

## MOSAIC: Mentors make a difference

Angela Taft

Pregnancy and early motherhood can be a time for the commencement, continuation, or escalation of intimate partner violence (IPV). The consequences of violence can be very damaging for mothers, their infants and the whole family and community. For women these often include depression, isolation and low self-esteem.

The MOSAIC study evaluated whether trained and supervised local women supporting pregnant or recent mothers for up to 12 months could:

- reduce women's abuse and depression;
- strengthen their self-care and self-esteem; and
- improve their well-being and parenting.

MOSAIC was designed as a cluster randomised trial located in primary care (8 maternal and child health (MCH) nurse teams and 25 GP clinics) in north-west Melbourne. MOSAIC offered IPV training and resources to 28 participating GPs and over 160 MCH nurses to better identify IPV and to strengthen links between GPs, MCH nurses and community-based services that support women experiencing partner violence and their children. By advertising in local newspapers and school newsletters, and also on radio to recruit Vietnamese mothers for a sub-study, MOSAIC was able to recruit 60 local women willing to be trained as mentor mothers. Following training of the primary care clinicians and mentor mothers, 174/215 eligible women (80.9%) were referred and recruited to MOSAIC and 133 of these (90 in the intervention arm and 43 in the comparison arm) completed follow-up at 12 months.

In the intervention arm, mentors offered mothers (both English & Vietnamese speaking) non-professional befriending, advocacy, parenting support and referrals to community-based support agencies. Ninety women were offered a mentor mother for support and 80 women accepted. Most women (76%) met with their mentor weekly or fortnightly in their own homes, or somewhere

safer if needed. Eighty-seven percent of MOSAIC participants reported that the time they spent with their mentor was just right. Vietnamese mothers were more likely to want more time with their mentors.

At 12 months follow-up, all the results favoured women in the mentor arm of the trial; however, the lower than expected numbers of women recruited give rise to caution about the generalisability of the findings. Nevertheless, fewer women offered a mentor mother were abused after a year and that abuse appeared to be less severe on average, compared with women not offered a mentor. Women in the mentor arm were also less likely to experience depression (EPDS score  $\geq 13$ : 22% vs 33%); and women's physical and mental wellbeing was better in the mentored group. Also, twice the number of mothers in the mentor arm had returned to study or training.

When asked what they discussed with mentors, women said the main things were:

- their current emotional state (84%);
- issues with partners (80%);
- coping with children (76%);
- staying on top of things (75%);
- thinking about the future (71%);
- focusing on my strengths (68%); and
- my own or my children's safety (58%).

When asked what they most appreciated, the highest proportion (91%) reported 'someone who always encouraged me' and 90% said 'talking about anything that bothered me'. When asked what they had most gained: 70% said 'feeling better about myself'; 66% felt 'less isolated'; 65% said they felt they were 'a more confident mother'; and 63% were 'happier'. Eighty-two percent said that they would recommend having a mentor to a friend.

*She would always encourage me and she definitely had the knack of making me feel strong.*

*Just having someone come and visit, and just talk on my terms, on my level...*

*Just having someone else that was understanding and not feeling that you are burdening, like putting a burden on friendships and things like that.*

This evidence gives some strength to the argument that local community mothers, with appropriate training and supervision, can offer significant support and comfort to women experiencing abuse, which results in

benefit. Mentor mother support appears to be a promising strategy for improving safety and enhancing physical and mental well-being among mothers referred from primary care who are experiencing intimate partner violence.

Taft AJ, Small R, Hegarty KL, Watson LF, Gold L, Lumley JM. Mothers' AdvocateS In the Community (MOSAIC) - non-professional mentor support to reduce intimate partner violence and depression in mothers: a cluster randomised trial in primary care. *BMC Public Health* 2011;11:178.

Taft AJ, Small R, Hegarty KL, Lumley J, Watson LF, Gold L. MOSAIC (Mothers' Advocates In the Community): protocol and sample description of a cluster randomised trial of mentor mother support to reduce intimate partner violence among pregnant or recent mothers. *BMC Public Health* 2009; 9:159.

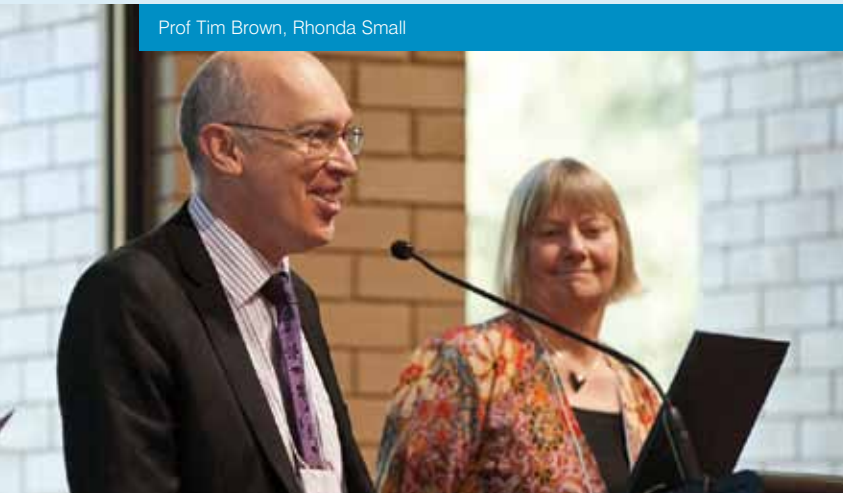
Taft A, Small R, Hoang K. Intimate partner/family violence in Vietnam and among Vietnamese diaspora communities in western societies: a comprehensive review. *J Family Studies* 2008;14:167-182.



John Scott Meeting House



Prof Tim Brown, Rhonda Small



Panelists (in order as mentioned in the text)



Ruby Walter



Kate Mortensen



Tanya Farrell



On Friday, 14 October, MCHR celebrated a milestone birthday: 20 years devoted to research and advocacy to improve the health of mothers and their infants.

It was a wonderful opportunity to showcase and discuss our current research, recent findings and future research challenges and to celebrate with close to 140 participants. We were joined on the day by a diverse range of people: current and past research collaborators, clinicians, community representatives, maternity services policy makers, and former Centre staff and students.

The conference was held in the comfortable surroundings of the John Scott Meeting House at La Trobe University in Bundoora and – judging by the feedback received – all had a stimulating day. There was great interest, lively discussion and some enjoyable reminiscing about the past 20 years. New contacts were made and new ideas born.

Prof **Tim Brown**, Deputy Vice Chancellor (Research) at La Trobe University opened the conference with some reflections on the importance of the Centre's research on mother's and children's health to the University, and to the community at large.

The day's program, which included oral and poster presentations, highlighted research undertaken by current staff and students, across three themes:

- Social contexts and motherhood;
- Promoting normal birth; and
- Supporting breastfeeding through research.

For those not able to join us on the day, the conference Program with presentation titles and contact details for individual researchers is available on our website as well as a summary report of the day and some of the PowerPoint presentations. (See: [www.latrobe.edu.au/mchr/html/20year\\_conference.html](http://www.latrobe.edu.au/mchr/html/20year_conference.html))

# MCHR celebrates twenty years

The fourth and final session of the conference was dedicated to a panel discussion about "Pregnancy, Birth and Motherhood: where do we want to be in 2031?" Panellists were each asked to name the three most important perinatal research questions they hoped would be answered between 2011 and 2031. The panelists represented local, national and international perspectives and came from government, community, clinical and population research, and health services.

They included: Ms **Anne Colahan** (Manager, Maternal and Child Health Service, Department of Education and Early Childhood Development), Ms **Tanya Farrell** (Clinical Director, Maternity Services, The Royal Women's Hospital), A/Prof **Christine Roberts** (Research Director and NHMRC Research Fellow, Clinical and Population Perinatal Health Research, University of Sydney), Prof **Patti Janssen** (Director MPH Program, The University of British Columbia, School of Population & Public Health, Vancouver, Canada), Ms **Kate Mortensen** (Manager, Lactation Resource Centre, Australian Breastfeeding Association) and Mr **Greg Adkins** (Director, Board of Directors, Family Planning Victoria).

A need for research to deliver solutions to a range of pressing perinatal problems was identified in the following areas:

- More effective and innovative education across the community about sexual health and family planning to reduce unplanned pregnancy and promote sexual health;
- Improved understanding of gestation length and knowledge about when pregnancy comes to a physiological end;
- Prevention of congenital anomalies;
- Maternity care provision for women in their communities;

- Better understanding about, and reduction of, 'bad' outcomes for women and babies, particularly preterm birth and stillbirth;
- Addressing the rising rates of postpartum haemorrhage;
- Better outcomes for Aboriginal and Torres Strait Islander women and infants;
- Reduction of 'unnecessary' caesarean sections, especially in first births;
- The promise of perinatal trial outcomes realised in practice;
- Equity in participation in perinatal research to ensure good evidence for our multiculturally diverse childbearing population;
- *What will midwives, obstetricians and the whole maternity service system look like in 2031?:* training and workforce development to provide good evidence-based maternity care;
- Achievement of breastfeeding as the norm for feeding infants, with better understanding of breastfeeding problems and their management;
- Harnessing electronic information and communication resources and delivery systems to provide women and families with the health information and advice they need.

The day closed with celebratory 20th birthday drinks and a small number of speeches, chaired by Prof **Annette Street**, Associate Dean Research in the Faculty of Health Sciences.

Prof **Hal Swerissen**, Executive Dean of the Faculty, congratulated the Centre on the strength of its research over the past twenty years and also announced the Judith Lumley PhD Scholarship in Mother and Child Health Research in honour of the tremendous contribution made to perinatal and maternity

services research by the Centre's Founding Director, Professor Emerita Judith Lumley. Prof **Janet Hiller**, Associate Dean Research in the Faculty of Health Sciences at the Australian Catholic University, then reflected on the many and varied contributions the Centre has made since it was established in 1991. In particular, she mentioned the leadership and mentoring of perinatal researchers provided by Judith Lumley, and also the focus on rigorous method and building the necessary evidence that is characteristic of all the Centre's research endeavours.

Finally the current Director of MCHR, Prof **Rhonda Small**, concluded the day with some reminiscences from the past 20 years. She also thanked staff and students, both current and past, the many funding bodies who have provided the necessary resources and all those who have collaborated with the Centre in conducting research to improve the health of mothers and infants.

Angela Taft



Janet Hiller



Melissa Hobbs



# Conception for HIV-positive women with HIV-negative partners

Karalyn McDonald

My recently published paper, *"The old fashioned way": conception and sex in serodiscordant relationships after ART*, explores HIV-positive heterosexual women's accounts of conception and sex within serodiscordant relationships (where their partner is HIV-negative) in the period after the advent of antiretroviral treatment (ART) in Australia. Goffman's theory of stigma and narrative identity theory were used as a framework for analysis.

This paper focuses on the accounts of 17 women who had conceived children within a serodiscordant relationship, 15 of whom were in serodiscordant relationships at the time of the interview. Six women had chosen to conceive eight children within their serodiscordant relationships, four women had an unexpected pregnancy and three women were diagnosed during pregnancy (all proceeded to term). One woman was undecided about motherhood, another was attempting to become pregnant and two women said they had decided not to have children or more children either because she was diagnosed and subsequently sterilized or because motherhood was never something she had desired.

The women's accounts of conception usually consisted of a story that involved unprotected sex, once, for the purpose of conceiving. This included what they perceived to be an acceptable risk; one they were willing to take for the desired outcome. Two women gave accounts of artificial insemination. The 'conception story' was usually constructed for the benefit of family and friends aware

of the women's status thereby reinforcing the woman's identity as responsible and moral. However, most women revealed their partner did not like condoms and used them sporadically or not at all; directly contradicting the 'conception story'. To justify their actions as informed and responsible, women constructed accounts around low viral load and female-to-male transmission. A consequence of no or limited condom use was that some women reported worrying about ensuing stigma from their own and their partners' families if their partner did contract the virus.

McDonald K. 'The old-fashioned way': Conception and sex in serodiscordant relationships after ART. *Cult Health Sex* 2011;13:1119-33.

# Postgrad report from Seoul

Mimmie C Watts née Ngum Chi

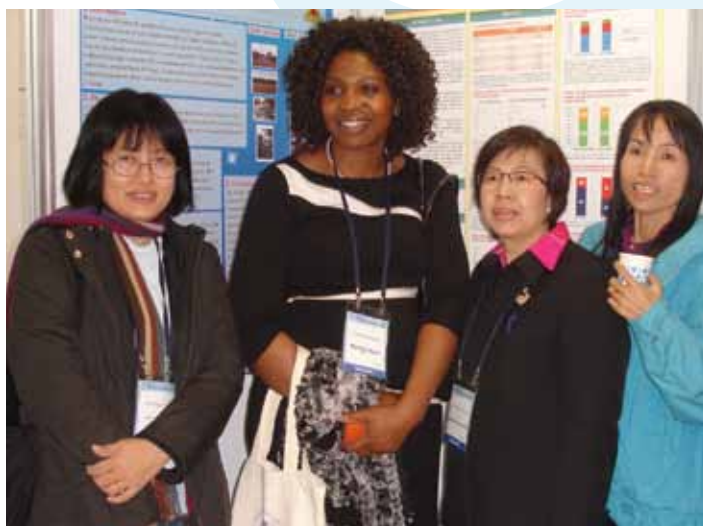
I am a Lecturer in Community Health at the school of Nursing and Midwifery, Faculty of Health, Engineering and Science, Victoria University, Melbourne. I was born in Cameroon, which is located in the Central Coast of Africa. I am currently undertaking a PhD study on 'Contraception, Teenage Pregnancy and Motherhood among African Australian Teenagers with a Refugee Background in Melbourne, Australia' at Mother and Child Health Research. My supervisors are Angela Taft, Celia McMichael (Refugee Research Centre, LaTrobe University) and Charles Mphande (Victoria University). This qualitative study involves both in-depth interviews with refugee African-Australian women, who have had a teenage pregnancy, and focus groups with key stakeholders, including service providers and community leaders.

In October I had the opportunity to attend the 43rd Asia Pacific Academic Consortium for Public Health (APACPH) conference in Seoul, Korea. APACPH is the main arena for public health researchers and academics within the Asia Pacific region to meet and discuss public health and related issues in the region. There

were over 800 participants in Seoul for the 43rd Annual conference with over half coming from abroad.

My poster was titled *'Contraceptive Uptake and Use among African Australian Refugee Girls in Melbourne Australia - Who decides?'* and outlined my analysis of the multiplicity of influences including culture and community, family and intimate partners impacting on young African-Australian women's decision-making. It attracted a lot of attention from other researchers. One of the participants suggested the findings could be transferrable to other Asia Pacific countries because of similarities in the extended family structures and community orientated nature of the people.

APACPH provided me with the opportunity to present some of the findings from my current PhD research to a very broad public health community. As a member of the early-career researcher network this medium allowed me to network with others who are at similar stages in their career as academics in transition to becoming active and future expert researchers. It was a good opportunity to discuss my research with fellow PhD students from other countries within the region and from around the world.



Mimmie Watts with conference participants in Seoul.

# COMPASS: special supplement just published

**Mridula Bandyopadhyay  
and Angela Taft**

COMPASS brought together a group of early to mid-career researchers for five years on an NHMRC Capacity Building Grant in Population Health Research to work on addressing questions of complexity in our research undertakings. A recently published *BMC Public Health* Special Supplement 'Navigating Complexity in Public Health Research'<sup>1</sup> is one outcome of collective endeavours between the three research groups involved in COMPASS.<sup>2</sup> The Supplement comprises seven papers and charts some of the lessons learnt by COMPASS author investigators while conducting research in women's health, particularly the myriad factors affecting maternal health in culturally and linguistically diverse, contemporary Australian society.

The Supplement opens with **Tanya Koolmatrjie's** short reflective piece addressing the most pressing public health problem in Australia today – that of Aboriginal and Torres Strait Islander health. **Vicki Palmer, Jane Yelland and Angela Taft** confront conceptual complexity in

ethical practice in the context of screening for depression and intimate partner violence in intervention research. The next paper by **Rhonda Small, Angela Taft and Stephanie Brown** problematises the concept of social support, drawing on lessons from two pragmatic community trials, and discusses the challenges of achieving health-enhancing social connections. The conceptual complexity of 'risk' surrounding the pregnant and lactating body and perceptions about the competing needs of the mother, the developing fetus and the baby shapes the focus of the next paper by **Karalyn McDonald, Lisa Amir and Mary-Ann Davey**.

**Mridula Bandyopadhyay's** paper then illustrates the valuable contribution ethnography makes when more structured methods cannot explain unanticipated consequences of health care system reform to reduce maternal mortality in low income countries. **Fiona Bruinsma, Jo Rayner, Alison Venn, Priscilla Pyett and George Werther** describe methodological complexities involving the multiple relationships and collaborations with clinicians and consumers in a cohort study retrospectively seeking an understanding of the effects of synthetic hormone treatment on adolescent tall girls. The final paper in the Supplement, by **Della Forster, Michelle Newton, Helen McLachlan and Karen Willis**, is situated in the complex setting of maternity care and reflects on why a model of midwife-led care shown to have positive outcomes in a randomised trial was not retained following the trial, and seeks to

elucidate reasons for the model not being sustained.

Access to the Special Supplement is free and all the papers can be downloaded at: <http://www.biomedcentral.com/1471-2458/11?issue=S5>

#### Acknowledgement

COMPASS is funded by an NHMRC capacity building grant in population health research (2007-2012, APPID 433043).

1. Navigating complexity in public health research. *BMC Public Health* 2011; Suppl 5.
2. Mother & Child Health Research, La Trobe University; Healthy Mothers, Healthy Families, Murdoch Childrens Research Institute; and the Primary Care Research Unit, Department of General Practice, University of Melbourne.



# SILC Supporting breastfeeding In Local Communities

**Méabh Cullinane**

Breastfeeding provides infants with the optimal start to life, yet infants in some areas of Victoria are at twice the risk of early cessation of breastfeeding. A recent Victorian report shows that breastfeeding rates vary between populations, ranging from 27% to 66% for any breastfeeding at six months of age.<sup>1</sup> The Victorian Government is committed to increasing breastfeeding rates in Victoria by addressing this important health inequity.

The Department of Education and Early Childhood Development (DEECD) has contracted Mother & Child Health Research

(MCHR) to undertake a trial evaluating interventions to increase breastfeeding duration in Victorian communities. Members of the research team are Helen McLachlan, Della Forster, Lisa Amir, Rhonda Small, Méabh Cullinane and Touran Shafiei.

SILC is a three-arm cluster randomised trial. It will determine whether early home-based breastfeeding support by a SILC maternal and child health nurse (SILC-MCHN) for women with identified breastfeeding issues, with or without access to a community-based breastfeeding drop-in centre, increases the proportion of infants receiving 'any' breast milk at four and six months. Eligible Local Government Areas (LGAs) across Victoria with low breastfeeding rates have been invited to participate. LGAs agreeing to participate will be randomly allocated to one of three trial arms: standard care (acting as comparison communities); early home-based breastfeeding support by a SILC-MCHN; or access to a community-based breastfeeding drop-in centre in addition to home-based breastfeeding support by a SILC-MCHN.

SILC will assess breastfeeding outcomes using routinely collected maternal and

child health centre data as well as from postal surveys to women. The intervention programs have been pragmatically designed so that if such an intervention did increase breastfeeding, then it would be able to be readily incorporated into practice in Victoria.

1. Amir LH, Forster DA, McLachlan HL, Moorhead AM, Chamberlain CR, McKay HJ. Breastfeeding in Victoria: A Report. Melbourne, Mother & Child Health Research, La Trobe University; 2010. Available from: [http://www.eduweb.vic.gov.au/edulibrary/public/stuman/wellbeing/breastfeeding\\_vic\\_report.pdf](http://www.eduweb.vic.gov.au/edulibrary/public/stuman/wellbeing/breastfeeding_vic_report.pdf)



## Grants

Congratulations to the following MCHR staff involved with recently announced NHMRC grants:

*A brief couple-focussed psycho-educational intervention to prevent postnatal mental health problems in women: a cluster randomised trial.* Jane R Fisher, Heather Rowe, **Lisa Amir**, et al., 2012-2014.

*Fetal lactate measurement to reduce caesarean sections during labour: a randomised trial.* Christine East, Shaun Brennecke, **Mary-Ann Davey**, Omar Kamlin, 2012-2016.

*Birthplace in Australia: A Prospective Cohort Study.* Caroline Homer, David Elwood, Jeremy Oats, Maralyn Foureur, David Sibbritt, **Helen McLachlan**, **Della Forster**, 2012-2014.

## Awards

Congratulations also go to:

**Lisa Amir**, who received a four-year NHMRC Career Development Fellowship for her proposal *Strategies to increase breastfeeding duration in Australia*, 2012-2015 (\$273,752).

**Michelle Newton**, who was awarded best research abstract submitted by a higher degree research student at the Royal Women's Hospital Annual Research meeting in November. The abstract was titled: *Comparing satisfaction and burnout between midwives working in caseload midwifery and standard care models*, and reflects the findings from her PhD research.



## Staff news

Welcome to **Simone Pakin**, Research & Publications Officer, and to **Steven Angelides**, Senior Grants Officer. And, farewell good wishes to staff who have left to take up new post-doctoral positions: **Jo Rayner** after 11 years of wonderful contributions at MCHR has taken up a position at Deakin University and also **Karalyn McDonald** who moves to Monash University in 2012. We wish each of them well in their new roles.

Congratulations to **Miranda Buck** and family on the birth of a baby girl, Sylvie, in August.

## International presentations

**Lisa Amir** was an invited speaker at the 16th Annual International Meeting of the Academy of Breastfeeding Medicine, in November 2011, in Florida, USA, where she spoke about *Prescribing Antibiotics for Mastitis: What do we know?* She also had a poster there titled, *Posterior tongue tie has a different sex distribution from previously described ankyloglossia*.

**Mridula Bandyopadhyay** presented: *Lost in translation? Health care providers' and South Asian women's views about Gestational Diabetes Mellitus (GDM) management strategies*, at the International Conference on Global Health and Public Health Education in October 2011, at the Chinese University of Hong Kong.

**Karalyn McDonald** attended the Qualitative Health Research Conference in Vancouver, Canada, in October 2011 and presented: *Avoiding participant dissatisfaction: Reflections on research that explored motherhood and reproductive choices of HIV-positive women in Australia*.

**Helen McLachlan** and **Della Forster** presented, *A randomised controlled trial of caseload midwifery for woman at low risk of medical complications (COSMOS): primary and secondary outcomes as well as Monitoring clinical outcomes before, during and after major changes to a maternity service - a multi-faceted evaluative approach*, at the Normal Labour and Birth 6th Research Conference in Grange-over-Sands, UK, in June 2011. Also at this conference, **Della Forster** presented: *Exploring implementation and sustainability of models of care: can theory help?*

**Jane Morrow** presented: *Can we improve women's satisfaction with postnatal care? Implementing and evaluating individualised postnatal care and caseload midwifery using a before and after design* at the 29th Triennial Congress of the International Confederation of Midwives conference in Durban, South Africa, June 2011.

**Mary-Ann Davey** presented a poster titled: *Maternal morbidity following induction or augmentation of labour in uncomplicated first births*, at the 24th Annual Meeting of the Society for Paediatric and Perinatal Epidemiological Research in Montreal, Canada, June 2011. She also gave a talk: *Induction and augmentation of labour and short-term maternal morbidity*, at the Normal Labour and Birth Research 6th Conference in Grange-over-Sands, UK, in June 2011.

## Research workshops

MCHR has recently hosted a series of research planning workshops with a number of international and interstate researchers joining MCHR staff and local collaborators to discuss key issues and future research projects.

In all, five research workshops were held:

*Normal Birth*, hosted by **Mary-Ann Davey**; with guests including Professor Patti Janssen, The University of British Columbia, Vancouver, Canada, Dr Erica Schytt, Karolinska Institutet, Sweden, Professor Caroline Homer, University of Technology, Sydney and A/Professor Caroline Smith, University of Western Sydney.

*Intimate partner violence*, hosted by **Angela Taft**; with international guest Professor Patti Janssen.

*Maternal obesity and breastfeeding*, hosted by **Lisa Amir** and **Karalyn McDonald**; with international guests: Erica Schytt, A/Professor Eva Nissen and Dr Anna Hjelmstedt, all from Karolinska Institutet, Sweden.

*Unintended pregnancy prevention and reduction*, hosted by **Angela Taft**; with guests Dr Jill Michelson, Marie Stopes International, and Adjunct A/Professor Diana Greene Foster, and A/Professor in Residence, Cynthia Harper, both of University of California, San Francisco, Bixby Centre for Global Reproductive Health, USA, who participated by video link-up.

*Medicines and breastfeeding*, hosted by **Lisa Amir**; with Tricia Taylor, MotherSafe, Sydney and local collaborators.

## Other visits

In November, the Centre welcomed Dr Monica Nyström and Professor Ingrid Mogren both of Umeå University, Sweden for a short visit. Ingrid and Monica are supervising our visiting PhD student Kristina Edvardsson.

## Recent publications

As there have been many recent publications by Centre staff and students, please refer to the listing on our website at: [www.latrobe.edu.au/mchr/html/publications.html](http://www.latrobe.edu.au/mchr/html/publications.html)

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