

**2004**  
ANNUAL REPORT

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# 2004 ANNUAL REPORT



## AIMS AND OBJECTIVES

MCHR is a multidisciplinary research centre which aims to:

- undertake and interpret research on mothers' and children's health;
- contribute to policy development;
- provide advice and resources to researchers in related fields;
- be involved in postgraduate and continuing education.

# Directors report

One of this year's highlights was seeing the first publications from large projects first planned almost a decade ago. The original grant applications for the community-based and community-randomised trial *PRISM* (*Program of Resources, Information and Support for Mothers*) were submitted in 1994 and 1996. The application for the randomised trial within the Royal Women's Hospital to compare novel strategies for increasing the initiation and duration of breastfeeding with standard care, *ABFAB* (*Attachment to the Breast and Family Attitudes to Breastfeeding*) was submitted in 1997, as was the application for the 'Tall Girls' project. Three papers about the protocol, design and implementation of *PRISM* have appeared so far. The three published *ABFAB* papers include the primary outcomes, and a paper showing that the prevalence of breast abscess is substantially lower in the last five years among women giving birth than in all earlier studies. The findings from *Tall Girls* about the impact of treatment in adolescence on adult fertility have been widely reported, leading to several commentaries in medical journals, often with an emphasis on the need for greater caution with respect to other, newer, well-intentioned 'preventive' interventions in adolescents. More details are available in the specific project reports.

Another highlight has been our participation in large collaborative projects with other researchers and clinicians. Stephanie Brown is a member of the Steering Committee of the *DIAMOND* consortium: a project on the natural history of depression in primary care initiated by Associate Professor Jane Gunn Department of General Practice and Primary Care at the University of Melbourne. Three of our major projects *PRISM II*, a follow-up of the original cohort of women in *PRISM* two years after birth, *HARP*, and the *Maternal health study* have the capacity to contribute to the *diamond* consortium with information on maternal mental health and health service use in the early childhood years. Rhonda Small is part of an international collaboration led by Associate Professor Anita Gagnon from McGill University with other Canadian and European researchers whose focus is health and health care among immigrant women, especially in maternity and perinatal care. Angela Taft is part of an international effort to summarise what is known about the effectiveness of interventions to reduce intimate partner abuse and minimise its impact on women and children. It was also good to see two papers published on collaborations of MCHR staff with Aboriginal health services providing maternity care. Sandy Campbell and Stephanie Brown carried out one project with the Mildura Women's Business Service. The other involved Elizabeth Carter and Stephanie Bell from Congress Alukura in Alice Springs, together with Gai Wilson from La Trobe University and myself. None of these developments would have happened without the sustained work on maternal mental health and on Indigenous and cross-cultural issues by many MCHR staff in the past decade.

In a joint project with Helen McLachlan from the Clinical School of Midwifery and Neonatal Nursing Studies, Jane Yelland, Della Forster and Jo Rayner initiated a statewide review of in-hospital postnatal care (*PinC*), prompted in part by findings about women's poor experiences of postnatal care reported in the three *Surveys of Recent Mothers*. Although the content of the current review is completely different from the *Review of Shared Obstetric care* completed five years ago the enthusiasm and detailed knowledge of the Reference Group midwives, nurses and doctors and the active participation of hospitals across Victoria has been very similar to the earlier review.

Given the proposed changes to maternity care in Victoria highlighted by the Victorian Minister for Health in the middle of the year we are seeking funding to carry out a fourth Survey in 2007. The *Surveys of Recent Mothers* have also contributed to the planned *Maternity Experiences Survey* under development by a subcommittee of the Canadian Perinatal Surveillance Steering Committee.

*PinC* is one of several research projects totally funded or partly supported by trusts and foundations. These grants have made *PinC* possible and in other projects, for example *Early Births* and *MoSAIC*, have been essential either for initiation or completion. Thus we are particularly grateful for the funding from trusts and foundations listed at the end of the Annual Report. Unfortunately, health services research remains in a funding no man's land. It is not part of biomedical science, social science, economics, epidemiology or health promotion, though it requires some understanding of all these disciplines.

One of MCHR major unsung contributions to research is apparent in the sections that record reviewing for peer-reviewed journals and research grant applications. MCHR aims to encourage and support all staff members and postgraduate students to acquire and exercise these skills. It may be no coincidence that Lisa Amir is starting a new Biomed Central (Open Access) international journal with a focus on breastfeeding, and that Mary-Ann Davey, Fiona Bruinsma and Jo Rayner have taken on co-editing the Australasian Epidemiology Journal.

The end of 2004 was particularly pleasing. Two of our higher degree students, Jane Yelland and Lisa Amir, submitted their doctoral theses at the end of the year. Two more, Fiona Bruinsma and Jo Rayner were awarded NHMRC Public Health PhD Scholarships. Stephanie Brown was promoted to Associate Professor. Rhonda Small was successful in her application for a five-year NHMRC Career Development Award in Population Health and Angela Taft was successful in her application for a five-year VicHealth Public Health Fellowship. This gives us a strong base for future planning and development.

**Judith Lumley**

# Research program

The primary research focus of MCHR is in the following areas:

- Health services: pregnancy and birth
- Perinatal and child outcomes
- Cross-cultural and Indigenous issues
- Longer term health outcomes of reproduction

The criteria for choosing specific research topics is that they are all major public health issues in terms of the burden of disease, the implications for women and their families and the resource implications of the condition for health services or for society as a whole. MCHR has a strong interest in health services research, and is building on observational studies to design and implement intervention studies in hospitals, primary care and community settings. This involves working with health service managers, caregivers, community organisations and local councils to implement and evaluate interventions. Techniques of evaluation include health outcome assessment and process and impact measures, making use of both quantitative and qualitative methods.

A major focus of a number of MCHR projects is on the maternal sequelae of reproductive events, in particular antecedents of preterm birth and physical and psychological disorders initiated or aggravated by pregnancy, labour or birth. Studies addressing these issues include use of routinely collected data and record linkage, observational surveys and interview studies, cohort studies and randomised trials with long term follow-up of participants.

Another focus of MCHR work is the health and childbearing experience of Indigenous women and women of non-English speaking backgrounds, and the development of culturally relevant research methods and approaches.

## HEALTH SERVICES: PREGNANCY AND BIRTH

### Victorian Survey of Recent Mothers 2000

*Stephanie Brown, Fiona Bruinsma, Mary-Ann Davey and Judith Lumley*

The *Victorian Survey of Recent Mothers 2000* was commissioned by the Victorian Department of Human Services to inform the continuing development of the Maternity Services Program. The survey was mailed to all Victorian women who gave birth in two weeks in September 1999. 1616 women took part in the survey, a response fraction of 67%. In general, results for private maternity care were more favourable than for public models of care. Women attending public hospital antenatal clinics were the least likely to be very happy with their care. Women participating in shared antenatal care gave more positive feedback about this model of care compared with the results of the previous survey conducted in 1994. Feedback regarding postnatal care remains concerning with only 51% of women indicating they were very happy with care in hospital in the first few days after giving birth.

**FUNDING** Victorian Department of Human Services 1999-2001

**STATUS** final report to DHS submitted June 2001, three reports published, four papers and one book chapter published, one paper in press, one paper submitted

### A new approach to supporting women in pregnancy (ANEW)

*Kelsey Hegarty, Jane Gunn, Cate Nagle and Belinda Clarke, Department of General Practice, University of Melbourne; Della Forster, Julie Collette and Susan Nicolson, Mercy Hospital for Women; Stephanie Brown and Judith Lumley*

Psychosocial risk assessment during antenatal care is becoming more common in public maternity care. Implementation of psychosocial risk assessment has brought to light a number of practical problems, including: the inclusion of very diverse risk factors and outcomes such as homelessness, violence from an intimate partner, depression, substance misuse, lack of social support and serious mental illness under the umbrella of psychosocial risk; the reluctance of many women to disclose risk factors and fears about future events; and the reluctance of staff providing maternity care to ask women directly about difficult psychosocial issues. The result has been the development of psychosocial risk assessment tools and the implementation of antenatal screening. This project sought to implement and evaluate an alternative approach to screening.

The main aim of the project was to enhance the skills of antenatal care providers to support vulnerable women and their families. The study used a pre-test/post-test design to evaluate a multifaceted educational intervention which aims to increase care providers' active listening skills and ability to pick up on cues in consultations; provide support to enable care providers to offer non-directive, problem solving counselling during routine antenatal care; and ensure that care providers have access to up to date evidence regarding the prevalence and management of common psychosocial issues for pregnant women.

The educational intervention was conducted from August to December 2002 with 24 midwives and nine medical staff participating. 584 women took part in the baseline survey, a response fraction of 76%, and 481 women took part in the outcome survey, a response fraction of 73%. There was a significant improvement in health professionals' self reported comfort and competency in dealing with specific psychosocial issues, and self reported improvement in communication skills. There was also significant improvement in women's experiences of care, though low saturation of the program limited its effect. The Department of Human Services is funding the roll-out of the ANEW program to other Victorian hospitals.

**FUNDING** Victorian Department of Human Services 2001-2004

**STATUS** analysis baseline and outcome surveys complete, final report to Department of Human Services submitted, one paper submitted, two papers in preparation

### Evaluation of Practice and the Organisation of Care at Southern Health and Sandringham Hospital (EPOCS)

*Jane Yelland, Ann Krastev, Stephanie Brown, Judith Lumley and Rhonda Small in collaboration with Mary Anne Biro, Southern Health*

In considering the evidence regarding best clinical practice and the recognised problems with traditional public maternity care, Southern Health implemented a new approach to maternity care over 1999/2001. The new maternity enhancement initiatives included the promotion of greater continuity of midwife care during labour, birth and the time in hospital following the birth; postnatal planning with women during pregnancy; and assisting medical staff and midwives to consider evidence in the provision of care.

The *EPOCS* study examined the outcomes of these new initiatives in terms of women's experiences of care. Adopting a 'before and after' study design, the evaluation incorporated two large postal surveys of recent mothers – the baseline in 1999 (1256 women) and the post-implementation survey in 2001 (1050 women). In addition to the surveys, 75 women who were born in Vietnam participated in home interviews.

Process evaluation involved telephone interviews with 107 women who had recently given birth at one of the four hospitals and interviews with managers, midwives and medical practitioners (n=25). Feedback to staff about the process and progress of implementation of the initiatives resulted in several modifications to the maternity enhancement strategies, prior to the second survey. Monitoring of hospital readmissions and casualty attendances of mothers and infants was also undertaken.

The final reports of the evaluation were launched at Southern Health in April 2003. Many of the findings have applicability for other maternity units and, together with results of previous studies, are now instrumental in driving the maternity policy agenda at the state government level.

**FUNDING** Victorian Department of Human Services, Maternity Services Enhancement Quality Improvement Funding 1999-2002

**STATUS** three final reports published, one paper published, one paper submitted, two papers in preparation, doctoral thesis submitted (JY)

### **HARP: Health And Recovery after operative birth Project**

*Rhonda Small and Judith Lumley in collaboration with Elina Hemminki, STAKES (Institute for Health and Welfare) Finland; Les Reti, Royal Women's Hospital; Jane Gunn, Department of General Practice, University of Melbourne and Lisa Donohue, Key Centre for Women's Health in Society, University of Melbourne*

The aims of this project are to contribute to the current debate about the benefits of elective caesarean section compared with vaginal birth for healthy women at term by following a large cohort of women, all of whom had an assisted delivery between 1996 and 1998, in order to provide a more complete and a longer-term comparison of maternal health sequelae.

The study has three components:

- a postal questionnaire to all women in the cohort sent 4-6 years after the index birth;
- a review of health information records for the index birth and all subsequent births for all participants who provided written consent in responding to the postal questionnaire; and
- a qualitative sub-study exploring women's experiences of health and recovery following caesarean birth (see entry below).

**FUNDING** NHMRC project grant 2001-2003

**STATUS** analysis of postal surveys ongoing, one paper in preparation; health information record review completed January 2005, data entry ongoing

### **Women's health and recovery after caesarean section – a sub study of health and recovery after operative birth project (HARP)**

*Michelle Kealy, Rhonda Small and Jeanne Daly*

The aim of this qualitative study is to improve understanding of the short and long term health outcomes for women after caesarean section. Data collection (face to face, in depth, semi-structured interviews) and analysis is ongoing in 2004. Theoretical sampling has enabled a diverse range of women's stories to be collated, including women who have experienced more than one mode of childbirth. Women from both rural and metropolitan locations have been included in this study.

**FUNDING** PhD scholarship within NHMRC project grant for *HARP* study

**STATUS** ongoing data collection and analysis, one paper in preparation

### **Attachment to the breast and family attitudes towards breastfeeding (ABFAB)**

*Judith Lumley, Della Forster, Helen McLachlan and Lisa Amir in collaboration with Christine Bearland, Nurses Board Victoria; Dianne Earl, Kaye Dyson and Heather Harris, Royal Women's Hospital; Roger Short, Department of Perinatal Medicine, Royal Women's Hospital; and Ulla Waldenström, Karolinska Institutet, Sweden*

*ABFAB* was a randomised controlled trial evaluating the effect of two educational interventions in the middle of pregnancy on the initiation and duration of breastfeeding.

981 women having their first baby, who were booked into The Royal Women's Hospital (RWH) were enrolled in the project in mid-pregnancy (approximately 18 weeks), and randomly allocated to one of three groups: a control group or one of two interventions, an antenatal breastfeeding class focused on practical aspects of breastfeeding or two antenatal breastfeeding classes that explored family attitudes to breastfeeding. Classes took place between weeks 20-25 of pregnancy. All women had access to the standard childbirth education at the RWH.

Recruitment to the study was between May 1999 and August 2001. Data were collected by questionnaire at recruitment, at interview in hospital after the birth and by telephone interview 6 months later, and completed in August 2002. Attendance at the 'practical skills' class was 66% (similar to attendance at standard childbirth education classes at the RWH) and the 'attitudes' class had 58% attendance for class one and 40% for class two.

Neither intervention increased breastfeeding initiation or duration compared to standard care. Breastfeeding initiation was 96% (296/308) in the 'practical skills' group, 94% (291/312) in the 'attitudes' group, and 95% (297/313) in the group allocated to standard care. Six months after birth, 53% (158/297) of women in the 'practical skills' group, 47% (138/293) of those in the 'attitudes' group and 52% (153/299) of those allocated to standard care were feeding any breast milk. We conclude that in settings where breastfeeding initiation is already high, neither of the two interventions can be recommended as effective strategies to increase initiation or duration.

**FUNDING** NHMRC project grant 1998-2000, RWH scholarship 2002, VicHealth scholarship 2003-2005

**STATUS** trial completed, three papers published, one submitted and one in preparation, preparation of thesis (DF)

### **A review of postnatal hospital care in Victoria (PinC)**

*Della Forster, Judith Lumley, Jo Rayner, Jane Yelland in collaboration Helen McLachlan, Clinical School of Midwifery and Neonatal Nursing Studies, La Trobe University*

A decade of Victorian research has found low levels of satisfaction with the hospital stay following birth. Little is known about how hospital postnatal services are organised, what guides the provision of care and how maternity units approach maternal health issues, including breastfeeding support and early responses to postnatal depression.

*PinC* (Postnatal in-hospital Care: a review) was conducted in 2004 with two major stages of data collection – a survey of all public maternity hospitals and interviews with key informants. Sixty-six hospitals participated in the survey, a response fraction of 96%. 35 interviews were conducted with managers, midwives and medical practitioners working in a range of large and small, rural and metropolitan maternity hospitals across Victoria. Preliminary analysis suggests some diversity in how care is organised according to hospital size and geographical position. From both the survey and interviews several emerging themes are common across all facilities including the impact that staffing, length of stay, routine practices and environmental influences have on the way care is managed and delivered.



The review will provide valuable information on the way postnatal services are provided in Victoria and a comprehensive picture of maternity hospitals' responses to maternal health issues. This will assist in our understanding of new possibilities for service delivery that will inform interventions to improve care.

**FUNDING** The William Buckland Foundation Grant 2003-2004, Telstra Foundation Community Development Fund Grant 2004

**STATUS** survey and interviews completed; data entry completed; analysis in progress

## Systematic review

### Interventions to facilitate smoking cessation in pregnancy

*Judith Lumley in collaboration with Sandy Oliver, Social Science Research Unit, Institute of Education, University of London; Laura Oakley, Centre for Research in Primary and Community Care, University of Hertfordshire, United Kingdom and Catherine Chamberlain, Public Health Fellow, Victorian Department of Human Services*

This Cochrane Review was updated in 2003, and now includes 66 trials contributing to the formal overview, as well as six cluster-randomised trials. There is a significant reduction in preterm birth and low birth weight in the intervention arm of the trials which measured perinatal outcomes. New findings come from three trials of nicotine replacement therapy and two trials combining social support with rewards.

**FUNDING** core grant (JL), Victorian Department of Human Services (CC)

**STATUS** review update published in the Cochrane Library 2004, Issue 2

## PERINATAL AND CHILD OUTCOMES

### Early Births – a case-control study of very preterm birth

*Lyn Watson, Judith Lumley, Jo Rayner, Mary-Ann Davey, Sally von Bibra, Rowena Morris, Stephanie Lenko, Anne Harbison, Meg Chesterman and Simone Quinton in collaboration with David Henderson-Smart, Director, Centre for Perinatal Health Services Research, University of NSW and James King, Chair, Consultative Council on Obstetric and Paediatric Mortality and Morbidity, Victorian Department of Human Services*

This study aims to describe the social and demographic associations of very preterm birth in singletons and twins in Victoria: to describe the clinical subtypes of very preterm birth in both singletons and twins in Victoria; and to provide preliminary information on the contributions of exposure to violence, infertility and infertility treatment and neighbourhood level factors to very preterm birth in Victoria. The cases are mothers of babies born between 20 and 32 weeks gestation and their characteristics will be compared with those of the control mothers selected from the Victorian population whose babies are born at 37 weeks gestation or later. Data collection includes a semi-structured interview, either face-to-face or by telephone, and medical record data extraction.

Recruitment for study was completed by 30 April 2004, when 3,467 women had been identified as eligible for the study. Data are now in the process of being entered into a database. Data from medical records from a sample of 250 women who were interviewed has been extracted. An evaluation of the data collection process was undertaken with the interviewers when data collection finished.

**FUNDING** NHMRC project grant 2001-2003, SIDS & Kids Victoria 2003-2004, Faculty Health Sciences Research Enhancement Grant, La Trobe University 2003, Telstra Community Development Fund 2003

**STATUS** data collection complete, data coding and cleaning in process, three papers in preparation, analysis of data for doctoral thesis (LW)

### Termination of pregnancy in Australia: a descriptive analysis of trends over time and associations in the young women's cohort of Women's Health Australia

*Angela Taft and Judith Lumley*

Using the data from the 1996 and 2000 surveys of the Young Women's cohorts from the Australian Longitudinal Women's Health Study (Women's Health Australia) this analysis aims to:

- provide descriptive summary statistics of the population of young women who had one or more terminations, including socio-demographic characteristics, area of residence/location, and use of contraception, comparing them within age strata with: (i) women who have not had a termination, and (ii) women who have never been pregnant;
- analyse the associations of pregnancy termination with women's satisfaction with, and access to, appropriate health services;
- examine the changes in reported terminations from the 1996 to the 2000 survey, and describe their relationship to other pregnancy outcomes in the same time period, for the whole young women's cohort;
- compare the reported rate of terminations in these surveys with age-specific rates from 1996 to 2000 collected through the mandatory reporting systems in South Australia and the Northern Territory, both of whom produce annual reports; and
- compare the pattern of reported pregnancies (all outcomes) in the Young Women's cohort with data on young women in the same age groups in the three *Victorian Surveys of Recent Mothers* (1989, 1994, 2000).

**FUNDING** La Trobe University Faculty of Health Sciences grant 2002

**STATUS** data analysis in progress

### Perinatal outcomes following treatment for cervical dysplasia

*Judith Lumley, Fiona Bruinsma in collaboration with Michael Quinn, Gynaecological Oncologist, Royal Women's Hospital*

The aim of this project is to measure preterm birth, perinatal death and low birthweight in births to women who were referred to the Dysplasia Clinic at the Royal Women's Hospital from 1982-2000 for evaluation of precancerous changes of the cervix, and to compare their risk of these outcomes with the risks in the whole Victorian population. The study is a retrospective cohort study in which records from the Dysplasia Clinic are linked to birth records in the Victorian Data Collection for the years 1983-2002. The analysis of the linked data files will take into account other risk factors for preterm birth present in the birth data (e.g. maternal age at birth, country of birth, parity, gravidity, socio-economic status) as well as the severity of the cervical lesions, the extent of treatment required and the treatment modality. The research question is whether current and recent treatment modalities are associated with adverse perinatal outcomes.

**FUNDING** NHMRC project grant 2003-2004

**STATUS** data collection complete, data analysis in progress

## Analysis of the course of labour following induction in uncomplicated first births

Mary-Ann Davey, Stephanie Brown, Rhonda Small in collaboration with James King, Chair, Consultative Council on Obstetric and Paediatric Mortality and Morbidity, Victorian Department of Human Services

Induction of labour is a valuable intervention that has the potential to improve outcomes for both mothers and babies when used in pregnancies that have become dangerous to continue. However there is some evidence to suggest that its use is increasing, and that it is used fairly often in pregnancies with no apparent indication for induction.

These changes prompted the following research questions:

- are there differences between spontaneous and induced labours in nulliparous Victorian women admitted as public patients with uncomplicated pregnancies, with regard to events during labour and birth, and in the condition of the baby at birth?
- does this differ for private patients? For older women? Between hospitals that have high rates of induction and those that have low rates of induction? Between rural and metropolitan hospitals?
- to what extent are other factors associated with induction of labour influencing outcomes?

Data collected by the Victorian Perinatal Data Collection Unit (PDCU) will be used to investigate these questions. The initial analysis will include all births in 2000-2002 to women 20-34 years old, free of obstetric or medical complications, giving birth at term (37-40 weeks), with a singleton pregnancy, a cephalic presentation (head first) and a baby who is not small for gestational age.

In addition to descriptive analysis, Structural Equation Modelling will be used to look at the strength of the effects of the intervention variables simultaneously on all of the outcomes of interest i.e. epidural use, method of birth, perineal damage, condition of the baby at birth, and the paths by which these effects come about. The analyses will be repeated on births to women admitted as private patients, and to older women, as well as looking at the environment in which the birth occurs, for example units with relatively high or low rates of induction, or in a rural or metropolitan location.

**FUNDING** Australian Postgraduate Award 2002-2004

**STATUS** analysis in progress

## Systematic review

### Risk scoring systems for preventing preterm birth

Mary-Ann Davey, Lyn Watson, Jo Rayner in collaboration with Shelley Rowlands, Department of Obstetrics and Gynaecology, Royal Women's Hospital

The concept of using risk-scoring systems in maternity care is quite appealing. If they could be shown to predict poor outcomes more accurately than clinical judgement, their use would enable targeted interventions to be applied. Many such instruments have been developed and used over the years, but most have not been evaluated. In addition, knowing that an individual is at higher-than-average risk for a particular outcome is not helpful if no effective intervention exists. We plan to use the protocol to review the evidence regarding the use of such systems in predicting, and preventing preterm birth.

**FUNDING** none

**STATUS** protocol published in the Cochrane Library, July 2004

## Collaborative work

### Prenatal diagnosis questionnaire study

Jane Halliday, Victorian Perinatal Data Collection Unit, Victorian Department of Human Services, and Murdoch Institute, Royal Children's Hospital; Robin Bell, Department of Perinatal Medicine, Royal Women's Hospital; Pranee Liamputtong Rice, School of Public Health, La Trobe University and Lyn Watson

**FUNDING** none

**STATUS** completed 2004, three papers published

## CROSS-CULTURAL AND INDIGENOUS ISSUES

### Childbirth and the health of women from Southeast Asia (SEA mothers project)

Lyn Watson in collaboration with Pranee Liamputtong, School of Public Health, La Trobe University

This study has two complementary arms: one an epidemiological study and the other an ethnographic study. The epidemiological study aims to investigate the obstetric characteristics and outcomes of mothers born in Asia, incorporating an overall assessment of all Asian-born women, and detailed attention to individual countries in the region. It will use data from the Perinatal Data Collection from 1982 to 1995, extending analysis conducted in a previous study.

The ethnographic study is aimed at developing further the research on childbearing, childrearing and cultural beliefs and practices among Southeast Asian-born women that is already completed for Thai women. About 30 women born in each of Vietnam, Cambodia or Laos are being interviewed in their homes and in their own language according to a theme list. Similarities and diversities both within and between the groups will enable increased understanding and possible policy development around awareness of the individual health service needs of women during pregnancy, childbirth and postnatal care.

**FUNDING** NHMRC project grant 1996-1999, Victorian Health Promotion Foundation project grant 1996-1999

**STATUS** (i) epidemiological study – paper in preparation; (ii) ethnographic study - two reports written, two papers published, one in preparation, one book chapter submitted

### Maternal and child health on the Anangu Pitjantjatjara Lands, 1984-1996

Dick Sloman and Judith Lumley

There are substantial differences in health outcomes between Aboriginal and non-Aboriginal women and children. Aboriginal women have a much higher proportion of low birth-weight babies and much higher perinatal mortality rates. Aboriginal children have high rates of infectious diseases in early life, faltering growth in infancy following weaning, and high rates of hospitalisation. Over the last 20 years there have been improvements in some of these outcomes but most still remain substantially higher than comparable measures for non-Aborigines.

This research project involves reviewing the medical records of Aboriginal mothers and children from the Anangu Pitjantjatjara Lands. The main aims of the study are to examine the obstetric care of women living in this area who had babies between 1984 and 1996 (375 mothers and 700 births), and the subsequent care of these children in relation to their immunisations, growth, major illnesses and hospital admissions. This includes examining whether the introduction of protocols of care approximately half way through the study period has been associated with changes in outcomes.



A report on the pilot phase of the project (using a 20% sample of the study group) was submitted to Nganampa Health Council in late 1996. The remaining 60% of the data collection was undertaken in 1997 and 1998, and data analysis and writing up is on going.

**FUNDING** General Practice Evaluation Program Research Fellowship, Commonwealth Department of Human Services and Health, 1994-1998  
**STATUS** data analysis and writing up doctoral thesis (DS)

### Women's Business Service Evaluation Project

*Sandy Campbell, Stephanie Brown in collaboration with Jill Guthrie, National Centre for Epidemiology and Population Health, Australian National University*

The Mildura Women's Business Service is a women's health program based at the premises of the Mildura Aboriginal Co-operative. It was established in May 2000 with recurrent funding from the state-wide Victorian Maternity Services Program. This project involved face to face interviews with 25 women who had used the service for maternity care. Staff at the Mildura Aboriginal Health Service, grandmothers from the Aboriginal community, local doctors, and the hospital midwives were also interviewed about the establishment and operation of the service. The project was commissioned by the Mildura Aboriginal Co-operative, and funded by the Division of Acute Health at the Victorian Department of Human Services.

**FUNDING** Victorian Department of Human Services 2002-2003  
**STATUS** Masters thesis awarded (SC), report for Mildura Aboriginal Co-operative and Victorian Department of Human Services completed, one paper published

## LONGER TERM HEALTH OUTCOMES OF REPRODUCTION

### PRISM: Program of Resources, Information and Support for Mothers

*Judith Lumley, Rhonda Small, Stephanie Brown, Creina Mitchell and Lyn Watson in collaboration with Jane Gunn, Department of General Practice and Public Health, University of Melbourne and Penny Hawe, Department of Community Health Sciences, University of Calgary, Canada*

PRISM is a community intervention trial in 16 municipalities across Victoria which aimed to improve the physical and emotional health of women following childbirth via an integrated program of primary care and community based strategies, implemented in 1999 and 2000, with outcome data collection occurring over three years, from August 2000 to August 2003. Detailed information about PRISM can be accessed on the project website:

[www.latrobe.edu.au/mchr/prism/](http://www.latrobe.edu.au/mchr/prism/)

Two papers were published in 2004: one on design and randomisation issues and the other describing recruitment of municipalities to the trial.

The primary outcomes paper reporting maternal health findings at six months after birth was submitted early in 2004 to the Lancet, where it was rejected without review. It was subsequently submitted to the BMJ and a decision on acceptance is still pending (Feb 2005). Once the paper has been accepted for publication a forum to communicate the findings to all participating communities will be held.

Compilation of individual municipality reports commenced late in 2004 and distribution of these reports to all participating municipalities will occur soon after publication of the main findings during 2005.

**FUNDING** La Trobe University and Victorian Department of Human Services Collaborative Industry grant 1997, NHMRC project grants 1997-1999, 1999-2001 and 2002-2004, Victorian Department of Human Services program implementation grants 1998-2000, VicHealth grants for program resources and implementation 1998-2000, Felton Bequest grant 1998, Sidney Myer Fund grant 1999, beyondblue grant 2002 and participating municipalities' contributions to program implementation and data collection 1998-2003

**STATUS** three papers published, one submitted; two-year follow-up data coded and entered for analysis

### The experience of postnatal depression in a rural Australian community

*Sue Armstrong and Rhonda Small*

This study aims to investigate the needs of rural women affected by postnatal depression and to look at issues around service delivery to postpartum women. The study is designed in three stages:

- the first stage involves a review of a universal screening program for postnatal depression using the Edinburgh Postnatal Depression Scale (EPDS), which has been operational in the project area for the last seven years;
- the second stage will consist of interviews with service providers [general practitioners (GP) and Maternal and Child Health Nurses(MCHN)] and will seek to uncover their views and understanding of the current system, and identify service gaps; and
- the final stage will consist of interviews with women affected by postnatal depression and will aim to develop an understanding of their experience, canvass their views on the current service system and identify existing unmet needs.

The information will be compared with statewide data and information from the United Kingdom and will add to our knowledge on the use of the EPDS in clinical settings.

**FUNDING** none

**STATUS** ethics approval for stage one obtained and an audit of EPDS records kept by MCHNs collated, analysed and results discussed with the MCHNs with a view to proceeding to stage two

### Maternal health study: a prospective cohort study of nulliparous women recruited in early pregnancy

*Stephanie Brown, Judith Lumley, Ann Krastev, Ellie McDonald, and Lyn Watson in collaboration with Chris Bessell, Angliss Hospital; Shaun Brennecke and Peter Wein, Department of Perinatal Medicine, University of Melbourne, Royal Women's Hospital; Robert Burrows, Department of Obstetrics and Gynaecology, Monash University; Jane Gunn, Department of General Practice, University of Melbourne; and Creina Mitchell, School of Nursing and Midwifery, La Trobe University*

The aims of the study are to:

- investigate the incidence and natural history (onset, severity and duration) of maternal physical health problems, in particular, urinary and anal incontinence, perineal pain, sexual problems and depression among primiparous women following childbirth;
- explore the contribution of obstetric risk factors, in particular complications in labour, the method of delivery and degree of perineal trauma to postpartum health problems, and
- investigate reasons for the limited use of primary and specialist health services for specific morbidities taking into consideration the influence of social, cultural and economic factors.

Women are being recruited to the study in early pregnancy at four collaborating hospitals and one large private obstetric practice. By December 2004, 919 women had enrolled in the study and 591 had already given birth. Participants are being asked to complete: self-administered questionnaires in pregnancy and at three, six, 12 and 18 months postpartum; and Computer Assisted Telephone Interviews (CATI) at 30-32 weeks gestation and at nine months postpartum. Data on pregnancy and birth events will be obtained by medical record review (with women's written consent) according to a pre-specified protocol. To date, participation in follow-up at three, six and twelve months postpartum has been >95%.

**FUNDING** VicHealth Public Health Research Fellowship 2001-2005 (SB); NHMRC project grant 2002-2006

**STATUS** recruitment and follow-up of the cohort ongoing; coding and data entry commenced; piloting 18 month questionnaire and medical records data abstraction forms

## Depression in pregnancy and after childbirth

*Ellie McDonald, Stephanie Brown and Rhonda Small*

This project is an investigation of factors associated with depression during pregnancy and after childbirth drawing on data already collected in three large studies conducted at MCHR: *Victorian Survey of Recent Mothers 2000*, *PRISM* (Program of Resources, Information and Support for Mothers) and the *Maternal health study*. The project's focus is on social and obstetric factors associated with depression including partner support and involvement in both practical and emotional aspects of pregnancy and childcare.

**FUNDING** none

**STATUS** data analysis 2000 Survey

## Prevalence and prevention of mastitis in lactating women

*Lisa Amir and Judith Lumley in collaboration with Suzanne Garland, Royal Women's Hospital*

Mastitis is a common problem during lactation; approximately 20% of women experience at least one episode. The first part of the study was a breastfeeding survey of women giving birth in the Family Birth Centre (FBC) and Frances Perry House (FPH, private patients). One hundred and twenty eight women were recruited from the FBC and 202 from FPH. The second part of the project was a trial to prevent mastitis: *ROBIn* – Reduction of Breast Infection. As very few women with cracked nipples were identified, recruitment ceased in late 2002.

A third project, a case-control study investigating possible risk factors for mastitis was completed in 2004. *CAMEO*, Cases of Mastitis: Evaluating Occurrences, involved women attending the Royal Women's Hospital, Mercy Hospital for Women and Maternal and Child Health Centres in Moreland, Darebin, Melbourne and Port Phillip. The main research question is "Are women with mastitis more likely to be nasal carriers of *S. aureus* than other breastfeeding women?"

**FUNDING** NHMRC Public Health scholarship 2000-03 (LA), Medical Research Foundation for Women and Babies; flucloxacillin capsules supplied by CSL Ltd.

**STATUS** doctoral thesis submitted (LA), two papers published, further papers in preparation

## MOSAIC (MOtherS' Advocates In the Community) a community randomised trial

*Angela Taft, Rhonda Small, Judith Lumley and Lyn Watson, in collaboration with Kelsey Hegarty, Department of General Practice, University of Melbourne and Women's Health West*

*MOSAIC* is a community intervention trial to reduce or prevent partner violence and depression among women pregnant or with children under five years old. It also aims to strengthen women's health and wellbeing and attachment to their children by offering abused or at risk women who are identified by their general practitioners (GPs) or Maternal and Child Health Nurse (MCHN), support from trained mentor mothers for up to a year after recruitment. Mentor mothers are trusted community women with additional support and training about domestic violence and parenting support. The project draws from evidence that home visiting can enhance mothers' and children's health and that partner abuse can be reduced if it is directly addressed in peer support strategies which continue well after childbirth. The research team acknowledges the continued support of Women's Health West and welcomes that of Westgate division of GPs and Women's Health in the North.

In 2004, funding from a variety of sources has enabled several pilot phases of a culturally diverse group of both volunteer and paid trained mentor mothers with women referred by: (a) GPs from Westgate division; (b) MCHNs from Hobson's Bay; and (c) a further pilot is currently underway with 2 Vietnamese mentors and 4 women.

In preparation for the extension of the full trial in 2005, funding from the Victorian Community Council Against Violence has enabled the development of innovative international consensus clinical guidelines for GP training and management of victimised women, their partners and children. This will coincide with a parallel new edition of the Royal Australian College of General Practitioners Women and Violence Manual which also addresses challenges facing GPs in managing all family members. These will be incorporated into health provider training which will be offered in the first half of 2005 after recruitment of GP practices and MCHN teams in the North West Department of Human Service region. Further implementation funding is being sought.

**FUNDING** Telstra Community Development Fund 2003-2004, NHMRC project grant 2004-2006, VicHealth 2003-2004, Victorian Community Council Against Violence 2004, Commonwealth Department of Family and Community Services 2004

**STATUS** completing final pilot with Vietnamese families

## Violence against young Australian women and reproductive health

*Angela Taft and Lyn Watson, in collaboration with Christina Lee, Women's Health Australia, University of Newcastle*

This study analysed data from the 1996 and 2000 younger women's cohort of the Australian Longitudinal Study of Women's Health (Women's Health Australia). Angela Taft has adjunct investigator status with Women's Health Australia. The project investigated the impact of violence and abuse (mainly but not only by intimate partners) on young women's health, particularly their reproductive health, over time. Using linked data analysis and multinomial logistic regression, the study compared the sociodemographic characteristics, reproductive and general health, social support, aspirations, use of health services and satisfaction with GP care of young Australian women reporting violence with those not reporting it. It also examined the differences between women leaving, staying in or starting new violent relationships.

The VicHealth 2004 report 'Measuring the disease caused by intimate partner violence' utilised data and methodology from this study.

**FUNDING** Office for the Status of Women 2003

**STATUS** Final report to Office of the Status of Women submitted, one brochure published, one paper published, two papers in preparation

## Systematic review

### Interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse: a systematic review

The collaborative group includes Jean Ramsey, Gene Feder and Yvonne Carter, Department of General Practice and Primary Care, Barts and the London School of Medicine and Dentistry; Leslie Davidson, Centre for Population and Family Health; Joseph L Mailman, School of Public Health, Columbia University; Kelsey Hegarty, Department of General Practice, University of Melbourne, Alison Warburton, Centre for Women's Mental Health Research, Department of Psychiatry & Behavioural Sciences, Manchester University and Angela Taft

**FUNDING** UK NHS, Cochrane Collaboration (Health Promotion) 2004-2005, VicHealth 2004-2005

**STATUS** planning protocol

## Alcohol misuse and inter-personal violence

Angela Taft and Liesje Toomey

This project, funded by Vichealth, will review the national and international research literature to document the:

- evidence of links between alcohol misuse and inter-personal violence, and
- effective evidence based interventions which address inter-personal violence related to alcohol misuse.

**FUNDING** VicHealth 2004-2005

**STATUS** commenced December 2004

## Collaborative projects

### Women's Emotional Well-Being study (WEB)

Kelsey Hegarty, Jane Gunn, Nancy Carabella, Department of General Practice and Public Health, University of Melbourne and Rhonda Small and Angela Taft

**FUNDING** none

**STATUS** one paper published

## OTHER COLLABORATIONS

### Long-term health and psychosocial effects of hormone treatment to reduce the adult height of tall girls

Alison Venn, Menzies Research Institute, University of Tasmania, Judith Lumley, Priscilla Pyett, Fiona Bruinsma, Penelope Jones, Jo Rayner and Lyn Watson in collaboration with George Werther, Centre for Hormone Research, Royal Children's Hospital; George Patton, Centre for Adolescent Health; and Chris Bayly, Royal Women's Hospital

This study aimed to examine the long-term health and psychosocial effects of oestrogen treatment to reduce the adult height of tall girls. Treatment with synthetic oestrogens to reduce the adult height of Tall Girls has been available in Australia and elsewhere since the 1950s, though it has been uncommon in recent years. Studies of treated tall girls have described occasional short-term side-effects of treatment including menstrual irregularities, nausea, weight gain, limb pains, thrombosis and ovarian cysts. The relatively young age and small numbers of women in the follow-up studies reported to date mean that little is known about long-term outcomes for women, particularly with respect to reproductive health.

The cohort was made up of a group of 1,432 women who were treated or assessed for treatment by Australian paediatric endocrinologists from the late 1950s through to 1993. 1,243 (87%) of the eligible cohort were traced and 846 (68%) completed questionnaires. The questionnaires used both quantitative and qualitative research methods to examine a range of health outcomes including reproductive health, mental health, general health status and satisfaction with the outcome of treatment. Analysis of fertility outcomes showed that treated women were more likely to have had a lower rate of conception and a history of infertility than untreated women. Overall, the vast majority of untreated women (95.5%) were satisfied with the decision not to be treated. Satisfaction levels were high in untreated women no matter how tall they became.

**FUNDING** NHRMC consultancy contract 2000-2003

**STATUS** one paper published, one in press, one submitted, three papers in preparation

## An exploration of parent-daughter relationships and depression in adulthood within the social context of treating tall stature in adolescent girls over three decades

Jo Rayner and Judith Lumley in collaboration with Priscilla Pyett, Centre for the Study of Health and Society, University of Melbourne, Alison Venn, Menzies Research Institute, University of Tasmania and Jill Astbury, Department of Psychology Victoria University.

This project aims to examine the experiences of being a tall adolescent girl in light of known risks for major depression. Two in-depth interviews will be conducted with 45 tall women, 30 from the Tall Girls Study cohort and 15 women never assessed or treated for tall stature. Content analysis of newspaper and magazines over the three decades will be undertaken to examine the representation of women.

**FUNDING** none

**STATUS** literature review continuing, ethics approval obtained and 31 interviews in first round completed

## The DIAMOND Consortium

Angela Taft, Judith Lumley, Rhonda Small and Stephanie Brown are participating in this consortium, which is led by Jane Gunn, Department of General Practice, University of Melbourne.

The DIAMOND consortium brings together a multidisciplinary team with expertise in complex primary care and mental health research and evaluation across the lifecycle, clinical expertise and links to other service providers to build mental health research and service capacity in Victoria. The focus is on the management that occurs within primary care and the interface between that care, the community and the public and private mental health services. The DIAMOND consortium comprises the commitment from consumers (Health Issues Centre, Relationships Australia, Surfcoast Life Activity Club); practitioners (general practitioners, nursing, community health, primary mental health team, a specialist mental health service The Bouverie Centre, Divisions of general practice); policy makers (Community health policy) and researchers (universities and centres of excellence) across rural and metropolitan settings.

**FUNDING** beyondblue

**STATUS** ongoing



# Publications

For all publications prior to 2004 see website [www.latrobe.edu.au/mchr/](http://www.latrobe.edu.au/mchr/) for details.

## ARTICLES IN REFEREED JOURNALS

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- J176 Hunt J, Lumley J. Top End rural and remote Indigenous women: an Australian population group vulnerable to rubella. *Comm Dis Intell* 2004;28:499-503.
- J175 Donath SM, Amir LH, ALSPAC Study Team. The relationship between maternal smoking and breastfeeding duration after adjustment for maternal infant feeding intention. *Acta Paediatr* 2004;93:1514-1518.
- J174 Venn A, Bruinsma F, Werther G, Pyett P, Baird D, Jones P, Rayner J, Lumley J. The use of oestrogen treatment to reduce the adult height of tall girls: long term effects on fertility. *Lancet* 2004;364:1513-1518.
- J173 Small R, Brown S, Dawson W, Watson L, Lumley J. Mounting a community-randomised trial. Establishing partnerships with local government. *Aust N Z J Public Health* 2004;28:471-475.
- J172 Amir LH, Lumley J, Garland SM. A failed RCT to determine if antibiotics prevent mastitis: Cracked nipples colonized with *Staphylococcus aureus*: A randomized treatment trial [ISRCTN65289389]. *BMC Pregnancy Childbirth* 2004;4:19.
- J171 Forster D, McLachlan H, Lumley J, Beanland C, Waldenström U, Amir L. Two mid-pregnancy interventions to increase the initiation and duration of breastfeeding: a randomized controlled trial. *Birth* 2004;31:176-182.
- J170 Campbell S, Brown S. Maternity care with the Women's Business Service at the Mildura Aboriginal Health Service. *Aust N Z J Public Health* 2004;28:376-382.
- J169 Taft A, Watson L, Lee C. Violence against young Australian women and association with reproductive events: a cross-sectional study. *Aust N Z J Public Health* 2004;28:324-329.
- J168 Carter E, Lumley J, Wilson G, Bell S. 'Alukura...for my daughters and their daughters and their daughters' *Aust N Z J Public Health* 2004;28:229-234.
- J167 Jaques AM, Bell RJ, Watson L, Halliday JL. People who influence women's decisions and preferred sources of information about prenatal testing for birth defects. *Aust N Z J Obstet Gynaecol* 2004;44:233-238.
- J166 Watson L, Small R, Brown S, Lumley J. Mounting a community randomised trial: sample size, matching, selection and randomisation in *PRISM*. *Control Clin Trials* 2004;25:235-250.
- J165 Brown S, Bruinsma F, Darcy M-A, Small R, Lumley J. Early discharge: no evidence of adverse outcomes in three consecutive population-based Australian surveys of recent mothers conducted in 1989, 1994 and 2000. *Paediatr Perinat Epidemiol* 2004;18:202-213.
- J164 Taft A, Broom D, Legge DL. General practitioner management of intimate partner abuse and the whole family: a qualitative study. *BMJ* 2004;328:618-621.

- J163 Lumley J, Austin M-P, Mitchell C. Intervening to reduce depression after birth: A systematic review of the randomized trials. *Int J Technol Assess Health Care* 2004;20:128-144.
- J162 Hegarty K, Gunn J, Chondros P, Small R. Association of depression and partner abuse in women attending general practice: A cross sectional survey. *BMJ* 2004;328:621-624.

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- Amir LH, James JP, Beatty J. Review of tongue-tie release at a tertiary maternity hospital. *J Paediatr Child Health*. In press.
- Donath S, Amir LH. Breastfeeding and the introduction of solids in Australian infants: data from the 2001 National Health Survey. *Aust N Z J Public Health*. In press.
- Brown S, Darcy M-A, Bruinsma F. Women's views and experiences of postnatal hospital care: results of the Victorian Survey of Recent Mothers. *Midwifery*. In press.
- Lumley J. Recent work on the epidemiology of preterm birth. *Acta Obstet Gynaecol Scand*. In press.
- Pyett P, Rayner J, Venn A, Bruinsma F, Werther G, Lumley J. Using hormone treatment to reduce the adult height of tall girls: are women satisfied with the decision in later years? *Soc Sci Med*. In press.
- Gagnon A, Ruppenthal L, Merry L, Small R, Ogilvie L, Liegl B, Schindlaur D, Frideres J, Akbari A, Reichhold S. Conceptual clarity in international collaborations: A point of departure for policy-relevant research on discrimination. *J Int Migration Integration*. In press.

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- Bruinsma F, Venn A, Patton G, Rayner J, Pyett P, Werther G, Jones P, Lumley J. Depression in a cohort of women who were assessed or treated for tall stature during adolescence.
- Daly J, Willis K, Small R, Green J, Welch N, Kealy M, Hughes M. Assessing qualitative research in health - a hierarchy of evidence-for-practice.
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- Gunn J, Hegarty K, Brown S, Collette J, Forster D, Lumley J. A new approach to supporting women in pregnancy (*ANEW*): effects on staff skills.
- Lumley J, Watson L, Small R, Brown S, Mitchell C, Gunn J. *PRISM* (Program of Resources, Information and Support for Mothers): a community-randomised trial to reduce depression and improve women's physical health six months after birth. [ISRCTN03464021]
- McLachlan H, Forster D. Initial breastfeeding attitudes and practices of women born in Turkey, Vietnam and Australia after giving birth in Australia.



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Darcy M-A, Watson LF, Rayner J, Rowlands S. Risk scoring systems for predicting preterm birth with the aim of reducing associated adverse outcomes (Cochrane Protocol). The Cochrane Database of Systematic Reviews 2004; Issue 3, Oxford: Update Software.

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Miller D, Taft A, Hegarty K. Violence against Women. In Finn M, Bowyer L, Carr S. et al. (Eds) Women's Health: A Core Curriculum Textbook. London: Elsevier Press. 2005;280-282.

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Lumley J, Daly J. Public health achievements I: Diversity. Aust N Z J Public Health 2004;28:3-5.

Small R. Educational counselling did not improve psychological wellbeing in women with suboptimal childbirth outcomes. [Commentary] Evidence-based Obstet Gynecol 2004;6:173-174.

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Watson L, Taft A, Lee C. Association between age at first occurrence of reproductive events and violence against young women: a cohort analysis. Perinatal Society of Australia and New Zealand, 8th Annual Congress, Sydney, March 2004, A142.

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Yelland J, Krastev A, Brown S. Enhancing maternity care: what is the impact of major change to the structure and provision of public maternity care? Australian Resource Centre for Healthcare Innovations: Improving the Clinical Management of Maternity Services Conference, Melbourne, June 2004, p46.

Brown S, McDonald E, Krastev A, Lumley J. *The Maternal health study: A prospective cohort study of 1900 nulliparous women recruited in early pregnancy.* 3rd Conference on Epidemiological Longitudinal Studies in Europe, Bristol, September 2004, p35.

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Forster D, Love L, Hegarty K, Gunn J, Brown S, Lumley J, Collette J. *ANew: A new way of supporting women in pregnancy.* Australian College of Midwives National Conference, Midwifery Great Expectations, Perth, September 2004, p37.

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Bruinsma F, Venn A, Lumley J, Pyett P, Rayner J, Jones P, Werther G, Patton G. Long-term health outcomes among women assessed and/or treated for tall stature. Australasian Epidemiology Association, 13th Annual Scientific Meeting, Adelaide, October 2004, p30.

Lumley J. Should past miscarriages and past pregnancy terminations be regarded as equivalent risks in subsequent pregnancies? Australasian Epidemiology Association, 13th Annual Scientific Meeting, Adelaide, October 2004, p32.

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## SHORT COURSE

### Short Course in Reproductive and Perinatal Epidemiology

Ten participants took part in the 2004 short-course held at MCHR between 29th July and 2nd August 2004. Several public health scholars and midwives attended and the course evaluation feedback was very positive.

**Course co-ordinators:** Professor Judith Lumley and Dr Angela Taft

### Half day epidemiology and biostatistics workshop

**facilitators:** Ms Lyn Watson and Ms Mary-Ann Davey

**Invited presenters:** Associate Professor Jane Halliday, Associate Professor James King, Dr Paul Lancaster, Dr Jeremy Oats, Associate Professor Julia Shelley and Dr Alison Venn

**Centre presenters:** Ms Fiona Bruinsma, Dr Stephanie Brown, Professor Judith Lumley, Dr Rhonda Small, Ms Lyn Watson and Ms Jane Yelland

### Critical appraisal and problem-solving workshop facilitators:

Dr Lisa Amir, Ms Fiona Bruinsma, Dr Stephanie Brown, Ms Mary-Ann Davey, Professor Judith Lumley, Ms Jo Rayner, Dr Rhonda Small, Dr Angela Taft, Ms Lyn Watson, and Ms Jane Yelland

**Administrative support:** Mr Paul Toomey and Ms Vicki Wyatt

The short-course will be held again between 19th and 22nd July 2005, preceded by a half day Epidemiology and Biostatistics workshop on 18th July. For further information, please contact Angela Taft on (03) 8341 8500 or at [a.taft@latrobe.edu.au](mailto:a.taft@latrobe.edu.au)

## WORKSHOPS

### Workshops on the design and conduct of perinatal trials

MCHR regularly conducts workshops to provide practical training in the conduct of randomised trials in the perinatal field. The next workshop will be held on 18-19th March 2005. Participants work in small groups to develop and present a protocol for a proposed randomised trial. Interspersed with these group sessions, there are formal presentations by Professor Judith Lumley covering aspects of trial design and management. There is also opportunity to use the Cochrane Library of Systematic Reviews and to use computer packages for the estimation of sample size and power. The workshop is suitable for all those interested in designing or carrying out a randomised trial, regardless of prior experience. Past participants have included clinicians, midwives and nurses, public health researchers in the perinatal field, research scientists and postgraduate students. See website for details: [www.latrobe.edu.au/mchr/](http://www.latrobe.edu.au/mchr/)

## JOURNAL CLUB

Journal club is held monthly, and provides an opportunity to review, critique and discuss two journal articles per month. All staff critique and present one paper for journal club during the year on a rostered basis.

**Journal club convenors:** Della Forster and Helen McLachlan

## SEMINARS

MCHR Seminar Program is held on the 4th Wednesday of every month from 12.30-1.30pm, excluding January and December. International and interstate speakers complemented local presenters ensuring diverse and interesting research topics. Thank you to all speakers in 2004. If you would like to be added to the mailing list to receive the twice yearly Seminar Program, please contact Vicki Wyatt on 8341 8500.

**Seminar convenors:** Michelle Kealy and Jo Rayner. For more details see the website: [www.latrobe.edu.au/mchr/](http://www.latrobe.edu.au/mchr/)

### Methods Seminars

Three very well attended Methods Seminars, which aim to provide discussion about issues in design, conduct and analysis raised during research work were held in 2004.

**Methods Seminars convenors:** Lyn Watson and Mary-Ann Davey. See website for details: [www.latrobe.edu.au/mchr/](http://www.latrobe.edu.au/mchr/)

### Postgraduate student seminars

MCHR has a diverse group of postgraduate students with backgrounds in general practice, midwifery, community health, maternal and child health, social work and women's health. The postgraduate group meets every three to four weeks throughout the year to discuss aspects of their research and relevant methodological issues.

**Postgraduate co-ordinator:** Rhonda Small

For enquiries about postgraduate study in 2005, please contact Rhonda on (03) 8341 8542 or at [r.small@latrobe.edu.au](mailto:r.small@latrobe.edu.au).

## TEACHING

MCHR staff, students, and associates contribute to undergraduate and postgraduate teaching at La Trobe University, other universities and hospitals. See website for details: [www.latrobe.edu.au/mchr/](http://www.latrobe.edu.au/mchr/)

## POSTGRADUATE STUDENTS

**Lisa Amir** MBBS, MMed (Wom Hlth), IBCLC

Lisa is a medical graduate and an International Board Certified Lactation Consultant. She is enrolled part-time in a PhD on the topic of mastitis, supervised by Judith Lumley. Her doctoral thesis was submitted in December 2004.

**Sue Armstrong** DipSocStud, BSW MSW

Sue is a social worker currently working in the area of counselling services. Sue is studying part time for a PhD, supervised by Rhonda Small. Her PhD will examine the experience of rural women affected by postnatal depression.

Many MCHR staff are also PhD or Professional Doctoral candidates, including Fiona Bruinsma, Mary-Ann Davey, Della Forster, Michelle Kealy, Ellie McDonald, Jo Rayner, Lyn Watson and Jane Yelland (awarded Feb 2005).

In addition to publishing results of research in refereed journals, MCHR undertakes a range of activities to foster the widest possible debate and discussion of research findings. Advocacy and dissemination strategies include: active participation and presentation of results at conferences, holding forums and briefings to discuss study results, giving talks and lectures, responding to media enquiries, and presentation of results in a range of formats, including pamphlets and reports.

Monthly advocacy workshops continue to be an integral part of MCHR activities. These workshops provide a regular opportunity for informing ourselves of the broader social and political context of health policy and service development and developing the understanding and skills to draw out where appropriate, the relevant policy and service implications of our research findings.

## ADVOCACY WORKSHOPS

**Advocacy Workshop Convenors:** Fiona Bruinsma, Mary-Ann Davey and Rhonda Small.

There were seven advocacy workshops held on a range of topics for staff and students during the year.

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There were seven advocacy workshops held on a range of topics for staff and students during the year:

FEBRUARY	<i>Angela Taft</i> Public Health Association of Australia (PHAA) and the policy process.
MARCH	Practice presentations, prior to attendance at 2004 PSANZ Congress
APRIL	<i>Della Forster and Rhonda Small</i> When interventions don't work: challenges for dissemination of research findings.
JULY	<i>Fiona Bruinsma</i> Responding to reviewer comments.
AUGUST	<i>Professor Sue McDonald, Director, Clinical School of Midwifery and Neonatal Nursing Studies, La Trobe University</i> La Trobe's Graduate Clinical School of Midwifery: current work and future plans.
SEPTEMBER	<i>Creina Mitchell, Lecturer, School of Nursing and Midwifery, La Trobe University</i> The current state of play in Maternal and Child Health Nurse training.
OCTOBER	<i>Jo Campbell, Western Health, Department of Human Services</i> Development of the Victorian Maternity Record.

## TALKS AND LECTURES

MCHR staff, students, and associates place a high priority on disseminating research findings to consumers, clinicians, and policy makers and contributing to teaching at an undergraduate and postgraduate level. In 2004 21 talks and lectures were given to a variety of audiences both national and international. See the website for details: [www.latrobe.edu.au/mchr/](http://www.latrobe.edu.au/mchr/)

## REFERENCE GROUPS

Many MCHR projects have reference groups comprising people with expertise in areas related to the topic of research. Each reference group acts in an advisory capacity to the research team, contributing ideas and advice at all stages of the research process although responsibility for the conduct of the research, its analysis and publication rests with the researchers.

Working with reference groups is an important way of receiving valuable input from a wide range of service providers, consumers and researchers and a way of facilitating discussion of our research aims and findings in practice settings. We thank the members of our reference groups for their contribution in 2004. Please see website for details of these reference groups: [www.latrobe.edu.au/mchr/](http://www.latrobe.edu.au/mchr/)

# Other activities

## Conferences, courses and workshops attended

Conferences, courses and workshops attended

In 2004, as well as presenting findings, MCHR staff and students attended a variety of national and international conferences and courses that covered a broad range of topics including ethics, methodology, public health, women's health, perinatal and pregnancy issues, migration, or policy. See website for more detail: [www.latrobe.edu.au/mchr/](http://www.latrobe.edu.au/mchr/)

## Reviewing papers

In 2004 staff and students at MCHR were invited to review papers for over 30 national and international peer-review journals.

Acta Paediatrica (LA).

Addiction (JL).

American Journal of Obstetrics and Gynecology (SB, JL).

Australian and New Zealand Journal of Public Health (SB, FB, M-AD, DF, MK, JR, RS, AT, LW, JY).

Australian Family Physician (LA).

Australian Health Review (RS).

Australian and New Zealand Health Review (AT).

Australian and New Zealand Journal of Obstetrics and Gynaecology (JY).

Australian Journal of Primary Health Care (AT).

Biomed Central Family Practice (AT).

Birth (JL).

BMC Family Practice (JL).

BMC Medicine (JL).

British Journal of Obstetrics and Gynaecology (JL).

British Medical Journal (JL, RS).

Cochrane Reviews (JL).

European Journal of General Practice (AT).

Health Promotion Journal of Australia (FB, DF).

Human Reproduction (FB, JL).

Journal of Epidemiology and Community Health (LA, JL, RS).

Journal of Human Lactation (LA).

Journal of Paediatrics and Child Health (LA).

Journal of Psychology and Neuroscience (JL).

Journal of Psychosomatic Obstetrics and Gynecology (SB, RS).

Medical Journal of Australia 2004 (LW).

Midwifery (SB).

New England Journal of Medicine (JL).

Obstetrics and Gynecology (JL).

Paediatric and Perinatal Epidemiology (JL).

Pediatrics (FB).

Sexual Health (LA).

Social Science and Medicine (JL, RS).

The Lancet (JL).

## Committees

Staff participate on a number of committees and advisory groups both nationally and internationally. These committees deal with professional, educational, policy and social and ethics issues. See MCHR website: [www.latrobe.edu.au/mchr/](http://www.latrobe.edu.au/mchr/) for more detail.

## Membership of Editorial Boards

Australasian Epidemiologist, Editors 2005-2008 (FB, M-AD, JR).

Birth, Editorial Board (JL).

Journal of Reproductive and Infant Psychology, International Advisory Board (JL).

The Lancet, International Advisory Board (JL).

Journal of Human Lactation (LA).

Midwifery, Editorial Board (SB).

## Assessing Research Grants

Cancer Council of Australia (FB).

National Health and Medical Research Council (LA, SB, JL, RS, AT, LW).

Canadian Institutes for Health Research (JL).

Medical Research Council, UK (JL).

Irish Health Board (JL).

Wellbeing (Royal College of Obstetricians and Gynaecologists) Faculty Grants (JL).

Women's and Children's Hospital, Adelaide (LA).

Royal Children's Hospital Foundation, Queensland (LA).

Healthway, Western Australia (SB).

## Thesis examination

PhD University of Adelaide, (JL).

PhD, University of Newcastle (RS).

Doctor of Psychology (Clinical Psychology), Macquarie University (RS).

# Staff and associates

## STAFF

The Centre brings together a team of researchers with qualifications and experience in: epidemiology, women's health policy, psychology, education, historical and social research, health economics, biomedical research, statistics, consumer advocacy, medicine, nursing and midwifery.

### **Stephanie Brown** BA (Hons), PhD



Following a history honours degree, Stephanie worked in women's health policy and consumer advocacy before joining MCHR in 1991. Stephanie has had a major role in the conduct of three state-wide *Victorian surveys of recent mothers*, and continues to have an interest in evaluation of health services interventions. Her major research interests include women's views of maternity care and maternal health after childbirth. She was awarded a VicHealth Public Health Research Fellowship in 2001 associated with her work on the *Maternal health study*.

### **Maggie Flood** RN, RM, SterInfectContCert, GradCertHealth Sciences (ClinDataMan), DipArts (ProfWrit&Edit)



Maggie joined MCHR in 2000 to work on coding of the Survey of Recent Mothers and then on *PRISM*. She is now involved in data management as a member of the *HARP* team. During her Arts course Maggie researched the fascinating history of the infant welfare movement in Victoria.

### **Fiona Bruinsma** BBSoc, GradDipAppPsych, MAppSc(Research)



During Fiona's 10 years at MCHR she has worked on a variety of studies including: prevalence of obstetric ultrasound; cancer after infertility and IVF, women's experiences of maternity care in Victoria and the *Tall Girls* study. The study of pregnancy outcomes after cervical dysplasia took most of Fiona's time in 2004 and she also commenced a Professional Doctorate in Public Health. Fiona was awarded a NHMRC PhD scholarship for 2005-2007.

### **Ann Harley** BA, DipT, GradDipSW



Ann is experienced in teaching, qualitative research, counselling, parent education and home based parent support. She joined the *MOSAIC* team in 2003 as the Co-ordinator of the implementation arm of the project where volunteer and salaried mentors provide support to selected women. Ann also works on other collaborative projects.

### **Mary-Ann Darcy** RN, RM, DipAppSc, BEd, GradDipSoc (Social Survey and Research Techniques)



Mary-Ann is a staff member and doctoral student at MCHR, using data from the Perinatal Data Collection Unit to look at induction of labour in uncomplicated pregnancies, and concurrently developing her skills in biostatistics. Mary-Ann has worked in health research for the last 10 years and in July was appointed Epidemiologist to the Consultative Council on Obstetric & Paediatric Mortality & Morbidity.

### **Michelle Kealy** RN, RM, MPHIC



Michelle commenced a PhD at MCHR in 2002. She is undertaking face to face interviews with women who have experienced caesarean section, a part of the NHMRC funded *HARP* project. She also works part-time as a research assistant on the *HARP* study.

### **Della Forster** RN, RM, DipAppSci, BHealthSci, MMid



Della has been a midwife since 1989. She has worked in various midwifery models and settings including the Royal Women's Hospital, Moorabbin Birth Centre, community health and clinical education. She joined MCHR in April 1999 as joint project co-ordinator of the *ABFAB* trial. Della is enrolled in a PhD, focusing on the *ABFAB* trial and is a joint Chief Investigator of the Statewide Review of in-hospital postnatal care (*PinC*). She works part time as a midwifery consultant at the Mercy Hospital for Women.

### **Ann Krastev** RN, BNursing, GradDipMid, GradDipAppSci(Stats)



Ann worked as a nurse for a number of years before gaining her Graduate Diploma in Midwifery in 1995. Ann joined MCHR in 1999 to work on an evaluation of a Melbourne based maternity service and since March 2003 has been joint project coordinator on the *Maternal health study*.



**Ellie McDonald** BAppSci (Hons)



Ellie completed a Bachelor of Applied Science (Hons), majoring in psychology and psychophysiology at Swinburne University in 1997. She joined MCHR in August 2002 as project co-ordinator and data manager for the *Maternal health study* and enrolled as a PhD student in July 2004.

**Liesje Toomey BA, BSc (Hons)**



Liesje joined MCHR in 2001 while completing her undergraduate studies. She now works as a research assistant on the *HARP*, *MOSAIC* and *Maternal health study* projects.

**Judith Lumley** MA, MBBS, PhD, GradDipChildDev, FAFPHM, FFPH (UK)



Judith is an epidemiologist and public health physician, with long-standing research interests in reproductive and perinatal health and health services. She developed and then managed the Victorian Perinatal Data Collection Unit (1981-1994), chaired the Victorian Ministerial Review of Birthing Services (1988-90), and apart from 18 months as Director of the National Perinatal Epidemiology Unit, University of Oxford has been Director of MCHR since it began.

**Paul Toomey** Dip Acctg (NSW) Grad Dip Cost & Mgmt (NSW), CIS



After completing graduate and post-graduate studies in accounting and management while on a cadetship with the Commonwealth public service in Sydney, Paul's move to Melbourne to take up a management role in a national finance corporation led to a professional advisory services career with a number of corporations and associations. Paul commenced at MCHR in 2003.

**Jo-Anne Rayner** RN, BNsg, GradDipWomHlth, MWHlth



Jo joined MCHR in 2000 as part of the *Tall Girls Study* team and has since been the Project Coordinator of the *Early Births Study* (2001-2004) and currently the *PinC Study*. She commenced her PhD in 2003 and will become a full-time student in 2005 after being awarded an NHMRC scholarship for 2005 to 2007.

**Lyn Watson** BSc, MSc



Lyn has been the statistician at MCHR since 1992 and is involved in many Centre projects, and a number of collaborative studies. The *Early Births Case-Control Study* is her primary focus and also the subject of her PhD candidature. Other projects include *PRISM* and *EcoPRISM*, the Multi-centre study of cancer after infertility and the secondary analysis of the Australian Longitudinal Study of Women's Health, Younger cohort data.

**Rhonda Small** BA, Dip Ed, Grad Dip Lib, Grad Dip Epid, PhD



Rhonda worked initially in education, welfare and librarianship before moving into public health research. She has worked at MCHR since its foundation in 1991. Her research interests include women's views and experiences of maternity care, cross-cultural issues in perinatal research, maternal depression and women's health and recovery following operative birth.

**Vicki Wyatt** AdvCert (Office Admin)



Vicki worked in various health and educational organisations before joining MCHR in 1997 as Administrative Officer. She is currently enrolled in La Trobe University's Diploma in University Administration.

**Angela Taft** BA, DipEd, MPH, PhD



Angela's research interests include violence against women and children and reproductive health. She is Principal Investigator of the *MOSAIC* project. She is an Honorary Fellow of the Department of General Practice, University of Melbourne, National Co-convenor of PHAA's Women's Health SIG, and a member of the Medical Board of Victoria's Sexual Misconduct Strategy Working Group and RANZCOG TOP Working Party.

**Jane Yelland** RN, BAppSci



Jane joined MCHR in 1991 following her involvement in the Victorian Ministerial Review of Birthing Services. The *EPOCS* study has been the focus of her work over the past five years and the subject of her recently submitted PhD thesis. She is one of the chief-investigators of the *PinC* Review.

## RESEARCH ASSISTANTS AND PROJECT SUPPORT STAFF

### **Marita Baun** RN, RM

Marita joined the *Maternal health study* in April 2004. Marita also works in quality/data management in midwifery at Southern Health and is undertaking a Masters in Social Health at Melbourne University.

### **Meg Chesterman** RN

Meg worked on the *Early Births Study* team from April 2002 till May 2004 having previously worked in research at the University of Melbourne. She also works as a Clinical Nurse Specialist in anaesthetics and post anaesthetic care and is responsible for teaching and assessing students.

### **Eleanor Darcy** RN, BNsg

Eleanor provided casual administrative assistance at MCHR since 2003 while she completed her Bachelor of Nursing. She has now commenced a graduate program at Austin Hospital.

### **Jennifer Foord**

Jennifer joined the *Maternal health study* in 2003. Jennifer has also worked for a number of years for the University of Melbourne as a research assistant on a familial cancer study.

### **Kasey Gibson** AdvDipAppSc(Myotherapy)

Kasey provided part-time administrative support to the *Early Births Study* team until May 2004. She has her own Myotherapy practice, supervises students at RCH and is writing the competency standards for her discipline.

### **Anne Harbison** RN, RM

Anne, a registered nurse and midwife with experience in community nursing, worked with the *Early Births Study* team from October 2000 until May 2004. In addition, Anne worked in palliative care with the Peter MacCallum Hospital In the Home program.

### **Martine Kilby**

Since joining MCHR in mid 2001 Martine has spent the majority of her time working on the *PRISM* project in the areas of data processing. For the later part of 2004 Martine has also had the opportunity to work on other projects based at the Centre including the *Early Births* and *Maternal health study* and *HARP*.

### **Stephanie Lenko** GradDipOccHlthPrac

Stephanie has a professional background in midwifery and after 17 years working in Occupational Health and Safety was part of the *Early Births Study* team from April 2003 until October 2004.

### **Rowena Morris** RN, NICU Cert

Rowena has a professional background in neonatal and paediatric intensive care and several years experience as a medical editor and writer for Adis Science Press. She worked with the *Early Births Study* team in from April 2003 until March 2004.

### **Kaye Paton** RN, RM, Grad Dip MCHN

Kaye has been involved with the *Maternal health study* since April 2004. She combines this work with Maternal & Child Health Nursing and course coordination at Family Planning Victoria.

### **Simone Quinton** RN, RM, Lactation Consultant

Simone, a midwife, has worked as a Clinical Nurse Specialist in special care nursery at Frances Perry House and for the RWH Domicillary Service. She worked with the *Early Births Study* team from April 2002 until May 2004.

### **Bonnie Simmons** BA (Hons),

DipComServ(CD), DipPrivSecPrac, DipVET  
Bonnie's association with MCHR began in 1991 as a freelance transcriber. Between 2001 and 2003 she worked on the *PRISM* team and helped with production of the annual report in 2004.

### **Sally von Bibra** RN, RM

Sally finished with the *ABFAB* project in 2001 and has been involved with the *Early Births Study* since it commenced. Prior to coming at MCHR she worked for four years as a clinical trials coordinator for the MacFarlane Burnet Institute. Since becoming an accredited vaccinator in 1999 she also manages a student health program at Melbourne University.

### **Hannah Woolhouse** BA (Hons)

Hannah joined MCHR in 1999 working mainly with the *PRISM* project. She has combined part-time work at the Centre with the completion of her honours year in Psychology in 2003, and overseas travel in 2004. She is currently working as a research assistant with the *Maternal health study*.

## RESEARCH ASSOCIATES

Dr Chris Bessell, Clinical Risk Management, Royal Women's Hospital, Melbourne

Professor Shaun Brennecke, Department of Obstetrics and Gynaecology, Royal Women's Hospital, University of Melbourne  
Professor Robert Burrows, Maternal Fetal Medicine, Department of Obstetrics and Gynaecology, Monash University

Adjunct Associate Professor Jeanne Daly, MCHR, La Trobe University

Ms Lisa Donohue, Research Midwife, Key Centre for Women's Health in Society, University of Melbourne

Ms Anne Fleming, Honorary Research Fellow MCHR and Research Midwife

Associate Professor Anita Gagnon, School of Nursing, McGill University, Canada

Dr Suzanne Garland, Director, Department of Microbiology and Infectious Diseases, Royal Women's Hospital, Melbourne

Ms Lisa Gold, Lecturer, School of Public Health, La Trobe University

Associate Professor Jane Gunn, Department of General Practice, University of Melbourne

Associate Professor Jane Halliday, Public Health Genetics Unit, Murdoch Childrens Research Institute, Royal Children's Hospital, University of Melbourne

Professor Penny Hawe, Markin Chair of Health and Society, Department of Community Health Sciences, University of Calgary, Canada

Dr Kelsey Hegarty, Department of General Practice, University of Melbourne

Associate Professor James King, Chair, Consultative Council on Obstetric and Paediatric Mortality and Morbidity, Victoria Department of Human Services and Consultant in Perinatal Medicine, Royal Women's Hospital, University of Melbourne

Dr Helen McLachlan, Lecturer, Clinical School of Midwifery and Neonatal Nursing Studies, La Trobe University

Ms Creina Mitchell, Lecturer, School of Nursing and Midwifery, La Trobe University

Dr Liz Moore, Public Health Fellow, Victorian Department of Human Services

Dr George Patton, VicHealth Professor of Adolescent Mental Health, Royal Children's Hospital, University of Melbourne

Dr Priscilla Pyett, VicHealth Public Health Research Fellow, VicHealth Koori Health Research and Community Development Unit, Centre for the Study of Health and Society, University of Melbourne

Dr Michael Quinn, Gynaecological Oncologist, Royal Women's Hospital, University of Melbourne

Professor Alan Shiell, Department of Community Health Sciences, University of Calgary, Canada

Dr Dick Sloman, Honorary Research Fellow, MCHR and Honorary Fellow, VicHealth Koori Health Research and Community Development Unit, Centre for the Study of Health and Society, University of Melbourne

Dr Jeffrey Tan, Gynaecological Oncologist, Royal Women's Hospital, University of Melbourne

Associate Professor Alison Venn, Acting Director, Menzies Research Institute, University of Tasmania

Dr Peter Wein, Department of Obstetrics and Gynaecology, Royal Women's Hospital, University of Melbourne

Professor George Werther, Director, Centre for Hormone Research, Murdoch Childrens Research Institute, Department of Endocrinology and Diabetes, Royal Children's Hospital, University of Melbourne

# New grants, scholarships and awards in 2004

## National Health and Medical Research Council Career Development Award (Population Health)

*Rhonda Small*

**2005-2009: \$436,250**

## VicHealth Public Health Fellowship

*Angela Taft*

**2005-2009: \$500,000**

## NHMRC Public Health PhD Scholarship

*Fiona Bruinsma*

**2005-2007: \$47,092**

## NHMRC Public Health PhD Scholarship

*Jo Rayner*

**2005-2007: \$52,618**

## Victorian Community Council Against Violence

GP education program and guidelines on whole-of-family management when family violence is present.

*Angela Taft and Kelsey Hegarty*

**2004: \$28,285**

## Victorian Community Council Against Violence

Resources for Health Professionals - Development and delivery of CPD activity for General Practitioners

*Angela Taft and Kelsey Hegarty*

**2004: \$4470**

## Commonwealth Department of Family and Community Services

MOSAIC: MotherS' Advocates In the Community randomised community intervention trial pilot project with Maternal and Child Health Nurses.

*Angela Taft, Rhonda Small, Kelsey Hegarty and Judith Lumley*

**2004: \$38,000**

## VicHealth

A study of the links between alcohol misuse and interpersonal violence, especially intimate partner violence.

*Angela Taft*

**2004-2005: \$20,000**

## Cochrane Health Promotion and Public Health Field

Screening interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse.

*Angela Taft and Kelsey Hegarty*

**2004-2005: \$933 (Bursary)**

## La Trobe University Postgraduate Awards

*Jo Rayner, Sue Armstrong*

**2004: \$500**

## Australian Resource Centre for Healthcare Innovations:

Encouragement Award for her essay entitled Measuring the impact of major change to the structure and provision of public maternity care.

*Jane Yelland*

## RACGP 47th Annual Scientific Convention:

Best Research Poster Award for the poster entitled Review of tongue-tie release.

*Lisa Amir in collaboration with Jenni James and Joanne Beatty, The Royal Women's Hospital*

# Funds 2004

Funds were received from the following sources totalling: 1,326,869

The contributions from all granting bodies are gratefully acknowledged.

## LA TROBE UNIVERSITY

**Office of the Vice Chancellor Program Grant (Core Budget)** 100,000

### Faculty of Health Sciences

Operating budget and supervision of students	149,260
Postgraduate support grants	3,000
Centre courses, workshops and reports etc. sales 2002	7,934

### Victorian Health Promotion Foundation

Program Grant (Core Budget)	100,000
Public Health Research Fellowship (Dr S Brown)	100,000
MOSAIC: Mothers' Advocates in the Community Intervention Trial	50,000
Breastfeeding education scholarship (D Forster)	20,518

## AUSTRALIAN GOVERNMENT

### National Health & Medical Research Council

PRISM: Program of Resources, Information and Support for Mothers	87,610
Maternal health study	171,870
MOSAIC: Mothers' Advocates in the Community Intervention Trial	156,500
Pregnancy outcomes following treatment for Cervical Dysplasia	58,500

### Department of Education, Science & Technology

Research Infrastructure Block Grant	140,743
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### Department of Family & Community Services

MOSAIC: Mentor mothers reducing partner violence - Hobson's Bay	38,000
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### Department of Human Services, Victoria

ANew: A new approach to supporting women in pregnancy	12,000
Mildura Womens' Business Service Evaluation	1,000

### Telstra Foundation

PinC: A review of post-natal care in Victoria	50,000
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### The William Buckland Foundation

PinC: A review of post-natal care in Victoria	65,078
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### Menzies Research Institute - University of Tasmania

Long term health effects of hormone administration on tall girls	5,000
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### Public Health Association of Australia Inc.

Editing the Australian and New Zealand Journal of Public Health	9,091
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### SIDS & Kids

Early Births: case control study	10,265
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### Donations

3,500

### Victorian Community Council against Violence

Responding to violence against women: June Symposium	1,000
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Revenue is also derived from time to time by individual consultancies carried out on behalf of the centre.





## Mother & Child Health Research

### School of Public Health, Faculty of Health Sciences

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