ASPOG 2013

39th Annual Scientific Meeting

Australian Society for Psychosocial Obstetrics & Gynaecology

FRIDAY 2 AUGUST – SUNDAY 4 AUGUST 2013

Sydney Harbour Marriott

Women Reconnected & Revitalised

PROGRAM AND ABSTRACTS

SPONSOR

150 Years
Science For A Better Life

www.aspog.org.au

Australian Society for Psychosocial Obstetrics & Gynaecology

39th Annual Scientific Meeting

Women Reconnected & Revitalised

2-4 August 2013

Sydney Harbour Marriott
Circular Quay, Sydney

Contents

Welcome / ASPOG	2
General Information	3
Map and Informal Display	5
Program	6
Abstracts – Saturday	9
Abstracts – Sunday	33
Presenter Biographies	43
Delegate List	49
Note Pages	51

Supported by

150 Years
Science For A Better Life

Welcome

Welcome to the 39th Annual Scientific Meeting of the Australian Society for Psychosocial Obstetrics and Gynaecology (ASPOG). ASPOG continues to provide a forum for scientific research in the psycho -social, -sexual, and - somatic areas of Women's Health. If this area of Women's Health is neglected and not integrated into total care we believe care is suboptimal.

A big thank you to our invited speakers. We are looking forward to hearing what you have to say! We know there will be some good take home messages.

A big thank you also to "you" our attending delegates. It is great to have you with us and we hope you will enjoy the programme that the Organising Committee has put together.

We are also glad you have chosen to meet "old" friends and colleagues with us here, over the next 2 days, and know you will also enjoy meeting new ones.

Let's go!

Jackie Stacy
Convenor- on behalf of the Local Organising Committee
Suzanne Abraham
Amanda McBride
Judy Woolley.
Kirsten Black
Sophia Berkemeier

ASPOG

The Australian Society for Psychosocial Obstetrics and Gynaecology is a multidisciplinary 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 multidisciplinary membership and its informal, supportive meetings that foster interest in communication, counseling 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
PO Box 169
Parap NT 0804
P: 08 8942 1240
F 08 8942 1230
E: bianca@scarlettevents.com.au

Airport Transfers
A taxi fare between Sydney Airport and the city is approximately $50.

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 11 points (Conference Only)
3 August 2012 7 points
4 August 2012 4 points

RACGP
This Meeting has not been allocated QA&CPD points. However the RACGP acknowledges the personal learning value of various activities. GPs are therefore welcome to self-record this activity using the QA&CPD online services. http://www.racgp.org.au/

Annual General Meeting
ASPOG invites all members to attend the Annual General Meeting. The meeting will be held at 1800 on Saturday 3 August in Henry Lawson II room and will conclude at 1830.

Dietary Requirements
If you have dietary requirements and have indicated this on your registration form, they have been passed onto the hotel. Please make yourself known to hotel 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 2013 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 Pharmacy is Gateway Pharmacy, 508/ 1 Macquarie Place, Sydney, 02 9252 2884.

Post Office
The nearest Australia Post Office is located 38-40 Pitt Street, Sydney.

Presenters
Please bring your PowerPoint presentation with you on a 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. Our Audio Visual Technician will be available in the conference rooms to assist you at this time.

Social Functions

Cocktail Party

Friday 2 August 2013	*1830-2030*
Venue:	Henry Lawson Foyer, Sydney Marriott Hotel
Cost:	Included in full registration fees

Conference Dinner

Derek Llewellyn-Jones Oration to be presented by **Dr Peter Spitzer** from The Humour Foundation www.clowndoctors.org.au

"Is Laughter Jest Medicine?"

Seriously, this presentation will be a light-hearted romp through the place of humour and laughter in medicine. It will include research findings on the impact of laughter in IVF. EVERYONE will leave with a smile.

Saturday 3 August 2013	*7.30 for 8.00pm -10.30pm*
Venue:	Dorothea Mackellar Room, Sydney Harbour Marriott
Dress:	Smart casual
Delegate cost (including accompanying person)	
	$115 per person (not included in registration fees)
Non Delegate cost:	**$125** per person

Sunday Lunch

Sunday 4 August 2013	1330-1500
Venue:	ECQ bar, 61 Macquarie St, Sydney NSW 2000 02 9256 4000
Cost:	**$35** per person (not included in 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

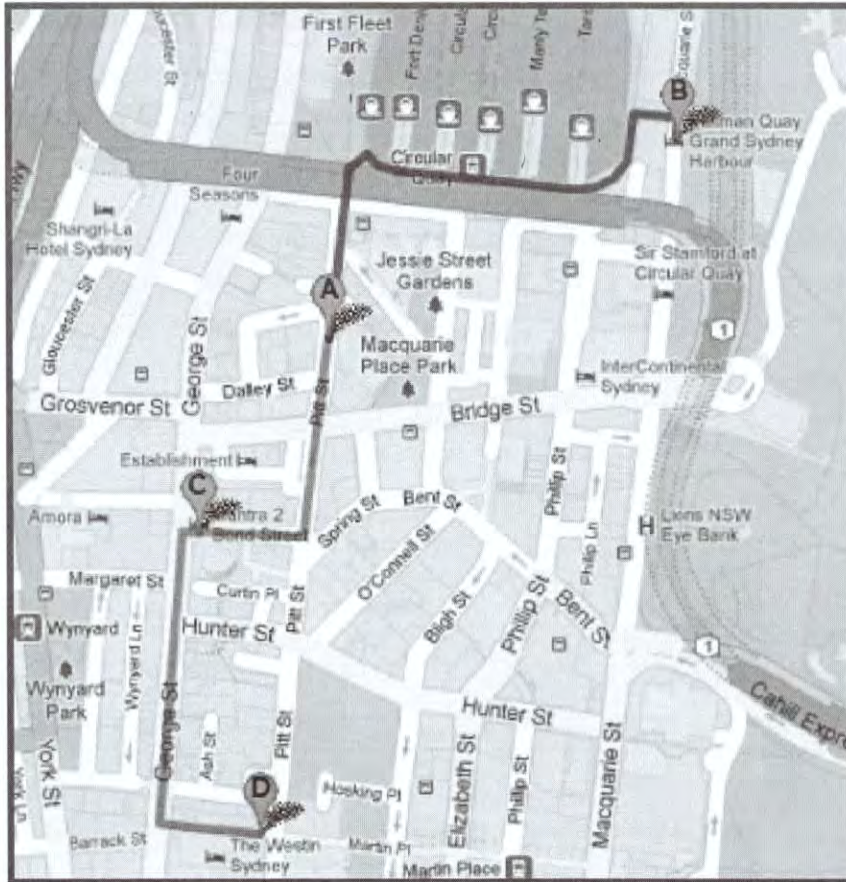
Circular Visitor Information Quay Kiosk
Visitor Information Centres can help you make the most of your time in Sydney.
Corner of Pitt and Alfred Street
Sydney,
www.cityofsydney.nsw.gov.au
Opening times:
9am - 5pm daily

Sydney Australia Official Guide App

Search for exciting things to do, where to stay and great events all in real-time. Great features including itinerary builder, interactive maps, weather, must-do lists and contact details. This application can be downloaded on iTunes.
https://itunes.apple.com/au/app/sydney-australia-official

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.



LOCATIONS

A SYDNEY HARBOUR MARRIOTT
30 Pitt Street, Sydney

B ECQ BAR
61 Macquarie St, Sydney (10 min walk)

C MANTRA
2 Bond Street, Sydney (3 min walk)

D MEDINA SERVICED APARTMENTS MARTIN PLACE
Hosking Place, Sydney (6 min walk)

Informal Display

150 Years
Science For A Better Life

Bayer is celebrating 150 years of operation as an international, research-based company specialising in health care, nutrition and high-tech materials. It has operated in Australia since 1925 and has a long term commitment to the health of all Australians, the agricultural industry and the welfare of animals, large and small. Bayer Australia currently employs over 850 people across the country and is dedicated to servicing the needs of rural Australia and the local community. Bayer is deeply committed to research and development and has a strong tradition of innovation with over 5,000 products and services. The company's focus on people, partnerships and innovation underpins all aspects of its operations, consistent with its mission, "Bayer: Science For A Better Life."

FRIDAY 2 AUGUST 2013

1830-2030	Welcome Cocktail Party - Sydney Harbour Marriott Hotel

SATURDAY 3 AUGUST 2013

0845-0900	Welcome and Welcome to Country	
0900-1030	**SESSION 1: MAKING GOOD BABIES** Chair: Dr Kirsten Black	**HENRY LAWSON I & II**
0900-0920	The Importance of Pre-pregnancy Planning and Diabetes Dr Glynis Ross	
0920-0940	How the Womb Shapes Us Professor Heather Jeffery	
0940-1000	Psychotropic Dilemmas Dr Sylvia Lim-Gibson	
1000-1020	The Male Perspective Dr Derek Lok	
1020-1030	Panel Discussion	
1030- 1100	Morning Tea	
1100-1230	**SESSION 2: HEALTHY SEX AND AGEING** Chair: Dr Susan Carr	**HENRY LAWSON I & II**
1100-1120	Global Access to Contraception - Why & How Dr Kirsten Black	
1120-1140	Hormones for Life Associate Professor Rodney Baber	
1140-1200	Female Sexual Issues for Baby Boomers Dr Lesley Yee	
1200-1220	Sexual Problems for the Aging Male - It Takes Two to Tango Dr Chris McMahon	
1220-1230	Panel Discussion	
1230-1430	Lunch	
1300-1420	Lunch Session Clinical Presentations	
1430-1600	**SESSION 3: REPRODUCTIVE HEALTH AND REFUGEES** Chair: Dr Judy Woolley	**HENRY LAWSON I & II**
1430-1450	Health One – A Collaborative Approach to Improving the Health of Vulnerable Women Ms Leonie Crowe	
1450-1510	Legal Status of Refugees - Where From - Where To Mr Stephen Blanks	
1510-1530	Asylum-Seekers: What Can A Lay Person Do? Ms Suzanne Tzannes	
1530-1550	Children and Families in Immigration Detention Dr Michael Dudley	
1550-1600	Panel Discussion	

1600-1615	Afternoon Tea

1615 - 1800 SESSION 4A: FREE COMMUNICATIONS — HENRY LAWSON II

Dr Heather Rowe

1615-1630	"When 3's a crowd" - Managing Post Partum Sexual and Relationship Difficulties Elias, A, Monash Medical Centre & The Women's Hospital, VIC
1630-1645	"If I were Ben…" Goes International: Replication of the South Australian Innovative Computer Program Leads to a Comparative Analysis of Adolescent Men's Pregnancy Resolution Decisions Across Three Countries Corkindale, C, Flinders University, SA
1645-1700	Anxiety Disorders in the Perinatal Period: An Exploration of Two Subtypes Kohlhoff, J, Karitane, NSW
1700-1715	Don't Throw the Baby out with the Bathwater: Lessons Learned in Introducing a Model of Care for Routine Universal Antenatal Screening into an Australian Private Maternity Unit; A Midwife's Perspective Himmelhoch, C, North Shore Private Hospital, NSW
1715-1730	Gestational Breast Cancer and Pregnancy Following Treatment for Breast Cancer, in a Cohort of Women from Victoria, Australia Bell, RJ, Monash University Alfred Hospital, VIC
1730-1745	Health Service Use after Birth of a First Baby: Associations with Maternal Age, Mode of Conception and Private Health Insurance Status Wynter, K, Monash University, VIC

1615 - 1800 SESSION 4B: FREE COMMUNICATIONS — HENRY LAWSON I

Chair: Dr Amanda McBride

1615-1630	Cultural Considerations for Every Patient and Family of Indigenous Australians Cavanagh, M, Aboriginal and Torres Strait Islander Community Health, NSW
1630-1645	The Psycho-Social Impact of Mammography Screening in Australia Jacklyn, G, University of Sydney, NSW
1645-1700	Dyspareunia: Why Treating the Pain is Not Enough Elias, A, Monash Medical Centre & The Women's Hospital, VIC
1700-1715	Evaluation of Your Fertility, A Public Education Campaign to Increase Knowledge About Modifiable Factors that Influence Fertility Hammarberg, K, Monash University, VIC
1715-1730	Assisted Reproductive Technology: Utilisation, Outcomes and Cost Since 2002 Digiusto, E, Family Planning NSW, NSW
1730-1745	From Institutional Care to Living in South Australia: Intercountry Adoption Scarvelis, BA, Murray Bridge Soldiers' Memorial Hospital, SA
1800-1830	ASPOG ANNUAL GENERAL MEETING
1930 for 2000	Conference Dinner Derek Llewellyn-Jones Oration Dr Peter Spitzer from The Humour Foundation www.clowndoctors.org.au "Is Laughter Jest Medicine?"

SUNDAY 4 AUGUST 2013

0830-0900	**EDUCATIONAL ISSUES: FREE COMMUNICATIONS** Chair: Dr Sophia Berkemeier	**HENRY LAWSON I & II**
0830-0845	Maximising the Training Opportunities for Medical Students in Gynaecology Clinics: Information Prior to the Clinic May Improve Patient Acceptance Yang, JM, Royal Prince Alfred Hospital, VIC	
0845-0900	The Woman's Role in the Pap Test Examination Stewart, M, Family Planning NSW, NSW	
0900-1030	**SESSION 5: THE DANGERS OF OBESITY** Chair: Dr Sophia Berkemeier	**HENRY LAWSON I & II**
0900-0920	Can Obesity Ever Be Cured? Associate Professor Amanda Sainsbury-Salis	
0920-0940	Obesity in Adolescents and Young People - Turning the Tide Professor Kate Steinbeck	
0940-1000	Breast Cancer Survivorship – The Role of Obesity and Exercise in Long Term Outcome Dr Susan Hart	
1000-1020	Management of Obesity in Pregnancy Dr Jenny Bradford	
1020-1030	Panel Discussion	
1030-1100	Morning Tea	
1100-1230	**SESSION 6: PERINATAL MENTAL HEALTH- EVERYBODY'S BUSINESS** Chair: Dr Suzanne Abraham	**HENRY LAWSON I & II**
1100-1120	Severe Maternal Mental Illness: It's Impact on Attachment and Parenting Professor Marie-Paul Austin	
1120-1140	The Obstetrician and Perinatal Mental Health - A Personal and Professional Perspective Dr Vijay Roach	
1140-1200	Remembering the Mother in the Postnatal Period Ms Heather Irvine-Rundle	
1200-1220	The Baby in the Babushka Doll-holding The Family System to Pass on the Best of Nurture Dr Loyola McClean	
1220-1230	Panel Discussion	
1230-1245	**Presentation of Prizes and Closure of Formal Meeting**	
1330-1500	LUNCH at ECQ bar, Circular Quay. 61 Macquarie St, Sydney NSW 2000 This is in walking distance of the Sydney Marriott Hotel $35 for main course, wine and coffee. Not included in conference package	

The Importance of Pre-pregnancy Planning and Diabetes

Dr Glynis P Ross[1]
[1]Department of Endocrinology, Royal Prince Alfred Hospital, Sydney
[1]Department of Endocrinology, Bankstown-Lidcombe Hospital, Sydney

Pre-gestational Diabetes continues to be associated with adverse pregnancy outcomes including pregnancy loss (miscarriage as well as stillbirth) and major malformations. On average the rate of major malformations continues to be 8-9% which is 4 times higher than background population risk. There is a clear relationship with glycaemic control before and in early pregnancy on the risk of malformations. Also there are significantly higher rates of hypertensive disease in pregnancy as well as first appearance and progression of maternal diabetes complications. This is applicable to both type 1 and type 2 diabetes and indeed pregnancy outcomes in women with type 2 diabetes tend to be worse than in women with type 1 diabetes despite the widely held perception that the former is a 'milder' condition.
The risks of pregnancy associated with pre-gestational diabetes are very much underestimated by both women with diabetes and the health profession as a whole. There is a great need to alert women with pre-gestational diabetes to the importance of planning pregnancy, using appropriate contraception at all times unless actively trying for pregnancy in the best possible setting. Health professionals including general practitioners, IVF specialists, obstetric and diabetes services need to be aware of the potential risks and encourage women to only proceed to pregnancy under optimal conditions.
Management of pregnancies complicated by pre-gestational diabetes should ideally be undertaken in specialized centres with multidisciplinary teams experienced in management of diabetic pregnancy and with high level neonatal and obstetric facilities.
Optimal management of women with diabetes pre-pregnancy as well during pregnancy is needed also to minimize the duration and severity of intrauterine exposure of the fetus to hyperglycaemia. Intrauterine exposure to hyperglycaemia leads to programming effects on the offspring through epigenetic change and increased risk in the long term of overweight and abnormal glucose tolerance.

How the Womb Shapes Us

Professor Heather Jeffery

How the womb shapes us: figuratively true, realistically complex, this is a whole new idea that we must embrace if we are to contribute to making a difference for individual mothers, babies and children and for global public health in the immediate future.

Although not a new concept, stretching back to Lamarck and Pasteur, more recently McCance, Widdowson, Barker, early life events of the mother herself then her zygote, embryo, fetus, neonate, infant can impose permanent changes on metabolic and hormonal systems changing physiology at cellular and systems levels.

Understanding has increased greatly since Barker, epidemiologist from Southampton, UK, suggested and demonstrated that coronary artery disease was associated more with birthplace and birthweight than current residence. The implication, that fetal nutrition affects not only short term but long term health outcomes set the scene for the Developmental Origin of Health and Disease (DOHaD) and for the subsequent rousing controversy over the evidence base especially from other epidemiologists. The underlying concept is one of fetal programming, well known to animal experimentalists and easily demonstrable in a range of mammalian studies.

Now a large range of epidemiologic and experimental studies support the DOHaD hypothesis. Different insults during pregnancy whether nutritional (protein calorie restriction), excess glucocorticoids during pregnancy (stress), placental insufficiency (placental pathology) or maternal disease eg diabetes and in early childhood (nutritional deprivation) can produce common adult diseases such as type II diabetes mellitus, cardiovascular disease, renal disease and osteoporosis (the global epidemic of non communicable diseases).

The best understood explanation is epigenetic modification, that is changes in gene expression without changes in the DNA sequence eg the fetal environment can alter the epigenome thus giving rise to different phenotypes by silencing, activation or regulation of eg DNA methylation.

The practical implications of this nature and nurture is necessarily an individual, family, community, public health approach to optimizing conditions for mothers and young children pre pregnancy, during and immediately after delivery and in infancy. This talk will consider how this impacts current clinical thinking and management of malnutrition in particular (under and overnutrition), stress, and other possible toxic environmental effects. Nutritional assessment of the fetus and newborn has new implications for prevention.

We who care for women and children all need to be part of this solution, we need to assist in the huge global burden of non communicable diseases affecting especially the poorest, most disadvantaged countries and their people.

Barker DJ et al N Engl J Med 2005;353:1802-9Trajectories of growth in children who have coronary events as adults
Fowden Al et al *Physiology* 21:29-37, 2006 Intrauterine Programming of Physiological Systems: Causes and consequences
Barouki et al. Environmental Health 2012, 11:42 Developmental origins of non-communicable disease: Implications for research and public health
Rinaudo P and Wang E. Annu. Rev. Physiol. 2012. 74:107–30 Fetal programming and metabolic disease

Psychotropic Dilemmas

Dr Sylvia Lim-Gibson
MB.BS.(Hons) FRANZCP, Consultant Psychiatrist, Prince of Wales Private Hospital, Randwick, NSW

For some women, pregnancy can be a time of emotional turmoil and clinical significant depression and anxiety. As well, the improved care of women with serious mental illness in the last few decades has resulted in improvements in their psychosocial functioning including forming partnered relationships and bearing children.

There is increasing recognition that poor mental health can have adverse pregnancy consequences such as poor antenatal care attendance, inadequate diet and self-care, substance abuse, deliberate self-harm as well as have negative impact on the woman's subsequent capacity to parent, decreased maternal sensitivity and poor maternal-infant attachment. In addition there is increasing evidence of impact of perinatal anxiety and depression on foetal development including low birth weight and preterm delivery possibly mediated by effect on adrenocortical regulatory function as well as adverse childhood neurodevelopment with persistence of maternal depression. As such treatment of psychiatric illness in the perinatal period will have significant impact of pregnancy outcomes and both maternal and infant physical and mental well-being.

The management of significant mood disturbance or psychosis would often involve psychotropic medications in the non-pregnant population but the decision is often weightier in pregnancy due to the impact of the medication use on the devlopemnt of the foetus in the womb and beyond. This presentation attempts to delineate principle considerations in the management of psychiatric illness in women in pregnancy. It includes a brief review of the risks and benefits to of psychotropic use in pregnancy based on current available evidence and the role of nonpharmacological interventions including psychotherapy, stress management, sleep management in optimizing mental health of women in the perinatal period.

The Male Perspective
Dr Derek Lok

Semen factors alone account for nearly one-third of fertility problems and are present in around half of all couples who seek fertility treatment. Male infertility has been somewhat overlooked in the past because of the relative lack of effective treatments. Previous treatments trying to change semen parameters using medical or surgical means were generally ineffective because the majority of semen defects/variants are constitutional problems or under cryptic genetic control, except for some mostly easily identified situations such as significant systemic illnesses, rare hormone deficiencies, infections or exposure to toxins.

The development of IVF and intracytoplasmic sperm injection (ICSI) revolutionised the treatment of male infertility by directly assisting the sperm to fertilise the egg, which cannot be achieved efficiently in nature when semen defects are present. Such approach has even helped many men with non-obstructive azoospermia to conceive their biological children. New surgical technique of microdissection for testicular extraction (microTESE) using high-powered operative microscope to avoid blood vessels and identify and selectively remove those seminiferous tubules within the testes that contain sperm, not only provides better sperm recovery compared to simple or multiple blind testicular biopsies, but minimising damage to or loss of testicular tissue and reducing complications.

The ability to bypass natural selection processes in men with infertility through the use of new assisted conception techniques brings with it great responsibility. It is important to ensure genetic materials passed are not damaged or defective which can lead to treatment failures, miscarriages or babies born with abnormalities. These include sperm DNA fragmentation, chromosomal numerical or structural abnormalities and many known gene mutations, which are found much more often in men with semen defects. Sperm DNA fragmentation/ damages are mostly acquired and hence can be treated or avoided. Chromosomal or genetic defects though cannot be corrected but the affected embryos can be identified through Preimplantation genetic diagnosis (PGD) and avoided from being transferred and conceived. It is essential for the fertility treatment providers to have such understandings and capabilities to minimise the risks of passing genetic disorders to the offspring.

Global Access to Contraception - Why & How

Dr Kirsten Black
Obstetrics, Gynaecology and Neonatology, Central Clinical School, University of Sydney, NSW

Access to family planning remains an unfinished agenda because many women around the world are not able to plan the number and spacing of their children. It is estimated that in the year 2000 if all women in the world had access to effective contraception there would have been a 90% reduction in global mortality and morbidity, a 20% reduction in obstetrics related mortality and morbidity and 150,000 fewer maternal deaths. This presentation will focus on access to contraception in the Pacific region and how this compares to other less developed countries. Several strategies to address the unmet need for contraception will be discussed.

Hormones for Life

Associate Professor Rodney Baber
Clinical Associate Professor of Obstetrics and Gynaecology, NSW

Hormones have been prescribed to alleviate menopausal symptoms for more than 70 years, reaching the peak of their popularity in the last two decades of the 20th century when upwards of 30% of women in the developed world took Hormone Replacement Therapy (HRT).
Such were the apparent benefits of HRT that The US National Institutes of Health (NIH) conducted a large multi centre Randomised Double Blinded Placebo controlled trial of the use of HRT in older post menopausal women – The Women's Health Initiative (WHI).
Initial results suggested that HRT caused harm rather than benefit resulting in panic amongst women and health care professionals
Since that time more than 10,000 papers have examined the real role of HRT in the management of the health of post menopausal women.
This data has been summarized in a global consensus statement contributed to by representatives of leading endocrine, menopause and gynaecological societies from around the world which concludes that HRT remains an effective and safe option for alleviation of menopausal symptoms in women within 10 years of their last menstrual period. Emphasis is also made of the need for an individual approach and careful monitoring of all aspects of the health of post menopausal women. This and the place of Androgen therapy in women will bediscussed.

Female Sexual Issues for Baby Boomers
Dr Lesley Yee

Sexuality has become an increasingly medical issue in association with aging. This is due to a number of factors, including increasing age of survival, a positive societal construct that promotes sexuality as important for quality of life as we age, and the medicalisation of sexuality with the advent of prescription medications to treat sexual dysfunctions.

Normal physiological changes with aging affect women in terms of sexual desire and performance. There are also a number of psychosocial issues which impact on a woman's ongoing comfort and desire to continue to have an active sexual life. This presentation will focus primarily on these psychosocial issues in older women. Treatment options covered will include non hormonal medications and behavioural strategies.

Sexual Problems for the Aging Male - It Takes Two to Tango
Dr Chris McMahon

Notes:

Health One – A Collaborative Approach to Improving the Health of Vulnerable Women

Ms Leonie Crowe BSW
Auburn Hospital, Western Sydney Local Health District

Increasing rates of displacement of people throughout the world has meant that the face of Australia has changed. With it has come the need for health services to respond to the challenges of providing care for new arrivals that is both appropriate and strengthening for families , enabling them to take their place in the community. Whilst all new arrivals face some challenges, it is women who face a particular set of challenges due on their gender, ethnicity and cultural diversity.

The Health One model of care is a Partnership between Community Health and the Medicare Local, (which is a body which supports GP practice and primary healthcare delivery.)

This presentation explores some of the challenges faced by women from refugee backgrounds in accessing and benefiting from health services from the perspective of a clinician working closely with women in maternity/family services in Auburn in Western Sydney. It also explores the impact and benefits of integrated care through Health One in identifying and addressing some of these challenges for women and their families in Auburn Local Government Area.

Legal Status of Refugees - Where From - Where To

Mr Stephen Blanks
Solicitor, SBA Lawyers, NSW

Over the last 15 years, successive Australian Governments have consistently attempted to treat asylum seekers as outlaws, that is, persons who have no right to challenge their treatment at the hands of Australian government officials in the Australian Courts.

Significant legal cases over that period have upheld the Australian government's right to impose lifetime detention on failed asylum seekers who cannot be removed to another country, to remove asylum seekers to offshore detention centres in Nauru and Papua NewGuinea (but not Malaysia) and to prevent asylum seekers from making claims arising from the conditions of their detention.

As at 30 April 2013, 8797 people (of whom approximately 12% are women and 18% are children (under 18 years)) were detained in Australian detention facilities and alternative places of detention, and a further 2752 (of whom approximately 44% are children) asylum seekers were living in the community under a residence determination. In addition, around 700 (including around 30 children) were being detained in Nauru and PNG. These figures do not include a large proportion of the more than 12,000 asylum seekers who have arrived since August 2012 and are subject to the "no advantage" non-processing regime.

Long term detention is a significant aspect of the detention system, with more than 1,000 asylum seekers in detention for more than 12 months, although this is less than a year ago.

Legal challenges continue to be brought against the system. This paper will include a review of some significant recent legal cases, including cases involving mental health and other medical issues.

Asylum-Seekers: What Can A Lay Person Do?

Ms Suzanne Tzannes

Following a decade of first-hand contact with asylum-seekers held for mid to long term in detention it has been observed conclusively that mandatory detention has serious and often irreversible consequences for the mental, psychological and physical health of the asylum-seekers, especially that of the women and young children. There are impacts also on activists involved and the wider community.

Children and Families in Immigration Detention

Dr Michael Dudley

Increasing numbers of men, women and children seek asylum across the globe and many nations use incarceration and other harsh and interceptive immigration practices. There is strong evidence of the psychological harm associated with detention of already vulnerable adults and children. This presentation reviews evidence about the impact of immigration detention and other restrictive immigration policies on the mental health of children, young people and the adults who care for them. It traces international trends, but Australia which is a leader in this field, is used as a case study. Clinicians must consider the intersection of mental health assessment and treatment with human rights violations and the impact of restrictive immigration policies on not only on asylum seekers and refugees but also on clinicians, clinical practice and professional ethics. The implications for clinicians attempting to assess or work with incarcerated child and women refugees and asylum seekers are reviewed.

"When 3's a crowd" - Managing Post Partum Sexual and Relationship Difficulties

Dr Anita Elias
Monash Medical Centre, Melbourne
The Women's Hospital, Melbourne

The transition to parenthood is one of the most significant adjustments in a person's life. A multitude of changes occur when a woman becomes pregnant and gives birth; when couples become parents. These include physical, emotional, relationship, family and environmental changes, which can all have a significant impact on a woman or couple's sexuality. A change in sexuality is normal in the short term, but how a couple react to this can make a difference in the long term, both sexually and to the relationship. Unfortunately, discussing sexuality is often neglected in antenatal education, and post partum management. This presentation will explore the complex issues that arise after childbirth and look at practical ways of addressing post partum sexuality with couples.

The submitted abstract does not use data collected from human participants or patients.

"If I were Ben..." Goes International: Replication of the South Australian Innovative Computer Program Leads to a Comparative Analysis of Adolescent Men's Pregnancy Resolution Decisions Across Three Countries

Carolyn Corkindale, John Condon, Maria Lohan, Maria Giulia Olivari
[1] Carolyn Corkindale, Flinders University, Adelaide
[2] Dr John Condon, Flinders University, Adelaide
[3] Dr Maria Lohan, Queen's University, Belfast, Northern Ireland
[4] Dr Maria Giulia Olivari, Catholic University of Sacred Heart, Milan, Italy

"If I were Ben..." is an Australian relationships and sex education research and intervention tool, first introduced to ASPOG over 10 years ago. Since then, following two publications by the originators, the research has been replicated and published in Northern Ireland (NI), Eire and Italy, with two Irish versions created (If I were Jack...) and it is now being introduced to schools in NI and South Australia as part of a teaching package.

The tool comprises an interactive, video-based drama for CD or DVD, created in South Australia from focus groups held with young men. It aims to facilitate participants' deliberation and responses through a first-person point of view. Data concerning decisions about the pregnancy resolution of the hypothetical situation in the program were collected in all three countries, essentially using the original Australian script, with local modifications and translation.

This paper reports responses concerning the differing views on pregnancy resolution choices held by male adolescents in Australia, Ireland and Italy and relates these to cultural and legal factors and the nature of sex education provided in schools. The results suggest that adolescent men are interested in the effect of an unintended pregnancy on their own lives as well as the effect on their girlfriend's health and well-being. However, Australian male participants were much more likely to choose abortion than Italian or Irish adolescents, suggesting adolescent males have also internalized country level debates surrounding abortion. It is suggested that country level differences in abortion provision, religious composition and levels of secularisation are important influences on these choices.
This innovative methodology was shown to engage a large number of adolescent men and is likely to have a wider function in developing future international comparative research on the topic, as well as applications for health promotion.

www.ben.corkindale.net
www.qub.ac.uk/IfIWereJack
The submitted abstract reports on research or clinical material from human participants or patients with approval from an Institutional Human Research Ethics Committee.

Anxiety Disorders in the Perinatal Period: An Exploration of Two Subtypes

Dr Jane Kohlhoff
Karitane, Sydney

Evidence points to the prominence of anxiety in the perinatal period, yet few systematic investigations have been conducted. Little, therefore, is known about the clinical significance of 'sub-syndromal' anxiety. Questions about whether some anxiety presentations have uniquely 'perinatal' features, or are more common in the perinatal period compared to other times of life, have also not been thoroughly examined. Given the well-documented negative impacts of maternal perinatal anxiety, particularly on the developing infant, there is a need for better understanding of the heterogeneous mix of perinatal anxiety disorders. Ultimately, this will allow tailored prevention and early intervention programs to be developed and implemented.

This paper will present findings from two studies, each which identified and explored clinical characteristics and correlates of a particular sub-group of women with postnatal anxiety. The first study (n=165) identified an anxiety disorder subtype characterised by excessive and uncontrollable worry, limited to the topics of motherhood and the baby. These women were indistinguishable from women with Generalised Anxiety Disorder in terms of anxiety and depressive symptom severity, functional impairment and a range of risk factors. These results highlight the status of 'maternally focused worry' as an under-recognized phenomenon and one in need of further clinical and research attention. The second study (n=83) examined Adult Separation Anxiety Disorder (ASAD) in a sample of postnatal women experiencing early parenting difficulties. The prevalence of ASAD in this sample was much higher than in the general population (19.3% vs 6.6%). Women with ASAD were more likely to be diagnosed with depression and anxiety disorders and to report aversive parenting experiences during childhood and adult attachment style insecurity. ASAD was associated with adult attachment anxiety, unsettled infant behaviour and fears about separation from the infant. The relation between adverse parenting in childhood and ASAD was mediated by adult attachment insecurity.

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

Don't Throw the Baby out with the Bathwater: Lessons Learned in Introducing a Model of Care for Routine Universal Antenatal Screening into an Australian Private Maternity Unit; A Midwife's Perspective

Carol Himmelhoch[1], Catherine Knox[2], Bryanne Barnett AM[3]
[1]North Shore Private Hospital, Sydney
[2]Gidget Foundation, Sydney
[3]Karitane & St John of God Health Care, Sydney

Routine universal antenatal psychosocial assessment and depression screening has been implemented in many public hospitals around NSW and Australia. Few private hospitals, however, have followed suit. In 2009 the Gidget Foundation proposed initiating antenatal psychosocial assessment and depression screening within the Maternity department of North Shore Private Hospital, Sydney, as it was thought that women who deliver in the private sector should also have the opportunity to be screened and benefit from timely, appropriate support and care.

A pilot program involving administration of the EPDS and psychosocial questions to a small proportion of women was initially conducted with the aim of building an acceptable and feasible model of care that worked well for the women, consultants, screening midwives and staff. Since 2011 this model of care is now offered to all women at North Shore Private Hospital and is known as The Emotional Wellbeing Program.

The objectives of this presentation will be to:

- Provide a detailed description of how the Emotional Wellbeing Program was implemented and has evolved; as well as the challenges, benefits, improvements, and the lessons learned.
- Present preliminary quantitative and qualitative program evaluation data to add to and enrich the data currently being collected in the public system.
- Offer a midwife's perspective on antenatal psychosocial assessment and depression screening in a private hospital setting, including reflections about the importance of making connection, building rapport, and of ways to provide holistic and satisfying care for patients.

The submitted abstract reports on research or clinical material from human participants or patients with approval from an Institutional Human Research Ethics Committee.

Gestational Breast Cancer and Pregnancy Following Treatment for Breast Cancer, in a Cohort of Women from Victoria, Australia

Robin J Bell[1], Pamela Fradkin[1], Nishanthinie Parathithasan[1], Penelope J Robinson[1], Max Schwarz[2,3] and Susan R Davis[1]
[1] Women's Health Research Program, Melbourne
[2] Department of Medicine, Monash University, Melbourne
[3] Alfred Health, Melbourne Victoria

Aims: The aims of this study were to examine gestational breast cancer (GBC) and pregnancy following treatment for breast cancer using the Bupa Health Foundation Health and Wellbeing After Breast Cancer Study (Bupa Study).

Methods: The Bupa Study is a large prospective cohort study of Victorian women with their first diagnosis of invasive breast cancer. It is a questionnaire-based study to which women were recruited through the Victorian Cancer Registry, completed an enrolment questionnaire (EQ) within 12 months of their diagnosis and then completed a follow-up questionnaire annually for the following 5 years (FQs 1-5). Women were asked to provide details, including dates, of all previous pregnancies in their EQ and were asked about subsequent pregnancies in each of the FQs. Breast cancer pathology data was provided by the Victorian Cancer Registry.

Results: Women with GBC made up 3.3% of women aged under 48 years at diagnosis and 14.3% of women aged under 35 years at diagnosis. There was a trend towards the tumours of women with GBC being larger, less likely to be hormone receptor positive and more likely to be of a higher grade.
Nine of 46 (19.6%) women who were aged under 40 years at diagnosis, and had either no children, or only one child, became pregnant subsequent to their diagnosis. No pregnancies were reported earlier than the second follow-up questionnaire, completed on average 2.8 years after diagnosis. Of the 9 women, 8 experienced a live birth by FQ5. Two of the 9 had a breast cancer recurrence but were alive at the time of FQ5

Discussion: Young women should be alert to the possibility of breast cancer in the context of pregnancy, especially in the post-partum period. Some women, with incomplete families at diagnosis, are choosing to have one or more pregnancies following breast cancer treatment.

The submitted abstract reports on research or clinical material from human participants or patients with approval from the Human Research Ethics committees of both Monash University and the Cancer Council of Victoria.

Health Service Use after Birth of a First Baby: Associations with Maternal Age, Mode of Conception and Private Health Insurance Status

Karen Wynter[1], Karin Hammarberg[1], Catherine McMahon[2], John McBain[3], Frances Gibson[4], Jacky Boivin[5], Jane Fisher[1]
[1] Jean Hailes Research Unit, School of Public Health & Preventive Medicine, Monash University, Melbourne
[2] Centre for Emotional Health, Psychology Department, Macquarie University, Sydney [3]Melbourne IVF, Melbourne
[4] Institute of Early Childhood, Macquarie University, Sydney
[5] Psychology Department, Cardiff University, Cardiff

Background: Parental Age and the Transition to Parenthood in Australia (PATPA) is a multicentre, prospective study investigating the separate and combined effects of maternal age and mode of conception on adjustment to early parenthood in primiparous women. One aim was to investigate relationships between these factors, socio-demographic factors and health service use in the first four months postpartum.

Method: Consecutive cohorts of women aged ≤ 30, 31 – 36 and ≥ 37 conceiving spontaneously (SC) or with assisted reproductive technologies (ARTC) were recruited. Demographic information, including private health insurance status, was collected. Four months postpartum, health service use since the birth was assessed.

Results: Participants were 576 primiparous women aged 20 to 51 years; 294 (51%) ARTC. Associations with maternal age, mode of conception and private health insurance status varied for different health services. For example, any use of pediatricians was significantly associated with ART conception and having private health insurance, but not with maternal age. However, any use of lactation services and frequency of visits to maternal and child health nurses were both significantly associated with older maternal age (≥ 37), but not with mode of conception or private health insurance status. There were no significant differences between age or mode of conception groups in use of general practitioners, mental health and other allied health services, or telephone help services.

Conclusion: Interactions between private health insurance status, mode of conception, maternal age and use of various health services are complex. Parenting context does not appear to affect physical or mental health service needs. Increased use of some health services, e.g. pediatrician, is associated with ART conception, while older mothers seek more support for infant care, e.g. lactation services. Health service planning should take account of the specific health service needs of different groups of women who have recently given birth.

Ethical approval: The PATPA study was approved by the Human Research Ethics Committees of the University of Melbourne, Macquarie University and the participating clinical services.

Cultural Considerations for Every Patient and Family of Indigenous Australians
Cavanagh, M. Aboriginal and Torres Strait Islander Community Health, NSW

Aboriginal people value Elders very strongly. We are closely connected and have a large cultural base. We have a strong connection to families. Some find it hard to understand our values and teachings.

Our culture and spiritual belief systems are very different.
Aboriginal culture, history is distinct from other people because we're from here and have a close connection to the land and sea. We have a spiritual relationship with the land and sea that cannot be fully experienced or understood by non-Aboriginals because it's inherent.

When seeing things from a holistic perspective. "That everything is interconnected." Looking at another culture promotes "independence" and every man for them himself. They feel they are dominant – rather than "everyone is equal."

Cultural differences, ways in being raised, like the difference between Aboriginal families to a Torres Strait Islander family are very close with a family and they know what's going on and the different condition of people are aware on while non-Aboriginals do not understand this technique.

Most non-Aboriginal people still have their language intact; they haven't had cultural genocide in their background. I can't think of too many others who had their whole existence wiped out – Language – we've lost so much of that how do you compare Aboriginal people who have lived here forever, to people who have come here from so many other cultures.

Willing to be involved in the general community. Aboriginal communities are more willing to contribute to the larger urban community we have a broader definition of community. We differ on social issues, for example: addictions or any health matters are less talked about by non-Aboriginal people, less of a priority for non-Aboriginal people.

I think there is a real lack of awareness that non-Aboriginal people have about Aboriginal culture. Sometimes they act as if it doesn't exist.

I will leave you with this thought?
When you leave Australia to go overseas to another country you are more Australian overseas then you are here living Australia?

The Psycho-Social Impact of Mammography Screening in Australia

Jacklyn G, Howard K, Barratt A, Hersch J, Irwig L
Sydney School of Public Health, University of Sydney, Australia

Background: Women who participate in breast cancer screening reduce their risk of dying of breast cancer. However they increase the risk of being diagnosed and treated for breast cancer, and may experience a "false alarm" (false positive result). Australian and international research shows that 20-30% of breast cancers diagnosed among women who are regularly screened are "overdiagnosed", that is, are cancers that would not have caused symptoms or become life threatening, leading to overtreatment of breast cancer. Being diagnosed and treated for breast cancer carries physical risks and has significant psycho-social effects on women and their families. Furthermore, experiencing a false positive screening mammogram result can cause lasting anxiety.

Aim: To estimate the number of women who are overdiagnosed and who experience a false positive mammogram by participating in BreastScreen Australia screening programs from 50 to 69 years of age.

Methods: Markov process model with data from BreastScreen Australia, the Australian Institute of Health and Welfare and the Australian Bureau of Statistics, plus best international estimates of overdiagnosis,and of mortality benefit due to screening.

Results: Among every 1000 women screened for 20 years, about 412 will experience a false positive. Among 1000 screened women, about 73 will be diagnosed with breast cancer (62 invasive and 11 DCIS); of these about 20 will be "overdiagnosed". About 4 deaths from breast cancer will be averted by screening. The ratio of overdiagnosed breast cancers to deaths averted is approximately 5:1.

Conclusion: Australian women participating in BreastScreen have a cumulative risk of a false positive mammogram of approximately 40%. The risk of being overdiagnosed is about 20 per 1000 (2%), and the chance of having a breast cancer death averted is about 4 per 1000 (0.4%). These estimates help clarify the psycho-social impact as well as the benefit of participation in breast cancer screening.

The submitted abstract reports on research or clinical material from human participants or patients with approval from an Institutional Human Research Ethics Committee.

Dyspareunia: Why Treating the Pain is Not Enough

Dr Anita Elias
Monash Medical Centre, Melbourne
The Women's Hospital, Melbourne

Why do a large percentage of women experiencing dyspareunia, continue to have intercourse despite the pain? Why does she engage in penetrative sex without the desire to be sexual, without arousal and while experiencing fear of the inevitable pain? Unaroused sex can be a significant aetiological factor in the development of Vulvodynia and Vaginismus. Therefore, a woman's ability to say 'No' to sex, and to negotiate her terms and boundaries in a sexual relationship, are important factors in the genesis, maintenance and resolution of dyspareunia. This is an area of little discussion in the literature and scant research. Recently, there has been an increase in awareness of the role of physiotherapy in managing dyspareunia, and this may be the woman's first treatment intervention. For some, this can lead to resolution of the problem. Other women have 'mechanical' success, but are unable to make the transition to sexual intercourse or even enjoy non-penetrative sexual activity. This highlights the importance of addressing psychosexual factors, in addition to managing pelvic floor dysfunction or other physical conditions, when treating dyspareunia. This presentation will explore the importance of a woman's ability or desire to negotiate her sexual relationship. A clinical approach, which can enhance and enliven the therapy process with individuals or couples, will be discussed.

The submitted abstract does not use data collected from human participants or patients.

Evaluation of Your Fertility, A Public Education Campaign to Increase Knowledge About Modifiable Factors that Influence Fertility

Karin Hammarberg[1,2], Helen Smallwood[1], Stephanie Fracis[1], Robert Norman[3], Carol Holden[4], Janet Michelmore[5], Sheila Hirst[6], Louise Johnson[1]
[1] Victorian Assisted Reproductive Treatment Authority, Melbourne, Victoria, Australia
[2] Jean Hailes Research Unit, School of Public Health and Preventive Medicine, Monash University, Melbourne, Victoria, Australia
[3] Robinson Institute, School of Paediatrics and Reproductive Health, University of Adelaide, North Adelaide, South Australia, Australia
[4] Andrology Australia, Monash Institute of Medical Research, Monash University, Clayton, Victoria, Australia
[5] Jean Hailes Foundation for Women's Health, Clayton, Victoria, Australia
[6] Sheila Hirst Consulting, Melbourne, Victoria, Australia

Aim: 'Your Fertility: Supporting Reproductive Choices' is an evidence-based public education program to increase awareness in the community about factors that influence fertility to enable people to make informed and timely decisions about childbearing. It was funded over three years (2011-2013) by the Australian Government, and undertaken by the Fertility Coalition: Victorian Assisted Reproductive Treatment Authority (VARTA), Andrology Australia, Jean Hailes for Women's Health and The Robinson Institute. Program evaluation by an independent external evaluator is an integral component of the project.

Method: Independent evaluation of the reach and achievements of the program.

Results: By March 2013 the following outputs and reach were achieved:

- a nationwide survey identifying considerable gaps in fertility-related knowledge among Australians of reproductive age;
- publication of the findings of the survey in a peer-reviewed journal;
- development of:
  - evidence-based content for the 'Your Fertility' website which houses fertility-related information for the community and health professionals;
  - evidence-based resources about the Top Five Fertility Factors, age, weight, alcohol, smoking and timing of sex distributed to >500 health services;
  - a pre-conception health check-list for women and men planning pregnancy;
  - a 60 minute health professional teaching module 'Optimising Patients' Fertility' registered as continuing professional development with three professional organisations and accessed by 1350 people;
- 45,500 visits to the 'Your Fertility' website;
- initiation and implementation of a national annual Fertility Week;
- through social and traditional media 'Your Fertility' messages are estimated to have reached over 5 million people.

The evaluation report also suggested ways in which the program could build on its achievements and increase its reach.

Conclusion: The final evaluation report concludes that the Your Fertility project has been highly successful in achieving its objectives. Independent evaluation data is useful when seeking funding to sustain and build on existing initiatives and provides a strong foundation for future work.

The research component of 'Your Fertility' was approved by the Victorian department of health Human Research Ethics Committee.

Assisted Reproductive Technology: Utilisation, Outcomes and Cost Since 2002

Erol Digiusto
Family Planning NSW, Sydney

Infertility is usually defined as inability to become pregnant despite trying for 12 months or more. Published studies have found that about 4% of women were currently infertile and about 20% had ever been infertile. Australia has one of the highest levels of utilisation of assisted reproductive technology (ART) treatment in the western world. This presentation focuses on examining changes over time in utilisation of ART treatment, its outcomes overall and in female age groups, and its cost to Medicare.

Since 2002, the live delivery rate from autologous ART cycles has remained fairly constant at around 18%. Demand for ART treatment increased over time; the number of ART cycles undertaken and the consequent number of live deliveries both doubled. The cost in terms of relevant Medicare items, which represents an unknown proportion of the total cost to the community of ART treatment, increased from $46 million in 2002 to $217 million in 2011. ART live delivery rates start to decrease after age 34 years, in spite of which more than 60% of autologous ART cycles in 2010 were undertaken by women aged 35 or more.

Initiating and continuing with ART treatment commonly involves difficult decisions and sustained stress for the prospective parents, and significant financial cost, both for prospective parents and for the community. Certain information that would be valuable to Australian patients and health policymakers in making well-informed decisions about ART treatment is currently not readily available. For example, information regarding cumulative live birth rates across multiple ART treatment cycles undertaken by women of various ages is readily available online in the USA, but not in Australia.

The submitted abstract reports on secondary analysis of published, non-identifiable, aggregate data; no approval from an institutional ethics committee was required.

From Institutional Care to Living in South Australia: Intercountry Adoption

Beverly Ann Scarvelis
Master of Social Work by Research, Deakin University, Burwood, Victoria

Intercountry adoption from Thailand to Australia has been practiced for the past thirty years, but research of particular cohorts of Thai children is missing in the research literature. This thesis interrogates the life histories to examine the lived experiences of children, aged between 4 and 9 years, leaving The Rangsit Children's Home in Thailand and coming to South Australia during the late 1980s and early 1990s. Twelve adult adoptee participants were interviewed. These interviews provided qualitative data which were analysed using thematic analysis. This research investigated what the adoptees were confronted with and how they gave meaning to their lives in Australia despite the adversities they had experienced in Thailand. The findings reveal that intercountry adoption of older children is not without challenges for the adoptees or their families, but the adoptees were able to move beyond the orphanage experiences and embrace the lifestyle and opportunities afforded them in Australia. What assisted this process is discussed. For some, Thailand remained in their memories as adults and returning and planning to return to Thailand came as a natural progression rather than an innate challenge to their identity. The adoptees possessed great resilience, which was demonstrated throughout their lives, and was displayed through strong attributes including self-determination, self-reliance, inner strength, confidence, and self- worth. Researching adult intercountry adoptees gave opportunities to voice personal experiences that may have otherwise been muted in the history of intercountry adoption in Australia.

Keywords: intercountry adoption, parenting other people's children, family by choice

Maximising the Training Opportunities for Medical Students in Gynaecology Clinics: Information Prior to the Clinic May Improve Patient Acceptance

Jenny M Yang[1], Katy Woods[2], Anne Johnson[1], Yin Sum[1], Kirsten I Black[3]
[1]Royal Prince Alfred Hospital, Sydney
[2]Southern General Hospital, Glasgow
[3]University of Sydney, Sydney

Objective: This study aimed to investigate the factors which influence patients' acceptance of medical students' involvement in their consultation when attending a public hospital gynaecology clinic.

Methods: This was an observational study of women attending gynaecology clinics at Royal Prince Alfred Hospital (RPAH) from January to December, 2011. The questionnaire sought demographic information and asked women about their knowledge of medical student attendance at the clinics, if they would allow a student to be present during their consultation, and whether they would allow a student to examine them. It also sought reasons for their responses.

Results: Of the 460 questionnaires distributed, 97% (446) were completed. Overall, 85.6% (382) of patients expressed acceptance of medical students in their consultation, and 63.9% (285) said they would allow students to examine them. Factors significantly associated with increased acceptance of examination by medical students included having knowledge that a student may be present ($p=0.003$), and being married or in a de facto relationship ($p=0.023$). Age and level of education were not significantly associated with acceptance of being examined by a student; and ethnicity was too diverse to assess. All groups maintained a clear preference for female students.

Conclusion: This study has found that having knowledge that medical students may be present in gynaecology clinics may increase patient acceptance of being examined by a student. This demonstrates a role for information material to be distributed to patients prior to their appointment to facilitate medical training.

Ethics approval for this study was obtained from Sydney South West Area Health Service Human Research Ethics Committee (RPAH zone).

The Woman's Role in the Pap Test Examination

Dr Mary Stewart, Dr Hilary Bower
Family Planning NSW, Australia

In training medical students, doctors and nurses to perform Pap test examinations, there are women who take part in the training as "practise patients" or Clinical Training Associates. These women play a crucial role in the training process by giving feedback and assisting the trainees in communication skills as well as clinical skills. Family Planning NSW (FPNSW) has been providing "Cervical Screening Upskilling Workshops for GPs" since 2000.This is one of many important strategies to increase rates of cervical screening by improving the clinical examination techniques and confidence of GPs (especially those trained overseas) in taking Pap tests and thus improving screening rates in their practices. FPNSW also provides education and training to nurses working in general practice across NSW. Practise patients provide an integral part of this training for doctors and nurses.

A summary of evaluation forms from doctors participating in the "Cervical Screening Upskilling Workshops for GPs" in 2011, showed that 97.7% of doctors had an improved understanding of barriers that women have to screening and 97.8% had an increase in their confidence and skill in taking a comfortable Pap smear. Evaluation of our training program reflects the benefit of having women participate in this training with comments such as "it was very educational to get the patients' point of view" and "I learnt a lot from my patient".

Although there is literature on the effectiveness of using practice patients there is little on what motivates them. Burgess and Black published a qualitative study describing the motivations and the experiences of these women who participate in training. Reasons included the satisfaction derived from their role as a teacher, working as part of a team, and the sense that they were doing something good for society. Our experience is similar with women explaining the altruistic and also empowering motivation for participating in this training.

Understanding the motivations of these women helps to encourage more women to participate in the training of the health professionals of the future.

Can Obesity Ever Be Cured?

Amanda Sainsbury-Salis
The Boden Institute of Obesity, Nutrition, Exercise & Eating Disorders, The University of Sydney, Camperdown NSW 2006, Australia

Weight loss by lifestyle intervention provides effective and cost effective improvements in health, including preventing the progression to diabetes and improving natural or assisted pregnancy outcomes in overweight or obese women. While weight loss therefore offers a simple and powerful strategy for improving health, a major challenge is that most people who lose weight by lifestyle intervention do not keep the weight off.

One of the major reasons for weight regain is that the body responds to energy restriction with a series of adaptive responses that prevent ongoing weight loss and promote regain. This series of adaptive responses – referred to herein as the 'famine reaction' – includes increased appetite, reduced energy expenditure, and alternations in circulating concentrations of hormones that tend to stimulate appetite and promote fat accumulation. Finding ways to reduce the intensity of this famine reaction would likely enable more people to keep weight off following lifestyle interventions.

There is currently a lot of debate about whether the adaptive responses to energy restriction can be reversed. In other words, if an overweight or obese person loses weight, will they need to permanently struggle against an increased appetite and reduced energy expenditure in order to maintain their reduced body weight? Or will there come a time when this famine reaction subsides, thereby making it easier for them to maintain their lower body weight?

This talk will show both sides of the scientific debate about whether or not the famine reaction can be reversed after weight loss. The answer to this question has tremendous implications for clinical practice, because it influences whether or not we keep encouraging people to persist with (often heartbreaking) efforts to manage their weight via lifestyle intervention, or whether we encourage them to undertake more aggressive – albeit still imperfect – treatment options (i.e. long-term appetite-suppressing medications, bariatric surgery).

Obesity in Adolescents and Young People - Turning the Tide

Kate Steinbeck
University of Sydney and Academic Department of Medicine, The Children's Hospital at Westmead, Sydney, Australia

Adolescents and young adults (AYA) have many similarities, which include lifestyles and risk taking, physical and mental health issues and developmental challenges. While there is some evidence that prevalence rates of overweight and obesity may be plateauing in adolescents, rates continue to rise in young adults. Increasing autonomy around food choices, disorganised sleep patterns, a reduction in physical activity, living away from home, alcohol, pregnancy, depression and vocational challenges are all potential drivers. Some of the important physical health concerns for young women are polycystic ovary syndrome, infertility and gestational diabetes with the long term consequences for their offspring, and early degenerative joint disease. There are limited empirical data on weight management interventions in this age group, with most data coming from older age groups who already have multiple obesity related co-morbidities. As in any age group it is important to understand the drivers of obesity, some of which are often beyond individual control, such as limited discretionary time, cognitive development and the impact of other developmental issues. This presentation will include a discussion of AYA obesity related morbidity and its treatment, a consideration of gender specific weight loss issues including data from Australian studies, and a discussion of weight management goals for Gen Y. It is important to remember that obesity has powerful socio-economic determinants and that for the future wellbeing of the whole community weight management needs to be accessible for those who would benefit most.

Breast Cancer Survivorship – The Role of Obesity and Exercise in Long Term Outcome

Susan Hart [1,2] Accredited Practising Dietitian PhD
[1] Program Manager, Derwent House – The Royal Prince Alfred Hospital Eating Disorder Day Program
[2] Clinical Senior Lecturer, The Boden Institute of Obesity, Nutrition, Exercise and Eating Disorders, The University of Sydney, Camperdown, 2006

Breast cancer is the most common cancer in Australian women. Between the periods 1982–1987 and 2006–2010, five year survival increased from 72% to 89%. As a consequence, it is estimated that there are approximately 160,000 women alive who had been diagnosed with breast cancer in the previous 27 years. Advancements in the treatment of breast cancer mean that many women will not die from breast cancer. Rather, from a range of nutrition related and lifestyle diseases such as cardiovascular disease and type 2 diabetes.

There is substantial research on the link between diet and breast cancer as a result of two randomised controlled trials of dietary intervention in breast cancer survivors. These trials demonstrated that control of body weight and physical activity, are the main modifiable lifestyle factors that can significantly affect long-term prognosis for breast cancer survivors. However, this information does not appear to be well translated for consumers, and clinicians. It has been shown that a minority of survivors are aware of this and are more likely to believe that unproven factors such as stress, pollutants and food additives cause breast cancer. Contributing to the long term health risks of breast cancer survivors, is the observation that most women gain weight after a diagnosis of breast cancer. One quarter to one third of women gain in excess of five kilograms which increases their risk of breast cancer specific and all cause mortality.

Due to increasing survival rates, there is a growing but unmet need to address the nutrition and lifestyle needs of breast cancer survivors. This presentation will summarise the latest research and key messages on diet and lifestyle for women who have had a diagnosis of breast cancer.

Ethics approval was not sought for this research as it does not involve human contact.

Management of Obesity in Pregnancy
Dr Jenny Bradford

There is universal consensus that maternal obesity in pregnancy is associated with increased maternal and foetal morbidity and mortality.

There is also overwhelming evidence that minimising antenatal weight gain reduces many of these risks. However, "programmes" to implement weight gain minimisation frequently fail.

I present my strategies for managing obesity in pregnancy, and present data that support these strategies.

Severe Maternal Mental Illness: Its Impact on Attachment and Parenting

Marie-Paule Austin[1,2,3]
[1] Chair Perinatal & Women's Mental Health, Director Mother-Baby Unit, St John of God Hospital, Sydney
[2] Professor, School of Psychiatry, University of NSW, Sydney
[3] Perinatal Psychiatrist, Royal Hospital for Women, Sydney

Severe mental illness occurs in up to 5% of mothers in the first few postnatal months. These episodes often go undiagnosed and/or untreated for prolonged periods, with the potential for impacting severely on maternal function at a crucial time in the infants development. Thus parenting and the development of infant attachment will often be affected; at worst they may be associated with maternal suicide or even infanticide.
The talk will briefly outline common presentations of severe postpartum episodes; issues around detection & management; and the impact on parenting infant attachment. Case vignettes will be used to illustrate the presentation.

Statement of ethical compliance
The submitted abstract reports on clinical patient material. This clinical case material used to illustrate the presentation, is done with consent from patients who are involved in a quality improvement project (which has local ethics committee approval).

The Obstetrician and Perinatal Mental Health - A Personal and Professional Perspective

Vijay Roach FRANZCOG
North Shore Private Hospital, Sydney

The perinatal period, which was historically perceived as protective against mental illness, is now recognised as a period of heightened risk. For many, feelings of worry and stress resolve by themselves. But in some, pregnancy and early parenthood can trigger symptoms of more serious mental health problems, including anxiety and depression. The likelihood is greater for women who have had mental health problems before, do not have enough support, are subject to external psychosocial stressors or traumatic experiences in pregnancy or childbirth. However, women with no apparent history can manifest symptoms of anxiety and depression during and/or after pregnancy.

The obstetrician in private practice is uniquely isolated in their interaction with a pregnant woman and her family. The infrastructure of midwives, social workers and mental health care providers is not easily accessible. Obstetricians and midwives do not have specific training or clinical expertise in the identification or management of perinatal mental health disorders. Time constraints are a significant barrier to adequate assessment. Furthermore, the inherent co-dependent nature of the obstetrician-patient relationship can inhibit discussion or revelation of mental health concerns.

The introduction of Australia's first antenatal screening programme for perinatal anxiety and depression in a private hospital setting will be discussed, with preliminary data suggesting that the programme is able to identify women at risk and facilitate follow-up. Patient satisfaction responses will be tabled.

The presenter will discuss his personal experience of severe perinatal anxiety and depression in his wife and the impact, both personal and professional.

Remembering the Mother in the Postnatal Period

Heather Irvine-Rundle
R.E.A.D. Clinic, Gosford, NSW, 2250.

While much research focuses on the impact of a mother's mental state on relationship factors and long-term outcomes for the child, relatively little equivalent time is spent gaining an understanding and empathy for a mother who exists within that mental state. Additionally while research has importantly been touching on the impact of cumulative stress and psychological injury in people serving in a range of professional occupations, the stressful and often misunderstood period of pregnancy, childbirth and adjustment to parenting have received relatively little attention. The purpose of this presentation is to highlight the likelihood of severe stress in mothers during the postnatal period, to use current research obtained with other populations to understand the impact of this stress on brain function and behaviour, and to provide guidance as to how all health professionals might best support mothers in the postnatal period to limit the negative consequences for both the mother and the baby.

The Baby in the Babushka Doll - holding The Family System to Pass on the Best of Nurture

Loyola McLean[1-3]
[1] Westmead Psychotherapy Program, Discipline of Psychiatry, SMS, University of Sydney
[2] SWaGS Psychiatry Training Network, WSLHD, Parramatta
[3] Consultation-Liaison Psychiatry, Royal North Shore Hospital, St Leonards, Sydney

The last 50 or more years have provided evidence to demonstrate what we often intuitively knew: human beings develop in relationships. Attachment theory has proved to be a true biopsychosocial model, developmental and evolutionary-based, framing understanding of this physical, mental and social maturation and dove-tailing with many other useful models. It predicts the way self-regulation and the stress response is optimised if a person is safely and comfortably supported and similarly offers a guide to different recovery pathways when strategies need review due to the emergence of symptoms or suffering or the intrusion of the crises of loss or trauma. Coming from mind-body medicine, an attachment view of understanding and supporting the individual and the family will be presented that offers a version of the long held notion that for health we need "good enough" support. In a set of Russian Dolls each smaller Babushka is a Baby, supported by the larger ones that "hold" it, while also emerging as a support for the smaller ones within it. Similarly at another level we all hold our histories of care in our memories, whether conscious or unconscious. In psychosocial medicine this "holding" is psychophysiological with deeply mindful as well as practical aspects: we need integrated approaches that care for body and mind and their connections. An attachment model can help us better understand stress response, illness and coping and how to be a part of the support system for the families that are aiming to support each other and the generations in development.

Professor Marie-Paule Austin

Professor Marie-Paule Austin is Chair of Perinatal and Women's Mental Health at the University of New South Wales; Director of the St John of God mother-baby unit at Burwood; and a Perinatal Psychiatrist at the Royal Hospital for Women, Sydney. She led the development of both the Australian *beyondblue* Perinatal Mental Health National Action Plan and Clinical Practice Guidelines. Currently she heads up an NHMRC grant examining the impact of the National perinatal depression reforms on mental health service uptake in pregnant and postnatal women. Prof Austin is a chief investigator on a number of clinical studies in the field of Perinatal mood disorders; she has published over 100 peer reviewed articles.

Associate Professor Rodney Baber

Rod Baber is Clinical Associate Professor of Obstetrics and Gynaecology
at Sydney Medical School, The University of Sydney and is Head of the Menopause and Menstrual disorders clinic at Royal North Shore Hospital.
He is General Secretary and President elect of The International Menopause Society and a Past President of The Australasian Menopause Society. He is also Chair of The Clinical Advisory Board of Family Planning (NSW), Associate Editor of The ANZ Journal of Obstetrics and Gynaecology and a member of the Editorial Board of *Climacteric*, the Journal of the International Menopause Society.
Rod is a regular presenter at National and International meetings, has contributed to several books and has a large number of peer reviewed publications to his credit
In 2013 The Royal Australian and New Zealand College of Obstetricians and Gynaecologists recognized his contribution to the field of Obstetrics and Gynaecology with the award of The Distinguished Service Medal

Prof Robin Bell

Professor Robin Bell MB BS PhD MPH FAFPHM is Deputy Director of the Women's Health Research Program at Monash University. She is coordinating a cohort study of over 1600 Victorian women with their first diagnosis of invasive breast cancer. The women have now all been followed for at least 5 years from the time of diagnosis. The study is currently funded by the BUPA Health Foundation.

Dr Kirsten Black

Dr Kirsten Black trained in obstetrics and gynaecology and then specialised in reproductive and sexual health in the UK. She is a senior lecturer at the University of Sydney where she is responsible for co-ordinating undergraduate and post graduate training. Her areas of clinical and research interest are office gynaecology, early pregnancy and contraception.

Mr Stephen Blanks

Stephen Blanks is a Sydney based lawyer, with a legal practice specialising in commercial litigation and intellectual property based transactions. Stephen is also secretary of the NSW Council for Civil Liberties, and in this role is heard frequently in the media commenting on human rights and civil liberties issues, including privacy, free speech, police and asylum seekers. Stephen has been involved in asylum seeker issues since 2003, and has represented many asylum seekers and refugees in legal challenges, made submissions to government inquiries into migration laws, and lobbied parliamentarians for changes to the law.

Dr Jenny Bradford

Jenny Bradford is a Sydney gynaecologist with a long-standing interest in the effects of the metabolic syndrome on obstetrics and gynaecology. This naturally has led to an interest in obesity.
Jenny is the lead clinician of the obstetric diabetic service at Blacktown Hospital, caring for approximately 330 diabetic mothers per year. Blacktown Hospital cares for a widely-diverse mix of different ethnicities, the importance of ethnicity has become increasingly-important in understanding and managing diabetes in pregnancy. Jenny and her team have developed an informal obesity prevention programme, and the results of this will be presented.

Miriam Cavanagh

My name is Miriam Cavanagh I am of both Aboriginal (on my Dad side) and Torres Strait Islander (on my Mother side).
I am here talking to you as an Aboriginal and Torres Strait Islander Health Community member from this area. I Liaison with Aboriginal and Torres Strait Islander people throughout Communities and the wider Australia Community.
At times my role requires me to deliver lectures, in various areas to students in the areas of managing diversities and understanding cultural differences. Comparison and characteristics of Aboriginal and non-Aboriginal values are thought provoking and sometimes can be confronting.
To impress upon the members the uniqueness of both Aboriginal and Torres Strait Islander culture I try to get and understanding and see the differences in the value system of Aboriginal and Torres Strait Islander and non-Aboriginal Australians which has been a passion of mine.

Dr Carolyn Corkindale

Carolyn Corkindale recently retired from Flinders University, where she worked for 22 years. Most of her time was spent managing NH & MRC and ARC research projects with Chief Investigator Professor John Condon. These were in the field of maternal, paternal and grandparent to infant attachment, adolescent idealisation of pregnancy and parenthood and the "If I were Ben..."project which has been replicated overseas. During the last 8 years she also worked as a research associate for the School of Social and Policy Studies. Next year Carolyn hopes to attend a Film School and learn lots of skills so she doesn't have to get other people to film her projects!

Ms Leonie Crowe

Leonie is a Social Worker with 12 years experience working in health. She has spent the past 6 years working mostly in Women's and Children's Health at Auburn Hospital. As Auburn has one of the highest settlement rates for refugee communities a great deal of her work is with women from refugee backgrounds and their families. She is a member of the Health One steering Committee and currently represents Auburn Hospital as a partner in the Health One Peri-natal Project and is a member of the Female Genital Mutilation Advisory Committee Group for NSW Education Program on Female Genital Mutilation. Through her she has developed a great deal of knowledge about the communities she works with and an understanding of some of the barriers that exist in working with refugee families and other vulnerable groups in the community.

Mr Erol Digiusto

Dr Erol Digiusto is a research psychologist who is employed as a Senior Research and Evaluation Officer at Family Planning NSW. He recently completed writing a data-based chapter on assisted reproductive technology for a forthcoming Family Planning monograph "Reproductive and Sexual Health in Australia". He has previously held academic research positions for 10 years at the University of NSW, in the Faculty of Medicine and the National Centre in HIV Social Research. He also worked for 17 years in the Western Sydney Area Health Service in roles that involved research and evaluation, service planning and management, and health promotion.

Dr Michael Dudley

Michael Dudley is a psychiatrist at Prince of Wales and Sydney Children's Hospitals, and Senior Conjoint Lecturer at the University of New South Wales. He specialises in working with youth, indigenous people and refugees, and has chaired the Board of Suicide Prevention Australia since 2001 (co-Chaired since 2012). He is a member of the Australian Suicide Prevention Advisory Council (ASPAC) and the Department of Immigration and Citizenship's Mental Health Advisory Sub-Group. Dr Dudley is principal editor (with Derrick Silove and Fran Gale) of the first peer-reviewed international textbook on mental health and human rights (Oxford University Press, 2012).

Dr Anita Elias

MBBS, FASPM, FECSM

Dr Anita Elias is a medical practitioner and psychotherapist, specialised in Sexual Medicine and Sexual and Relationship Therapy. She is head of the Sexual Medicine and Therapy Clinic at Monash Medical Centre, and works in the Psychosexual Service at The Women's Hospital, as well as in private practice.

Dr Karin Hammarberg

RN, BSc, PhD

Karin has 30 years of clinical and research experience in the psychosocial aspects of reproductive health. She is currently a Research Fellow at Jean Hailes Research Unit, School of Public Health and Preventive Medicine at Monash University and the Senior Research Officer at the Victorian Assisted Reproductive Treatment Authority.

Dr Susan Hart

Susan has 18 years of experience working as a dietitian and has completed her PhD examining on the nutritional management of eating disorders. She has specialised in diabetes education, and eating disorder management. Her research interests include evaluation of eating disorder interventions, the co-morbidity of eating disorders and type 1 diabetes, and the development of lifestyle interventions for breast cancer survivors. Recently she has been involved in delivering nutrition education to breast cancer support groups, and has written a book on this topic, as there is a need to provide practical, accessible and evidence based nutrition information to survivors of breast cancer.

Mrs Carol Himmelhoch
Carol Himmelhoch has a nursing and midwifery clinical background and has completed her Masters of Adult Education at the University of Technology Sydney. She has worked extensively as a midwifery educator fulfilling her passion to prepare and support women and their partners during pregnancy, birth and the transition to parenthood. Since 2009 she has been involved with the Gidget Foundation in the initiation and implementation of routine universal antenatal screening at North Shore Private Hospital, Sydney. Carol is also currently working as a clinical facilitator for Sydney University Medical School (Northern).

Ms Heather Irvine-Rundle
Heather has worked as a clinical psychologist with mothers and families for the past 13 years. In 2001, she was awarded the W H Ward Prize for her Clinical Psychology Thesis at the University of Newcastle. She owns and directs the READ Clinic – which with its 22 psychologists is one of Australia's largest private psychology practices. She also worked for over 3 years for some of the largest children's hospitals and psychology teams in the United Kingdom, including Liverpool and London. This work included working with mothers and families with severe mental health and managing the coordination of all mental health services into schools. She remains the youngest appointed Director on Central Coast Grammar School Board of Directors, and is a committee member of the Central Coast branch of the Australian Psychological Society (APS) and member of the Perinatal Psychologist APS interest group.

Ms Gemma Jacklyn
Gemma Jacklyn BAppSc(physio) MPH(Hons) is a PhD candidate with over ten years 'clinical experience working in health care. She is a former Associate Lecturer in epidemiology at the Sydney School of Public Health at the University of Sydney and currently teaches there part time. Gemma has published in the Lancet and her research interests include cancer screening, overdiagnosis and work-related musculoskeletal injuries.

Professor Heather Jeffery
MB BS, PhD, MPH, FRACP, MRCP(UK)
Heather is based at the Sydney School of Public Health, University of Sydney where she is Professor of International Maternal and Child Health and Clinical Academic Neonatologist at Royal Prince Alfred Hospital, Women and Babies, Camperdown, Sydney.
Her research interest,s in low and high income countries, include PhD, Masters and Honours students in : identification and management of newborn malnutrition to prevent short, medium and long term poor outcomes; reduction in perinatal and infant mortality – translating evidence into practice; gestational diabetes and neonatal outcomes; neonatal and perinatal infection. She is currently engaged as Chief Investigator in the implementation of a large NHMRC funded project with a collaborative team from Monash, UNSW and USydney, the SEA URCHIN project, to reduce neoaatal infection in 11 hospitals in Thailand, Philippines, Indonesia and Malaysia. Heather co-ordinates the Womens and Childrens Health module in the Masters of International Public Health, USydney. Countries of most experience include Malaysia, the Balkans, Vietnam.

Dr Jane Kohlhoff
Dr. Jane Kohlhoff, Ph.D., D.Clin.Psych., B.A. (Hons), works as the Research Coordinator at Karitane, an early parenting organisation providing services for families with children aged 0-5 years. Jane has worked in the field of Perinatal and Infant mental Health for over 10 years. Her particular research interests lay in perinatal anxiety and depression, early parent-infant relationships, attachment theory and early childhood behavioural disorders. She holds a conjoint lecturer position at the University of New South Wales and is a qualified Clinical Psychologist.

Dr Sylvia Lim-Gibson
Dr Sylvia Lim-Gibson is an adult general psychiatrist with a particular interest in perinatal psychiatry, women's mental health, chronic pain and the psychiatry of medical disorders. She currently works as a consultant to the pain management team at The Prince of Wales Hospital and a locum perinatal psychiatrist at The Royal Hospital for Women.
Sylvia has a private practice in Suite 20 and is accredited to see inpatients at The Prince of Wales Private Hospital and The Sydney Clinic at Bronte. Sylvia uses a range of pharmacotherapeutic and psychotherapeutic treatment modalities and is happy to provide either one-off assessments or longer -term co-management.
She has maintained a strong commitment to medical education. We was the Director of Postgraduate Psychiatry Training for the South East Sydney ans Illawarra Training Zone, and is an accredited examiner with the Royal Australian & New Zealand College of Psychiatrists. She has also been involved with the curriculum development at The Brain & Mind Research Institute, Camperdown, NSW.

Dr Derek Lok

Dr Derek Lok graduated from Hong Kong (MBChB) and obtained his PhD in fetal-maternal medicine in Adelaide. He completed his specialist then subspecialist training in reproductive medicine in Sydney, Adelaide and UK in 2002 (FRANZCOG, CREI). He expanded his clinical experiences overseas in 2002-2003 as a clinical fellow/lecturer at University of Sheffield, UK. During that period he also spent time in Infertility and Endoscopic Units in Oxford, London, Paris, Germany, Montreal and Seoul, with assistance of the travelling scholarship awarded by RANZCOG. Derek is currently a consultant gynaecologist at RPAH, Liverpool and Westmead Hospitals, and a senior clinical lecturer at University of Sydney & UNSW, involving in undergraduate teaching, specialist and subspecialist training. He also teaches at the Master of Reproductive Medicine Course at University of Sydney. Derek is a fertility specialist at Genea, with major interests in male factor infertility, reproductive endoscopic and sterilisation reversal microsurgeries

Dr Loyola McClean

Dr McLean is a Consultation-Liaison Psychiatrist and Psychotherapist in public and private practice with clinical and academic interests in attachment, psychosomatics, the psychophysiology of stress system disorders and the therapeutic consequences. She is currently working as a Psychotherapy Educator with the Sydney West and Greater Southern Psychiatry Training. In her postdoctoral work she is using attachment theory as a theory of bodymind and stress systems with aims are to explore the underlying psychophysiology and the paths to repair. She hopes to make attachment theory more user-friendly for clinicians and patients in order to foster more collaborative ways of understanding presentations and treatment goals and to promote integrated therapies.

Dr Chris McMahon

Dr McLean is a Consultation-Liaison Psychiatrist and Psychotherapist in public and private practice with clinical and academic interests in attachment, psychosomatics, the psychophysiology of stress system disorders and the therapeutic consequences. She is currently working as a Psychotherapy Educator with the Sydney West and Greater Southern Psychiatry Training. In her postdoctoral work she is using attachment theory as a theory of bodymind and stress systems with aims are to explore the underlying psychophysiology and the paths to repair. She hopes to make attachment theory more user-friendly for clinicians and patients in order to foster more collaborative ways of understanding presentations and treatment goals and to promote integrated therapies.

Dr Vijay Roach

Vijay Roach is an obstetrician and gynaecologist working in private and public practice in Sydney, Australia. He is a Member of the Board of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, Lecturer at the University of Sydney and Chairman of the Gidget Foundation, a not for profit organisation whose mission is to raise awareness of perinatal anxiety and depression. He is married with five children.

Dr Glynis Ross

Dr Glynis Ross is a Visiting Medical Officer in Endocrinology, Royal Prince Alfred Hospital, Sydney, part-time Senior Staff Specialist in Endocrinology at Bankstown-Lidcombe Hospital, Sydney and is also in part-time private practice.

Glynis was President of the Australasian Diabetes in Pregnancy Society 2008-2010, and was an ADIPS Council member from 1994-2000 and 2004-2012. She has been on ADS Council since 2012. She runs the multidisciplinary diabetes in pregnancy service at Royal Prince Alfred Hospital in Sydney.

Her particular clinical interests are in diabetes and other endocrine disorders in pregnancy, intensive management of Type 1 diabetes and insulin pump therapy. She also has extensive experience as Principal Investigator and Co-Investigator in diabetes clinical research trials, mostly international and multicentre, including several related to diabetes and pregnancy.

Associate Professor Amanda Sainsbury-Salis

With a BSc (Hons) from the University of Western Australia and a PhD from the University of Geneva, Switzerland, Associate Professor Amanda Sainsbury-Salis is an NHMRC Senior Research Fellow who leads a research team at The Boden Institute of Obesity, Nutrition, Exercise & Eating Disorders at The University of Sydney. Her research aims to help people to attain and maintain an optimum body weight and composition. Adept in translating novel research findings into human benefits, Amanda's research into hypothalamic control of energy homeostasis spans studies with conditional transgenic mice to randomized controlled clinical trials in humans.

Mrs Bev Scarvelis

Bev completed her Master of Social Work by research at Deakin University in 2013, She started her professional life as a social worker in child protection for 14 years then moved to hospital-based social work practice for 8 years. She completed her undergraduate in Social Work in 2005 at Deakin University.
Bev has been involved in intercountry adoption for 35 years and has extensive knowledge in this field. She has 3 biological children and 2 adopted children from Sri Lanka and Thailand whom are now 29 years of age.

Dr Peter Spitzer

Peter is a GP in Bowral, NSW. He is the Medical Director and a co-founder of The Humour Foundation, a national charity. This program has 58 Clown Doctors visiting 21 hospitals around Australia. In 2003 he developed and presented the LaughterBoss™ concept at 'The 1st National Conference on Challenging Depression in Aged Care' in Sydney. He lectures and presents workshops on 'Humour in Practice' to health care professionals across the disciplines. He was a Chief Investigator in the 3-year (2009 -2011) NH&MRC-funded SMILE Study to research the impact of humour therapy in dementia care.

Professor Kate Steinbeck

Kate Steinbeck is an endocrinologist and adolescent physician and is the inaugural Medical Foundation Chair in Adolescent Medicine, a position she commenced in February 2010. She is a graduate of the University of Sydney (University Medal) and completed her PhD in the Department of Endocrinology. Prior to her current appointment she was a Senior Staff Specialist at Royal Prince Alfred Hospital and Head of the Youth Consultancy Service in the Sydney South West Area Health Service. Her University roles include chief investigator for the Sydney Medical School's Adolescent Rural Cohort study (visiting Professor to the School of Rural Health) and membership of the Boden Institute of Obesity, Nutrition, Exercise and Eating Disorders. Community roles include membership of the Chronic Illness Committee for the American Society of Adolescent Health and Medicine, Associate Editor International Journal of Paediatric Obesity and adult representative on the Royal Australasian College of Physicians Joint Adolescent Health Committee. She sits on the Executive of the Transition in Chronic Illness Network for the NSW Health Agency of Clinical Innovation and is a board member of the NSW Centre for the Advancement of Adolescent Health.

Dr Mary Stewart

Dr Mary Stewart is the Acting Medical Director of Family planning NSW and the Medical Education Coordinator.
Mary trained and qualified as a doctor at The University Sydney and then worked in the UK in Contraceptive Services and Sexual Health. She gained experience in Public Health in Singapore, working for the Ministry of Health in their HIV branch and doing voluntary work for the HIV NGO "Action for Aids". Mary completed her Masters in Public Health (Health Promotion) at the University of NSW in 2012.
Mary practices clinically in the Ashfield Family Planning clinic and is involved in the training of health professionals.
Mary is a strong believer in continuing education for health practitioners in the ever changing area of Women's Health.
Mary's areas of interest include:

- The latest information on Contraception
- Sexually Transmissible Infections
- Updates on Cervical Screening and HPV
- Legal issues in Reproductive and Sexual Health
- Unintended Pregnancy Options

Ms Suzanne Tzannes

Suzanne retired a few years ago from her practice of 25 years as a psychotherapist. After the "Tampa" incident occurred and she began visiting asylum seekers in Villawood and thought that she might be able to offer support and empathy as they struggled with depression, grief, trauma and loss. Little did Suzanne realise that 12 years later she would also have acquired more than a passing acquaintance with immigration law, the workings of the Federal and High Courts in this area and has become what is known as an "activist".

Dr Karen Wynter

Karen has a background in Psychology, Education and Applied Statistics. For the past 6 years, she has worked on various collaborative research projects which focus on social determinants of perinatal mental health in both women and men. She is currently a Research Fellow at the Jean Hailes Research Unit, School of Public Health and Preventive Medicine, Monash University.

Dr Jenny Yang

Jenny Yang completed her MBBS at the University of New South Wales in 2010. She has since been working at the Royal Prince Alfred Hospital in Sydney, where she is currently a Streamed Resident in Obstetrics and Gynaecology and hopes to pursue a career in this area.

Dr Lesley Yee

Dr Lesley Yee: Sexual Health Physician, MB BS (Hons). MM (Psychotherapy). Dr Lesley Yee completed her medical degree and graduated from Sydney University in 1978. She started her professional life working as a GP for 10 years and then moved into the area of medical sexual therapy. She completed a Masters in Medicine in Psychotherapy in 1999.

Lesley currently works as a sexual health physician at the Australian Centre for Sexual Health in St Leonards. Her main area of clinical practice is patients with female sexual dysfunction. Lesley is a Fellow of the Australasian Chapter of Sexual Health Physicians, RACP.

Delegate List

Title	First Name	Last Name	Organisation	State
A/Prof	Suzanne	Abraham	Royal North Shore Hospital	NSW
Ms	Kathryn	Anning	Queensland Health	QLD
Prof	Marie-Paul	Austin	St John of God Healthcare & UNSW	NSW
A/Prof	Rodney	Baber		NSW
Prof	Bryanne	Barnett	St John of God Healthcare	NSW
Prof	Robin	Bell	Monash University	VIC
Dr	Sophia	Berkemeier	Liverpool Hospital	NSW
Dr	Kirsten	Black	University of Sydney	NSW
Mr	Stephen	Blanks	SBA Lawyers	NSW
Dr	Jenny	Bradford	Blacktown Hospital	NSW
Dr	Susan	Carr	Royal Women's Hospital	VIC
Ms	Miriam	Cavanagh	Aboriginal and Torres Strait Islander Community Health	NSW
Prof	John	Condon	Repatriation Hospital	SA
Dr	Carolyn	Corkindale	Formerly Flinders University	SA
Dr	Robyn	Cross	Belmont Private Hospital	QLD
Ms	Leonie	Crowe	Auburn Hospital	NSW
Mr	Erol	Digiusto	Family Planning NSW	NSW
Dr	Michael	Dudley	University of New South Wales	NSW
Dr	Anita	Elias	Monash Medical Centre	VIC
Dr	Jane	Elliott	North Adelaide Family Practice	SA
Dr	Maureen	Gallagher	Adelaide Health Care	SA
Dr	Harbans	Gupta	KMG Pty Ltd	VIC
Dr	Fiona	Haines	Healthy Women Medical Centre	QLD
Dr	Karin	Hammarberg	VARTA	VIC
Dr	Susan	Hart	Royal Prince Alfred Hospital	NSW
Dr	Keith	Hartman		NSW
Mrs	Jane	Hennessy	Darling Downs Hospital & Health Service	QLD
Dr	Charlotte	Hespe	University of Notre Dame	NSW
Ms	Lara	Hughes	University of Adelaide	SA
Ms	Heather	Irvine-Rundle	READ Clinic	NSW
Ms	Gemma	Jacklyn	University of Sydney	NSW
Dr	Sue	Jacobs	Royal Prince Alfred Hospital	NSW
Prof	Heather	Jeffery		NSW
Dr	Jane	Kohlhoff	KARITANE	NSW
Dr	Adrian	Kwok		NSW
Dr	Sylvia	Lim-Gibson		NSW
Dr	Derek	Lok		NSW
Ms	Margaret	Love	Mater Hospital North Sydney	NSW
Ms	Leanne	March	Adelaide Women's Health Centre	SA
A/Prof	Amanda	McBride	The University of Notre Dame	NSW
Dr	Moira	McCaul	Adelaide Health Care (General Practice)	SA
Dr	Loyola	McClean		NSW
Dr	Chris	McMahon	The Australian Centre for Sexual Health	NSW
Dr	Anita	Moss	GP	VIC
Dr	Mandy	Nichols		SA
Mr	Michael	O'Brien	University of Notre Dame	NSW
Dr	Ann	Olsson	Royal Adelaide Hospital	SA
Dr	Matthew	Peres	Goals for Women	NSW
Dr	Polly	Peres	Goals for Women	NSW
Dr	Mahmoud	Rahimi	Wyong & Gosford Hospital CCHLD	NSW
Dr	Vijay	Roach	Gidget Foundation	NSW

Delegate List

Title	First Name	Last Name	Organisation	State
Dr	Glynis	Ross		NSW
Miss	Lindsey	Ross	University of Notre Dame	NSW
Dr	Heather	Rowe	Monash University	VIC
A/Prof	Amanda	Sainsbury-Salis	University of Sydney	NSW
Mrs	Beverly	Scarvelis	Deakin University	VIC
Dr	Peter	Spitzer	The Humour Foundation	NSW
Dr	Jackie	Stacy	Gynaecologist	NSW
Prof	Kate	Steinbeck	The University of Sydney	NSW
Dr	Mary	Stewart	Family Planning NSW	NSW
Dr	Jenny	Thomas		SA
Ms	Suzanne	Tsannes	NSW Council for Civil Liberties	NSW
Dr	Lyndall	White	Belmont Private Hospital	QLD
Dr	Yvonne	White		NSW
Dr	Bronwyn	Williams		SA
Dr	Judy	Woolley	University of Notre Dame	NSW
Dr	Karen	Wynter	Monash University	VIC
Dr	Jenny	Yang	Royal Prince Alfred Hospital	NSW
Dr	Lesley	Yee	Australian Centre of Sexual Health	NSW