MCHR NEWS

LA TROBE UNIVERSITY

mother & child HEALTH RESEARCH

Postnatal care - how can we make a difference?

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Since 2003, in close collaboration with industry partners, we have been exploring early postnatal care. To date this work has been around hospital postnatal care, but moving forward we are increasingly examining early postnatal care at home. We began working on postnatal care in response to the consistent evidence that women are less satisfied with the care they receive in hospital postnatally compared with care during pregnancy, labour and birth.

In 2004 we conducted a statewide review of hospital postnatal care in public maternity services in Victoria (the *PinC* review - **P**ostnatal **in** hospital **C**are). We aimed to explore and document organisational structures and processes, gain an understanding of the experiences and views of care providers, and use this information to inform new approaches to postnatal care. We repeated the review in the private sector in 2006. There were a number of differences between the two sectors, but key issues were similar, with diversity in postnatal care provision across the state: staffing,[1] routine observations,[2] documentation, assessing and supporting mothers with particular psychosocial needs[3] and length of hospital stay. Care providers were enthusiastic and committed to ensuring high quality care,[4] but identified many barriers to care provision. The early postnatal period was seen as an important time for education and care of women and babies, but there was a perceived lack of priority given to postnatal care, and a prevalent view that the staff-patient ratios were inadequate.[5]

Concurrently there have been some major changes in maternity services across the State. There has been a dramatic rise in the number of women giving birth, and an even greater increase in numbers giving birth by caesarean section. These factors together reduce the availability of physical space in hospitals to provide postnatal care for mothers and their babies. Many hospitals (especially tertiary centres) have responded by discharging new mothers much earlier than they expected, often with little or no antenatal preparation. In this context we have been working closely with a number of hospitals with the aim of together ensuring that these factors do not become what drives and guides postnatal care. Our aim is a systematic approach to ensuring the provision of quality care with optimal outcomes for mothers and babies.

We undertook focus groups in 2006 to explore women's experiences and expectations of care, and their responses to four proposed alternative options for early postnatal care. Options were designed around shorter lengths of hospital stay and increased midwife home visits. Generally participants did not respond favourably towards the packages and suggested care should be flexible to meet the needs of individuals. Main concerns related to shorter length of stay, especially for first time mothers. Participants did not consider domiciliary visits replaced the perceived security of staying in hospital. Women were concerned about the safety of their new baby, and believed constant professional support in hospital was essential to ensure the baby's safety until women feel confident to look after the baby themselves. The project report will be available shortly.

Given these responses from focus group participants, and in light of concerns about the current practice of increasingly early discharge with inadequate evaluation, we are exploring another approach; whether a tertiary hospital can offer and operationalise an individualised supported early discharge program. We will recruit 200 women at the Royal Women's Hospital to pilot individualised, flexible home-based early postnatal care that is tailored to suit each woman's needs in terms of the timing and number of home midwife visits. Anticipated completion is early 2008.

Other areas of current and planned work include:

- exploring advanced communication skills for midwives as a way of enhancing the quality of psychosocial care for women;
- examining the complexities around documentation in the postnatal period; and
- an exploration of the content and efficacy of domiciliary midwifery care.

We have converted the *ANEW* education program on advanced communication skills[6] to focus on postnatal care, and piloted it with two groups of midwives. Data analysis is underway. Postnatal documentation used in Victoria is being explored in depth, with a focus on postnatal care maps and clinical pathways, which lack evidence, and which many *PinC* respondents suggested inhibit individualised care.

We have found that women and care providers alike are enthusiastic and passionate about postnatal care, and keen to see it improved. We gratefully acknowledge all the people we have worked with and who have contributed to the various *PinC* projects.

1. *Forster D, McLachlan H, Yelland J, Rayner J, Lumley J, Davey M. Staffing in postnatal units: is it adequate for the provision of quality care? Findings from a state-wide review of postnatal care in Victoria, Australia.* ***BMC Health Serv Res*** *2006;6:83.*
2. *McLachlan HL, Forster DA, Yelland J, Rayner J, Lumley J. Is the organisation and structure of hospital postnatal care a barrier to quality care? Findings from a statewide review in Victoria, Australia.* ***Midwifery*** *2007; 1 Feb [Epub ahead of print].*
3. *Yelland J, McLachlan H, Forster D, Rayner J, Lumley J. How is maternal psychosocial health assessed and promoted in the early postnatal period? Findings from a review of hospital postnatal care in Victoria, Australia.* ***Midwifery*** *2006; 20 Nov [Epub ahead of print].*
4. *Rayner J, Forster D, McLachlan H, Yelland J, Davey M-A. What are the views and experiences of midwives working in hospital-based postnatal care? Findings from a state-wide review of hospital postnatal care in Victoria, Australia:.* ***Midwifery*** *2007; 31 Jan [Epub ahead of print].*
5. *Forster D, McLachlan H, Yelland J, Rayner J, Lumley J. PinC.* ***A Review of In-Hospital Postnatal Care in Victoria****. Final report. Melbourne: La Trobe University; 2005.*
6. *Gunn J, Hegarty K, Nagle C, Forster D, Brown S, Lumley J. Putting woman-centered care into practice: a new (ANEW) approach to psychosocial risk assessment during pregnancy.* ***Birth*** *2006;33:46-55.*

Della Forster

ROAM - the birth of an international research collaboration

Rhonda Small

Sometimes an email out of the blue can unexpectedly herald the beginning of a new research collaboration. So it was when I received an invitation in 2003 from Anita Gagnon, a perinatal researcher in Canada inviting me to participate in a workshop on migration and discrimination at the 2003 International Metropolis Conference in Vienna. During the conference we talked a good deal about the similarities and differences between our two 'immigrant' nations and what might be learned from comparing perinatal care and outcomes for immigrant and refugee women in Canada and Australia.

Anita followed up our Vienna-discussions with the suggestion that we submit an application for an International Opportunity Development Grant from the Canadian Institutes of Health Research (CIHR), which we did. With the award of this small grant, we undertook short exchange visits, each respectively becoming more familiar with the Canadian versus the Australian perinatal contexts, and we published a paper that had grown out of the Vienna workshop.[1]

We were both also keen to develop our networks with perinatal researchers interested in immigrant issues in Europe. An opportunity opened for exploring the possibility of such an expanded network when the European Perinatal Epidemiology Network kindly allowed us to participate in a workshop on birth and migration at its meeting in Porto, Portugal in September 2004. There proved to be a significant level of interest and the workshop was followed by the first meeting of a wider collaborative network with researchers from the UK, Italy, France, Belgium, the Netherlands and Finland. We agreed to pursue further funding to develop a program of comparative work on migrant, refugee and asylum-seeking women's reproductive health outcomes and also their views of maternity care across Europe, North America and Australia. And so ROAM (Reproductive Outcomes And Migration): an international research collaboration, was born.

With a further grant awarded by CIHR in 2006 to the expanded collaboration (now also including Norway and Sweden), a two-day *ROAM* collaborators' meeting was held in Paris in May this year, with reports given on work undertaken to date, including:

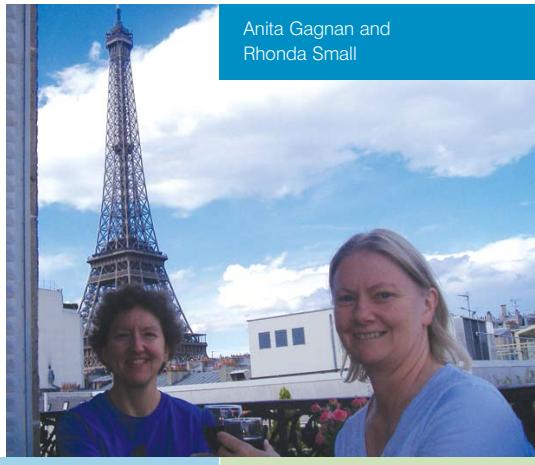
A systematic review completed, looking at perinatal outcomes for immigrant/refugee women compared with host populations, with papers on different aspects planned;

A Delphi-process for consensus development around migration indicators for perinatal research (in conjunction with EURO-PERISTAT II, a funded European Union project); and

A comparison of outcomes for women from Somalia giving birth in six receiving countries, with a manuscript to be submitted in 2007.

1. *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 2004;5: 477-94.*

ROAM collaborators: Anita Gagnon, Donna Stewart, Marie DesMeules, Maureen Heaman, Ric Glazier, Ed Ng (Canada), Rhonda Small (Australia), Sophie Alexander (Belgium), Mika Gissler (Finland), Beatrice Blondel and Jennifer Zeitlin (France), Domenico DiLallo, (Italy), Babill Stray Pedersen and Siri Vangen (Norway), Simone Buitendijk and Dineke Korfker (Netherlands), Milla Bennis (Sweden), Alison McFarlane and Caroline Roth (UK).



Anita Gagnan and Rhonda Small

Pre-pregnancy advice and information: what next?

Judith Lumley

Twenty-five years ago there was an upsurge of interest in early pregnancy care and care before pregnancy – pre-pregnancy or pre-conception care. It came about when making maternity care more available – and in some countries free – did not result in the expected dramatic improvements. A senior and respected obstetrician of the day wrote, in the preface for a book on pre-pregnancy care,[1] that there was a need for the detailed consideration of work during pregnancy, alcohol consumption, smoking, exercise, physical and mental stress, previous birth outcomes and genetics. He went on to say "The reproduction of our species should no longer be haphazard. Preparation for childbearing is seen here as having a large component of health education and a smaller medical component" and concluded by recommending the book to doctors and parents, stating "benefits will certainly accrue".

I was working in the Monash University Department of Obstetrics and Gynaecology and with strong support from the senior staff designed a pre-pregnancy intervention package, to be tested in a randomised trial within local areas by Maternal and Child Health (MCH) Nurses. We held consultations with senior staff in the Health Department, a group of local governments, interpreters, Community Health Centres and particularly the MCH Nurses. Participants in these discussions were strongly supportive and the trial began. *All* women who had just had a first child were invited to take part by their MCH Nurse during the standard home visit and all had a discussion of their first pregnancy, labour, birth and the time after birth. *Women in the intervention group* also had pre-pregnancy advice, a discussion of social, health and lifestyle problems, preparation for the next pregnancy, family history, need for rubella immunisation, referrals for health problems and a reminder advice card. Women in both groups were followed up.

Despite widespread support for broadly-based pre-pregnancy interventions, this trial, in a low-risk population, did not have a positive outcome.[2] Another more recent 'inter-pregnancy' trial aiming to reduce preterm birth in a high risk US population had the same adverse findings as we did.[3] So, until a trial is completed which does show health benefits we need to be very cautious in promoting pre-pregnancy interventions.

1. *Chamberlain G, Lumley J (eds).* ***Prepregnancy Care: a manual for practice****. John Wiley & Sons, 1986.*
2. *Lumley J, Donohue L. Aiming to increase birth weight: a randomised trial of pre-pregnancy information, advice and counselling in inner-urban Melbourne.* ***BMC Public Health*** *2006, 6:299.*
3. *Andrews WW, Goldenberg RL, Hauth JC, et al. Inter-conceptional antibiotics to prevent spontaneous preterm birth: a randomised clinical trial.* ***Am J Obstet Gynecol*** *2006; 194: 617-23.*

New found creativity

Shirley Bilardi*

"A little daunted and a little enthused" sums up MCHR staff's first response to the invitation to create a wall hanging for the levels 2/3 stairwell. The first challenge was to get these busy people together in one place long enough to produce something. The second was to stop them once the ball was rolling! Hence the original ambitious plan of one session quickly devolved to two, followed by a third, fourth, fifth and sixth!

"How big will it be?", someone asked. At the end of session one it appeared that it would be six squares. The final tally was twenty. This was mainly because the first group produced such interesting pieces that the rest of the staff, even those who at first balked, describing themselves as "remedial" or "without an artistic bone in their body", began to tap into their inner resources and become inspired.

The group leader's role in this process is to help problem solve when "how do I?" and "I wonder if I could?" questions arise. The group itself provided enjoyment, inspiration, enthusiasm and a warm welcome to a couple of non staff members who chose to join in. The end result is a wall hanging that represents a meaningful, fun and therapeutic team effort.

Could this be just the beginning?

* Shirley, our 'group leader', works in Administration at MCHR and has been studying art therapy.

Treatment for pre-cancerous changes in the cervix and risk of subsequent preterm birth

Fiona Bruinsma

Over the past three years, in collaboration with Judith Lumley, Jeffrey Tan (Royal Women's Hospital) and Michael Quinn (Royal Women's Hospital), I have been carrying out a study investigating pregnancy outcomes following diagnosis or treatment of pre-cancerous changes in the cervix (also known as cervical dysplasia or cervical intraepithilial neoplasia (CIN)). The main outcomes paper was recently published in BJOG.[1]

The aims of the study were to examine whether women referred for assessment of pre-cancerous changes in the cervix had higher rates of preterm birth compared with women in the general population, and to compare preterm birth rates for treated and untreated women adjusting for possible confounding factors. The study was a retrospective cohort study and utilised record-linkage to determine subsequent pregnancy outcomes. It included all women referred to the Royal Women's Hospital, Melbourne (1982-2000) who subsequently had a birth recorded on the Victorian Perinatal Data Collection system (n=5,548). We found both treated and untreated women were at a significantly increased risk of preterm birth compared with women in the general population. Women who received treatment had a standardised prevalence ratio (SPR) of 2.0 (95% CI 1.8-2.3), and women who were assessed for pre-cancerous changes but who did not receive treatment had an SPR of 1.5 (95% CI 1.4-1.7). Within the cohort, treated women were significantly more likely (adj OR 1.23, 95% CI 1.01-1.51) to give birth preterm (after adjusting for history of induced or spontaneous abortions, illicit drug use during pregnancy or a major maternal medical condition, hospital of birth and maternal age). When we analysed outcome by the type of treatment, cone biopsy, loop electrosurgical procedure (LEEP) and diathermy were associated with preterm birth. After adjusting for possible confounding factors only diathermy remained significant (adj OR 1.72, 95% CI 1.36-2.17). Women treated using laser ablation were not at an increased risk (adj OR 1.1, 95% CI 0.8-1.4). We concluded that consideration should be given to the preferential use of ablative rather than excisional treatments.

We are excited about the response this article has received; publication has elicited considerable discussion and debate. BJOG issued a press release relating to the paper and it was the subject of BJOG's first ever podcast.[2] This is a recently introduced initiative that is similar to a published commentary except that in this format a selected expert discusses a recent paper and the interview is available online. We were not made aware of the press release or podcast prior to their publication. The paper was also mentioned in the 'Editor's Choice'[3] section and was the subject of a commentary[4]. There were two published letters in response to the paper[5,6] to which we were invited to respond[7,8] and it was covered in 'The Scotsman' and 'The Daily Mail' (UK) and online obstetrics and gynaecology websites.

1. *Bruinsma F, Lumley J, Tan J, Quinn M. Pre-cancerous changes in the cervix and risk of subsequent preterm birth.* ***BJOG*** *2007;114:70-80.*
2. *Martin-Hirsch P. Have we dismissed ablative treatment too soon in colposcopy practice?* ***BJOG*** *online 2007. http://www.blackwellpublishing.com/podcast/bjog.asp*
3. *Steer PJ, Editor's Choice.* ***BJOG*** *2007; 114:i-ii.*
4. *Paraskevaidis E, Kyrigou M, Martin-Hirsch P. Have we dismissed ablative treatment too soon in colposcopy practice?* ***BJOG*** *2007; 114: 3-4.*
5. *Cruickshank M, Kitchner HC. Pre-cancerous changes in the cervix and risk of subsequent preterm birth.* ***BJOG*** *2007; 114: 773.*
6. *Lamont RF, Sarhanis P. Pre-cancerous changes in the cervix and risk of subsequent preterm birth.* ***BJOG*** *2007; 114: 775-776.*
7. *Bruinsma F, Lumley J, Tan J, Quinn M. Pre-cancerous changes in the cervix and risk of subsequent preterm birth. Authors reply.* ***BJOG*** *2007;114:773-774.*
8. *Bruinsma F, Lumley J, Tan J, Quinn M. Pre-cancerous changes in the cervix and risk of subsequent preterm birth. Authors reply.* ***BJOG*** *2007;114:776-777.*

Fiona Bruinsma

Parliamentary inquiry into breastfeeding

Lisa Amir

The House of Representatives Standing Committee on Health and Ageing is conducting an inquiry into how the Commonwealth government can take a lead role to improve the health of the Australian population through support for breastfeeding. The inquiry has received over 400 written submissions. The Public Health Association of Australia (PHAA) submitted a written submission in February 2007, based on the background paper for the breastfeeding policy currently under revision. Debra Hector and Lisa Amir worked on the submission on behalf of the Women's Health Special Interest Group (SIG) with input from other members of the organisation; the submission was also endorsed by the Child Health and the Food and Nutrition SIGs.

PHAA was invited to attend a hearing in Sydney on 4 June 2007. Lisa Amir (Mother & Child Health Research, La Trobe University) and Debra Hector (NSW Centre for Public Health Nutrition, University of Sydney) gave a short presentation and then responded to questions. We based our recommendations on the Innocenti Declaration which was an agenda set by a meeting of international policy-makers in 1990 and again in 2005. The Declaration called on governments to:

- establish national breastfeeding coordinators and committees,
- ensure appropriate maternity services (which led to the Baby Friendly Hospital Initiative),
- effect the International Code of Marketing of Breastmilk Substitutes
- enact legislation to protect the breastfeeding rights of working women.

In response to the Infant Formula Manufacturers Association of Australia's submission about the need for toddler formula, we reiterated that formula for children over 12 months is not necessary as children can receive adequate nutrients from a mixed diet. We also stressed the importance of monitoring of breastfeeding in Australia.

More information can be seen on the parliamentary website: http://www.aph.gov.au/house/committee/haa/breastfeeding/index.htm

In the news

Following recent media interest in the high rate of caesarean section, **Mary-Ann Davey** was approached by a journalist for information about the possible contribution of induction of labour. On the 17th June the Sunday Age featured an article "Caesarean risk higher when labour induced", based in part on Mary-Ann's doctoral work. While the results of her study are not yet published, Mary-Ann was able to provide some general information from her thesis as well as more specific data on births in Victoria in 2005. These looked only at first births to women who had uncomplicated pregnancies, and found that caesarean section was more common when labour was induced. Mary-Ann anticipates completing her thesis soon, and will submit the results for peer-reviewed publication later this year.

Centre seminars

MCHR has a lunchtime seminar series open to anyone interested in attending. In March **Professor Ulla Waldenström**, Professor of Nursing and Midwifery at the Karolinska Institute, Stockholm, Sweden, visited the Centre and presented a seminar titled *Two models of antenatal childbirth education - report from an ongoing trial*.

Our next seminar in the program will be presented by **Dr Jenny Lewis**, Senior Lecturer in Public Policy and Director, Master of Public Policy and Management, School of Political Science, University of Melbourne, who will present *The politics of health policy* on Wednesday 22 August 2007 at 12.30pm at the Centre.

For details of seminars for the rest of the year, please see our website http://www.latrobe.edu.au/mchr/Seminars.html.

Staff news

The *MOSAIC* project recently bid farewell to **Jan Wiebe** and **Viv Woska** who are both leaving to take up positions elsewhere. We have welcomed **Cath Kerr** and **Doris Sant** as the new *MOSAIC* mentor mother coordinators. Cath brings over 10 years experience in domestic violence services and Doris, significant experience with partner violence issues and managing volunteers in the foster care system. **Lisa Patamisi** and **Victoria Wells** have also joined the *MOSAIC* research team. Both have research experience and experience working in the field of violence against women and children. Lisa has recently moved to Melbourne from Darwin and Vicki brings experience of "many years of dealing with people, and on most days, when I have had enough sleep, a good sense of humour".

Welcome to **Dr Mary Anne Biro** who has recently joined MCHR as project co-ordinator of the Caseload Midwifery randomised controlled trial (*COSMOS*). Mary Anne has a strong background in maternity services in midwifery, management and academic roles. She has significant research experience including her PhD thesis which was a randomised controlled trial evaluating a team midwifery model of care. She has collaborated on a number of joint Southern Health/La Trobe University projects.

Kerryn O'Rourke has recently completed a four-month Victorian Public Health Training Scheme placement at MCHR with Angela Taft and Rhonda Small. Kerryn developed a framework document calling for a National Sexual and Reproductive Health Strategy, on behalf of the Women's Health Special Interest Group of the Public Health Association of Australia.

New baby

Congratulations to **Mary-Anne Measey**, Andrew and Lucy on the birth of **Henry** on 7th May.

Grants & awards

Helen MacLachlan, **Della Forster**, **Jane Yelland**, **Jo Rayner** and **Lisa Gold** were awarded a La Trobe University Faculty of Health Sciences research grant of $20,000; and the same group of investigators led by **Della Forster** and in collaboration with **Tanya Farrell** at the Royal Women's Hospital, were awarded $25,000 by the Royal Women's Hospital Foundation, both grants supporting the *PinC Package* pilot study.

Creina Mitchell and **Jo Rayner** were successful in obtaining a La Trobe University Quality Initiatives Grant of $7640 for a study entitled 'Quality improvement of clinical placement organisation for undergraduate nursing students in the Division of Nursing and Midwifery' to be undertaken this year.

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