET WOMEN'S BUSINESS

10 and 11 August 2007

Rydges Carlton Hotel, Melbourne

Contents:

Welcome / ASPOG	Page 1
General Information	Page 2
Program	Page 3
Abstracts	Page 8
Presenters	Page 20
Delegates	Page 25

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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 includes obstetricians and gynaecologists, psychiatrists, general practitioners, paediatricians, psychologists, midwives, other health practitioners, health researchers and administrators. The Society runs an annual meeting that is devoted to discussing the best way to understand and manage the psychological and social health of women, and the health of their infants and immediate families. This year we have an outstanding group of Australian keynote speakers discussing some of the less easily discussed topics relating to women. We also offer a new investigator prize and the opportunity for free communications.

I look forward to meeting you in Melbourne.

Associate Professor Suzanne Abraham ASPOG President

CONFERENCE COMMITTEE WELCOME

For the 33rd ASPOG conference we want to give voice to the aspects of women's health and wellbeing that do not usually make front page news. The taboo, the dismissed and the trivialised will be our topics for discussion this year. Who talks about the competing demands of women's paid and unpaid work, the psychological burden of pain, violence and sexual abuse, the impact of vaginal and vulval agony on sexual well being, or the special needs of immigrant and refugee women who seek health care? Our distinguished list of invited speakers will share their vast expertise in these fields of 'top secret women's business'.

We look forward to seeing you at the conference.

Dr Heather Rowe (Conference Convenor) on behalf of the 2007 ASPOG Conference Organising Committee:

Dr Karin Hammarberg Ms Sarah Jones Dr Jackie Stacy

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 at the Rydges Carlton Hotel. The 2007 Derek Llewellyn Jones Oration will be presented at the dinner by Dr Christine Tippet, President, RANZCOG. 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.



ABN 22 099 354 060 ACN 099 354 060
146 Leicester St
Carlton Victoria Australia 3053
T: (+61 3) 9349 2220
F: (+61 3) 9349 2230
E: info@conorg.com.au
www.conorg.com.au

8:15 AM - 8:45 AM *Registration and arrival coffee*

8:45 AM - 9:00 AM President's Opening

Suzanne Abraham

**9:00 AM - 10:30 AM Opening Plenary Session:
Employment and Motherhood: The Personal and The Political**

Chaired by Suzanne Abraham

9:00am The politics of entitlement - maternity leave provisions in the 21st century
Pru Goward

10:00am Work after childbirth: fantasy and reality (p 11)
Jane Fisher

10:30 AM - 11:00 AM *Morning tea*

11:00 AM - 12:30 PM Parallel Sessions 1A and 1B

Parallel Session 1A: Out of The Blues

Chaired by Jane Fisher

11:00am Beyond baby blues – tackling ante and postnatal depression (p 8)
Carol Bennett

11:20am Psychiatric labeling of psychological distress in the postpartum period. Helpful
or harmful? (p 16)
Belinda Oddy, Heather Rowe and Jane Fisher

11:40am Paternal depression in men following childbirth of their partners (p 9)
Tony Chung

12:00pm Why women don't seek help for perinatal mood problems (p 9)
Anne Buist, Justin Bilszta, Jenny Ericksen, Jeannette Milgrom

Parallel Session 1B: Childbirth: From The Normal to The Hazardous

Chaired by Ann Olsson

11:00am 21st century midwives – a new breed is emerging (p 12)
Deborah Fox

11:20am The relationship between women's health and their childbearing decisions (p 13)
Sara Holton, Jane Fisher and Heather Rowe

11:40am "A brush with death". Women's experience of significant primary postpartum
haemorrhage (PPH) (p 19)
*Jane Thompson, David Ellwood, The WHA PPH Study Project Reference
Group*

12:00pm Neonatal cardiac heart disease – women's experience of diagnosis,
pregnancy, the birth, the baby and their relationships (p 14)
*Brigid Jordan, Candice Franich-Ray, Samuel Menahem, Andrew Cochrane,
Elisabeth Northam, Vicki Anderson*

12:30 PM – 1:30 PM *Lunch*

1:30 PM - 3:00 PM Plenary Session: When Pain Takes Over

Chaired by Karin Hammarberg

- 1:30pm Unravelling the complexities of chronic pain and available remedies (p 8)
Carolyn Arnold
- 2:15pm Psychosocial aspects of chronic pain (p 19)
Nicholas Voudouris
- 3:00 PM – 3:30 PM *Afternoon tea*

3:30 PM - 5:00 PM Plenary Session: Abuse and Resilience

Chaired by Sarah Jones

- 3:30pm Implications of domestic violence for obstetric and gynaecological practice (p 12)
Kelsey Hegarty
- 4:15pm Body Talk: the mind-body axis after abuse (p 15)
Gita Mammen

5:00 PM - 6:00 PM AGM

7.00 for 7.30pm Drinks, Dinner and the 2007 Derek Llewellyn Jones Oration

Chaired by Suzanne Abraham

- Oration: "Ab umbris ad lumina vitae"
Christine Tippett

8:30 AM – 9:00 AM

Registration and arrival coffee

9:00 AM - 10:30 AM Plenary Session: Below the Belt

Chaired by Jackie Stacy

- 9:00am Physical, chemical and biological abuse of the vulva and vagina: prevention of vulvodynia (p 11)
Graeme Dennerstein
- 9:45am Vaginismus - when the body says "No" to sex (p 12)
Raie Goodwach

10:30 AM – 11:00 AM

Morning tea

11:00 AM - 12:40 PM Parallel Sessions 2A and 2B

Parallel Session 2A: Sexual and Reproductive Conundrums

Chaired by John Condon

- 11:00am Mothers' experiences of complicated childbirth (p 17)
Sarah Phillips
- 11:20am WHO is MINDING the BABY? The difficulty of finding a space for the baby in childbirth education (p 13)
Christine Hill
- 11:40am Correlates and determinants of maternal separation anxiety in the first postpartum year (p 10)
Amanda Cooklin, Jane Fisher and Heather Rowe
- 12:00pm The influence of traditional Vietnamese culture on the utilization of mainstream health services for sexual health issues by second generation Vietnamese Australian young women (p 18)
Helen Rawson, Pranee Liamputtong
- 12:20pm Factors that adolescent males take into account in decisions about an unplanned pregnancy (p 10)
Carolyn J Corkindale, John T Condon, Alan Russell, Julie A Quinlivan

Parallel Session 2B: Workshop

Chaired by Jackie Stacy

- The secrets of the pelvic floor: a physiotherapy perspective (p 16)
Shan Morrison

12:40 PM – 1:30 PM

Lunch

1:30 PM - 3:00 PM Plenary Session

**Culture, Religion, History and Healthcare: Towards integration or segregation?
Experiences of immigrant and refugee women in the Australian healthcare system****Chaired by Heather Rowe**

Every year millions of people leave their home country due to war, torture, poverty and other traumatic circumstances. Health care practitioners all over the world are therefore increasingly facing the challenges of working with people displaced from their land, with whom they don't share language, culture, religion or history. What do we know about the particular needs of immigrants and refugees in their encounter with the Australian health care system and how can we best meet these needs?

In this session we are fortunate to have four speakers who have between them a great breadth of experience of the health care needs of immigrant and refugee women and men. They will all share their insights and then answer questions from the audience.

Obstetric care as a point of entry for mental health in Iraqi women**Rosemary Schwarz**

Dr Rosemary Schwartz is a psychiatrist and currently a consultant to the Refugee Mental Health Clinic of the Victorian Foundation for Survivors of Torture and the Victorian Transcultural Psychiatry Unit. She will present findings from her research with Iraqi women and men regarding provision of appropriate pregnancy health care.

Better supporting CALD women in the community through health information programs**Kaye Dyson**

Ms. Kaye Dyson is a midwife, lactation consultant and childbirth educator who has a very long association with the Royal Women's Hospital, Melbourne. Kaye has been responsible for the development of childbirth education programs for culturally and linguistically diverse women and she will describe her work in setting up these programs and how they are evaluated by the women who use them.

Behind the veil**Karima Haroon**

Karima Haroon is from Afghanistan and works as a Professional Interpreter at Monash Medical Centre, Melbourne. She will talk about the challenges of overcoming barriers to communication between Australian health care workers and people from other cultures.

Birth experience, concerns and outcomes for women affected by female genital mutilation (FGM)**Zeinab Mohamud**

Zeinab Mohamud from Somalia works with the Family and Reproductive Rights Education Program (FARREP), a government funded program to eradicate female genital mutilation (FGM), at the Royal Women's Hospital in Melbourne. She will tell us about this program and about the specific concerns of women who have undergone FGM.

3:00 pm – 3:30 PM

Afternoon tea

3:30 PM - 5:00 PM Hypothetical: The Mum, the Dad, the Surrogate and the Baby

Raising some of the most complex social, moral and legal questions of our time, surrogacy is an issue that no one involved in the field of obstetrics and gynaecology can afford to ignore.

In this hypothetical, Dr. Nick Carr (GP & media presenter) will take us on a labyrinthine journey, as a young couple struggle to traverse the terrain of surrogacy in their quest to have a baby. Illuminating their voyage will be the insights, expertise and humour of our distinguished panel.

Panel: **Ms Rita Alesi** (Head of Counselling, Monash IVF)

Dr Colin Feekery (Medical Director, Sunshine Hospital)

Associate Professor Kelsey Hegarty (GP, University of Melbourne)

Associate Professor Tom Jobling (Head of Gynaecological Oncology at Monash Medical Centre)

Dr Maggie Kirkman (Research Fellow, Key Centre for Women's Health in Society, University of Melbourne)

Dr John Mc Bain (Head of Reproductive Services, Royal Women's Hospital)

Dr Helen Szoke (Chief Executive Officer Victorian Equal Opportunity and Human Rights Commission)

5:00 PM – 5:30 PM

Farewell drinks

Unravelling the complexities of chronic pain and available remedies

➤ Carolyn Arnold

Caulfield Pain Management and Research Centre, Melbourne

Management of chronic pelvic pain –more specifically urogenital chronic pain is a complex clinical problem. Patients have frequently seen a variety of doctors- GP's, a urologist, a gynaecologist, a gastroenterologist, a dermatologist, and physiotherapists. Extensive and repeated investigations and therapeutic interventions (pharmacological, surgical and physical) occur. Often patients have had their psychological credibility questioned. Frustration and uncertainty regarding management are common for patients and physicians, and there is insufficient evidence to guide practice.

Recent insights into urogenital pain will be presented to illustrate a discussion covering

- The complexity of urogenital disorders, interactions between visceral & somatic functions
- The classification of urogenital chronic pain disorders based on end organ disease (or lack thereof)) which fails to account for alterations in sensory functions in persistent pain, visceral hypersensitivity,
- Insights into a mechanism based approach to researching and treating pain.
- Models of care that integrate psychological approaches and chronic disease management approaches
- The role of endogenous gonadal hormones modulating pain
- Effects of gonadal hormonal on pharmacokinetics and pharmacodynamics (for example opiates) and implications for treatment
- Conceptualization of persistent urogenital pain as a chronic visceral pain syndrome, and models for translational research

References:

Baranowski A. et al. Urogenital Pain: Taking Management A Forward, in *Proceedings of the 11th World Congress on Pain*. IASP Press 2006

Cervero F. Laird JMA Visceral Pain *Lancet* 1999; 353:2145-2148

Fall M, Baranowski AP et al. EAU guidelines on chronic pelvic pain. *Eur Urol* 2004 46: 681-689

Aloisi AM et al. The effect of Gonadal Hormones on Pain, in *Proceedings of the 11th World Congress on Pain*. IASP Press 2006

Beyond baby blues – tackling ante and postnatal depression

➤ Carol Bennett

Senior Program Manager, beyondblue

Pregnancy and birth is often portrayed as an enjoyable and satisfying time for most new parents – unfortunately this is not the reality for all new mothers. In its extreme form, depression can lead to an overwhelming sense of despair and even thoughts of suicide, self harm or harm of the new baby. About 9% of expecting and 16% of new mothers experience depression¹. Despite the prevalence and consequences of antenatal and postnatal depression, most women commonly remain unidentified and untreated.

The *beyondblue* National Postnatal Depression Program. Prevention and Early Intervention 2001-2005. Final Report. Volume 1: National Screening Program.

beyondblue's postnatal research was unique on a worldwide scale. It covered the period of pregnancy to six months post birth (perinatal period) and involved 40,000 pregnant women and 12,000 new mothers in 43 health services across Australia. In addition, over 200,000 pregnant women were reached by follow-up community education and awareness raising activities. This paper will explore results from *beyondblue's* postnatal four year mental health research program. It will specifically outline the evidence for a large scale perinatal assessment program in Australia based on the Edinburgh Postnatal Depression Scale (EPDS); the need for training of health professionals about ante/postnatal depression; and pathways to obtaining care for women identified as at risk, or experiencing depression.

The paper will also outline *beyondblue's* current efforts in joining with the leading experts and organisations in child and maternal health in Australia (with bipartisan support of Federal and State and Territory governments) to develop a national action plan. The results of this will be the full scale implementation of a large population based intervention and prevention program in antenatal and postnatal depression to reduce the destructive impact of this kind of depression on Australian women and families.

Why women don't seek help for perinatal mood problems

➤ **Anne Buist, Justin Bilszta, Jenny Ericksen, Jeannette Milgrom**

Department of Psychiatry, Austin Health, Melbourne

Background: Recent evidence has suggested that although strategies used to identify mothers with emotional distress exist, many of these women still face significant barriers when attempting to access services and supports appropriate to their needs. The objective of this project has been to gain an in-depth understanding of how women with perinatal depression access help and to evaluate the personal and community beliefs, attitudes and barriers that influence this process.

Methods: A series of focus groups with women who are currently accessing treatment for perinatal depression and/or anxiety were completed.

Results: Women identified eight (8) key theme clusters. There were around the areas of Coping & Failure; Lack of Knowledge; Fear, Stigma & Denial; Interpersonal Support; Baby Management; Expectations of Motherhood; Help-Seeking & Treatment Experiences and; Relationship with Health Professionals.

Conclusions: This study suggests that interventions, which target women's attitudes and beliefs, are needed to help improve access to treatment. Stigma of failing as a mother in particular needs to be targeted in education about motherhood and postnatal depression.

Paternal depression in men following childbirth of their partners

➤ **Tony Chung**

The Chinese University of Hong Kong, Prince of Wales Hospital, Hong Kong

Six hundred couples were recruited following childbirth and followed up at 3 months. In addition, another 800 women were recruited without their partners and followed up in the same way.

The prevalence of depression in men was 4 % and in the new mothers was 8 %.

Discussion will centre around practical implications.

Correlates and determinants of maternal separation anxiety in the first postpartum year

➤ **Amanda Cooklin*, Jane Fisher and Heather Rowe**

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

Background: Maternal separation anxiety (MSA) and its contribution to maternal well-being in the first postpartum year has not been investigated in Australian mothers. The aim of this study was to investigate the nature, predictors and correlates of MSA in primiparous Australian mothers.

Method: A representative cohort of employed, nulliparous pregnant women was recruited in third trimester of pregnancy and followed up early and late in the postpartum year. Participants completed four standardised self-report measures: the Antenatal Attachment Questionnaire (AAQ) in pregnancy, and the Maternal Separation Anxiety Scale (MSAS), the Parent Attachment Instrument (PAI) and the Edinburgh Postnatal Depression Scale (EPDS) at three and ten months postpartum. Information about employment and use of childcare were collected in a structured questionnaire.

Results: Complete data was provided by 122/172 (72%) of participants. Fifty-four per cent (66/122) of mothers had resumed some employment by ten months postpartum. At ten months, non-employed mothers had significantly higher separation concerns than those who were employed (23.0 versus with 20.0, mean difference = 2.9, 95% CI for the difference 1.2-4.2, $p < 0.001$). Higher maternal separation anxiety was associated with more depressive symptoms, stronger maternal–infant attachment and regular use of non-parental childcare. Working fewer hours per week in paid employment and using non-parental childcare made significant independent contributions to maternal separation anxiety.

Conclusions: Fewer hours of employment and regular use of non-parental care predict heightened anxiety about separation in mothers of infants. It might be that women who prefer to be in full-time infant care, but who have resumed some employment due to personal circumstances, experience greater separation anxiety and poorer well-being than mothers who have chosen to resume paid employment. These correlates will be explored in longitudinal analyses.

Factors that adolescent males take into account in decisions about an unplanned pregnancy

➤ **Carolyn J Corkindale¹, John T Condon², Alan Russell³, Julie A Quinlivan⁴**

¹*Dept Sociology Flinders University*

²*Dept of Psychiatry Flinders University*

³*School of Education Flinders University*

⁴*University of Notre Dame Australia*

Little is known about what factors adolescent males consider important when taking part in decision-making concerning the resolution of the unplanned pregnancy of a teenage partner. Young men's influence on pregnancy outcome decisions has been shown to play an important part in the subsequent satisfaction and ultimate psychological adjustment of the female.

Using a 25-item scale embedded in an electronic, simulated lived experience 'If I were Ben...', with a sample of 330 male school students (mean age 15.4) from South Australia, data were obtained on their priorities and concerns in relation to the possible outcomes of a partner's pregnancy.

Cluster analysis of the findings produced three groupings of participants. Subsequent discriminant function analysis showed that responses to 13 of the variables were responsible for the differences between the groups. The profiles of these groups are presented and discussed. The majority group is characterised as 'well-balanced' (80.6%), and the two minority groups as 'carefree and irresponsible' (10.9%) and 'caring and family-centred' (8.5%) respectively. Group membership was strongly predictive of the males' final decision regarding the hypothetical pregnancy outcome. However, on closer analysis of the majority 'well-balanced' group, different factors emerged as influential for the decision to either terminate or maintain the pregnancy.

Understanding young men's attitudes and beliefs when they are faced with this kind of situation and decision-making may assist practitioners in their guidance of the young couple and help prevent negative psychological sequelae.

Physical, chemical and biological abuse of the vulva and vagina: prevention of vulvodynia

➤ **Graeme Dennerstein**

Gynaecologist and obstetrician, Melbourne

Vulvodynia is a term which has recently assumed major proportions, particularly in the American literature. It refers to the vulva which has become painful, for unknown reasons according to much of the literature, I contend mostly as a result of trauma.

Trauma in this context can be physical, chemical or biological. Physical trauma can result from unaroused penetration, vaginismus, and iatrogenic causes or may occasionally be self-induced. Common causes of chemical trauma include over-the-counter medication, especially anti-candidals, lubricants and "hygiene" preparations.

Candida albicans is by far the commonest cause of biological trauma and its prevention will be discussed in some detail.

In conclusion, most vulvar pain syndromes will be avoided if:

- Candidiasis is accurately managed
- Sexual problems are identified early with appropriate counselling
- Epithelial disorders are diagnosed without delay
- Patients are educated in genital care
- Emphasis is placed on rapport and counselling rather than rushing to medicate or, worse still, operate

Work after childbirth: fantasy and reality

➤ **Jane Fisher**

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

Women often imagine that they will 'give up work' when a baby is born and that there will be discretionary time, liberty and new opportunities for leisure. The reality of infant care, in particular that it is unrelenting, confining, immensely time consuming and sometimes tedious, is invariably confronting. However, the highly responsible task of keeping an infant alive is not dignified with the language of work. 'Stay-at-home-mothers' are described as 'not working', but they can experience severe and disabling occupational fatigue, low satisfaction and little

recognition of their endeavours. Sometimes the only solution is thought to be resumption of paid work, but separating from a young baby is not straightforward. Health professionals can influence these processes through use of language and constructs that dignify the work of mothering, acknowledge the ambivalence it inevitably engenders and assist couples to balance infants' human rights with those of their primary caretakers.

21st century midwives – a new breed is emerging

➤ **Deborah Fox**

Royal Women's Hospital, Melbourne

Many Bachelor of Midwifery graduates have enjoyed other careers prior to midwifery which is bringing a new richness and diversity to the profession. Often referred to as "direct entry" midwives, they are predominantly women who are passionate about midwifery but never wanted to be nurses. Deborah explores the implications of this phenomenon to the care of women in the childbearing continuum and the many benefits to the psychosocial aspects of their care.

Deborah Fox spent 30 years being a violinist and teacher, before returning to university to become a midwife. Educated at the Juilliard School of Music in New York, former member of the Melbourne Symphony Orchestra and a Churchill Fellow, Deborah is now a Graduate Midwife at the Royal Women's Hospital in Melbourne and violin teacher at the University of Melbourne, Faculty of Music.

Vaginismus - When the body says "No" to sex

➤ **Raie Goodwach**

Malvern Psychotherapy Centre, Melbourne

Women often feel isolated, ashamed and frustrated with themselves when penetrative sex or vaginal examination is painful or even impossible. It's as if the mind is willing but the body is unable to accept penetration. They often wish the doctor would just do something to fix it. The task of therapy is to help these women recognise vaginismus as a psychosexual symptom - that the physical (the vaginal muscles), the intrapsychic (how they feel about their body and sex) and the interpersonal (their relationship with their partner) may all play a part in making their bodies react in a way that seems so different from what they consciously want. Case material will be used to illustrate the principles involved.

Implications of domestic violence for obstetric and gynaecological practice

➤ **Kelsey Hegarty**

Department of General Practice, The University of Melbourne

Intimate partner violence and abuse is a common hidden problem for women presenting to primary care, pregnancy care and gynaecological care. Women who experience Intimate partner abuse are more likely to experience mental and physical health symptoms and diagnoses. Utilising literature reviews and data from several studies this presentation will discuss this major

public health issue for women in the Australian community. In particular, it will describe the association between intimate partner abuse and mental and physical health in women attending primary care and pregnancy care. Further, women's expectations and experiences of care will be highlighted. Women who have been abused show enormous strength and resilience on their varied pathways to recovery. Intimate partner abuse is significantly associated with worse physical and psychological health for women attending health care. Health practitioners need to be alert to this underlying psychosocial issue that causes significant health issues for many women who they see on a day to day basis.

WHO is MINDING the BABY? The difficulty of finding a space for the baby in childbirth education

➤ **Christine Ann Hill**

Epworth Freemasons Maternity Unit, Melbourne

Childbirth education classes are promoted as essential preparation for new parents, both in the public and private health sectors.

Obstetricians and midwives hope that, by attending classes, couples will be better prepared for the rigours of labour and have some understanding of hospital routines.

Many couples, however, hope that the classes will teach them "everything" they need to know. They are often surprised and upset to discover that no one can tell them exactly what will happen. They fear the uncertainty. This is often the first time in their lives where they come face to face with the fact that they cannot control everything. The consequent anxieties can consume them, both before and after the birth. This, in turn, draws much reassurance from the care-givers with the focus narrowly on the parents' anxiety. The baby, as part of the relationship, while physically acknowledged is often emotionally forgotten.

This paper will propose that the childbirth education class provides an opportunity to introduce a space where the baby can be thought about: the baby as a separate person. She is not something to be managed, controlled, and trained; she is a developing person who needs parents and care-givers who can relate to her, empathise with her, and help her discover herself.

The relationship between women's health and their childbearing decisions

➤ **Sara Holton, Jane Fisher and Heather Rowe**

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

Background: Little is known about the relationship between Australian women's health, including both past illness and current health status, and their childbearing decisions. Health conditions, and their treatment, may restrict or influence childbearing decisions, and the relative importance of health factors in women's decisions is not presently well understood.

Objective: To investigate the contribution of health factors to Australian women's childbearing decisions.

Method: A descriptive, cross-sectional study of Victorian women aged 30-34 years in 2005 randomly selected from the Australian Electoral Roll was conducted. Participants completed a

self administered anonymous postal questionnaire which assessed participants' sociodemographic characteristics; health and psychosocial factors which are important in childbearing decisions; and past and present health status.

Results: 569 of the 1280 women (46.7%) selected completed questionnaires. The sample included mothers (61.5%) (the mean number of children was 1.1) and women without children (38.5%). Most women (71.3%) desired 2-3 children. However, most (53.8%) said they were unlikely to have (more) children in the future. Of the women who did not have children, health factors (such as the treatment of medical conditions causing fertility problems, health conditions making a pregnancy difficult, and inherited health conditions) contributed 13.8% of the variance (the greatest of the six components which explained a total 53.8% of the variance) in the factors which were important in their decisions. Of the women who had children, 84.1% said being in good health was an important factor in their decision to have their first child and 87.0% said being in good health was an important factor in having subsequent children. 74.4% of women said their personal health status was likely to be an important factor in their decision to have or not have (more) children in the future.

Conclusions: Health concerns were identified by many women in our study as a salient factor in their childbearing decisions, and were often an obstacle which prevented them from achieving their ideal reproductive outcomes. The results of our study suggest women often have fewer children than they actually desire, and many would have (more) children if their circumstances, such as their health status, were different. Our results challenge the public discourse that women's childbearing decisions are mostly based on lifestyle factors or their career development.

Neonatal cardiac heart disease – women's experience of diagnosis, pregnancy, the birth, the baby and their relationships

- **Brigid Jordan, Candice Franich-Ray, Samuel Menahem, Andrew Cochrane, Elisabeth Northam, Vicki Anderson**

Royal Children's Hospital, Flemington Road, Melbourne, Murdoch Children's Research Institute, Parkville, Victoria, The University of Melbourne and Monash Medical Centre

In recent years there have been substantial advances in the management of congenital heart disease including the availability of prenatal diagnosis. The impact of antenatal diagnosis of a severe cardiac abnormality on women's experience of the pregnancy and birth has the potential to impact negatively on her wellbeing, the infant's emotional life and the development of infant parent relationships.

Seventy five infants who had cardiac surgery before the age of 3 months were followed up four weeks after discharge from hospital. Parents completed a study questionnaire that included the Post Natal Attachment Scale (Condon, Corkindale & Carolyn, 1998), Forsyth Child Vulnerability Scale (Forsyth, Horwitz, Leventhal, Burger & Leaf, 1996), Edinburgh Post Natal Depression Scale (Cox, Holden & Sagovsky, 1989), and Experience of Motherhood Questionnaire (Astbury, 1984). The baby and parents also attended an interview and were asked about the impact of the cardiac diagnosis and illness, surgery and subsequent hospitalisation on the pregnancy and birth, mother's health and well being including post natal care, their infant's development and family relationships.

References:

Astbury J. Making motherhood visible: The experience of motherhood questionnaire. *J. Reproduct. Infant. Psychol.* 1994; **12**: 79–88.

Condon, J. & Corkindale, C. (1998). The assessment of parent-to-infant attachment: Development of a self-report questionnaire instrument. *Journal of Reproductive & Infant Psychology*, 16.

Cox JL, Holden JM, Sagovsky R. Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. *Br. J. Psychiatry* 1987; 150: 782–6.

Forsyth, B. W. C., Horwitz, S. M., Leventhal, J. M., Burger, J. & Leaf, P. J. (1996). The Child Vulnerability Scale: An instrument to measure parental perceptions of child vulnerability. *Journal of Pediatric Psychology*, 21, 89-101.

Body Talk: The mind-body axis after abuse

➤ Gita Mammen

Psychiatrist and Psychotherapist, Melbourne

Wellbeing for each of us has an emotional component as well as a physical-. Mind and body are intricately connected. What affects us emotionally takes a toll on our body, and vice versa, in ways that may not always be apparent.

Today's fast pace of living requires us to juggle work, family, intimacy and social networking in addition to keeping track of bodily and emotional wellbeing. Given this, the high prevalence of stress and depression in the community is not surprising. Its wider fallout, however, remains hidden as not everyone seeks help. Many will do so for a related physical issue and be offered treatment options specific to it. Even if the emotional aspect is considered, strategy invariably gravitates to medication, with insufficient attention to the non-biological. Compounding the situation is that current living issues of a person seldom provide the whole picture. A variety of past factors are often relevant. But health workers, even those espousing a holistic approach, are mostly pressed for time and might merely refer the woman to a different specialist service. People with past issues such as childhood trauma often face such a fragmented situation.

Childhood abuse, because it occurs during a person's developmental phase, has consequences different to abuse in adult life. An abused child develops a range of survival strategies that a non-abused child has no need for. Some of these coping strategies are less than healthy, while others are more than usually resilient. They could involve emotions, behaviours as well as personality and, thereby, affect the survivor's ability to function at a required level. In the long term this might affect mental as well as physical health.

This paper focuses on the importance of attending to the mind-body axis irrespective of whether a person seeks help for a physical- or emotional issue. It will use the premenstrual phase of the menstrual cycle as a paradigm to develop points. The complex interplay of body and mind on a person's functional capacity during this phase is universal. For survivors of childhood abuse an additional factor that enters this equation is the particular set of coping strategies each has needed to develop.

Each person has unique indicators that assist awareness of the mind-body axis. These might be emotional alerts, body signals, or a combination. Timely recognition allows the person to institute change from a habituated but inadequate coping strategy to a healthier one.

Composite case examples will illustrate the discussion.

The secrets of the pelvic floor: a physiotherapy perspective

➤ **Shan Morrison**

Women's and Men's Health Physiotherapy, Melbourne

This presentation and workshop will address chronic pelvic pain specifically vulval and vaginal pain from a pelvic floor muscle and Physiotherapy perspective. Pelvic and sexual pain disorders are often multisystemic and respond well to a multidisciplinary approach to treatment. The role of pelvic floor muscle pain and abnormal muscle tone in the aetiology and ongoing contribution to chronic pelvic and sexual pain syndromes will be explored. Pelvic pain disorders which present commonly to Physiotherapists will be discussed with respect to the Physiotherapy approach to assessment, use of outcome measures and management. The components of objective assessment will be presented in detail including gaining of information regarding the presence of pain, pelvic floor muscle tone, relaxation, spasm and contractile activity via digital palpation, surface electromyography and manometry using models and anatomical diagrams. The validity and reliability of available outcome measures will be briefly explored. The Physiotherapy approach to treatment options will be outlined. Core treatments such as education, lifestyle advice, exercise (whole body, general fitness, pelvic floor muscle), manual therapy (myofascial release, trigger point therapy, massage, stretching), voiding and defaecation training will be discussed. Adjunctive therapies such as biofeedback, sEMG, manometry, ultrasound imaging, electrical stimulation (for pain relief and muscle re-education), vaginal dilators and application of heat and cold will also be presented. The session will conclude with a number of interactive case studies with group participation.

Psychiatric labeling of psychological distress in the postpartum period. Helpful or harmful?

➤ **Belinda Oddy, Heather Rowe and Jane Fisher**

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

Background and Aims: Postpartum psychological distress is a concern for many childbearing women, and the causes are multifactorial, including the challenges of mothering a new infant and the loss of former identity. Postpartum psychological distress may be described using diagnostic labels such as "postpartum depression" or viewed as a normal reaction to situational factors rather than an illness.

Negative effects of psychiatric labeling for severe mental illness include social stigma but benefits may include improved access to healthcare. Currently little is known about the helpfulness of diagnostic labels for common mental disorders such as depression and anxiety, and even less in the specific context of postpartum psychological distress.

This study explores women's opinions about the factors contributing to postpartum psychological distress and about the use of diagnostic labels to describe their symptoms.

Methods: Follow-up opinion surveys were mailed to 94 women who had participated in an earlier study whilst admitted to a residential early parenting centre in 2005/2006

Results: Fifty women returned completed surveys (response rate 53.4%). Women identified causes of postpartum psychological distress as fatigue (53%), infant temperament and behaviour (57%) and lack of support (47%). The majority of women supported the use of diagnostic labels to describe postpartum distress and 82% agreed that the a diagnostic label

would improve access to care. A subset of women recognised the potential harms, including that a label might lend a sense of permanence to an otherwise transient experience.

Discussion and conclusions: This small descriptive study provides preliminary evidence about the value of diagnostic labels for postpartum psychological distress and has implications for standard health-care. Given the social or situational causes of psychological distress identified by women, improved access to healthcare in the postpartum achieved through the use of diagnostic labels may not be beneficial if the medical treatment approaches do not address the causes appropriately.

Mothers' experiences of complicated childbirth

➤ **Sarah Phillips**

Monash IVF, Melbourne

The proportion of critically ill infants is rising due to advances in medical technology and obstetric care, allowing infants to survive at younger gestational ages. What are yet to advance at a similar rate are the mechanisms of support and care for mothers who are also involved in this experience. Previous psychological research in this field has been narrowly focused on only parts of the complicated childbirth experience, such as labour or the neonatal intensive care unit (NICU) stay. The aim of this study was to qualitatively investigate mothers' entire experiences of complicated childbirth, from pregnancy through to the time they took their child home, in order to identify more appropriate avenues for intervention and support at all stages. A phenomenological study was undertaken comprising of fifty one-hour interviews with 25 mothers that had experienced a complicated childbirth. Issues explored included communication with medical staff, involvement in decisions regarding treatment and care, knowledge differences between mothers and medical staff, the type and amount of support needed and obtained, and associated emotional responses. Results showed that mothers desired to be treated as autonomous individuals and to have their decisions respected. The primary concern of mothers was for the survival and long-term health of their infant, but also felt enormous pressure to develop physical and emotional bonds. Mothers experienced a wide range of negative emotional responses to their complicated childbirth experience, which often lead to long-term implications for the nuclear family system. Recommendations regarding the way mothers can be better supported through pregnancy and childbirth were identified, in order to improve outcomes for mothers and families. Implications for counselling couples considering at-risk pregnancies, such as multiples, through assisted reproductive technology are also discussed.

The influence of traditional Vietnamese culture on the utilization of mainstream health services for sexual health issues by second generation Vietnamese Australian young women

➤ **Helen Rawson¹, Pranee Liamputtong²**

¹ Key Centre for Women's Health in Society, School of Population Health, University of Melbourne

² School of Public Health, La Trobe University, Melbourne

Background: In Australia, the reproductive and sexual health of young people are important issues, and while there is a wealth of evidence on the sexual and reproductive health status and behaviours of young people, little work has specifically addressed the impact of traditional culture on the sexual behaviours of ethnic young people in Australia. A qualitative study to explore what shapes the sexual behaviour of Vietnamese Australian young women was undertaken, and one of the aims was to identify the factors which impact on the utilization of mainstream Australian health services for sexual health issues.

Method and study population: The Grounded Theory method was adopted for this qualitative exploration. Information was obtained from the participants through semi-structured in-depth interviewing, with 18 second generation Vietnamese Australian young women, age 18 to 25 years, living in Victoria, Australia.

Results: Discussions about the utilization of mainstream Australian health services produced significant insight into participants' preferences regarding optimum sexual health care and factors which would hinder their access to such health care. Cultural factors underpinned decisions to access health services for sexual health care. 'Parental Influence over Choice of GP' and 'Ethnic Background of GP', identified "*trust*" as a dominant factor. Fear that family, or other members of the Vietnamese community, may learn of their medical appointments featured frequently in the participants' discussions. It became clear that cultural norms fuelled this fear. Trust, anonymity, embarrassment, fear of judgement and the generation gap were highlighted as significant aspects.

Conclusion: The influence of culture was a significant factor which would hinder Vietnamese Australian young women utilising sexual health care. Such hindrances could result in the young women curtailing their sexual behavior, or undertaking risky sexual practices, such as not using contraception or up taking sexual health screening. The complex factors can impact on sexual behaviours of Australia's ethnically diverse young people and it is important for health care providers to acknowledge and understand these.

“A brush with death”. Women’s experience of significant primary postpartum haemorrhage (PPH)

➤ **Jane Thompson¹, David Ellwood², The WHA PPH Study Project Reference Group**

¹*Women's Hospitals Australasia (WHA)*

²*The Australian National University Medical School, The Canberra Hospital*

Background and Aims: PPH is a life-threatening birth complication affecting up to 12% of women. PPH rates in Australasia appear to be increasing. However, data on the effects of PPH on a woman’s physical and emotional health postpartum are lacking. This research project aimed to investigate the impact on women of significant PPH.

Design and Setting: A single group prospective cohort study in 18 WHA hospitals; recruitment at time of birth, follow-up at 2 and 4 months postpartum.

Participants: 205 women with *significant* primary PPH:

- estimated blood loss of ≥ 1500 ml in 24 hours postpartum, OR
- peripartum fall in haemoglobin to 7g/dl or less, OR
- peripartum fall in haemoglobin of ≥ 4 g/dl.

Main outcome measures: *Quantitative:* Breastfeeding; satisfaction with care; 36-item Short Form General Health Survey; Milligan’s 10-item postpartum fatigue scale; Spielberger State-Trait Anxiety Inventory state scale (6-item); Edinburgh Postnatal Depression Scale (EPDS); Posttraumatic Stress Disorder Checklist (PCL); readmission to hospital; other health service use; physical health measures.

Qualitative: Written responses to open ended questions to elicit women’s concerns about labour and birth, satisfaction with care and physical health concerns.

Results: Recruitment of the cohort was completed in April 2007. To date, 8/152 (5.3%) and 2/116 (1.7%) participants met Posttraumatic Stress Disorder symptom criteria (PCL >44) at 2 and 4 months respectively. 17/152 (11.2%) and 11/116 (9.5%) scored >12 on the EPDS at 2 and 4 months respectively.

Women’s descriptions of their birth experiences included feelings of fear and trauma; heightened anxiety; sense of failure/loss/disappointment; disempowerment. Postpartum symptoms included excessive fatigue and fear of future pregnancy/birth. Women questioned clinical decisions/clinical care. Women reported PTSD symptoms, particularly re-experiencing and avoidance symptoms.

Conclusions: We have successfully recruited a cohort of women experiencing significant PPH. Qualitative responses demonstrate distress among these women; in the words of one participant, “a brush with death”.

Psychosocial aspects of chronic pain"

➤ **Nicholas Voudouris**

School of Psychological Science, La Trobe University, Melbourne

Research evidence has been accumulating for a long time regarding the debilitating psychosocial problems which develop in many sufferers of chronic pain, resulting in disability and a significant reduction in quality of life. The past decade has seen important advances in what is known about the psychological processes which accompany these problems, in particular, depression, pain-related fear and catastrophising cognitions. There is now considerable evidence for the efficacy of self-management and cognitive-behavioural treatment programs which target some of these processes in an attempt to prevent or ameliorate pain-related psychosocial problems. This presentation will review these psychological factors and related CBT treatment approaches.

Carolyn Arnold

FAFRM FFPMANZCA

Carolyn Arnold is a Physician in Rehabilitation Medicine and Pain Medicine who works as the Clinical Director of a multidisciplinary pain clinic, Caulfield Pain Management & Research Centre, in Melbourne, Australia. She is also a visiting consultant on the Acute Pain Service of the Alfred Hospital Department of Anaesthesia & Pain Management.

She is immediate past president of the Australian Pain Society, is on the Board of the Faculty of Pain Medicine of ANZCA, and is an honorary lecturer in the Department of Medicine, Monash University. Carolyn's interest centres on rehabilitative approaches to pain management, and risk factors for chronicity. She is principally a clinician, with administrative and clinical research roles. She has extensive clinical experience managing acute and chronic pain conditions including neuropathic pains, vulvodynia, and pelvic and visceral pain syndromes.

Current research interests include a prospective study on implantable spinal treatments for back pain, predictors of pain following trauma, after amputation, and psychosocial factors in chronic pain.

Carol Bennett

BA (Health Sciences), MA (Public Policy)

Carol is Senior Program Manager at beyondblue responsible for the National Perinatal Mental Health Program.

Carol has extensive senior management experience in the health sector including as CEO of a national peak body representing rural doctor's recruitment agencies and EO of a Victorian State health peak body.

Justin Bilszta

Dr Bilszta is a Research Associate with the Dept of Psychiatry, Austin Health. His previous role was as National Project Manager for the beyondblue National Postnatal Depression Program. His current interests include screening and detection strategies for perinatal depression, issues related to satisfaction and cost-analysis of perinatal health services & postpartum psychosis and bipolar disorder in pregnancy.

Nick Carr

Nick is a GP in a St Kilda practice, working with 7 highly competent female GPs. He trained at Cambridge and London before being whisked, not entirely unwillingly, to Melbourne by his wife, a highly qualified Australian social worker. He completed a Masters degree at the University of Melbourne, writing his thesis on the quintessentially general practice topic of sore throats. Nick has been a lecturer, writer and TV presenter, and enjoys devising and presenting "Hypotheticals" on medical controversies for a range of audiences.

Tony Chung

Professor of Obstetrics & Gynaecology, The Chinese University of Hong Kong

Tony Chung, a Sydney University graduate, has been interested in the psychological aspects of obstetrics & gynaecology for more than 10 years and has published a number of studies in the area. He continues to have a special research in perinatal depression and most recently, in paternal depression.

Amanda Cooklin

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

Amanda is in the final stages of her PhD entitled Mothers' Paid Employment after Childbirth. Amanda holds a Master of Women's Health from the University of Melbourne, and has worked in research for a number of years on projects related to perinatal mental health, breastfeeding and maternal employment.

Carolyn Corkindale

Carolyn has worked with Professor John Condon since 1991, on a number of publicly funded studies involving the transition of men and women to parenthood, and currently to grandparenthood. The second strand of work has concerned psychosocial issues surrounding adolescent pregnancy, culminating in the study using the "If I were Ben..." CD ROM as a data source and intervention, and focussing on the young male's beliefs and decision-making.

Carolyn is also the Research Officer for the Dept. of Sociology at Flinders University and is involved there in a variety of support work on, for example, community consultation, Muslim religiosity and postnatal care. She is also a District Commissioner for Scouts!

Graeme Dennerstein

Graeme Dennerstein is a Melbourne gynaecologist and obstetrician who researched the cytology of the vulva for the 'gynae. commentary' for his MRCOG and has had 4 decades of special interest in lower female genital tract as a result. He remains actively engaged in research in this field within the constraints of O&G practice (with a rural outreach component). He is a long-standing Fellow of the International Society for the Study of Vulvovaginal Disease. He is a foundation member of ASPOG and does his best to educate his colleagues on the importance of the psychosexual aspects of his specialty. He was the Director of Melbourne University's Dermogynaecology Clinic at the Mercy Hospital for Women from 1989 to 2001 and a co-author of The Vulva and Vagina Manual.

Kaye Dyson

Kaye Dyson is the Childbirth Education Manager at the Royal Women's Hospital, Melbourne, Victoria. She has worked in this role for eight years. For the past 7 years, Kaye has job-shared the role. Kaye is a midwife, lactation consultant and Australian Breastfeeding Association Counsellor. Kaye also recently completed her Masters in Training and Development. Prior to her current role, worked in the Family Birth Centre at the Royal Women's Hospital. Kaye's current role includes planning and implementing new childbirth education programs and Kaye has focussed her work in recent years on developing programs for culturally and linguistically diverse women. Kaye's role also includes co-facilitating a Childbirth Education Training Course for health professionals.

Colin Feekery

Colin Feekery is currently the medical director of western health he is also a paediatrician who for the past 10 has been the director of the Masada Private Hospital mother baby unit. He has a strong belief in the primacy of the mother infant relationship.

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.

Deborah Fox

Deborah Fox spent 30 years as a professional musician, before returning to university to study midwifery. Educated at the renowned Juilliard School of Music in New York, under the auspices of a Churchill Fellowship, she was for 13 years a first violinist in the Melbourne Symphony Orchestra. Deborah now holds a Bachelor of Midwifery degree and is undertaking post graduate studies in Womens Health at the University of Melbourne. She is now employed at the Royal Women's Hospital in Melbourne as a midwife in Maternal Fetal Medicine and continues as a part time lecturer in violin performance at the Faculty of Music, University of Melbourne.

Raie Goodwach

Raie is a medically-trained psychotherapist whose main interest is in psychosexual medicine. She has a private psychotherapy practice in Malvern, Victoria, having recently retired from Monash Medical Centre, where she was a Consultant to the Sexual & Relationship Counselling Clinic and an Honorary Lecturer in the Department of O & G for 18 years. She has published in the areas of sex therapy and adoption, based on her Masters in Psychoanalytic Studies thesis. She is currently pursuing her interest in writing in the sex therapy area.

Pru Goward, MP

Member for Goulburn
Shadow Minister for Climate Change & Environment
Shadow Minister for Women

Pru Goward has recently resigned as Australia's Sex Discrimination Commissioner, a position she has held for six years. She has also been Commissioner responsible for Age Discrimination since 2005. During her time with the Human Rights and Equal Opportunity Commission she became best known for her advocacy of a national scheme of paid maternity leave, the implications of demographic change and the challenge of work life balance.

An economist by training and a broadcaster by practice, Pru spent 19 years with the ABC as a reporter and later national political commentator for television and radio. She has received a number of awards for journalism and has been an official Guest of the Governments of the UK, Germany, New Zealand and Israel. Pru has also interviewed every prime minister since John Gorton and in 1984 was awarded a special Walkley Award, journalism's highest honour.

In 1997 Pru left broadcasting to become Executive Director of the Office of the Status of Women in the Department of Prime Minister and Cabinet, where she was responsible for the provision of advice to the Prime

Minister and the Minister on aspects of social, industrial and economic policy relevant to women. Pru was later appointed Government Spokesperson for the Sydney 2000 Games, responsible for media management of the thirty agencies, including counter-terrorism, immigration and trade agencies that constituted the Australian Government's role in the Olympics.

Pru has also been a university Economics tutor, a University lecturer in Broadcast Journalism, a high school economics teacher and media consultant. She has authored two books, *A Business of Your Own*, success strategies for women in business and has co-authored with her husband, David Barnett, the only biography of John Howard, *John Howard, a Biography*.

Pru is currently Chair of the Council for Australian Arab Relations, Deputy Chair of Anglicare (Canberra Goulburn) and a member of a number of boards including the John Curtin School of Medical Research. Her speeches have been reproduced in several important collections and in 2004 the Australian newspaper identified her as one of Australia's 40 most influential people. The Australian Financial Review that year chose her as one of the country's top ten cultural and industrial influences. Pru has represented Australia at a number of international forums and negotiations such as APEC. In 2001 she was awarded a Centenary Medal for her services to journalism and women's rights.

Pru was awarded scholarships to study at Woodlands CEGGS and Adelaide University and is the daughter of a shopkeeper and a nurse. With her husband, David Barnett, she has owned cattle properties in the Monaro and Southern Tablelands regions for twenty-four years.

Karima Haroon

I was born in Afghanistan and soon started travelling with my family because of the civil war. I did half my schooling in Afghanistan and half in India where I was a migrant. I returned to Afghanistan in 1994, finished school and soon started working with a Human Rights NGO (www.CCA.org.af). Having got married my husband went missing so I took off with my daughter to a safer place and ended up in Australia arriving by boat. With this new opportunity I could start a fresh. I am now working as a Professional Interpreter. I am also studying Community Welfare Work. My work is very challenging with different health organisations, cultures and religions.

Kelsey Hegarty

Kelsey Hegarty is a GP academic from the University of Melbourne who has a long term interest in women's emotional health. She has researched domestic violence for more than 10 years, taught communications skills to undergraduate and postgraduate students and is a practising GP in Clifton Hill in Melbourne.

Christine Hill

Christine Hill is a midwife and relationship therapist, currently coordinating the Childbirth Education program at a private hospital in Melbourne.

After working as a midwife in Australia and in the UK, she enrolled at Melbourne University where she majored in languages for her honours degree. She then went on to complete an MA in Psychosocial Studies, followed by a Graduate Diploma in Infant and Parent Mental Health. She then trained as a relationship therapist at Drummond Street Relationship Centre.

She is particularly interested in the emotional work that comes with having a baby.

Sarah Holton

Sara is currently undertaking her PhD entitled 'To Have or Not to Have? A Study of Australian Women's Childbearing Decisions' at the Key Centre for Women's Health in Society at the University of Melbourne. Her PhD research project is investigating the contribution of psychosocial and health factors to women's decisions to have or not have children. Sara has a Master's Degree in Gender Studies from the University of Melbourne, and has worked in the area of equal employment opportunity.

Brigid Jordan

Associate Professor Paediatric Social Work (Infant and Family) at the Royal Children's Hospital

A senior clinician social worker, she has worked for the past 20 years at the Royal Children's Hospital, Melbourne, Australia. She works primarily with infants with psychosomatic presentations: crying; sleeping; feeding refusal; failure to thrive; hospitalized infants; and technology-dependent infants. Her Ph.D. study was a randomized, controlled trial comparing anti-reflux medications with a mental health intervention for infants with persistent irritability. She helped establish the Graduate Diploma, and Master's courses in infant mental health, at the University of Melbourne. She is founding secretary of the Victorian branch of the Australian Association for Infant Mental Health, chaired the steering committee that helped change that association into a national organization with state branches, and is president of the Australian affiliate. She also chaired the local organizing committee for the Ninth World Congress for Infant Mental Health (2004), held in Melbourne.

Gita Mammen

Dr Gita Mammen is a Melbourne psychiatrist and psychotherapist. She has worked in public, private and academic sectors, and been a member of Victorian Ministerial Advisory Committees on mental health and women's health. Gita's involvement since the 1980s with survivors of childhood abuse in individual and group therapy led to her ongoing endeavour to raise professional awareness regarding survivors' need for holistic healthcare that specifically addresses the aftermath of their abuse. Her book *After Abuse*, published by ACER Press in 2006, is written for a multidisciplinary readership.

Zeinab Mohamud

Zeinab Mohamud is from Somalia and is working at the Royal Women's Hospital in Melbourne in the Family and Reproductive Rights Education Program (FARREP). This is a WHO funded program to eradicate female genital mutilation.

Shan Morrison

B.App.Sc. (Phy)
Post Grad. Cert. Phy.(Continence and Pelvic Floor Rehabilitation).

Shan Morrison graduated from LaTrobe University, Melbourne, in 1992. She completed a Post Graduate Certificate in Continence and Pelvic Floor Rehabilitation through the University of Melbourne in 1998, has been practicing exclusively in the area of Continence and Pelvic Floor Dysfunction for over 13 years and is passionate about it! Shan is the owner of Women's and Men's Health Physiotherapy, a private practice of 12 Physiotherapists established 15 years ago that manages female and male patients with uro-genital and ano-rectal disorders including incontinence, prolapse and pelvic pain as well as musculoskeletal disorders of the childbearing years. She has a special interest in the Physiotherapy role in management of female and male pelvic pain especially vulval disorders. Shan has lectured at the National Conference's of the Continence Foundation of Australia (CFA) and The Australian Physiotherapy Association (APA), Australian Gynaecology and Urology specialist Associations and at the University of Melbourne Post Graduate course. She has published articles in the CFA and APA (Continence and Women's Health Special Group) journals, regarding the role of Physiotherapy in Continence and Pelvic Floor Dysfunction, application of outcome measures to clinical practice, use of biofeedback and issues of motivation and adherence in pelvic floor rehabilitation.

Belinda Oddy

Belinda undertook this research as part of her recently completed Advanced Medical Science year in the Key Centre for Women's Health in Society. The AMS year is part of the requirements for the undergraduate degree in Medicine at the University of Melbourne. Belinda has now begun clinical school at the Royal Melbourne Hospital.

Sarah Phillips

Sarah currently holds a full time position at the Monash IVF Department of Psychology and Infertility Counselling. She completed her Doctorate of Health Psychology at Deakin University investigating mothers' and fathers' experiences of complicated childbirth, and has published in both national and international journals. Sarah's passion is in the field of women's reproductive issues, and she aspires to conduct further research in the area of infertility, apply evidence-based individual and group interventions, and further increase public awareness of reproductive choices, particularly in young women.

Helen Rawson

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

I have recently submitted my PhD entitled *What Shapes Sexual Behaviour of Vietnamese Australian Young Women Living in Australia*. Originally from England, I have a BSc (Hons) degree in Nursing Studies from South Bank University, London and a Masters degree from Oxford University. I have worked as a research assistant in public health and as clinical effectiveness facilitator for women's health at King's College Hospital London. I am currently project manager on an NHMRC funded randomised controlled trial of an early parenting intervention to reduce maternal mood disorder and infant behaviour disturbance. My research interests include sociological and psychological factors which can affect the health of women, and specifically how the health of young women from ethnically diverse backgrounds, who live in westernised countries, is affected by cultural factors .

Rosemary Schwarz

Dr. Schwarz has had a long term appointment at the Royal Women's Hospital working in the area of consultation liaison psychiatry; her work has involved the interface between obstetrics, perinatal medicine and neonatal paediatrics and psychiatry. This interest in the mental health of women particularly at the time of transition to motherhood has been reflected in a large private psychiatry inpatient and outpatient practice. She is currently a member of the psychiatrist network for refugee mental health and a consultant psychiatrist at the Refugee Mental Health Clinic of the Victorian Foundation for Survivors of Torture and the Victorian Transcultural Psychiatry Unit. She has in the past held appointments as the Chair of The

Medical Advisory Committee of the Melbourne Clinic and membership of The Advisory Board of Panda (Post and Antenatal Depression Association).

Helen Szoke

BA (University of Tasmania)
M A Preliminary (Deakin University)
Graduate Diploma in Public Policy (University of Melbourne)
PhD (University of Melbourne)

Helen Szoke is the Chief Executive Officer and Chief Conciliator of the Victorian Equal Opportunity and Human Rights Commission. Previously, Helen was the Chief Executive Officer of the Infertility Treatment Authority, in Melbourne, Victoria, Australia, since 1996.

Helen is currently a member of the National Health and Medical Research Licensing Committee, and the Board of Adult Multicultural Education Services. She has served as a committee member and Chairperson of the Women's Health Victoria, Ethics Committee of the Royal Women's Hospital, a member of the Victorian Family Therapy Association Ethics Committee, a member of the School Council of Melbourne High School, an executive member of the Victorian Council of Social Services and an inaugural executive member of the Consumers Health Forum of Australia. She also served one term as a city councillor in the Preston City Council.

Jane Thompson

Jane is Senior Project Officer with Women's Hospitals Australia. Her early qualifications were in Science. In 1991, her research interests changed and she was awarded a Postdoctoral Re-Entry Fellowship at the National Centre for Epidemiology and Population Health at ANU where she researched mothers' experiences of neonatal intensive care. In 1996 she was co-investigator, with Professor David Ellwood, The Canberra Hospital, on a study of the epidemiology of postnatal depression and postpartum health. She also has experience in clinical practice improvement, primarily in obstetrics.

Christine Tippett

Dr. Christine Tippett is the current president of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists. She is director of the Maternal Fetal Medicine Unit at Monash Medical Centre in Clayton Victoria, is an honorary Senior Lecturer in the Monash University Department of Obstetrics and Gynaecology and has a private Obstetric and Gynaecological practice specializing in High Risk obstetrics in particular mothers with underlying medical problems.

Chris Graduated from Melbourne University in 1969 MBBS and then worked at Preston and Northcote Community Hospital in Melbourne for two years before traveling to England with her then husband where she had her first child.

During the next nine years she had two more children but apart from some lecturing to Occupational Therapy students at the Lincoln Institute in Melbourne did not work as a doctor. In 1980 she decided to try to do specialist O&G training which she commenced in 1981 at the Queen Victoria Medical Centre in 1984. Chris was awarded the RACOG gold medal for outstanding performance in the membership exams and shortly after went with the family to work in the UK for two years.

On returning to Melbourne Chris did a further year as senior registrar at Queen Victoria Medical Centre before completing her fellowship and being appointed to Consultant positions at Monash Medical Centre and Box Hill Hospital in 1987.

Since that time Chris has established a successful private practice, the maternal Fetal Medicine Unit at Monash Medical Centre and been involved with RANZCOG both at a state and federal level in many roles before being elected President in 2006.

Chris has served and continues to serve on many State, Federal and advisory committees and is very committed to ensuring that the women of Australia and New Zealand have access to high quality health care and trying to spend time with her family.

Nicholas Voudouris

Dr Nicholas Voudouris is a clinical psychologist and Senior Lecturer at the School of Psychological Science, La Trobe University in Melbourne. He is a member of the Australian Psychological Society (APS), the College of Clinical Psychologists of the APS, the International Association for the Study of Pain, and the Australian Pain Society. Dr Voudouris consults as a clinical psychologist to the Pain Management & Research Centre at Caulfield General Medical Centre, and has been involved in pain research and treatment for over 20 years. He specializes in the study and treatment of pain and other chronic disorders. Dr Voudouris has presented at numerous conferences and continuing education programs for psychologists and other health professionals including recent workshops on basic and advanced cognitive behavioural therapy (along with Dr Tony Love) on behalf of the APS.

A/Prof Suzanne Abraham	University of Sydney	NEW SOUTH WALES
Ms Catherine Acton	University of Melbourne	VICTORIA
Dr Christine Armstrong	Bendigo Community Health Service	VICTORIA
Dr Carolyn Arnold	Caulfield Pain Management & Research Centre	VICTORIA
Dr Chris Bayly	Royal Women's Hospital	VICTORIA
Ms Carol Bennett	beyondblue: the national depression initiative	VICTORIA
Dr Marcia Bonazzi		VICTORIA
Ms Caterina Bortolot	Royal Women's Hospital	VICTORIA
Professor Anne Buist	University of Melbourne	VICTORIA
Professor Tony Chung	The Chinese University of Hong Kong	SHATIN
Professor John Condon	Repatriation Hospital	SOUTH AUSTRALIA
Mr Michael Condon	QLD Fertility Group - Watkins Medical	QUEENSLAND
Ms Amanda Cooklin	University of Melbourne	VICTORIA
Mrs Melinda Cooper	Ivanhoe Physiotherapy and Continence Clinic/Uni of Melbourne	VICTORIA
Ms Carolyn Corkindale	Flinders University	SOUTH AUSTRALIA
Dr Graeme Dennerstein		VICTORIA
Mrs Kerry Doughton	Cooma Hospital & Health Service	NEW SOUTH WALES
A/ Professor Jane Fisher	The University of Melbourne	VICTORIA
Ms Deborah Fox	Royal Women's Hospital	VICTORIA
Dr Rebecca Fradkin		VICTORIA
Dr Meredith Frearson	Franklin St General Practice	SOUTH AUSTRALIA
Dr Raie Goodwach	Malvern Psychotherapy Centre	VICTORIA
Dr Fiona Haines	Healthy Women	QUEENSLAND
Dr Karin Hammarberg	University of Melbourne	VICTORIA
Dr Dennis Handrinos	Royal Women's Hospital	VICTORIA
Ms Christine Hill	Epworth Freemasons Maternity Unit	VICTORIA
Ms Sarah Holton	The University of Melbourne	VICTORIA
Ms Sarah Jones		VICTORIA
Professor Fiona Judd	Royal Women's Hospital	VICTORIA
Mrs Anna Klaric	Casey Hospital - Southern health	VICTORIA
Mrs Fiona Le Mesurier	The Canberra Hospital	ACT
Dr Alexandra Marceglia	Royal Women's Hospital	VICTORIA
Dr Amanda McBride	Miller Street Medical Practices	NEW SOUTH WALES
Dr Belinda McDonald	Carlisle Contemporary Health	VICTORIA
Dr Eleanor McDonald		VICTORIA
Dr Max Michael	Cabrini Medical Centre	VICTORIA
Dr Sally Middleton	Southern Health	VICTORIA
Ms Jane Miller	Royal Childrens Hospital	VICTORIA
Ms Shan Morrison	Women's and Men's Health Physiotherapy	VICTORIA
Dr Anne Myers		VICTORIA
Ms Belinda Oddy	The University of Melbourne	VICTORIA
Dr Britt Olsen		VICTORIA
Dr Ann Olsson	Royal Adelaide Hospital	SOUTH AUSTRALIA
Dr Diane Palmer	Royal Womens Hospital	VICTORIA

Ms Sarah Palmer	Victoria University	VICTORIA
Dr Cynthia Parker	Hunter New England Health	NEW SOUTH WALES
Dr Sarah Phillips	Monash IVF	VICTORIA
Dr Mary Prendergast		NEW SOUTH WALES
Ms Helen Rawson	University of Melbourne	VICTORIA
Dr Kym Reid	Queen Elizabeth Hospital	SOUTH AUSTRALIA
Ms Kathryn Rogers	Monash Medical Centre	VICTORIA
Dr Heather Rowe	University of Melbourne	VICTORIA
Dr Helena Sandahl	The University of Melbourne	VICTORIA
Dr Katherine Schulte	Lilian Cooper Centre	QUEENSLAND
Dr Rosemary Schwarz		VICTORIA
Ms Louise Seabrook	Organon Australia	VICTORIA
Dr Jacqui Smith	Western Health	VICTORIA
Dr Jackie Stacy	Monash Medical Centre	VICTORIA
Dr Philip Suter		VICTORIA
Dr Christine Thevathasan		VICTORIA
Dr Jenny Thomas	High Street Medical Centre	SOUTH AUSTRALIA
Dr Jane Thompson	Women's & Children's Hospitals Australasia	ACT
Dr Wendy Vanselow	Royal Women's Hospital	VICTORIA
Dr Katie Waters	Royal Children's Hospital - Mental Health Service	VICTORIA
Dr Yvonne White		NEW SOUTH WALES
Dr Bronwyn Williams	Health on Kensington	SOUTH AUSTRALIA
Mrs Nola Wong	The Canberra Hospital	ACT