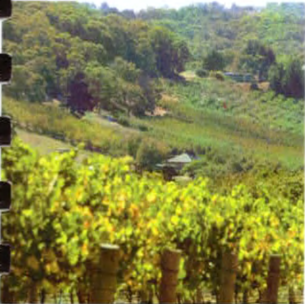
ASPOG
2011 ASM

37th Annual Scientific Meeting

Australian Society for Psychosocial Obstetrics & Gynaecology

"Shining the Light"

29 - 30 July 2011, Rockford Adelaide, South Australia



Main: Adelaide Lantern **Middle:** Piccadilly Valley, Holdfast Shores Glenelg, Ruby's Cafe in Stirling

PROGRAM & ABSTRACTS

www.aspog.org.au

Australian Society for
Psychosocial Obstetrics
and Gynaecology

37th Annual Scientific Meeting

Shining the Light

29-30 July 2011

Rockford Adelaide
Adelaide

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Science For A Better Life

Welcome

Welcome to the 37th Annual Scientific Meeting of The Australian Society for Psychosocial Obstetrics and Gynaecology. ASPOG continues to provide a forum for discussion on the often-overlooked biopsychosocial aspects of women's health. This 2011 meeting will be no exception. The theme "Shining the Light" refers to the nature of the topics included in the program this year as all have an element of "taboo" surrounding them.

We look forward to an entertaining and humourous Derek Llewellyn-Jones Oration this year and thank Emma Sachsse for her participation.

I trust that all delegates will find the scientific and social programs both "illuminating" and enjoyable. I look forward to meeting new and old friends this weekend, in true ASPOG style!

Ann Olsson
Convenor, on behalf of the Local Organising Committee:
Bronnie Williams
Heather Rowe

ASPOG

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

The strength of the Society is its multidisciplinary 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. 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 **objectives** of ASPOG are

- To promote the scholarly, scientific and clinical study of the psychosomatic aspects of obstetrics and gynaecology including reproductive medicine
- To promote scientific research into psychosocial problems of obstetrics and gynaecology
- To promote scientific programs designed to increase awareness of and understanding of psychosomatic problems affecting women and men during their reproductive years.

Conference Manager

Ms Bianca Scarlett
Scarlett Events
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General Information

Airport Transfers
A taxi fare between Adelaide Airport and the Rockford Adelaide is approximately $20. Skylink Airport Shuttle (www.skylinkadelaide.com) operates a regular half-hourly bus service from the airport to major hotels in the city for a cost of $16.00 return trip or $10.00 one way.

Certificates of Attendance and CPD points
If you require a certificate of attendance, please ask the registration desk.

RANZCOG
This meeting has been approved as a RANZCOG approved O&G Meeting and eligible Fellows of this College will earn CPD points for attendance as follows:
Full attendance 14 points (Conference Only)
29 July 2011 7 points
30 July 2011 7 points

Annual General Meeting
ASPOG invites all members to attend the Annual General Meeting. The meeting will be held at 1700 in the Imperial Room and will conclude at 1800.

Dietary Requirements
If you have dietary requirements and have indicated this on your registration form, they have been passed onto the caterers. Please make yourself known to catering staff to ensure you have the correct meal.

Liability
In case of industrial disruption or other external events causing disruption to the ASM, the Organising Committee of the ASPOG 2011 ASM accepts no responsibility for loss of monies incurred by delegates.

Name Badges / Dinner Tickets
Admission to all sessions is by the official conference name badge. Please wear it at all times throughout the conference. Tickets for the Conference Dinner are located in your registration envelope.

Pharmacy
The nearest pharmacies are located at the Railway Station opposite the hotel on North Terrace and on Hindley Street.

Post Office
The nearest Australia Post Office is located at Shop 14 Station Arcade, 52 Hindley Street.

Presenters
Please bring your PowerPoint presentation with you on a CD or memory stick to be loaded onto the conference laptop. All PowerPoint presentations will need to be pre-loaded in a refreshment break at least one session before you are due to present. Tim Joy our Audio Visual Technician will be available in the conference rooms to assist you at this time.

Registration Desk
Ms Bianca Scarlett, Conference Manager
0417 990 111

The Registration Desk will be located in the foyer outside the Conference Room. It will be open at the following times:

Friday 29 July 2011 0800 – 1700
Saturday 30 July 2011 0830 – 1700

Social Functions

Conference Dinner
Derek Llewellyn-Jones Oration
This event is an annual highlight of the ASPOG dinner, which will be held at *The Sebel Playford Hotel,* a short walk from the The Rockford Adelaide. We are delighted that this year the oration will be presented by Ms Emma Sachsse who is an Australian Comedienne.
Friday 29 July 2011 *7 for 7.30 pm-11.30pm*

Venue: Sebel Playford Hotel
Level One
120 North Terrace, Adelaide
Dress: Smart casual
Cost: **$90** per person (not included in full registration)

Pre-dinner drinks will be held in the Playford Lounge Bar (Ground Level). An area has been reserved for delegates who have booked dinner tickets.

Farewell Drinks and Presentation of Prizes
Saturday 30 July 2011 *4.30 pm – 5.00 pm*
Venue: Sebel Playford Hotel
Cost: Included in full and Saturday registration fees.

Travel Insurance

Registration fees do not include insurance of any kind. It is strongly recommended that all delegates take out their own travel and medical insurance prior to coming to the Meeting. The Organising Committee and the Secretariat will not take any responsibility for any participant failing to insure. Please seek further information from your travel agent or airline.

Visitor Information Centre

Visitor Information Centres can help you make the most of your time in Adelaide and South Australia. You'll notice them by the bright blue and yellow 'i' sign that they display. These accredited centres are open 7 days a week and they can provide you with all the information you need for your travels around South Australia.

South Australian Visitor & Travel Centre
18 King William Street Adelaide
Phone: 1300 655 276
Email informationandbookings@mail.southaustralia.com

Rundle Mall Information Centre
Rundle Mall Adelaide
Phone: 08 8203 7611
Email visitor@adelaidecitycouncil.com

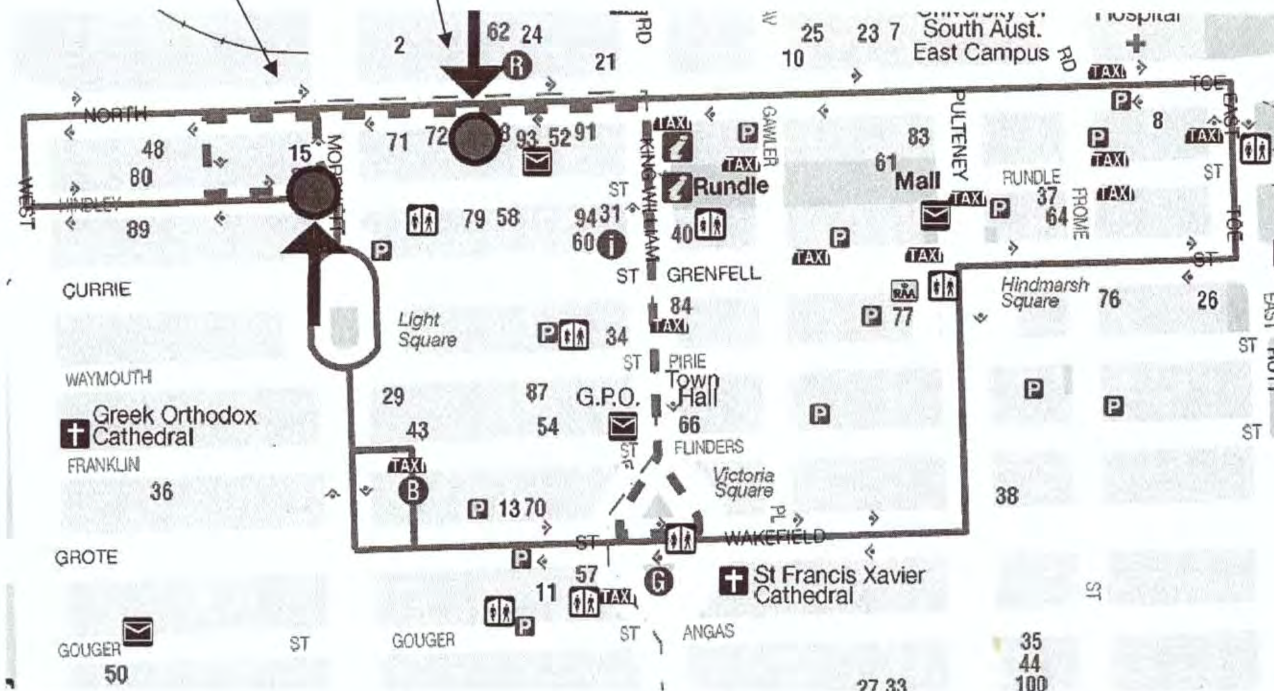
Disclaimer

At the time of printing, all information contained in this handbook 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 program, or any other general or specific information published.

Map

Rockford Adelaide, 164 Hindley Street (Corner of Morphett and Hindley Streets)

Sebel Playford Hotel (Conference Dinner), 120 North Terrace, Adelaide



Informal Display

Science For A Better Life

Bayer Pharmaceuticals is a significant player in the pharmaceutical industry, globally and here in Australia and New Zealand. The product portfolio lies across major business units of Women's Healthcare, General Medicine, Specialty Medicine and Diagnostic Imaging. Using new ideas, Pharmaceuticals aims to make a contribution to medical progress and strives to improve the quality of life.

Research and development are key to Bayer's success and, as such, most of today's business activities are based on Bayer's own innovations. Bayer's products and services, numbering over 5,000 to date, are designed to benefit people and improve their quality of life. The company's mission statement is "Bayer: Science For A Better Life".

Friday 29 July 2011

0845-0900:	Opening and Welcome to Country Dr Heather Rowe, ASPOG President Mr Lewis O'Brien, Kaurna People	
0900-1030	SESSION 1: CULTURES	Imperial Room
Chair:	Prof Suzanne Abraham	
0900-0950	Indigenous Women's Health **Dr Anne Stephens and Dr Kali Hayward**, Nunkuwarrin Yunti of SA, SA	
0950-1030	Empowering Women and Children in Ethiopia **Dr Carolyn Lee Roesler**, Medical Director, Raey Ethiopia	
1030-1100	**Morning tea**	
1100-1230	SESSION 2: SEXUAL ABUSE	Imperial Room
Chair:	Dr Susan Carr	
1100-1130	Understanding the Needs of Sexual Assault Survivors **Ms Sharon Lockwood**, Yarrow Place Rape and Sexual Assault Service, SA	
1130-1200	Sexual Assault and Forensic Obstetrics and Gynaecology **Dr Lyndall Young**, Yarrow Place Rape and Sexual Assault Service, SA	
1200-1230	Vulval Disease Mimicking Trauma **Dr Ann Olsson**, Royal Adelaide Hospital, SA	
1230-1330	**Lunch**	
1330-1510	SESSION 3A: FREE COMMUNICATIONS 1	Imperial Room
Chair:	Dr Kirsten Black	
1330-1350	Postnatal Depression in Women and Men: The Importance of the Intimate Partner Relationship and Infant Behaviour **Dr Karen Wynter,** Jean Hailes Women's Mental Health Research Group, School of Public Health and Preventative Medicine, Monash University, Melbourne	
1350-1410	Comparative Outcomes from Prolift Mesh and Bilateral Sacrospinous Colpopexy for Posterior Compartment Prolapse **Dr Micheal McEvoy**, North Adelaide, SA	
1410-1430	Endometriosis and Chronic Pain: New Concepts, New Evidence and New Management **Dr Susan Evans,** Gynaecologist, Laparoscopic Surgeon and Pain Medicine Specialist, Adelaide, SA	
1430-1450	Intimate Partner Sexual Violence: Illuminating Women's Experience and Informing Integrated Psychosocial Obstetric and Gynaecological Care **Ms Jill Duncan[1] and Ms Deborah Western[2]**, 1.CASA house (centre against sexual assault), Melbourne, 2. Department of Social Work, Monash University, Melbourne	
1450-1510	Developing an Early Medical Abortion Service in South Australia **Ms Brigid Coombe,** Pregnancy Advisory Centre, Woodville Park, SA	

1330-1500	SESSION 3B: MEDITATION WORKSHOP	Victoria Room

	Dr Bronwyn Williams, Health on Kensington, SA
1500-1530	**Afternoon tea**

1530-1700	SESSION 4: PREGNANCY AND CANCER	Imperial Room

Chair:	Dr Ann Olsson
1530-1600	Cervical Cancer in Pregnancy **A/Prof Martin Oehler**, Director, Dept of Gynaecological Oncology, Royal Adelaide Hospital, SA
1600-1630	Pregnancy after Breast Cancer **Dr Melissa Bochner,** Royal Adelaide Hospital, SA
1630-1700	Chemotherapy during Pregnancy **Dr Tabitha Healey**, North Adelaide Oncology, Adelaide, , SA

1700-1800	ASPOG Annual General Meeting	Imperial Room

1900 for 1930	**Conference Dinner** **Derek Llewellyn-Jones Oration** **to be presented by Ms Emma Sachsse** **Sebel Playford Hotel, Level 1** **120 North Tce, Adelaide** **Pre-dinner drinks** will be held in the Playford Lounge Bar (Ground Level). An area has been reserved for delegates who have booked dinner tickets.

Saturday 30 July 2011

0900-1030	SESSION 5: THE BRAIN	Imperial Room

Chair: Dr Fiona Haines

0900-0940 Can We Use the Lessons of Developmental and Evolutionary Neuroscience to Understand the Complexity of our Conflicting and Competing Survival Instincts?
Dr Les Koopowitz, Consultant Neuropsychiatrist Hampstead Rehabilitation Centre, Brain Injury Unit, Royal Adelaide Hospital, Adelaide, South Australia and Clinical Associate Professor, University of Adelaide

0940-1020 Sleep, Fatigue and Shiftwork
Dr Sarah Jay, University of South Australia

1020-1030 Additional Question Time

1030-1100 Morning tea

1100-1230	SESSION 6: AUSTRALIA INITIATIVES PERINATAL MENTAL HEALTH	Imperial Room

Chair: Dr Heather Rowe

1100-1130 Perinatal Psychosocial Assessment in the Australian Context
Prof Bryanne Barnett, Department of Psychiatry, The University of New South Wales, NSW

1130-1200 Clinical Practice Guidelines for Depression and Related Disorders - Anxiety, Bipolar Disorder and Puerperal Psychosis - in the Perinatal Period
Prof Marie-Paule Austin, Chair Perinatal & Women's Mental Health Unit, St John of God Health Care & University of New South Wales, School Psychiatry, Sydney.

1200-1230 Australian Hospitals' Experiences of Implementing the National Perinatal Depression Initiative Screening Recommendations
Prof Jane Fisher, The Jean Hailes Research Unit, School of Public Health and Preventive Medicine, Monash University

1230-1330 Lunch

1330-1500	SESSION 7: FREE COMMUNICATIONS 2	Imperial Room

Chair: Dr Jackie Stacy

1330-1350 Psychosomatic Research in Hong Kong; A 20 Year Journey
Prof Tony Chung
Department of Obstetrics & Gynaecology, The Chinese University of Hong Kong, Hong Kong

1350-1410 Rapid Hypnosis as an Anaesthesia Adjunct for Evacuation of a Large Postpartum Vulval Haematoma
Dr Lufee Wong, Registrar, Women's and Children's Hospital, North Adelaide, SA

1410-1430 Maternal Separation Anxiety in the Postpartum: The Role of Social Disadvantage
Dr Amanda Cooklin, Parenting Research Centre, Melbourne, VIC

1430-1450 'If Only Free Condoms Did the Trick': Adolescents and HIV
Dr Tonia Mezzini, Sexual Health Registrar Clinic 275 Adelaide, SA

1500-1530 Afternoon Tea

1530-1700	SESSION 8: SEXUAL HEALTH	Imperial Room

Chair: Dr Jenny Thomas

1530-1600 Psychosexual Aspects of (AS)POG
Dr Susan Carr, Head of Psychosexual Service, Royal Womens Hospital, VIC

1600-1630 Impact of Viagra on Relationships
Dr James Hundertmark, FRANZCP, Private psychiatry Practice, SA

1630-1700 Clinical Research Trials in Female Sexual Dysfunction- does anything work?
Dr Jane Elliott, Women's Health Centre, Royal Adelaide Hospital, Adelaide

1700-1730 Farewell Drinks and Presentation of Prizes

Indigenous Women's Health

Dr Anne Stephens and Dr Kali Hayward

Notes:

Empowering Women and Children in Ethiopia

Dr Carolyn Lee Roesler

Notes:

Understanding the Needs of Sexual Assault Survivors

Ms Sharon Lockwood

Notes:

Sexual Assault and Forensic Obstetrics and Gynaecology

Dr Lyndall Young MBBS, MForensMed
Yarrow Place Rape and Sexual Assault Service, Adelaide

Sexual violence is a common experience of Australian women however, only a small proportion of women will seek help from a doctor in relation to an assault. This presentation will explore the management of an allegation of an acute sexual assault and the possible involvement of a gynaecologist in the acute setting. The management of a pregnancy diagnosed soon after an assault and the forensic implications of such a pregnancy including in-utero-paternity testing will be discussed.

Vulval Disease Mimicking Trauma

Dr Ann Olsson
Royal Adelaide Hospital, SA

Many vulval dermatoses present with features such as tears in the skin, small haemorrhages and bruising. Many of these signs are caused by chronic scratching whilst some are due to the underlying disease process. Differentiation from other causes of trauma to the vulval skin can often be difficult.
In this presentation, conditions such as lichen sclerosus, lichen planus, lichen simplex chronicus and recurrent vulvovaginal candidiasis will be reviewed.

Notes:

Postnatal Depression in Women and Men: The Importance of the Intimate Partner Relationship and Infant Behaviour

Karen Wynter, Heather Rowe, Jane Fisher
Jean Hailes Women's Mental Health Research Group, School of Public Health and Preventative Medicine, Monash University, Melbourne

Background: Postnatal depression in women is associated with history of mental health problems, coincidental adverse life events, low social support and poor quality partner relationship. There is less consistent evidence for risk factors in men. Few studies have examined the role of infant behaviour. Using dyadic analysis, this study examined the independent contributions of individual, partner, infant, and social factors to postnatal depression symptoms, in couples 6 months postpartum.

Methods: Data were collected from a systematically recruited community cohort of couples (primiparous mothers and partners) in Victoria, approximately 6 months postpartum. Computer assisted telephone interviews included questions about demographic factors and current circumstances, and standardised instruments to assess personality, quality of partner relationship, baby behaviour and postnatal depression symptoms. The outcome variable was Edinburgh Postnatal Depression Scale (EPDS) score.

Data were analysed using multilevel modelling; the couple was the unit of analysis, with mothers and fathers nested within couples. Analysis was based on an actor-partner-interdependence model, which estimates individual and partner effects simultaneously.

Results: Complete data were available for 323 couples. Mothers had significantly higher EPDS scores than fathers (Mean(SD) mothers: 4.4(3.7) versus fathers 3.6(3.3), $p=0.002$). Controlling for other relevant factors in the model, in both women and men higher EPDS scores were associated with history of mental health problems, vulnerable personality, poorer quality partner relationship, limited leisure time, coincidental adverse life events and having a persistently-crying infant experienced as difficult to manage. In fathers, higher scores were significantly associated with not being married, while in mothers higher scores were associated with partner vulnerable personality.

Conclusion: Postnatal depression symptoms are multifactorially determined, with similar risk factors for women and men. Relationships with intimate partners and infants are risk factors which may be modifiable and warrant explicit attention in clinical services and mental health promotion strategies.

The submitted abstract reports on research using human participants with approval from an Institutional Human Research Ethics Committee.

Comparative Outcomes from Prolift Mesh and Bilateral Sacrospinous Colpopexy for Posterior Compartment Prolapse

Dr Michael McEvoy and Dr Alan Forbes
41 Mann Tce, North Adelaide, SA

Background: The surgical management of posterior wall prolapse has seen a sharp increase in the use of polypropylene mesh , largely driven by industry and the significant failure rates of standard repair . Yet significant mesh morbidity occurs and outcome tools do not always support the use of mesh nor are they aligned to patient perceived overall success

Materials and methods: In this same surgeon same assistant cross over study ,the surgeon utilized Posterior Prolift mesh in the first 40 patients and then switched to 42 bilateral vaginal sacrospinous colpopexy (SSC) and standard posterior repair. Modified POP-Q before and after surgery and an anonymous, validated , relative (after compared to before) visual analogue scale of change in quality of life questionnaire (PROVAS) were sent by post at 6, 12, 24, 36 and 48 months. They were analysed blindly and then collated.

Results: Mean age at surgery (69 and 68years), questionnaire response rates (92 and 88 percent), were similar in the mesh and SSC groups. Improvement in the POPQ core were similar. The improvement in POPQ scores did not closely correlate with either overall satisfaction or PROVAS score .
PROVAS scores on the other hand were strongly correlated to overall satisfaction.
Serious intraoperative and postoperative complications were nil in each group.
Long term dyspareunia requiring reoperation occurred in 7.5% in the Mesh group. 2.5% of the SSC group required removal of suture in the rooms for chronic granuloma.

Conclusions: Similar anatomical surgical results with less long term morbidity imply that SSC is an acceptable alternative to mesh kits. Our study is limited by not having blind POPQ assessments, and possibly limited power. We also used two different sutures (ethibond originally and then PDS) for our SSC technique. Some patients also had other procedures concomitantly.
Tools for assessment of surgery are problematic: both objective POPQ and subjective Quality of life questionnaires are pooly correlated with satisfaction.
We offer PROVAS as an alternative assessment tool as it is better correlated with overall success rates as it is by its very nature a comparative (before and after) visual analogue scale.

No conflicts of interest to declare. Self funded research

References:

Srikrishna,S, Robinson,D and Cardozo,L.,Qualifying a quantitative approach to women's expectations of continence surgery, Int Urogynecol J,(2009),20,859
Lowenstein,L, Patient selected goals: the fourth dimension in assessment of pelvic floor disorders, Int Urogynaecol J Pelvic Floor Dysfunct, (2008), 19,81.
Barber,MD, Pelvic Floor Disorders Network (2009) Defining success after surgery for pelvic organ prolapse , (20090, Obstet Gynecol, 114,600

Endometriosis and Chronic Pain: New Concepts, New Evidence and New Management

Dr Susan Evans
MBBS, FRANZCOG, FFPMANZCA

Chronic Pain is now considered a disease entity in itself, rather than a symptom of another condition. It represents a change in the way pain impulses are generated and processed in the central nervous system. While these principles are well known with regard to other pain conditions including back pain and post surgical pain, their application to chronic pelvic pain is relatively new.

Recent scientific and clinical research has shown the intimate relationship between endometriosis and aberrant innervation in the functional layer of the endometrium, endometriotic implants and endometriomas. This presentation discusses the natural history of endometriosis and chronic pelvic pain, the concept of neuroplasticity and clinical opportunities for early intervention that may be effective at prevention of chronic pain.

It also describes ways to assess, accurately diagnose and manage women with chronic pelvic pain who present clinically.

Intimate Partner Sexual Violence: Illuminating Women's Experience and Informing Integrated Psychosocial Obstetric and Gynaecological Care

Jill Duncan
CASA house (centre against sexual assault), Melbourne
Dr Deb Western
Department of Social Work, Monash University, Melbourne

Significant numbers of women of all ages and social circumstances experience intimate partner sexual violence (IPSV). Family violence workers believe that the vast majority of women they work with are sexually assaulted by their violent partners. IPSV commonly involves repeated and severe physical and sexual assault with extreme risks to women's safety. Like other forms of family violence, IPSV is unpredictable, ongoing and often escalates. It is particularly devastating for victims, due to the ongoing relationship between the victim and the perpetrator.

Impacts of IPSV on women's reproductive health include pain, sexually transmitted infections, cervical cancer, infertility and higher HIV risk. IPSV leads to increased rates of pregnancy, unwanted pregnancy and rates of termination. During pregnancy, IPSV leads to an increase in miscarriages and stillbirths. Psychological and emotional impacts of sexual violence for victims include increased alcohol use, self-harm, eating disorders and suicidal thoughts. Sexual violence in intimate relationships for women affects their sexuality, including confidence in communicating about sexuality and capacity to negotiate contraception and consent.

After friends and family, women are most likely to talk about domestic and family violence to general practitioners and other helping professionals. Health and women's health specific services such as obstetrics and gynaecology have a crucial role to play in responding to the impacts on women experiencing IPSV. Appropriate responses include acknowledging connections between family and domestic violence and women's' health, asking women about the possibility of IPSV, and consultation and timely referral to violence specific services.

This paper reports on published research into IPSV and its impacts on women's reproductive health and makes recommendations for an integrated psychosocial obstetric and gynaecological care.

Submitted abstract does not report on research using human participants.

Developing an Early Medical Abortion Service in South Australia

Brigid Coombe, Ea Mulligan, Cara Flynn
Pregnancy Advisory Centre, Woodville Park, SA

The progesterone antagonist Mifepristone (RU486) has been used to provide over 2 million abortions worldwide. First licensed for use in France and China in 1988, it's use has been taken up in Europe, India, the United Kingdom and the United States of America where the safety, efficacy and acceptability of this medical method for inducing abortion has been established. As Mifepristone has not been licensed for use in Australia its' use is regulated by the Therapeutic Goods Administration.

The Pregnancy Advisory Centre, a health service of The Queen Elizabeth Hospital is a government funded service providing up to 3,000 abortions a year. The service provides approximately 60% of abortions in South Australia each year.

In August 2008, the Centre's medical officers achieved authority from the Therapeutic Goods Administration to prescribe mifepristone to induce first and second trimester abortion. From February 2009 women whose pregnancy was 63 days or less could be provided with a medical abortion using mifepristone.

This paper will describe the development of this early medical abortion service, current protocols, clinical and legislative challenges and incorporate feedback from women who have used the method.

Consistent with the experience of providers internationally, women's uptake of the method increased as the counselling skill and confidence of nurses and doctors developed. Women's satisfaction with the method is high and now a quarter of all abortions provided at the Centre are by this method.

The submitted abstract reports on research using human participants and has approval from an Institutional Human Research Ethics Committee.

Cervical Cancer in Pregnancy

A/Prof Martin Oehler
Assoc Professor & Director, Dept of Gynaecological Oncology, Royal Adelaide Hospital, SA

Cervical cancer is one of the most common malignancies diagnosed in pregnancy. It presents significant challenges as a result of the conflict between optimal maternal therapy and fetal well-being. In addition, cancer diagnosis may be delayed because of difficulties in distinguishing symptoms from physiologic changes in pregnancy and the difficulty in applying the standard diagnostic work-up in a pregnant woman. Finally, the lack of prospective randomised treatment studies and therefore objective data has prevented the development of clinical guidelines for many issues complicating the treatment of cervical cancer in pregnancy. Treatment therefore has to be individualized and is based on: (i) gestational age at diagnosis; (ii) stage of disease; (iii) the woman's wish to continue the pregnancy and (iv) future childbearing desires.

Pregnancy after Breast Cancer

Dr Melissa Bochner

Notes:

Chemotherapy during Pregnancy

Dr Tabitha Healey
North Adelaide Oncology, Adelaide

A cancer diagnosis during pregnancy is uncommon but as women delay child birth this difficult and distressing clinical situation will have to be dealt with more frequently. Breast, cervical and ovarian cancer are the most common tumour types presenting during pregnancy. Whilst pregnancy itself is not an adverse prognostic factor, delays in diagnosis and complexities of management may impact on patient outcome. Multidisciplinary care to ensure optimal maternal and foetal outcomes is essential, with management of the pregnant patient mirroring that of the non pregnant patient as closely as possible. Whilst chemotherapy must be avoided in the first trimester most agents can be safely delivered during the second and third trimesters allowing delivery of a more mature foetus and improved infant outcomes. Management of cancer in a pregnant woman requires frank, informed discussions regarding a woman's desire to continue her pregnancy and the risks to herself and foetus of treatment or treatment delays.

Notes:

Can We Use the Lessons of Developmental and Evolutionary Neuroscience to Understand the Complexity of our Conflicting and Competing Survival Instincts?

Dr Les Koopowitz
MBBCh FFPsych(SA) FRANZCP
Consultant Neuropsychiatrist Hampstead Rehabilitation Centre, Brain Injury Rehabilitation Unit, Royal Adelaide Hospital, Adelaide, South Australia and Clinical Associate Professor, University of Adelaide

The primary role of the nervous system is to ensure our survival, both at the level of the individual and group (community), as well as at the level of the species. During the course of our development various components of our nervous system will "remember" threats to our survival (complexity of memory).

At birth the rudimentary cortex has "grown" around the core brainstem, hypothalamic and deep limbic structures. When we are born we have this impressive looking cortex. However, it is not "wired" for self-sustaining sophisticated activity. In order to sustain life by monitoring our immediate survival needs, our brainstem and hypothalamic circuitry has to be fully functional.

As we mature we "connect" with increasing "efficiency" to our neocortex, allowing us to begin to "think" about what we "feel" and develop a conceptual understanding of our emotions. Until we grow "old" enough for these maturing areas to "connect" to each other with increasing "efficiency" we rely on a "surrogate neocortex" (caregiver) not only to help "teach" us and guide us as to how we can learn to "control" or regulate the response to our immediate and individual survival needs, but also to meet our immediate survival needs in those initial crucial developmental years.

Once upon a time we were all neonates. For the first few years of our lives we were all helpless and totally dependent on a primary caregiver for our survival. This "struggle for survival" is "imprinted" in our brainstem-limbic-hypothalamic axis. As such, we all share the same universal fear of abandonment. Very few of us are consciously aware of or admit to this fear of abandonment. Most of us spend the rest of our lives trying to defend against it. For example we choose careers that fulfil our own dependency needs (health care).

The problem is our patients will usually experience this fear of abandonment with greater intensity than us. No matter how well-developed the neocortex, and how well-nurtured the brainstem-limbic-hypothalamic axis, the limbic system will always view a potential caregiver as a possible "abandoner". As caregivers, with our own dependency needs, and fears of abandonment, we have to be prepared for the type of hostile-dependent relationships with which patients with injured brains will challenge us.

Could it be that the key to the understanding of human behaviour lies in uncovering how we use our memory networks to try make sense of our conflicting survival instincts and primitive territorial needs?

Sleep, Fatigue and Shiftwork

Dr Sarah Jay
University of South Australia

Notes:

Perinatal Psychosocial Assessment in the Australian Context

Prof Bryanne Barnett
Department of Psychiatry, The University of New South Wales, NSW

Notes:

Clinical Practice Guidelines for Depression and Related Disorders - Anxiety, Bipolar Disorder and Puerperal Psychosis - in the Perinatal Period

Marie-Paule Austin*[1], Phillipa Middleton[2], Nicole Highet[3] & the Guideline Expert Advisory Committee
[1] Chair Perinatal & Women's Mental Health Unit, St John of God Health Care & University of New South Wales, School Psychiatry, Sydney.
*Chair of beyondblue Guideline Expert Advisory Committee
[2] Co-Director of the Australian Research Centre for Health of Women and Babies (ARCH), University of Adelaide, Adelaide.
[3] Deputy CEO, beyondblue National Depression Initiative.

Background: Mood disorders arising in the perinatal period – defined for the Guidelines as conception to first postnatal year – may impact adversely on the mother, infant and family at a critical time in the development of the mother-infant attachment, with potential long-term consequences. These NHMRC endorsed Guidelines – the first of their kind in Australia – are aimed at the range of clinicians caring for these families in the primary health care sector.

Method: The guidelines were underpinned by a systematic literature review using rigorous NHMRC methodology to synthesise the evidence and formulate the recommendations based on data from all available sources up to July 2009. Where appropriate, the review extended that already undertaken for the British NICE Perinatal Mental Health Guidelines (2007).

Results: Recommendations were made for routine, universal screening for depression across the perinatal period using the Edinburgh Depression Scale, and the use of evidence based psychological interventions (e.g., CBT) for mild to moderate depression in the postnatal period.Where there was insufficient evidence for recommendations – as in the majority of cases – Good Practice Points (GPPs) were formulated. These were based on lower quality evidence and/or expert consensus. The GPPs additionally suggested: the use of comprehensive, universal psychosocial assessment; consideration of the mother-infant interaction as part of the assessment; assessment of risk to infant, as appropriate, and; close monitoring to enhance relapse minimisation in those with existing mood disorder.
The GPPs also gave specific advice around the use and safety of psychotropic medications in pregnancy and breastfeeding, in particular advising against the use of Valproate in pregnancy given its significant teratogenicity and impact on offspring cognitive outcomes.

Conclusions: The development of these Guidelines is a first step in translating evidence into practice and developing a broader evidence base for the detection and management of Perinatal Mood and Anxiety Disorders.

Key words: depressive disorder, mental health, pregnancy, postnatal, guidelines.

Australian Hospitals' Experiences of Implementing the National Perinatal Depression Initiative Screening Recommendations

Jane Fisher [1], Liz Chatham[2], Sally Haseler[2], Beth McGaw[2], Jane Thompson[2].
[1] The Jean Hailes Research Unit, School of Public Health and Preventive Medicine, Monash University
[2] Women's Hospitals Australasia and Children's Hospitals Australasia, 1 Napier Close, Deakin, ACT 2600, Australia

Aim: In November 2009, the Australian Government Department of Health and Ageing launched the National Perinatal Depression Initiative. It recommended screening and follow up care for women identified with current symptoms of antenatal or postnatal depression or regarded as at risk of these conditions, as well as training for health professionals. The aim of our study was to describe how these policy recommendations are being implemented in Australian hospitals.

Method: Women's Hospitals Australasia (WHA) a national not-for profit peak body to promote excellence in healthcare in hospitals providing health services to women in Australia and New Zealand surveys member hospitals regularly. A structured electronic survey to assess current practices and policies about screening for perinatal depression, referral protocols, human resources and staff training was distributed to member hospitals, with follow up prompts for two months.

Results: In total 14 / 30 (46%) WHA Australian member hospitals completed the survey. Of these 12/14 (86%) provide routine screening for antenatal depression, most (10/14, 71%) at < 20 weeks gestation and most (11/14, 78%) using the EPDS. In all hospitals midwives undertake this screening and in most (78%) women are informed of their EPDS score during the consultation. In most hospitals this aspect of care adds up to 15 minutes to the consultation. In two hospitals staff training for perinatal depression is mandatory and in others it is elective. We can only speculate about practice in the hospitals which did not respond, but it is possible that perinatal depression screening programs are less well established in them.

Conclusions: Implementation of the National Perinatal Depression Initiative's recommendations in Australian hospitals appears to be inconsistent. In some hospitals routine screening, referral protocols and related staff training seem well established, but in others there are either limited or no programs in place. Implementation assistance might be required to ensure consistency of healthcare for Australian women.

Psychosomatic research in Hong Kong; A 20 Year Journey

Tony Chung
Department of Obstetrics & Gynaecology, The Chinese University of Hong Kong, Hong Kong

Psychological aspects of obstetrics & gynaecology did not feature prominently in research published from Hong Kong before 1990. Efforts to initiate such research in this area were initially not wholeheartedly supported. As grants were obtained and papers in relatively well known journals were published, this area became more respectable academically. However, what are the practical consequences of this research apart from the publication of around 40 scientific papers? Has it informed practice and care? Some of the published results of the research are at variance to that reported in western publications. Psychological morbidity after miscarriage appears to be much lower than reported in the west. However, others, such as prevalence of postnatal depression, are very similar. Development of psychometric instruments and exploration the extent of language and culture influence will be discussed. Lessons learnt in doing research on psychological aspects of obstetrics & gynaecology will be shared.

The submitted abstract reports on research using human participants with approval from the institutional human research ethics committee of the Chinese University of Hong Kong.

Rapid hypnosis as an anaesthesia adjunct for evacuation of a large postpartum vulval haematoma

Lufee Wong (1), Allan M. Cyna (2), Geoffrey Matthews (3)
(1) Registrar, Women's and Children's Hospital, North Adelaide, SA
(2) Senior Consultant Anaesthetist, Department of Women's Anaesthesia, Women's and Children's Hospital, North Adelaide, SA
(3) Head of Obstetrics, Department of Perinatal Medicine, Women's and Children's Hospital. North Adelaide, SA

Hypnosis has occasionally been reported as the sole anaesthetic technique in obstetrics[1]. However, it is rarely considered to be practical in acute settings.

We report a 34-year-old woman who, following a home birth, presented with a large, painful, right vulval haematoma secondary to an unrepaired second degree perineal tear. The patient was initially refusing to consider general anaesthesia, and was mildly coagulopathic, making spinal anaesthesia a relative contra-indication. The patient was offered hypnosis with the option of general anaesthesia if needed. A hypnosis technique, known as "believed in imagination" was used while suggestions were added to facilitate dissociation and a psychological lower body anaesthesia. The patient was asked to close her eyes and choose a safe place to go in her mind. She chose a room at home with her newborn baby and was able to describe in detail her imaginative experience. A progressive relaxation technique was utilised followed by suggestions for anaesthesia for the lower part of the body. "*Each time you breathe out, any tension or unwanted sensations can be blown away into the atmosphere and you can feel more and more relaxed as the lower part of the body feels sleepier and sleepier……*" Any touching was suggested, a signal for her to relax and for the perineum to become more anaesthetic, numb and comfortable. The one hour procedure was conducted comfortably with the only pharmacologic medication administered being paracetamol and 100 mcg fentanyl intravenously at the commencement of surgery. This patient highlights the value of utilising the high hypnotisability of women in pregnancy[2]. There is a tendency to overlook opportunities where hypnosis might be the treatment of choice. This report adds to the increasing body of evidence that hypnosis represents a useful, additional tool that obstetricians, anaesthetists and other clinicians may find valuable in their everyday practice.

Kroger WS, De Lee ST. Use of hypno-anaesthesia for Caesarean section and hysterectomy. *JAMA* 1957; **163**: 442-4
Alexander B, Turnbull D, Cyna A. The effect of pregnancy on hypnotizability. *Am J Clin Hypn* 2009; **52**: 13-22

Informed consent has been obtained and all identifying information of the patient has been omitted for privacy purposes.

Maternal Separation Anxiety in the postpartum: The role of social disadvantage

Amanda R.Cooklin (1), Rebecca Giallo (1), Lyndall Strazdins (2), Nina Lucas (3), Elizabeth Westrupp (3), Jan N Nicholson (3)
1. Parenting Research Centre, Melbourne
2. National Centre for Epidemiology and Population Health, Australian National University, Canberra
3. Murdoch Childrens Research Institute, Melbourne

Background: Maternal Separation Anxiety (MSA) refers to feelings of concern, sadness and anxiety elicited in a mother during periods of separation from her infant in particular those necessitated by employment participation. While it is expected that all mothers experience emotional sequelae during separation, some mothers report very high MSA, often assumed to be a personality attribute, or a sign of poor psychological functioning. The role of social and structural disadvantage in the aetiology of high maternal separation anxiety has been overlooked. The aim of this study was to investigate the relative contribution of social circumstances to high maternal separation anxiety in the first year postpartum when maternal and infant characteristics were included in analyses.

Method: Secondary analysis of data from the *Longitudinal Study of Australian Children.* Participants were mothers of infants, with complete data on all maternal (demographic), infant (age, health, behaviour) and social (socio-economic position, quality of partner relationship, quality of neighbourhood, employment, social support) characteristics (N=3879). MSA was assessed using items from the MSA Scale (Hock et al.1989). Women scoring ≥ 80th percentile were classified as having 'high MSA', and compared to women who had moderate or low MSA (<80th percentile).

Results: Seventeen percent of women were classified as having 'high MSA'. Compared to socio-economically advantaged women, women of low socio-economic position had a fourfold increased odds of reporting high MSA (OR = 4.37, 95% CI = 3.24-5.89). Being unemployed, experiencing 3 or more adverse life events were also significantly associated with high MSA when maternal and infant characteristics were adjusted for.

Conclusions: These findings, from a diverse sample, indicate that high MSA is more common in socio-economically disadvantaged women. As an aspect of maternal well-being, and with implications for the infant, high MSA needs to be considered in policy debates about parental leave and postpartum employment.

'If Only Free Condoms Did the Trick': Adolescents and HIV

Tonia Mezzini
Sexual Health Registrar Clinic 275 Adelaide

This paper describes the case of a 15 year old girl who became sexually active at age 13 and who contracted a number of STI's including HIV in 2010. The epidemiology of HIV in South Australia will be described, and the significance of 'Clade D' infection will be discussed in terms of disease progression and treatment options. This case is illustrates how normal adolescent sexual development can be negatively influenced by individual intellectual functioning, poverty, the insidious, incessant 'pornification' of our culture and even evolutionary theory. The solutions lie beyond sex education and free condoms, and call for measures that challenge economic inequalities and give young people optimism for their future.

The submitted abstract reports on research using human participants with approval from Institutional Human Research Ethics Committees and no details that could identify the subject of the case study will be disclosed.

The Psychosexual Aspects of (AS)POG

Dr Susan Carr
Head of Psychosexual Service, Royal Womens Hospital, VIC

Sexuality is inherent in everyone, and mainly becomes relevant to the clinical consultation when there is a problem to be discussed. Published evidence shows a high prevalence of sexual problems in most areas of psychosocial obstetrics and gynaecology. Women of ethnic and sexual minorities can have an increased incidence of sexual problems. Past history of sexual abuse and obstetric trauma often underpin problems with sex and relationships. The clinical professions are excellent at treating the physical aspects of sexual problems, but are often unaware or unable to deal with the emotional dimensions. Communication, or lack of it, is often the key.

Impact of Viagra on Relationships

Dr James Hundertmark
FRANZCP, Private psychiatry Practice, SA

The advent of viagra-like drugs (phosphodiesterase 5 inhibitors) has put a new complexion on sexual relationships for men and women. An insight into this shift is provided by the results from the South Australian Couples Sildenafil study and a range of clincial vignettes. Questioning the benefits of viagra may require a better definiton of what it is to be a man in the context of relationship with a woman.

Clinical Research Trials in Female Sexual Dysfunction - Does Anything Work?

Dr Jane Elliott
Women's Health Centre, Royal Adelaide Hospital, Adelaide

Female Sexual Dysfunction is a controversial area in all sorts of ways - the definition and diagnosis is an area of debate, certainly there is controversy about how many women actually have the condition and during the last decade there have been various attempts in the pharmaceutical industry to find a drug that may treat the condition. Many of these research trials have unfortunately come to nothing although much has been learnt along the way, often findings coming back to the premise that men and women are different! Some of the difficulties in research in this area are because in erectile dysfunction there is a quantifiable physical event, whereas a woman's sexual response is qualitative and can't be measured objectively. This paper will explore some of the clinical research trials, both hormonal and non-hormonal, that have informed the progress of knowledge in this area. The current research and recommendations for the use of testosterone in women will be presented, since this is the main pharmaceutical therapy that can be offered to a subset of women at peri-menopause and beyond. All women presenting with sexual dysfunction should have health, relationship and psychological issues explored and addressed before considering testosterone therapy.

Professor Bryanne Barnett
MBChB, FRANZCP, MD
Bryanne currently holds a conjoint professorial appointment with the School of Psychiatry at UNSW, where she previously held the Chair of Perinatal and Infant Psychiatry. She works at St John of God Hospital, Richmond and at Karitane, Fairfield. She also works with *beyondblue* on aspects of their National Perinatal Depression Initiative.

She is a child and family psychiatrist with a particular interest in the field of perinatal and early childhood mental health. Her doctoral thesis (UNSW) concerned anxiety and its effects on mothers and their infants, and she has published extensively on anxiety and depressive disorders and their effects on parenting. Subsequent clinical and research work has focused on supporting mothers, fathers and their families during pregnancy and postpartum and she has set up a number of services to address these early intervention, prevention and health promotion possibilities.

Various current research collaborations include: Sydney Children's Hospital; Westmead Children's Hospital; UNSW School of Psychiatry, and UWS.

Bryanne was Chair of the Board of *Karitane (Early Parenting Services),* till November 2008. She is a foundation member and Past President of the Australian Association for Infant Mental Health, the Australian Society for Psychosocial Obstetrics and Gynaecology, and both the International and the Australasian Marce Societies. In 2007, Bryanne was awarded Membership in the Order of Australia in recognition of service to families and the profession.

Dr Susan Carr
Up to January 2010 Susan was a Consultant in Sexual and Reproductive Healthcare in Glasgow, where she ran a centre for street prostitutes, trans- gender clinic and the first lesbian clinic in the city.

She was on many committees and was a member of the Ethics Committee of the Royal College of Obstetricians and Gynaecologists, UK.

On moving to Melbourne she took up her present post as head of the Psychosexual Service at the Royal Women's Hospital. She is also currently President of the Sexuality and Sexual Health section of the Royal Society of medicine, UK, and Honorary senior lecturer, University of Glasgow.

Prof Tony Chung
Professor Tony Chung is the Chairman and Professor of Obstetrics & Gynaecology, The Chinese University of Hong Kong. A graduate of Sydney University, he has worked in Hong Kong since 1989. He has been interested in the psychosocial aspects of women's health and has consistently published research in this area for some 15 years.

Dr Amanda Cooklin
Dr Cooklin is a social scientist, and is employed as a Research Fellow at the Parenting Research Centre in Melbourne, an independent, government-funded, not-for-profit research organisation. Her main research interests include perinatal mental health, the relationship between employment and maternal mental health during early parenting, and maternal postpartum physical health, fatigue and breastfeeding.

Ms Brigid Coombe
Brigid Coombe is the Director of the Pregnancy Advisory Centre (PAC), a government funded health service for South Australian women with unplanned pregnancy. The Centre has a multidisciplinary staff and provides information, counselling and first and second trimester abortions.

Brigid's interest in sexual health and fertility control spans over two decades. She worked as a clinical nurse for Family Planning Associations in Darwin, Sydney and Adelaide and as a Community Health Nurse at Adelaide Women's Community Health Centre. Brigid commenced work as a Clinical Nurse at the PAC in 1994 and has been the Director since 2003.

Ms Jill Duncan
Jill Duncan is Training Co-ordinator at CASA House (centre against sexual assault) in Melbourne's CBD, the role she has held for eight years. She has an honours degree in Behavioural Sciences, an MA in Women's Studies and Certificate IV in Workplace Training & Assessment. Education and training have been core activities throughout Jill's professional career. She began at CASA House in 2000 to conduct Stage 2 of the Older Women and Violence Project. While conducting that project Jill established a training collaboration with Domestic Violence Resource Centre Victoria (DVRCV). In 2010 she co-facilitated a Worker Practice Forum around intimate partner sexual violence with DV Victoria and DVRCV. In February 2011 with Deb Western Jill co-authored 'Addressing the ultimate insult: responding to women experiencing intimate partner sexual violence' for the Australian Domestic & Family Violence Clearinghouse.

Dr Jane Elliott
Dr Jane Elliott is a general practitioner with a longstanding commitment and interest in women's health, especially menopause, osteoporosis and infertility. She is a visiting General Practitioner at the Menopause Clinic, Women's Health Centre, Royal Adelaide Hospital, where she also participates in international clinical research trials in women's health. She believes that translation of clinical research into clinical practice and support of clinicians in their role in providing this information to patients is of paramount importance. She is President Elect of the Australasian Menopause Society and a member of the Medical and Scientific Committee of Osteoporosis Australia.

Dr Susan Evans
Dr Susan Evans is a gynaecologist, laparoscopic surgeon and pain medicine specialist from Adelaide, Australia, who specialises in the management of endometriosis and pelvic pain. She is a Fellow of the Faculty of Pain Medicine, and co-author of the book 'Endometriosis and Pelvic Pain'.

In her practice, she uses a multidisciplinary approach to the management of chronic pelvic pain, with modern laparoscopic surgery, medications, counselling, specialist physiotherapy, diet, lifestyle change, and encouraging women to become involved in their own care.

Dr Evans is actively involved in education of women, medical students, doctors and gynaecologists and a contributor to a wide range of literature from medical textbooks to women's magazines.

Dr Evans website is at www.drsusanevans.com

Professor Jane Fisher
Jane Fisher is Jean Hailes Professor of Women's Mental Health in the School of Public Health and Preventive Medicine at Monash University. She has longstanding interests in the links between reproductive health and mental health in women, in particular during pregnancy and after childbirth. She has been Consultant Clinical Psychologist to Masada Private Hospital's Mother Baby Unit since it opened in 1996.

Dr Kali Hayward
Position held on AIDA Board - Director
I am from the Warnman people, of the Martu language group of Western Australia.
I am married with four children and live in Adelaide, South Australia.
I graduated from the University of Adelaide with a MBBS in 2005. In 2010 I completed my General Practice training through the Adelaide To Outback GP training program . I obtained my RACGP Fellowship in September 2010 and I am one of two Indigenous General Practitioners in South Australia.
I work as a General Practitioner at Nunkuwarrin Yunti, the largest Aboriginal Community Controlled Health Organisation in South Australia. I also work in a private practice at the Adelaide Road Clinic. I am heavily involved with the Adelaide To Outback's Indigenous health training program as a Medical Educator, ensuring that South Australian GP Registrars provide a culturally competent service to their Indigenous patients.
I am connected to the Indigenous Church, which provides a ministry to the Indigenous people of the Western Adelaide region.
My future goal is to expand my work within the Indigenous community of South Australia. I would like to become more involved in the development of policies and practices that will improve the health of Indigenous Australians.

Dr Tabitha Healey

Tabitha Healey is a Medical Oncologist practising at Calvary North Adelaide. Her practice focuses on Breast, Gynaecological and Gastrointestinal Cancers with a particular interest in supportive care. As a director of North Adelaide Oncology she is the Principal Investigator of a number of clinical trials and established the unique RESTORE Wellness and Supportive Care Program for patients. She is involved in teaching of medical students, Medical Oncology advanced trainees, allied health and oncology nurses. She has secured Government funding to establish the only privately based Medical Oncology advanced trainee position in South Australia. Tabitha is on the board of the Private Cancer Physicians of Australia a non-profit organisation advocating for high quality, fair and integrated cancer treatments for private sector patients and the support of private cancer physicians.

Dr James Hundertmark

Dr James Hundertmark trained in psychiatry at the Repatriation General Hospital, Daw Park, SA under the supervision of Professor John Condon which generated an interest in psychosomatic O+G. As a psychiatry registrar, Dr Hundertmark worked at Helen Mayo House and in the male sexual dysfunction unit at the Repat where he completed his research dissertation on the use of intracavernosal injections. Dr Hundertmark completed a large published research project on the relationship impact of sildenafil (ViagraTM) at Flinders Medical Centre. He worked for 8 years as the head of the consultation-liaison service at FMC with attachments to the liver and renal units. He maintains an interest in the clinical management of postpartum disorders and sexual dysfunction. Dr Hundertmark has worked as the Clinical Director for the western and inner southern mental health regions, won the Margaret Tobin Award for contribution to the media in 2007 and is a past Chair of the South Australian Branch of the Royal Australian and New Zealand College of Psychiatrists.

Dr Sarah Jay

Sarah did her PhD at the Centre for Sleep Research, University of South Australia where she investigated the time course of recovery in both laboratory and field settings. Specifically, her interest was to investigate the recovery of sleep, physiological sleepiness and waking function following sleep loss. Since completing her PhD, her main interest has been in shift work and she has worked at a postdoctoral research fellow at both UniSA here in Adelaide and at Massey University in Wellington in New Zealand. She has worked on a number of applied research projects in the mining, rail, aviation and healthcare industries. These projects have largely focused on understanding the impact of shift-work on sleep, performance, safety and the management of fatigue related risk in the workplace.

Dr Les Koopowitz

MBBCh FFPsych(SA) FRANZCP

Consultant Neuropsychiatrist Hampstead Rehabilitation Centre, Brain Injury Rehabilitation Unit, Royal Adelaide Hospital, Adelaide, South Australia

Clinical Associate Professor, University of Adelaide

Ms Sharon Lockwood

Sharon Lockwood (BSW) is the Social Work and Training Co-ordinator at Yarrow Place Rape and Sexual Assault Service. She has been with Yarrow Place since 1995. Sharon has twenty years of experience in the provision of crisis intervention, counselling and group work services to women and men who have been subjected to sexual violence. In addition to direct service delivery to victims of sexual violence Sharon has conducted numerous training seminars to wide ranging audiences about recognising and responding appropriately to people who have been subjected to sexual violence. In her current role Sharon also supervises the clinical practice of the counselling team at Yarrow Place.

Dr Michael McEvoy

Obstetrician and Gynaecologist in Public obstetrics and gynaecology practice at Women's and Children's and private gynaecology practice at North Adelaide with special interests in gynaecological surgery for Prolapse, Laparoscopy ,Colposcopy, issues of consent for gynaecological procedures, postgraduate surgical teaching, and medicolegal reporting. Executive Director and Treasurer for Australasian Gynaecological Endoscopy and Surgical Society (AGES), chairman of medicolegal and Website design subcommittees for AGES, editor of eScope newsletter, examiner for RANZCOG membership, and member of RANZCOG Expert Witness Panel

Other interests include family, gardening, travel, kayaking and fishing.

Dr Tonia Mezzini

Dr Tonia Mezzini is a Sexual Health Registrar at Clinic 275, SHine and Yarrow Place. Prior to commencing medical training at Flinders University, Tonia completed an Arts Degree with First Class Honours in Politics and History. Working in Sexual Health has allowed her to combine her interests in the social determinants of health with adolescent health and 'bugs'.

A/Prof Martin Oehler

A/Prof Martin K. Oehler trained as Obstetrician and Gynaecologist in Germany and qualified as Gynaecological Oncologist at Westmead Hospital in Sydney and Monash Medical Centre in Melbourne. He holds the positions of Director of Gynaecological Oncology at the Royal Adelaide Hospital and Associate Professor at the Department of Obstetrics and Gynaecology, University of Adelaide. A/Prof Oehler consults in private practice at Attunga Medical Centre on the grounds of Burnside Hospital.

Dr Ann Olsson

Dr Ann Olsson is a gynaecologist currently practising in South Australia. She graduated from the University of Adelaide in 1984 and completed specialist training in Obstetrics and Gynaecology in 1994. She works in both public and private practice in Adelaide and rural South Australia.
Hospital appointments include Senior Visiting Gynaecologist to the Menopause, Hysteroscopy, Colposcopy and Vulval Disorders Clinics at the Royal Adelaide Hospital as well as Senior Consultant in the Colposcopy Clinic at Flinders Medical Centre.
She is currently Past President and Treasurer of the Australian Society for Psychosocial Obstetrics and Gynaecology and a Committee member of The Australian and New Zealand Vulvovaginal Society. She is also Honorary Secretary of the SA/NT Regional Committee of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

Dr Carolyn Lee Roesler

Positions held / Personal Details

- International Fundraising and Volunteer Coordinator for Raey Ethiopia
- Medical coordinatorRaey Ethiopia
- Medical Coordinator Kidane mehret orphange – Ethiopia
- Medical Director BTO Ethiopia
- Board representative and Medical advisor Hopes and Dreams (Australian charity with Rwandan and Ethiopian projects)

Over the past 20 years my experience has been diverse with work in many areas. I have been actively involved over the past 10 years in areas of disadvantaged communities within South Australia ,including the Aboriginal population.

I have worked with multidisciplinary teamssetting up health units to manage problems faced by those disadvanted by socioecomic status. This work has included working with sexual assault teams,family planning drug and alcohol units and street kids projects for homeless youths.

I have been active in public speaking and educating and chairing post graduate clinical meetings.

My particular interest is in poverty reduction, reducing socioecominc disparity in health care delivery and providing equity in provision of health care.
Over the past 5 years I have been very proactive in :

- Coordinating medical supplies and surveillence for neonates and children with HIV, TB
- Educating community groups and schools within Ethiopian community
- Managing adolescent health needs and structuring educational materials
- Setting up the Raey Community Centre as Ngo, working with Board to establish very efficient and successful programme.
- Organising medical educational and microfinance. Implementing programmes,organising construction and prioritising building developments.

I work with a team that is effectively running a community grassroots initiative that incorpoartes a pre-school,school and community centre to serve a total population of 778 people both directly and indirectly.
I am with ongoing studies in poverty reduction and empowerment of women. I organsie management strategies and facilitate research and would like to partake in research in these areas using the experience of Raey.

Dr Anne Stephens
BMBS, FRACGP, FACRRM, Dip P.Health, IBCLC
I graduated from Flinders University of SA in 1987 and worked as a General Practitioner in private practice as well as in Family Planning, Child Protection and on the SARC panel at QEH prior to moving to Kalgoorlie WA with my partner to take up a position at what was then Kalgoorlie Aboriginal Medical Service. We shared the position as Medical Director there for 13 years and benefitted greatly from the generosity of friends, work colleagues and clients as they shared their cultural knowledge with us. Our job involved clinic work, Health worker and Nurse training, project planning and submission writing as well as inpatient management of our Aboriginal clients at the Kalgoorlie Regional Hospital. I was fortunate to be able to job share with my husband and in between the work and life in the community we raised four children. I was involved in Nursing Mothers Association of Australia and trained as a Breastfeeding Counsellor providing volunteer counselling in the local community. I went on to further my interest in this area by completing the IBCLCE.
We returned to Adelaide at the end of 2004 due to schooling and family reasons and since 2005 I have worked at NunkuwarrinYunti of SA as a General Practitioner and SHine SA in a clinical role as well as in Medical Education.

Dr Lufee Wong
Dr Lufee Wong is a fourth year South Australian RANZCOG trainee. After graduating from Melbourne University in 2004, she moved to Adelaide to commence her O&G career at the Women's and Children's Hospital in 2007. She is currently working at The Queen Elizabeth Hospital and her research interest includes perinatal brain injury and fetal growth restriction.

Dr Karen Wynter
Karen is a Research Fellow at the newly established Women's Mental Health Program in the Jean Hailes Research Unit, School of Public Health and Preventative Medicine at Monash University, Melbourne. She has a background in psychology, applied statistics and education. Her research interests include psychosocial determinants of women's and men's postnatal mental health; antenatal attachment; and the effects of ART conception on women's pregnancy adjustment, birth experience and postnatal mental health.

Dr Lyndall Young
MBBS MForensmed
Dr Lyndall Young is the medical co-ordinator at Yarrow Place Rape and Sexual Assault Service which is the adult sexual assault service in South Australia. She has worked in sexual assault medicine since 1994.

Delegate List (as at 26 July 2011)

First Name	Last Name	Surname	Organisation	State
Mrs	Shyni	Abraham	Flinders Private	SA
Prof	Suzanne	Abraham	University of Sydney	NSW
Prof	Marie-Paule	Austin	University of New South Wales	NSW
Mr	Nick	Bambacas	Bayer Australia Ltd	SA
Prof	Bryanne	Barnett		NSW
Dr	Melissa	Bochner		SA
Dr	Anna	Bof		SA
Dr	Margaret	Butler	Womens and Childrens Hospital	SA
Mr	Michael	Campion	Bayer Australia Ltd	SA
Dr	Susan	Carr	Royal Womens Hospital	VIC
Dr	Robert Peter	Child	St George Private Hospital	NSW
Prof	Tony	Chung	Chinese University of Hong Kong	HONG KONG
Prof	John	Condon	Repatriation Hospital	SA
Dr	Rowena	Conway		SA
Dr	Amanda	Cooklin	Parenting Research Centre	VIC
Ms	Brigid	Coombe	Pregnancy Advisory Centre	SA
Dr	Diana	Cox	Blackwood Clinic	SA
Ms	Jill	Duncan	The Women's Hospital	VIC
Dr	Jane	Elliott	Royal Adelaide Hospital	SA
Dr	Susan	Evans		SA
Dr	Heather	Ferguson	SHINE SA	SA
Prof	Jane	Fisher	Monash University	VIC
Miss	Cara	Flynn	Queen Elizabeth Hospital	SA
Ms	Lucy	Forward	University of South Australia	SA
Dr	Fiona	Haines	Healthy Women Medical Centre	QLD
Ms	Natalie	Hardwicke	Bayer Australia Ltd	SA
Dr	Kali	Hayward	Nunkuwarrin Yunti of SA	SA
Dr	Tabitha	Healey	North Adelaide Oncology	SA
Dr	Charlotte	Hespe	University of Notre Dame	NSW
Mrs	Michelle	Hogan	Dr Ann Olsson	SA
Dr	James	Hundertmark		SA
Dr	Sarah	Jay	University of South Australia	SA
Dr	Les	Koopowitz	University of Adelaide	SA
Ms	Sharon	Lockwood	Yarrow Place Rape and Sexual Assault Service	SA
Mrs	Annie	Mathew	Queen Elizabeth Hospital	SA
Dr	Amanda	McBride	University of Notre Dame	NSW
Ms	Rebecca	McCard	Bayer Australia Ltd	SA
Dr	Tonia	Mezzini	Royal Adelaide Hospital	SA
Dr	Amanda	Nichols		SA
A/Prof	Martin	Oehler	Royal Adelaide Hospital	SA
Dr	Ann	Olsson	Royal Adelaide Hospital	SA
Dr	Mary	Prendergast		NSW
Ms	Bronwen	Roberts	Ann Olsson / Repromed	SA
Dr	Carolyn Lee	Roesler		SA

Dr	Heather	Rowe	Monash University	VIC
Ms	Emma	Sachsse		VIC
Dr	Mathilde	Schaefer-Buss	SHINE SA	SA
Dr	Jackie	Stacy		NSW
Dr	Anne	Stephens	Nunkuwarrin Yunti of SA	SA
Dr	Neil	Tamlin	North Western Hospital	SA
Dr	Jenny	Thomas		SA
Dr	Jane	Thompson	Women's Hospitals Australasia	ACT
Dr	Elizabeth	Webster		QLD
Dr	Deborah	Western	Monash University	VIC
Dr	Bronwyn	Williams	Health on Kensington	SA
Dr	Jen	Wilton		SA
Dr	Lu Fee	Wong	Queen Elizabeth Hospital	SA
Dr	Karen	Wynter	Monash University	VIC
Dr	Lyndall	Young	Yarrow Place Rape and Sexual Assault Service	SA

Total Delegates: 60