

# 2007 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 and collaborate with researchers in related fields; and
- be involved in postgraduate and continuing education.

# Director's report

One of the most memorable events of 2007 took place very early in the year. This was the move of Mother & Child Health Research out of the Kathleen Syme Building within the Royal Women's Hospital precinct, on Faraday St, in Carlton. Given that the last time MCHR had moved was in 2000, readers can imagine the decisions that needed to be made about personal work spaces, space for meetings as well as secure space for records and data storage. With a great deal of co-operation from all the staff, and from family and friends, the packing up in Carlton and the unpacking at 324-328 Little Lonsdale St. in the city, were completed within the deadlines.

The major event in relation to our program of research in 2007 was the establishment of COMPASS - the project for building public health capacity in complex questions, complex settings, complex populations and complex interventions which had been developed as the basis of the Capacity Building Grant of \$2.33 million over 5 years awarded by NHMRC in late 2006. This has made possible the engagement of both existing research staff from within the centre as well as others externally for the enhancement of particular expertise in their chosen field of endeavour, with the objective of providing highly qualified and highly motivated researchers in public health for the future. We welcome Mridula Bandyopadhyay, Karen Willis and Arthur Hsueh. While increasing the research and reporting skills of all the people involved with COMPASS, new opportunities have been provided to combine clinical or teaching work with research. The valued contribution of Professor Christine Macarthur from the University of Birmingham (UK) as a Lead Investigator is gratefully acknowledged. The grant included funding for two other research groups who were party to the application and who have synergetic interests. One is led by Professor Jane Gunn, from the *Primary Care Research Unit* at Melbourne University, the other by Associate Professor Stephanie Brown, from *Healthy Mothers, Healthy Families* based at the Murdoch Childrens Research Institute.

A large randomised trial known as COSMOS (Comparing Standard Maternity care with One to one midwifery Support) continues to flourish, sharing its name with a very attractive local flower adopted as the project logo. This is in effect a joint project of researchers at Mother and Child Health Research and the midwives at Royal Women's Hospital. There is a great deal of interest in the health outcomes of this trial and in the economic evaluation of the trial which is also underway in parallel. An NHMRC Project Grant provides funding for a two year program.

The MOSAIC (Mothers' Advocates in the Community) project closed referrals at the end of 2007 after 258 women were referred. The project examines how engaging the support of a mentor for young mothers whose lives are unstable and difficult might improve health and wellbeing and have a beneficial impact on women's lives and their offspring. Substantial funding from the Community Support Fund administered by the Department of Victorian Communities, supplemented by Beyond Blue, have allowed this valuable work initially made possible by NHMRC, VicHealth and others to continue.

The introduction of new faces on each of these major projects, including new and prospective students brings even greater vibrancy to the group.

Despite the disruption of relocation, students continued work on their theses for their higher degrees. One, Michelle Kealy successfully completed a PhD thesis on Caesarean section: 'A response to risk and fear: an Australian study of women's experiences'. We send our warm congratulations to her. Other postgraduate students are engaged in a wide range of research subjects. One in particular, is a recently migrated Iranian student, Touran Shafiei who has been accepted as a candidate for advancement to PhD based on work related to the experience of Afghan women in the Victorian health

care system. Two other students, Mary-Ann Davey and Jo Rayner have submitted their theses and two are expected to submit in 2008.

We also congratulated Drs Lisa Amir and Della Forster for their promotion to Senior Research Fellowships.

Lisa Amir, who initiated the first ever peer-reviewed journal on breastfeeding in 2006, presented the evidence of the benefits of breastfeeding to both babies and women at a parliamentary committee in 2007. More recently, a visiting fellow from Sri Lanka, Hiranya Jayawickrama who has a major interest in infant feeding has worked with Lisa. The importance of encouraging and assisting women to breastfeed is not restricted to either poor or rich countries. It is recognised as an important goal in Australia.

Another visitor in 2007, Siamak Aghlmand, came with his family from Iran, where he was working on a new strategy to identify 'customer' requirements and to link the requirements to the key organisational functions and tasks necessary to satisfy them. This was a fascinating – and very different – approach. His presentation on the outcomes of his work was highly appreciated and was enhanced by the marvellous slides of Iran and the comments on its history.

International links continue to be developed and sustained by the staff. My continued membership of the Canadian Perinatal Surveillance System Steering Committee is the cornerstone of international engagement, strengthened by Dr Rhonda Small's connection with the Canadian Institute of Health Research (CIHR) International Opportunities Program over some time. This program encourages the development of consistent and standard questions for use with new arrivals, and refugees across participating countries. Rhonda also contributes to the group of researchers and practitioners working towards consistency of data collections and reporting within the European Union. Other staff participate regularly at international forums.

24 papers were published in 2007, 13 more were submitted and there was an equivalent number of editorials, invited commentaries and letters to journals, notwithstanding the inevitable disruption brought about by relocation. This by any reckoning has been a commendable effort.

**Judith Lumley**

# Research program 2007

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

- Health services: pregnancy and birth
- Perinatal and child outcomes
- Cross-cultural issues
- Women's health outcomes and reproduction

The criteria for choosing specific topics is that they are all major public health issues in terms of 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 builds 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 immigrant and refugee women, and the development of culturally relevant research methods and approaches.

## HEALTH SERVICES: PREGNANCY AND BIRTH

### **A study of the provision of the emergency contraceptive pill (ECP) over-the-counter (OTC) in Australia**

*Angela Taft, Judith Lumley and Melissa Hobbs in collaboration with Kay Stewart and Colin Chapman, Victorian College of Pharmacy, Monash University; Julia Shelley, School of Health and Social Development, Deakin University; and Anthony Smith, Australian Research Centre in Sex, Health and Society, La Trobe University*

A collaboration of researchers, together with Sexual Health and Family Planning Australia, is evaluating the implementation of the emergency contraceptive pill (ECP) over-the-counter (OTC) in Australia. The availability of ECP through Australian pharmacies could potentially make significant differences to rates of ECP use and reduce unwanted and unplanned pregnancies and abortion rates in Australia. The study aims to:

- examine the effectiveness of the distribution of levonorgestrel as an ECP to Australian pharmacies;
- examine the training, attitudes and experience of dispensing ECP in a stratified random sample of Australian pharmacists;
- measure and explore the knowledge and cost of ECP, sociodemographic patterns of use and need for, as well as the barriers and facilitators of access to ECP in a random sample of sexually active Australian women aged between 16 to 35, prior to and after the implementation of OTC ECP in Australia;
- monitor, within the limits of available data, whether there has been any change in abortion rates among Australian women, especially among teenagers, over the same period; and
- disseminate the findings of the study and develop recommendations to governments and other key stakeholders for enhanced effectiveness of the OTC policy.

An analysis of ECP supplies to community pharmacies in 2006 demonstrated that all three forms of ECP were distributed to pharmacies in all postcodes where community pharmacies are located Australia-wide and would be potentially available in most pharmacies if requested. Six focus groups (n=29) with women recruited in four states found them to be typical of ECP users in a previous population study of Sex in Australia (Smith AMA et al, 2003) and their views confirmed those in the literature. Preparation and piloting of the computer-assisted telephone interview (CATI) survey with women has been completed. The full survey of 600 randomly selected Australian women aged 16-35 commences in February 2008. Planning for the pharmacy survey has also commenced.

**FUNDING:** Australian Research Council Linkage grant

**STATUS:** Ongoing, one letter on ECP published

### **The emergency contraceptive pill rescheduled: knowledge, attitudes and practice among women – a sub-study of the study of the provision of the emergency contraceptive pill (ECP) over-the-counter (OTC) in Australia**

*Melissa Hobbs, Angela Taft, Judith Lumley, and Lisa Amir in collaboration with Kay Stewart, Victorian College of Pharmacy, Monash University*

The aim of this study is to assess whether the rescheduling of the emergency contraceptive pill (ECP), levonorgestrel, in Australia has improved its accessibility and use by women at risk of unwanted pregnancy.

The study is using both qualitative and quantitative methods, involving focus groups with women users of ECP to explore knowledge of, access to, attitudes towards and experiences of using ECP. The information obtained from these focus groups has informed the development of Computer Assisted Telephone Interviews (CATI) with a random sample of 600 Australian women.

Six focus groups with women have been completed and analysed. An interview schedule for the CATI has been completed and piloted and the Hunter Valley Research Foundation will commence conducting the survey in February 2008.

**FUNDING:** Australian Postgraduate Award (Industry) (2006-2008)

**STATUS:** Focus groups completed and analysed, CATI piloted, letter published

### **Australian women's use of the emergency contraceptive pill: a descriptive study**

*Angela Taft, Melissa Hobbs, Lisa Amir and Lyn Watson, in collaboration with Women's Health Australia, University of Newcastle*

The study aims to analyse secondary data from the 2006 (4th) survey of the young women's cohort from the Australian Longitudinal Study of Women's Health in order to:

- describe the proportions and characteristics of women who have used the emergency contraceptive pill since 2004; and
- investigate ease of access by area of residence and any other relevant factor e.g. socio-economic status in order to assess the current patterns of use by women of this form of contraception.

**FUNDING:** None

**STATUS:** Ethics application submitted

## 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 Lyn Watson

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 aimed 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) those who have not had any pregnancy;
- 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 which produce annual reports; and
- undertake subsequent analysis examining factors associated with women reporting terminations, violence status and depression.

**FUNDING:** VicHealth grant 2002; La Trobe University Faculty of Health Sciences Research grant 2002

**STATUS:** One paper published and another under review

## Why are women using complementary and alternative medicine (CAM) to enhance fertility?

Jo Rayner and Della Forster in collaboration with Helen McLachlan and Rhian Walsh, Division of Nursing and Midwifery, La Trobe University

Infertility treatment is an increasing phenomenon in Australia and current trends in women's age at first birth suggest more Australian couples will seek assisted reproductive technologies (ART) to achieve parenthood. Complementary and alternative medicine (CAM) has become a popular health care option for a variety of chronic health conditions and women are the primary users. While the national and international evidence demonstrates widespread use of CAM to alleviate reproductive and obstetric problems, there are many unknowns regarding CAM use to enhance or support fertility. Using focus groups this study aims to explore and describe the views and experiences of women who consult CAM therapists to enhance their fertility, as well as the experiences of CAM therapists who specialise in fertility enhancement. The information gathered will be used for developing the questionnaires and interview schedules for a proposed larger study.

**FUNDING:** None

**STATUS:** Three focus groups completed, transcription commenced and an abstract accepted for conference in April 2008

## The views, experiences and referral patterns of Victorian fertility specialists regarding fertility enhancement by complementary and alternative medicine (CAM)

Jo Rayner, Helen McLachlan, Della Forster and Michelle Kealy in collaboration with Marie Pirota, Department of General Practice, University of Melbourne

Infertility treatment is increasing in Australia and current trends in women's age at first birth suggest more Australian couples may need to seek assisted reproductive technologies (ART) to achieve parenthood. Over 60% of Australians are using complementary and alternative medicines (CAM) as an option for a variety of health conditions, often without consultation with medical practitioners, potentially increasing the risk of drug interactions and adverse effects. There is very little data on the use of CAM in fertility enhancement (e.g. extent of use; costs; women's willingness-to-pay; what CAM modalities are commonly used; and what proportion of medical fertility specialists refer to CAM practitioners), and limited knowledge of potential side effects of many CAM products, particularly with respect to their use in the periconceptional period.

There have been calls for further research into the use of CAM within Australia and elsewhere to provide much needed evidence, for integration of CAM with orthodox obstetrics and gynaecology and for consideration by infertility specialists.

This descriptive study aims to increase understanding of women's use of CAM in conjunction with conventional medical therapies to enhance fertility by ascertaining the views, experiences and referral practices of Victorian infertility specialists. All medical specialists approved under the Infertility Treatment Act 1995 and listed with the Infertility Treatment Authority (ITA) to practice in Victoria (n=55) will be invited to complete an anonymous postal survey.

**FUNDING:** La Trobe University Faculty of Health Sciences Research grant 2008

**STATUS:** Ethics application submitted

## Comparing Standard Maternity care with One to one midwifery Support (COSMOS): A randomised trial

Helen McLachlan, Della Forster, Mary-Ann Davey, Judith Lumley in collaboration with Lisa Gold, School of Social Health and Development, Deakin University; Tanya Farrell and Jeremy Oates, Royal Women's Hospital; Ulla Waldenström, Karolinska Institute; and Leah Albers, University of New Mexico

Continuity of carer in the provision of maternity care has been strongly recommended and encouraged in Victoria and throughout Australia. The Victorian Department of Human Services (DHS) released a policy document "Future directions for Victoria's maternity services" in June 2004 which endorsed and promoted the expansion of public models of maternity care that offer continuity of carer. Many hospitals have responded by introducing caseload midwifery, a one to one midwifery model of care in which women are cared for by a primary midwife throughout pregnancy, birth and the early postnatal period. However, this model of care has yet to be subjected to rigorous evaluation.

"One to one midwifery" or caseload care is being implemented under trial conditions at the Women's initially, with the possibility of one or two other sites also joining the trial. We will evaluate whether caseload midwifery decreases a number of interventions during childbirth (such as caesarean births, instrumental vaginal births, and induction of labour) compared with standard maternity care. We will also compare a range of other outcomes such as perineal trauma; postnatal depression; maternal satisfaction with care; initiation and duration of breastfeeding; costs; health outcomes for mothers and babies; and the impact of this new model on midwives and other staff in the organisation. Two thousand women at low risk of medical complications will be recruited to the COSMOS trial. We commenced recruitment in September 2007 and to date 206 women have agreed to participate.

This opportunity to conduct a randomised controlled trial in a large maternity hospital and possibly a smaller suburban hospital is unique. The results are urgently needed and will assist policy makers and maternity services in planning for future models of maternity care. This study will be the first randomised controlled trial in Australia of caseload midwifery care.

**FUNDING:** NHMRC Project grant (2007-2010)

**STATUS:** Trial commenced, recruitment underway

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

Della Forster, Judith Lumley and Jo Rayner in collaboration with Helen McLachlan, Division of Nursing and Midwifery, La Trobe University; and Jane Yelland, Healthy Mothers, Healthy Families, Murdoch Childrens Research Institute

A decade of Victorian research has found low levels of satisfaction with the hospital stay following birth. Little was 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%. Interviews were conducted with managers, midwives and medical practitioners working in a range of large and small, rural and metropolitan maternity hospitals across Victoria.

There was great diversity in the provision of postnatal care across Victoria with differences in models of care, staffing arrangements, physical facilities and routine practices. Overall, care providers were enthusiastic about postnatal care, and committed to ensuring this care was of high quality. However, there was a strong sense that the provision of early postnatal care is considered a lower priority compared to other episodes of maternity care. A final report of the PinC Review findings was launched in May 2005 in conjunction with a seminar on early postnatal care. The review has provided valuable information on the way public hospital postnatal services are provided in Victoria, what constrains care and innovations in service delivery. Importantly the PinC Review has assisted in our understanding of new possibilities that will inform the development and evaluation of interventions to improve care.

**FUNDING:** The William Buckland Foundation grant 2003/4; Telstra Foundation Community Development Fund grant 2004

**STATUS:** Final report published, two papers published and another two in press

### **A review of postnatal care in the Victorian private hospital sector (PinC Private)**

*Jo Rayner and Della Forster in collaboration with Helen McLachlan and Louise Peters, Division of Nursing and Midwifery, La Trobe University; and Jane Yelland, Healthy Mothers, Healthy Families, Murdoch Childrens Research Institute*

Following on from the PinC Review and given that approximately one third of Victorian births occur in the private sector a review of postnatal care in the private sector (PinC private) was undertaken in 2006 to provide a more comprehensive understanding of the structure and provision of postnatal care in Victoria. A postal questionnaire was sent to all private hospitals (n=19) providing maternity services and in-depth interviews were conducted with care providers (n=11) at selected regional and metropolitan hospitals. While the response rate was lower in the private sector (14/19 hospitals, 76%), the postal survey revealed similar barriers to the provision of postnatal care highlighted in the public review, despite some major differences in the staffing arrangements. Preliminary analysis of the interviews suggests a mismatch between the expectations of postnatal care held by women and midwives, compared with doctors who are seen as responsible for maternity care in the private sector.

It is anticipated that the findings will highlight successes, gaps and concerns in service provision as well as provide important background information to plan, implement and evaluate interventions to improve in-hospital postnatal care.

**FUNDING:** La Trobe University Faculty of Health Science Research grant 2006, MCHR grant 2006

**STATUS:** All data collection complete; analysis complete; paper on findings and minor thesis drafted; conference presentations

### **A review of postnatal care documentation in Victoria** *Della Forster and Jo Rayner in collaboration with Helen McLachlan and Tracey Savage, Division of Nursing and Midwifery La Trobe University*

Previous research has demonstrated low levels of satisfaction with postnatal care among recent mothers and clinicians alike. As documentation is likely to have a significant influence on the provision of postnatal care, this study aims to analyse all postnatal care documentation in Victoria.

Hospitals responding (80/88, 91%) to the state-wide surveys of postnatal care (PinC and PinC Private) were asked to provide any documents used in the provision of postnatal care. All documents were categorised and analysed for content. Clinical pathways were systematically reviewed using the Integrated Care Pathway Appraisal Tool (ICPAT). Providers' comments relating to postnatal documentation and clinical pathways collected in the surveys were also summarised to gain a more in depth understanding of the documents in use.

A total of 1611 documents from 73 of the participating hospitals including: clinical pathways (n=146); educational material (n=776); and other (n=689). There were over 100 unique sources of educational material for women, although only 10% were referenced and 55% dated. There was a high level of duplication of clinical documentation of medication administration as well as neonatal birth weight and screening. Ninety percent of hospitals reported using clinical pathways and 131 different clinical pathways were appraised. None met all appraisal criteria: 37% were task, not outcome focused; 9% could act as a decision support tool; 50% promoted individualised care; and 38% were multidisciplinary. Providers were generally supportive of clinical pathways, claiming they are useful and standardise care but that in practice inhibited multidisciplinary communication. Preliminary findings suggest a state-wide approach may be required to regulate the quantity and quality of postnatal documentation and educational materials. It is also timely to redesign (using current evidence or ICPAT templates) and standardise or reconsider the role of clinical pathways in postnatal care and explore the impact they may have on individualised and multidisciplinary care.

**FUNDING:** None

**STATUS:** Preliminary findings presented at a national conference in 2007; final report is being drafted; and minor thesis (TS) underway

### **Alternative approaches to early postnatal care: exploring women's views**

*Della Forster and Jo Rayner in collaboration with Helen McLachlan, Division of Nursing and Midwifery, La Trobe University; Lisa Gold, School of Social Health and Development, Deakin University; Jane Yelland, Healthy Mothers, Healthy Families, Murdoch Childrens Research Institute; and Sharon Rayner as part of the Victorian Public Health Training program*

There is growing evidence from Australia and overseas that the care provided in hospital in the early postnatal period is less than ideal for both women and care providers. In addition, in many health services in Victoria, particularly metropolitan, the pressure on hospital beds has increased, and the physical space available to care for mothers and their babies may be limited. Many services, especially tertiary referral hospitals, have had to respond by discharging women much earlier than planned or expected, often with little or no preparation during pregnancy.

We conducted eight focus groups and four individual interviews in both rural and metropolitan areas of Victoria, to explore women's preferences for postnatal care and the acceptability of proposed alternative packages of care. Proposed packages related for the most part to a shorter length of hospital stay with various care options.

Participants did not generally respond favourably towards the packages that were suggested. Many suggested that postnatal care needed to be flexible to meet the needs of each individual. Women's main concerns related to a shorter length of stay, especially for first time mothers. Generally, participants did not believe that domiciliary visits compensated for the perceived security of staying in hospital. Many lacked confidence in themselves as new mothers regarding their ability to care for their baby. There was a consistent view that the physical presence and availability of professional support helped alleviate these concerns, and this was especially the case for women having a first baby.

It is crucial that women's concerns and needs be considered when service delivery changes are planned and important that further moves towards shorter postnatal stays are evaluated, in terms of the physical and mental health of both mother and baby, and the mother's satisfaction with the care received.

**FUNDING:** La Trobe University Faculty of Health Sciences Research grant 2006, MCHR grant 2006

**STATUS:** Data collection and analysis complete; report disseminated and two papers submitted and under review

### **An alternative approach to early postnatal care: a pilot study**

*Della Forster and Jo Rayner in collaboration with Helen McLachlan, Division of Nursing and Midwifery, La Trobe University; Tanya Farrell and Tracey Savage from the Royal Women's Hospital; Lisa Gold, School of Social Health and Development, Deakin University; and Jane Yelland, Healthy Mothers, Healthy Families, Murdoch Childrens Research Institute*

The length of the hospital stay has declined dramatically in Australia since the 1980s and pressure on hospital postnatal beds continues to increase. Rigorous evidence about the outcomes of these changes is lacking. We aim to determine the feasibility of implementing an adequately powered randomised trial to investigate the effects of early postnatal discharge.

Exploration of women's views on postnatal care has indicated that women thought postnatal length of stay needed to be individualised. We are therefore piloting an intervention that is more as the women suggested: individualised flexible home-based early postnatal care, exploring feasibility, resource implications, and women's and staff views and experiences.

Women expecting to give birth between November 2007 and March 2008 will be offered participation in mid-pregnancy until 100 women are recruited. Women are introduced to the concept of early home-based care, with length of stay inversely proportional to number of home midwife visits, to a maximum of 5 home visits with discharge less than 12-24 hours (or 48 hours following a caesarean birth). Women are seen again at 36 weeks to discuss their individual plan. Women will be asked to complete questionnaires at recruitment and 8 weeks postpartum. Obstetric data will be obtained from the medical record. Focus groups and interviews will explore midwives' views. An economic evaluation is being undertaken.

**FUNDING:** La Trobe University Faculty of Health Sciences Research Grant 2007; grant to the Royal Women's Hospital from the Victorian Department of Human Services

**STATUS:** Recruitment continuing, data collection underway

### **PinC ANEW: supporting women after childbirth**

*Della Forster and Jo Rayner in collaboration with Helen McLachlan and Rebecca Collins, Division of Nursing and Midwifery, La Trobe University; Kelsey Hegarty and Jane Gunn, Department of General Practice, University of Melbourne; Jane Yelland, Jenny Kelly and Stephanie Brown, Healthy Mothers, Healthy Families, Murdoch Childrens Research Institute; Lisa Love and Margie Cass, Mercy Hospital for Women; and Jenny Kelly, Barwon Health*

An alternative approach to psychosocial risk screening which focused on advanced communication skills for midwives and doctors was recently implemented as a six-month education program (ANEW) and evaluated using a before/after design. The program evaluation showed that midwives and doctors self-reported comfort and competency increased when identifying and caring for women with psychosocial difficulties. In the recent Victorian state-wide review of hospital postnatal care (PinC), 55% of key informants raised the issue that some midwives are not comfortable dealing with psychosocial issues. The PinC review recommended that an ANEW style program be considered for staff who care for women during the postnatal period. Given the context of the postnatal environment, women's low ratings of satisfaction with care, limitations of psychosocial risk screening, and the challenges for care providers in dealing with sensitive issues, a re-emphasis on an individual needs-based approach is likely to be beneficial to women after childbirth. A new approach to postnatal care focusing on advanced communication skills of midwives and nurses may also improve women's satisfaction with care and enhance women's comfort in disclosing psychosocial issues with the potential to impact on other health outcomes such as breastfeeding. In 2006 we redesigned the original ANEW program to make it suitable to the postnatal environment. The redesigned packages have been piloted at two sites and evaluated using a before/after design.

**FUNDING:** La Trobe University Faculty of Health Sciences Research grant 2006

**STATUS:** Data collection and analysis completed; minor thesis and one paper drafted

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

#### **ISRCTN21556494**

*Judith Lumley, Della Forster, Helen McLachlan and Lisa Amir in collaboration with Christine Beanland, Nurses Board Victoria; Dianne Earl, Kaye Dyson, Heather Harris and Roger Short, Royal Women's Hospital; and Ulla Waldenström, Karolinska Institute, 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 and two antenatal breastfeeding classes that explored family attitudes to breastfeeding.

Recruitment to the study was between May 1999 and August 2001. 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% in the 'practical skills' group, 94% in the 'attitudes' group, and 95% in the group allocated to standard care. Six months after birth, 53% of women in the 'practical skills' group, 47% of those in the 'attitudes' group and 52% 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, four papers published, one under review and two in preparation

## Medications and breastfeeding women: knowledge, attitudes and practices of GPs

*Lisa Amir and Jeanne Daly, in collaboration with Marie Pirotta, Department of General Practice, University of Melbourne; and Swee Wong, Pharmacy Department, Royal Women's Hospital*

At times, women who are breastfeeding will consider taking medicines. These may include complementary and over-the-counter as well as prescribed medicines. General practitioners (GPs) tend to rely on pharmaceutical companies for information about medicines. The companies' usual advice is to be cautious about prescribing medicines to breastfeeding women. However, there are very few medicines which need to be used with caution while breastfeeding. This study aims to investigate general practitioners' knowledge, attitudes and practices about the use of medicines in breastfeeding women. These issues will be explored with GPs using in-depth interviews with a small number (10-20) and a survey of a larger group (over 700).

**FUNDING:** NHMRC Health Professional Research Fellowship 2006-2009 (LA), La Trobe University Faculty Health Sciences Research grant 2007

**STATUS:** Ethics approval from La Trobe University and Royal Women's Hospital; four interviews conducted and postal questionnaire sent

## PERINATAL AND CHILD OUTCOMES

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

*Mary-Ann Davey and Judith Lumley in collaboration with 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*

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 method of birth, and in the condition of the mother and baby at birth?
- Does this differ for private patients or for older women?
- To what extent are other factors associated with induction of labour influencing outcomes?

Data collected by the Victorian Perinatal Data Collection Unit (PDCU) are used to investigate these questions. The analysis includes all births between 2000 and 2005 to women 20-34 years old, free of obstetric or specified 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 or large for gestational age.

**FUNDING:** Australian Postgraduate Award (until July 2004)

**STATUS:** Analysis completed, doctoral thesis submitted

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

*Lyn Watson, Judith Lumley and Jo Rayner in collaboration with David Henderson-Smart, Director, Centre for Perinatal Health Services Research; and James King, Chair, Consultative Council on Obstetric and Paediatric Mortality and Morbidity*

This study aims to describe the social and demographic associations of very preterm birth in singletons and twins in Victoria (including those with gestational age); 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 were mothers of babies born between 20 and 32 weeks gestation and their characteristics have been compared with those of the control mothers selected from the Victorian population whose were babies born at 37 weeks gestation or later. Data collection

included a semi-structured interview, either face-to-face or by telephone, and medical record data extraction.

Analysis of the data is now complete. Papers published include evaluation of the data collection process, response issues and the ethics approval process. A paper on the study findings is in preparation.

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

**STATUS:** Data collection complete, data analysis complete, four papers published, two in preparation

### Perinatal outcomes following treatment for cervical dysplasia

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

The aim of this project was 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 after a diagnosis of biopsy-proven precancerous changes of the cervix, and to compare their risk of these outcomes with the risks in the whole Victorian population. The study was a retrospective cohort study in which records from the Dysplasia Clinic were linked to birth records in the Victorian Data Collection for the years 1983-2002. The analysis of the linked data files took 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 study found that diagnosis of pre-cancerous changes in the cervix (regardless of treatment) was associated with an increased risk of preterm birth.

**FUNDING:** NHMRC Project grant (2003-2004)

**STATUS:** One paper published, thesis in preparation

## Collaborative Work

### The Women and Babies Wellbeing: Action through Trials (WOMBAT) Collaboration

The WOMBAT Collaboration Advisory Group: Caroline Crowther, Jodie Dodd, Jeffrey Robinson and Philippa Middleton, Adelaide; Lex Doyle and Judith Lumley Melbourne; Vicki Flenady, Brisbane; David Henderson-Smart, William Tarnow-Mordi, Christine Roberts and Jonathon Morris (Chair, IMPACT Committee), Sydney; and Karen Simmer, Perth; Vic/Tas coordinator: Michelle Kealy

The specific aim of the WOMBAT Collaboration is to promote and support high quality randomised clinical trials in the perinatal area in order to improve the health and wellbeing of women and their children. It does this through identifying national priority research areas and encouraging appropriate clinical and methodological trials; providing high level support to researchers undertaking multi-centre trials at national and regional levels; providing education and training in trial design and conduct.

The WOMBAT Collaboration organised a series of workshops for perinatal researchers and clinicians across five states in 2007.

**FUNDING:** NHMRC Enabling grant 2005-2010

**STATUS:** National database of current and recently completed maternal and perinatal trials; research gaps identified; up-to-date website for news and events; training and education workshops ongoing; trial coordinators' network established



## CROSS-CULTURAL ISSUES

### Improving maternity care and obstetric outcomes for immigrant women

Rhonda Small in collaboration with the Victorian Perinatal Data Collection Unit and the NSW Midwives' Data Collection

Around 15 per cent of births in Australia are to immigrant women born in countries where English is not the principal language spoken (NES-countries). Considerable variation in outcomes (eg obstetric interventions, mode of delivery) by maternal country of birth occurs but the reasons remain unknown. Is the variation in outcomes by maternal country of birth explained by social and obstetric differences between the groups or by a more subtle interplay of non-medical and contextual factors, such as communication difficulties adversely affecting care?

This project is addressing already identified problems of public health importance in relation to obstetric outcomes and experiences of maternity care for immigrant women of non-English speaking backgrounds in Australia. These include a range of unexplained variations in obstetric outcomes by maternal country of birth; evidence for higher standardised perinatal mortality ratios among well grown term infants of women born in NES-countries (suggesting possible cause for concern about the role of communication difficulties in decision-making during labour and birth in these poorer outcomes); and consistently poorer ratings of maternity care by immigrant women from NES-countries giving birth in Victoria, over the period 1989-2000.

The project aims to provide a more comprehensive understanding of immigrant women's obstetric outcomes. In 2007 the focus has been on outcomes for women from recent refugee communities, particularly Somalia; and on variations in caesarean section by maternal country of birth.

**FUNDING:** NHMRC Career Development Award (2005-2009)

**STATUS:** Ongoing; two papers in preparation

### The experience of maternity care and depression after birth among women from Iran and Afghanistan in Melbourne

Touran Shafiei and Rhonda Small in collaboration with Helen McLachlan, Division of Nursing and Midwifery, La Trobe University

This study aims to explore the experience of childbirth and views of maternity care of immigrant women from Iran and Afghanistan; to investigate women's emotional well-being and experience of depression after birth; and to compare the findings with previous Victorian studies of Australian-born women and of other groups of immigrant women.

Iranian and Afghan women (n=47) were recruited from four Melbourne hospitals (Monash Medical Centre, Dandenong Hospital, the Mercy Hospital for Women and The Royal Women's Hospital). Data collection has included a brief hospital visit or telephone call at home after the birth, main telephone interview 4 months after birth, and face-to-face in-depth interviews with up to 15 women exploring in more detail their experiences of their maternity care and of depression, support and use of services after the birth.

**FUNDING:** La Trobe University Postgraduate Research scholarship (2008-2009); Diamond Consortium Seed and Capacity Building Grant (2006-2007)

**STATUS:** Telephone interviews completed, analysis in progress, face-to-face interviews commenced

## Collaborative Work

### Reproductive Outcomes And Migration (ROAM): an international collaboration

Rhonda Small in collaboration with Anita Gagnon, McGill University, Canada; Sophie Alexander, Université libre de Bruxelles, Belgium; Béatrice Blondell, INSERM, France; Simone Buitendijk and Dineke Korfer, TNO Institute, Prevention and Health, The Netherlands; Marie Desmeules, Public Health Agency of Canada; Dominico DiLallo, Agency for Public Health of Rome, Italy; Mika Gissler, STAKES, Finland; Richard Glazier, Institute for Clinical Evaluative Sciences, Canada; Maureen Heaman, University of Manitoba, Canada; Alison Macfarlane, City University of London, UK; Edward Ng, Statistics Canada; Carolyn Roth, University of Keele, UK; Donna Stewart, University Health Network of Toronto, Canada; Babill Stray-Pederson and Siri Vangen, University of Oslo, Norway; Marcelo Urquia, University of Toronto, Canada; Jennifer Zeitlin and Meg Zimbeck, INSERM, France and EURO-PERISTAT

The collaboration aims to undertake comparative work on migrant, refugee and asylum-seeking women's reproductive health outcomes and their views of maternity care in Europe, North America and Australia. The collaboration began with an initial grant awarded from the Canadian Institutes of Health Research (CIHR) International Opportunity Development Grant Scheme to establish research links between Canada and Australia for comparing reproductive health outcomes of immigrant and refugee women. The first meeting of a wider collaborative network with researchers from the UK, Italy, France, Belgium, and Finland was held at the European Congress of Epidemiology in Porto, Portugal in September 2004. Since then collaborators from Norway and the Netherlands have also joined the collaborative network. In 2006 a further grant was awarded by CIHR to support the collaboration.

A two-day ROAM collaborators' meeting was held in Paris in May 2007, at which work completed was presented. This included: a systematic review of migration and perinatal outcomes; data on birth outcomes for Somali women across six receiving countries; and a Delphi study for identifying key migration indicators for improving research on migration and reproductive outcomes.

**FUNDING:** Canadian Institutes of Health Research International Collaboration grant

**STATUS:** Three papers submitted; several in preparation

## WOMEN'S HEALTH OUTCOMES AND REPRODUCTION

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

Rhonda Small and Judith Lumley in collaboration with Elina Hemmincki, 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

The aims of this project were 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 had 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.

In 2007, one paper on the methods used for the health information record review and the challenges encountered was accepted for publication and the qualitative sub-study was completed, with the submission and passing of Michelle Kealy's doctoral dissertation (see next page). Papers from the thesis are in preparation.

**FUNDING:** NHMRC Project grant 2001-2003

**STATUS:** One paper published, one in press; PhD completed, papers in preparation



## Women's health and recovery after caesarean section – a sub-study of HARP (Health And Recovery after operative birth Project)

Michelle Kealy and Rhonda Small in collaboration with Pranee Liamputtong, School of Public Health, La Trobe University

Caesarean section has for many years contributed to reduction in maternal and perinatal mortality. There is recent evidence however, that the escalating caesarean section rate has the potential for more harm than the benefits offered, especially when caesareans are performed in the absence of medical reasons. This qualitative study sought to explain women's experiences of caesarean section, whether undertaken as a planned or unplanned procedure, and as a first or subsequent birth. Analysis has involved exploring women's participation in the decision to have a caesarean, and women's intra-operative and post-operative experiences including the early postpartum period. The study also examined some longer-term issues for women after caesarean section.

**FUNDING:** PhD scholarship within NHMRC project grant for HARP study (2002-2005)

**STATUS:** PhD passed, publications in progress

## 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. Very few women with cracked nipples were identified and 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

**STATUS:** Doctoral thesis awarded (LA), eight papers published

## Peer support for breastfeeding – feasibility study

Della Forster, Mary-Ann Davey, Judith Lumley and Lisa Amir in collaboration with Helen McLachlan, Division of Nursing and Midwifery, La Trobe University; and Lisa Gold, School of Social Health and Development, Deakin University

Breastfeeding has health benefits for both mother and baby and exclusive breastfeeding is recommended for the first six months of life, followed by continued breastfeeding (along with other food) into the second year of life. Women often stop breastfeeding sooner than they would like because of inadequate support. Low income women in particular are less likely to continue to breastfeed and less likely to seek support. Many strategies aimed at increasing the duration of breastfeeding have failed. Trials in Canada and the Philippines have achieved increased duration of breastfeeding by providing women with support from a peer who has herself successfully breastfed. Before introducing such a program in Australia, it is important to explore local women's views about using peer supporters, and women's views about acting as peer supporters. We are conducting a feasibility study to explore the idea that telephone peer support in the early postnatal period might increase breastfeeding duration. We will explore the acceptability of peer support for breastfeeding from the perspective of breastfeeding women and potential peer supporters. We will also explore whether the proposed model would be a viable option for women with a Vietnamese background, given the low rates of both initiating and continuing breastfeeding among Vietnamese-born women in our community.

**FUNDING:** La Trobe University Faculty of Health Science Research grant 2006, MCHR grant 2006

**STATUS:** Feasibility study underway; five focus groups conducted, report being drafted

## The role of micro-organisms (*S. aureus* & *C. albicans*) in the pathogenesis of breast pain and infection in lactating women

Lisa Amir and Judith Lumley, in collaboration with Suzanne Garland and Sepehr Tabrizi, Royal Women's Hospital; Susan Donath, Murdoch Childrens Research Institute; and Catherine Bennett, School of Population Health, University of Melbourne.

This project is a descriptive study of 400 breastfeeding women, recruited from the Royal Women's Hospital and Frances Perry House. The aim of the study is to investigate the role of micro-organisms in nipple and breast pain in breastfeeding women. At present, there is controversy about whether burning nipple pain associated with radiating breast pain is caused by fungal infection (*Candida albicans*, known as "thrush") or bacterial infection (*Staphylococcus aureus*, known as "golden staph").

Swabs will be collected from mothers' noses and nipples and their baby's mouth. Breast milk will also be collected. These samples will be collected after the birth, then once per week for four weeks. Women will also complete questionnaires at recruitment, then weekly postpartum for four weeks. The study will conclude with a telephone interview at eight weeks postpartum, to collect further information about breastfeeding problems such as nipple and breast pain.

**FUNDING:** NHMRC Health Professional Research Fellowship 2006-2010 (LA)

**STATUS:** Ethics approval from La Trobe University and Royal Women's Hospital; seeking funding

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

Sue Armstrong and Rhonda Small

This project aims to investigate pathways to care in a Victorian rural community for women experiencing depression after childbirth. The study has been undertaken in three phases in a rural shire in Gippsland, where routine screening for postnatal depression using the Edinburgh Postnatal Depression Scale (EPDS) has been in operation for the last ten years, but not previously evaluated.

Phase one consisted of an audit of all women potentially eligible for screening to identify more clearly the proportion of women screened and the results of screening. Phase two consisted of interviews with maternal and child health nurses (MCHNs) and local general practitioners (GPs) with the aim of finding out how the program worked and the outcome of referrals for women identified as probably depressed. A second more recent audit was also completed to determine whether feedback to nurses about the screening program had resulted in any changes to the proportion of women screened. Phase three involved a postal survey of an annual cohort of recent mothers (n=265), telephone follow-up with 85 women and in depth interviews with 20 women about their experiences of the screening program for postnatal depression and of their first postnatal year.

**FUNDING:** La Trobe University Research Scholarship (2007-2008), Diamond Consortium Seed and Capacity Building grant (2006-2007)

**STATUS:** Phase one complete, paper published; phase two data analysis in progress with feed back to service providers ongoing; phase three survey and interviews with women completed and analysis and writing up in progress

## **MOSAIC (MOtherS' Advocates In the Community): a cluster randomised trial**

*Angela Taft, Rhonda Small and Judith Lumley, in collaboration with Kelsey Hegarty, Department of General Practice, University of Melbourne*

MOSAIC is a cluster randomised trial to reduce or prevent partner violence and depression among pregnant or recent mothers. 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 GPs or maternal and child health (MCH) nurses, support from trained mentor mothers for up to a year after recruitment. Mentor mothers are trusted and compassionate community women with additional training including partner violence, depression 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. MOSAIC includes an additional sub-study with the Vietnamese community. The research team acknowledges the continued support of Women's Health West, Women's Health in the North and Berry Street Family Violence Services.

MOSAIC was launched in December 2005 and commenced in full in 2006. It involved the randomisation of 24 general practices (28 GPs) and six MCH nurse teams from suburbs in Melbourne's north-western region. Two further MCH teams from that area were randomised in 2007 to assist with additional recruitment. Referrals were closed at the end of 2007 with 258 women referred to the study, of whom 32 (12%) were Vietnamese.

An interim telephone evaluation with participating MCH nurses (n=74, 81%) and GPs (13, 46%) early in the year about their involvement and experiences to date, led to additional upskilling and support sessions provided in 2007. MOSAIC was very pleased that seven women from the Western Women's Domestic Violence Network joined current MOSAIC mentors, bringing those available to over 60. Thanks to additional support from *beyondblue*, mentoring and data collection will continue to the end of 2008.

**FUNDING:** NHMRC, VicHealth, Victorian government Community Support Grants Fund

**STATUS:** Recruitment closed and one paper published

## **Violence against young Australian women and reproductive health**

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

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 aimed 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) those who have not had any pregnancy
- 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
- subsequent analysis examined factors associated with women reporting terminations, violence status and depression.

**FUNDING:** VicHealth and La Trobe University

**STATUS:** Ongoing; one paper published and another under review

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

*Judith Lumley, Fiona Bruinsma, Jo-Anne Rayner and Lyn Watson in collaboration with Alison Venn, Menzies Research Institute, University of Tasmania; Priscilla Pyett, Onemda VicHealth Koori Health Research and Community Development Unit, Centre for the Study of Health and Society, University of Melbourne; Penelope Jones, the Alfred Hospital; 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 its use 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.

A comparison of mental health outcomes in treated and untreated tall women showed that the two groups were similar in their history of depression. Compared with the general population of women of the same age, however, study participants were more likely to have experienced depression.

**FUNDING:** NHRMC consultancy contract 2000-2003

**STATUS:** three papers published, one in press, two 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 Health and Society, University of Melbourne; Alison Venn, Menzies Research Institute, University of Tasmania; and Jill Astbury, School of Psychology, Victoria University*

In light of the high prevalence of major depression found among women participating in the Tall Girls Study this project aimed to examine the experiences of tall women who as adolescent girls were assessed and/or treated with synthetic oestrogens to reduce their estimated adult height. Data collection included: two in-depth interviews each with 35 tall women: 25 from the Tall Girls Study cohort and 10 women never assessed or treated for tall stature; a discourse analysis of the medical literature on treatment of tall stature published over the three decades treatment was at its peak in Australia; examination of the empirical literature on height; and analysis of data collected in the Tall Girls Study postal survey. Findings suggest that socially enforced notions of femininity created body image issues for 'tall' girls and subsequently increased their risk for depression when their height was problematised by parents and peers and medicalised by the use of synthetic oestrogens.

**FUNDING:** NHMRC Public Health PhD scholarship (2005-2007)

**STATUS:** PhD thesis submitted; one paper drafted

## Systematic Reviews

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

Angela Taft leading Screening interventions review collaborating with 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 and Joseph L. Mailman, Department of Population and Family Health, School of Public Health, Columbia University; Kelsey Hegarty, Department of General Practice, University of Melbourne; and Alison Warburton, Centre for Women's Mental Health Research, Department of Psychiatry and Behavioural Sciences, Manchester University

**FUNDING:** UK NHS, Cochrane Collaboration (Health Promotion), VicHealth  
**STATUS:** Advocacy protocol published in Cochrane Library; screening protocol for publication Feb. 2008; advocacy systematic review completed and currently being revised

### **Debriefing for the prevention of psychological trauma in women following childbirth**

Rhonda Small with Maria Helena Bastos, Debra Bick, Catherine Rowan, Midwifery, Thanes Valley University, UK; and Kirstie McKenzie-McHarg, National Perinatal Epidemiology Unit, University of Oxford, UK

**FUNDING:** None  
**STATUS:** Protocol under review with the Cochrane Collaboration, Depression, Anxiety and Neurotic Disorders Group

## Collaborative Work

### **WEAVE (Women's Evaluation of Abuse and Violence Care in General Practice): A cluster randomised trial**

Angela Taft in collaboration with Kelsey Hegarty and Jane Gunn, Department of General Practice, University of Melbourne; Gene Feder, University of London; Jill Astbury, Department of Psychology, Victoria University; and Stephanie Brown, Healthy Mothers, Health Families, Murdoch Childrens Research Institute

The WEAVE study aims to develop and evaluate a multi-faceted, practice-based intervention consisting of screening for intimate partner abuse, health provider education and guidelines, brief counselling and organisational changes in general practice.

The primary aims are to increase:

- abused women's safety behaviours by 2 behaviours and planning from 10% to 40%;
- quality of life by 10 points (1/2 a standard deviation)
- mental health status by 5.5 (1/2 a standard deviation)

The secondary aims are to determine if the intervention results in:

- a decrease in abused women's psychological distress;
- an increase in abused women's readiness for change with regard to the abuse;
- an increase in abused women's comfort to discuss intimate partner abuse with GPs and/or practice nurses (PNs) from 30% to 60%;
- an increase in GPs' and/or PNs' inquiry about the safety of women and children from 7% to 30%; and
- is cost effective.

**FUNDING:** NHMRC  
**STATUS:** Ethics application submitted and protocol drafted

### **WEAVE: Women's Evaluation of Abuse and Violence Care in General Practice**

Angela Taft in collaboration with Kelsey Hegarty, Rhian Parker and Gail Gilchrist, Department of General Practice, University of Melbourne

WEAVE's main objective is to evaluate the international consensus partner abuse guidelines on whole family care in general practice from a consumer perspective. It aims to answer the following questions:

- what do women who have experienced partner abuse during their lifetime think about how general practitioners should manage partner abuse in the context of whole family care?
- how they describe their pathways to recovery? and
- how have GPs contributed to this pathway?

WEAVE has conducted three focus groups and interviewed 10 of the 20 proposed interviewees recruited from the DIAMOND depression study.

**FUNDING:** *beyondblue* 2005-2006  
**STATUS:** Ongoing

## OTHER COLLABORATIONS

### **The DIAMOND consortium**

Judith Lumley (Steering Committee) with Rhonda Small and Angela Taft 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 life cycle, 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



# Education and capacity building

## DEVELOPING PUBLIC HEALTH RESEARCH CAPACITY

COMPASS: Building public health capacity for complex questions, complex settings, complex interventions

COMPASS is a five-year National Health and Medical Research Council Capacity Building Grant in Population Health Research (\$2,333,750), awarded in October 2006 to the Centre, in partnership with the Primary Care Research Unit in the Department of General Practice at The University of Melbourne and the Healthy Mothers, Healthy Families Research Group at Murdoch Childrens Research Institute. COMPASS commenced in April 2007.

The Lead Investigators are: Prof Judith Lumley, A/Prof Stephanie Brown (Healthy Mothers, Healthy Families, Murdoch Childrens Research Institute), Prof Jane Gunn (Primary Care Research Unit – PCRU, Department of General Practice, University of Melbourne), Dr Rhonda Small, A/Prof Jeanne Daly and Prof Christine MacArthur (University of Birmingham)

The Team Investigators are: at MCHR, Dr Angela Taft, Dr Lisa Amir, Dr Della Forster, Dr Helen McLachlan, Fiona Bruinsma, Lyn Watson, Dr Mridula Bandyopadhyay, Mary-Ann Davey, and Jo-Anne Rayner; at PCRU, Dr Renata Kokanovic; and at Healthy Mothers Healthy Families, Dr Jane Yelland and Tanya Koolmatrjie. The team will also be joined in 2008 by Dr Karen Willis, a sociologist seconded from the University of Tasmania for 12 months and Dr Arthur Hsueh, a health economist at the University of Melbourne who will spend a day a week with COMPASS.

The focus for COMPASS is building public health research capacity for:

- conceptualising complex questions;
- working with populations who are often excluded from research, including Indigenous communities, immigrant and refugee women and women experiencing intimate partner violence; and
- designing and evaluating complex interventions in diverse settings ranging from hospitals to primary care and communities.

COMPASS has a major interest in the health and care of mothers and children.

The grant has provided us with the opportunity to develop a program of continuing education and development for postdoctoral staff in the transition from completing a PhD to becoming independent researchers.

The program has a number of components:

- individual mentoring by lead investigators that involves specific supervision, mentoring and support;
- opportunities for co-mentoring by team investigators who themselves bring a wide range of skills and expertise to COMPASS;
- a personal development and skills development program with a focus on strengthening personal capacities and developing research leadership, as well as providing practical skills, such as research project management, writing skills (for grant applications and for publication); and skill development for public health advocacy and research transfer;
- capacity-building through participation in multi-disciplinary research that addresses complex problems with appropriately conceptualised interventions to address them;



- a program of two workshops per year open to all members of the three participating research groups – our first workshop has just been held on the 'uses and abuses of focus groups';
- a short course on complex interventions, also open to the wider public health community that will be held in 2008, 2010 and 2012, with the first planned for April 2008; and
- a book is planned on methods for complex interventions, with contributions based on past and ongoing research of COMPASS investigators.

## WORKSHOPS

### The WOMBAT Collaboration (WOMen and Babies wellbeing: Action through Trials)

The provision of ongoing education and training in all aspects of randomised controlled trials is a key objective and is fundamental to achieving the aims of the WOMBAT Collaboration.

In 2007 the WOMBAT Collaboration organised eight workshops for 212 perinatal researchers and clinicians. A number of workshops were convened jointly with other agencies such as IMPACT, Australian and New Zealand Neonatal Network (ANZNN), National Institutes of Clinical Studies (NICS) and local hospitals and university departments. Judith Lumley facilitated workshops on Fundamentals of Trial Design and Data Monitoring for RCTs in Adelaide and Perth with other Advisory Group members. The WOMBAT Collaboration has developed a website: [www.wombatcollaboration.net](http://www.wombatcollaboration.net); with links to resources useful for perinatal researchers and clinicians. An electronic database of perinatal trialists and others has been established for the distribution of electronic newsletters, information about forthcoming training workshops and other events.

## VICTORIAN PUBLIC HEALTH TRAINING SCHEME

In 2007 MCHR hosted Kerryn O'Rourke and Nilva Egana, both enrolled in the Victorian Public Health Training Scheme. Kerryn completed a four-month placement with Angela Taft and Rhonda Small developing 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. Nilva completed a four-month placement with Fiona Bruinsma undertaking data linkage between PDCU data and the RWH cervical dysplasia clinic data to determine whether the amount of cervical tissue removed using loop electrosurgical excision procedure (LEEP) for management of precancerous changes of the cervix is associated with adverse pregnancy outcomes, particularly preterm birth.



## POSTGRADUATE STUDY 2007

MCHR supports a lively educational program for a diverse group of postgraduate students with backgrounds in midwifery, statistics, community health, maternal and child health, social work and women's health. The 2007 postgraduate group comprised staff and full-time students completing postgraduate study (PhDs, Professional doctorates and Masters), eight of whom were enrolled at MCHR and three Masters of Midwifery students enrolled in the La Trobe University Division of Nursing and Midwifery. The group holds monthly seminars throughout the year to enable students to present and discuss aspects of their work and for input on methodological and other research issues.

**Postgraduate Co-ordinator 2007:** Angela Taft

## POSTGRADUATE PROJECTS

Details of the following postgraduate projects are listed in the 2007 Research Program under their appropriate research area.

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

*Sue Armstrong and Rhonda Small*

### **Perinatal outcomes following treatment for cervical dysplasia**

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

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

*Mary-Ann Davey and Judith Lumley in collaboration with 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*

### **The emergency contraceptive pill rescheduled: knowledge, attitudes and practice among women – a sub-study of the study of the provision of the emergency contraceptive pill (ECP) over-the-counter (OTC) in Australia**

*Melissa Hobbs, Angela Taft, Judith Lumley, and Lisa Amir in collaboration with Kay Stewart, Victorian College of Pharmacy, Monash University*

### **Women's health and recovery after caesarean section – a sub-study of HARP (Health And Recovery after operative birth Project)**

*Michelle Kealy, Rhonda Small in collaboration with Pranee Liamputtong, School of Public Health, La Trobe University*

### **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 Health and Society, University of Melbourne; Alison Venn, Menzies Research Institute, University of Tasmania; and Jill Astbury, School of Psychology, Victoria University*

### **The experience of maternity care and depression after birth among women from Iran and Afghanistan in Melbourne**

*Touran Shafiei and Rhonda Small in collaboration with Helen McLachlan, Division of Nursing and Midwifery, La Trobe University*

## SEMINARS AT MCHR

The M&CRH Seminar Program is held on the 4th Wednesday of every month from 12.30 to 1.30pm, excluding January and December. Extraordinary seminars are also offered to showcase the work of national and international academics/researchers visiting MCHR.

Thanks to all the speakers in 2007. If you would like to be added to the mailing list to receive the Seminar Program, phone 8341 8500. For more details please go to the website: [www.latrobe.edu.au/mchr/](http://www.latrobe.edu.au/mchr/)

**Seminar convener 2007:** Lisa Amir

### **Seminar Program 2007**

**March:** Professor Ulla Waldenstrom, Professor of Nursing and Midwifery, Karolinska Institute, Stockholm, Sweden. *Two models of antenatal childbirth education - report from an ongoing trial.*

**May:** Dr Kate Cregan, Globalism Institute, RMIT. *Maternal embodiment across time and culture.*

**June:** Dr Della Forster, Mother & Child Health Research and The Royal Women's Hospital. *Postnatal care: how can we make a difference?*

**July:** Professor Susan Sawyer, Director, Centre for Adolescent Medicine, Royal Children's Hospital. *All you ever wanted to know about the cervical cancer vaccine!*

**August:** Dr Jenny Lewis, Senior Lecturer in Public Policy and Director, Master of Public Policy and Management, School of Political Science, Criminology & Sociology, University of Melbourne. *The politics of health policy.*

**October:** Michelle Kealy, PhD Candidate, Mother & Child Health Research, La Trobe University. *Caesarean section: a response to risk and fear.*

**November:** Professor Kit Fairley, Professor of Sexual Health, University of Melbourne, and Director, Melbourne Sexual Health Centre. *Chlamydia screening: but how?*

**December:** Dr Kath Ryan, Reader in Maternal & Perinatal Research, School of Health and Social Care, Bournemouth University, UK. *Innovation in breastfeeding support and dissemination of research findings: Internet resource for mothers and professionals.*

## JOURNAL CLUB

Journal club is held monthly, and provides an opportunity to review, critique and discuss two journal articles per month. Staff and students participate by presenting one paper for journal club during the year, on a rostered basis.

**Conveners 2007:** Della Forster and Helen McLachlan

## 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/)

## VISITING ACADEMICS IN 2007

Each year MCHR is fortunate to host a number of visiting scholars. During 2007 three international scholars contributed to ongoing education and other activities at MCHR during their stay. Professor Ulla Waldenström, Professor of Nursing and Midwifery at the Karolinska Institute, Sweden, visited MCHR in March and presented a seminar entitled 'Two models of antenatal childbirth education: report from an ongoing trial'. Leah Albers, a midwifery professor at the University of New Mexico Health Sciences Centre (College of Nursing and OB-GYN Department, School of Medicine) visited during October and November. This was Leah's second visit, she was previously on sabbatical at MCHR from August 2005 to May 2006. She is an associate investigator with COSMOS and studies pregnancy and childbirth with an emphasis on normal birth. In October, Dr Siamak Aghlmand joined MCHR for six months as a visiting honorary research fellow. His doctoral research involved women's views of maternity care in Iran as a practical guide for quality improvement.

## ARTICLES IN REFEREED JOURNALS

- J198 Watson LF, Lumley J, Rayner JA, Potter A. Research interviewers' experience in the Early Births study of very preterm birth: qualitative assessment of data collection processes in a case-control study. *Paediatr Perinat Epidemiol*, 2007;21(1):87-94
- J199 Rayner JA, Forster DA, McLachlan HL, Yelland J, Davey MA. What are the views and experiences of midwives working in hospital based postnatal care? Findings from a statewide review of hospital postnatal care in Victoria, Australia. *Midwifery*, 2007; Jan 31 [Epub ahead of print]
- J200 Bruinsma F, Lumley J, Tan J, Quinn M. Pre-cancerous changes in the cervix and risk of subsequent preterm birth. *BJOG*, 2007;114(1):70-80
- J201 Daly J, Willis K, Small R, Green J, Welch N, Kealy M, Hughes E. A hierarchy of evidence for assessing qualitative health research. *J Clin Epidemiol*, 2007;60(1):43-49
- J202 Small R, Lumley J, Yelland J, Brown S. The performance of the Edinburgh Postnatal Depression Scale in English speaking and non-English speaking populations in Australia. *Soc Psychiatry Psychiatr Epidemiol*, 2007;42(1):70-78
- J203 McLachlan HL, Forster DA, Yelland J, Rayner JA. Is the organisation and structure of hospital postnatal care a barrier to quality care? Findings from a state-wide review in Victoria, Australia. *Midwifery*, 2007; Feb 1 [Epub ahead of print]
- J204 Armstrong S, Small R. Screening for postnatal depression: not a simple task. *Aust N Z J Public Health*, 2007;31(1):57-61
- J205 Liamputtong P, Watson LF. The meaning and experiences of cesarean birth among Cambodian, Lao and Vietnamese immigrant women in Australia. *Women & Health*, 2006;43(3):63-82
- J206 Amir LH, Forster DA, Lumley J, McLachlan HL. A descriptive study of mastitis in Australian breastfeeding women: incidence and determinants. *BMC Public Health*, 2007;7(62):1-10
- J207 Taft A, Watson LF. Termination of pregnancy: associations with partner violence and other factors in a national cohort of young Australian women. *Aust NZ J Public Health*, 2007;31(2):135-142
- J208 Forster DA, McLachlan HL. Breastfeeding initiation and birth setting practices: a review of the literature. *J Midwifery Women's Health*, 2007;52(3):273-280
- J209 Hegarty K, Brown S, Gunn J, Forster D, Nagle C, Grant B, Lumley J. Women's views and outcomes of an educational intervention designed to enhance psychosocial support for women during pregnancy. *Birth*, 2007;34(2):155-163
- J210 Amir LH, Donath SM. A systematic review of maternal obesity and breastfeeding intention, initiation and duration. *BMC Pregnancy and Childbirth*, 2007;7(9):1-14
- J211 Watson LF, Taft A, Lee C. Associations of self-reported violence with age at menarche, first intercourse and first birth among a national population sample of young Australian women. *Women's Health Issues*, 2007;17(5):281-289
- J212 Willis K, Daly J, Kealy M, Small R, Koutroulis G, Green J, Gibbs L, Thomas S. The essential role of social theory in qualitative public health research. *Aust NZ J Public Health*, 2007;31(5):434-443
- J213 Kune G, Kune S, Watson LF. Colorectal cancer risk, chronic illnesses, operations and medications: case-control results from the Melbourne Colorectal Cancer Study. *Int J Epidemiol*, 2007;36(5):951-957
- J214 Watson LF, Rayner JA, Lumley J. Hospital ethics approval for a population-based case-control study of very preterm birth. *Aust Health Rev*, 2007;31(4):514-522
- J215 Watson LF, King JF. A new formula for summarising the pregnancy history. *ANZJOG*, 2007;47(6):475-476
- J216 Jordan HL, Bruinsma F, Thomson RJ, Amir LH, Werther GA, Venn AJ. Adolescent exposure to high-dose estrogens and subsequent effects on lactation. *Reprod Toxicol*, 2007;24:397-402
- J217 Gibbs L, Kealy M, Willis K, Green J, Welch N, Daly J. What have sampling and data collection got to do with good qualitative research? *Aust N Z J Public Health*, 2007;31(6):540-544
- J218 Green J, Willis K, Hughes E, Small R, Welch N, Gibbs L, Daly J. Generating best evidence from qualitative research: the role of data analysis. *Aust N Z J Public Health*, 2007;31(6):545-550
- J219 Watson LF, Lumley J, Rayner JA. Recruitment to research studies in maternity hospitals. An example from the Early Births study. *Midwifery*, 2007; Oct 23 [Epub ahead of print]
- J220 Wills G, Forster DA. Nausea and vomiting in pregnancy: what advice do midwives give? *Midwifery*, 2007; Sept 11 [Epub ahead of print]
- J221 Venn A, Hosmer T, Hosmer D, Bruinsma F, Jones P, Lumley J, Pyett P, Rayner JA, Werther G. Oestrogen treatment for tall stature in girls: estimating the effect on height and the error in height prediction. *Clin Endocrinol*, 2007; Nov 19 [Epub ahead of print]

## ARTICLES IN PRESS

Forster D, Wills G, Denning A, Bolger M, McCarthy E. The use of folic acid and other vitamins before and during pregnancy in a group of women in Melbourne. *Midwifery*, In press

Flood M, Small R. Researching labour and birth events using health information records: methodological challenges. *Midwifery*, In press

Taft A, Watson LF. Depression and termination of pregnancy (induced abortion) in a national cohort of young Australian women: the confounding effect of women's experience of violence. *BMC Public Health*, In press

Taft A, Hegarty K, Ramsay J, Feder G, Carter YH, Davidson LL, Warburton A. Screening women for intimate partner violence in health care settings. *Cochrane Collaboration*, In press

## ARTICLES SUBMITTED

Amir LH, Donath SM. Socioeconomic status and rates of breastfeeding in Australia: evidence from the 1995, 2001 and 2004/5 National Health Surveys.

Amir LH, Donath SM. Maternal obesity and initiation and duration of breastfeeding: data from the Longitudinal Study of Australian Children.

Chin LY, Amir LH. Survey of patient satisfaction with the breastfeeding education and support services of The Royal Women's Hospital, Melbourne.

Cooklin A, Donath SM, Amir LH. Maternal employment and breastfeeding: results from the Longitudinal Study of Australian Children.

Donath SM, Amir LH. The effect of gestation and low birthweight on initiation and duration of breastfeeding.

Hegarty K, Taft A, Feder G. Working with the whole family when domestic violence is present: what do generalists need to know?

Hegarty K, Gunn J, Chondros P, Taft A. Risk factors for women attending general practice who have experienced partner abuse: A cross-sectional survey.

Kune G, Watson LF. Attenuation by dietary micronutrients of the increased risk of rectal cancer in beer.

Linford W, Forster DA. Exploring women's reactions to a diagnosis of endometrial carcinoma: a pilot study involving a group of Australian women.

McLachlan HL, Gold H, Forster DA, Yelland J, Rayner JA, Rayner S. Women's passionate support of postnatal hospital stay in the face of mounting pressure on postnatal beds in urban Australia.

Panjaitan M, Amir LH, Costa AM, Rudland E, Tabrizi S. PCR in detection of *Candida albicans* for confirmation of clinical diagnosis of nipple thrush.

## ANNOTATIONS, COMMENTARIES, EDITORIALS AND OTHER INVITED CONTRIBUTIONS TO REFEREED JOURNALS

Lumley J, Daly J. Reviewing the meaning of 'systematic review' [Editorial]. *Aust N Z J Public Health*, 2007;31(1):3-4

Beasley A, Amir LH. Policy on infant formula industry funding, support or sponsorship of articles submitted for publication [Editorial]. *Int Breastfeeding J*, 2007;2(5)

Daly J, Lumley J. The Journal moves into cyberspace [Editorial]. *Aust N Z J Public Health*, 2007;31(2):103

Daly J, Lumley J. Dilemmas in publishing qualitative public health research [Editorial]. *Aust N Z J Public Health*, 2007;31(3):203-204

Daly J, Lumley J. The Editors' responsibility [Editorial]. *Aust NZ J Public Health*, 2007;31(4):303-304

Lumley J, Daly J. How do we rate? Using the Research Quality Framework to good effect [Editorial]. *Aust N Z J Public Health*, 2007;31(5):403-404

Small R, Lumley J. Reduction in maternal depression: much remains to be done [Invited commentary]. *The Lancet*, 2007;370(9599):1593-1595

Beasley A, Amir LH. Infant feeding, poverty and human development [Editorial]. *Int Breastfeeding J*, 2007;2(14)

Daly J, Lumley J. The central role of reviewers in sustaining this journal [Editorial]. *Aust N Z J Public Health*, 2007;31(6):503-504

## OTHER CONTRIBUTIONS IN REFEREED JOURNALS

Bruinsma F, Lumley J, Quinn M. Precancerous changes in the cervix and risk of subsequent preterm birth. Author's reply [Letter]. *BJOG*, 2007;114:773-774

Bruinsma F, Lumley J, Quinn M. Precancerous changes in the cervix and risk of subsequent preterm birth. Author's reply [Letter]. *BJOG*, 2007;114:776-777

Amir LH. Medicines and breastfeeding: information is available on safe use [Letter]. *MJA*, 2007;186(9)

Small R, Armstrong S. Study highlighted important issues [Letter]. *Aust NZ J Public Health*, 2007;31(3):286-287

Hobbs M, Taft A, Amir LH. Emergency contraception [Letter]. *Aust Fam Physician*, 2007;36(12):982



## CONFERENCE ABSTRACTS

Feder G, MacMillan H, Taft A. Health care responses to partner violence: randomized trials in progress. Family violence prevention fund 2007 national conference on health and domestic violence, San Francisco USA, March 2007, p50

Taft A. Developing international consensus guidelines for family physician management when intimate partner violence is present. Family violence prevention fund 2007 national conference on health and domestic violence, San Francisco USA, March 2007, p72

Arbyn M, Kyrgiou M, Prendiville W, Martin-Hirsch P, Bruinsma F, Paraskevaidis E. Risk of peri-natal mortality subsequent to prior treatment for cervical intra-epithelial neoplasia: a meta-analysis. British Society for Colposcopy and Cervical Pathology, Sheffield UK, April 2007, p19

Amir LH, Donath S. Maternal obesity and initiation and duration of breastfeeding: Data from the longitudinal study of Australian children. Perinatal Society of Australia and New Zealand 11th Annual Congress, Melbourne, April 2007, J Paediatr Child Health, 2007; 43(Supp 1): p43

Forster DA, Lumley J. What interventions help increase the proportion of women commencing and continuing breastfeeding: results of a systematic review and meta-analyses. Perinatal Society of Australia and New Zealand 11th Annual Congress, Melbourne, April 2007, J Paediatr Child Health, 2007; 43(Supp 1): p16

Forster D, Newton M, Linford W, Wills G, Congues K. Back to Basics. Promoting active labour and birth in a tertiary setting. Perinatal Society of Australia and New Zealand 11th Annual Congress, Melbourne, April 2007, J Paediatr Child Health, 2007; 43(Supp 1): p67

Kealy M, Small R. Do women really request caesarean section? Perinatal Society of Australia and New Zealand 11th Annual Congress, Melbourne, April 2007, J Paediatr Child Health, 2007; 43(Supp 1): p53

Kealy M, Small R. Caesarean section: a baby born but at what cost? Perinatal Society of Australia and New Zealand 11th Annual Congress, Melbourne, April 2007, J Paediatr Child Health, 2007; 43(Supp 1): p55

Small R, Lumley J. Variations in caesarean section by maternal country of birth, Victoria 1999-2003. Perinatal Society of Australia and New Zealand 11th Annual Congress, Melbourne, April 2007, J Paediatr Child Health, 2007; 43(Supp 1): p53

Watson LF, Lumley J, Rayner JA, King J, Jolley D. Prior reproductive history and very preterm birth: data from the Early Births Study. Perinatal Society of Australia and New Zealand 11th Annual Congress, Melbourne, April 2007, J Paediatr Child Health, 2007; 43(Supp 1): p42

Watson LF, Capturing a woman's pregnancy history in one number: a pregnancy history score. Perinatal Society of Australia and New Zealand 11th Annual Congress, Melbourne, April 2007, p139.

Amir LH, Donath S. Maternal obesity and initiation and duration of breastfeeding: Data from the longitudinal study of Australian children. Nutrition and Nurture in Infancy and Childhood: Bio-cultural Perspectives Conference, Grange over Sands, Cumbria, UK, June 2007, npn

Davey MA, King JF, Lumley J, Veitch V. Making sense of the 'standard primipara'. The Joint Scientific Meeting of the Australasian Epidemiological Association and the International Epidemiological Association Western Pacific Region, Hobart, August 2007, p98

Amir L, McLachlan H, Forster D. Introduction to Research. Hot Milk. Australian Breastfeeding Association Annual Conference, Melbourne, August 2007, npn

Forster D, McLachlan H. Women's views on breastfeeding: positive? Negative? Good for the baby? Hot Milk. Australian Breastfeeding Association Annual Conference, Melbourne, August 2007, npn

Davey MA, Lumley J, King JF. Induction and augmentation of labour and short-term maternal morbidity. Australian College of Midwives 15th National Conference, Canberra, September 2007, p29

Davey MA, Sloan ML, King JF, Lumley J. Accuracy of routinely collected maternal & perinatal data in Victoria. Australian College of Midwives 15th National Conference, Canberra, September 2007, p106

Forster DA, Wills G, Denning A, Bolger M. The use of folic acid and other vitamins before and during pregnancy in a group of women in Melbourne, Australia. Australian College of Midwives 15th National Conference, Canberra, September 2007, p41

McEgan K, Wills G, Forster D, McNamara C, Walker S, Opie G, Moorhead A. Diabetes and antenatal milk expressing (DAME): a pilot/feasibility study. Australian College of Midwives 15th National Conference, Canberra, September 2007, p74

McLachlan H, Forster D, Yelland Y, Collins R, Rayner J, Hegarty K, Gunn J, Love L, Cass M, Kelly J. Supporting women after childbirth: adapting and piloting an educational program aimed at enhancing the knowledge and skills of midwives with psychosocial issues during the postnatal period. Australian College of Midwives 15th National Conference, Canberra, September 2007, p75

Moffat K, Ryan J, Forster D. What happens when women booking for home birth need to be transferred in? Can we improve our processes and optimise care for women? Australian College of Midwives 15th National Conference, Canberra, September 2007, p76

Newton M, Forster D, Linford W, Wills G, Congues K. Back to basics: the findings of an exploration into midwifery use of active labour and birth techniques in a tertiary setting. Australian College of Midwives 15th National Conference, Canberra, September 2007, p115

Newton M, Mazzarino M, Forster D, McDonald S, Bowditch T, Albers L. WEBS: Weighing up the evidence in birth suite. Auditing and challenging clinical practice of vaginal examinations in labour. Australian College of Midwives 15th National Conference, Canberra, September 2007, p79

Peters L, Rayner J, McLachlan H, Forster D. Early postnatal care: the views of managers and clinicians interviewed during the statewide review of private hospital postnatal care in Victoria. Australian College of Midwives 15th National Conference, Canberra, September 2007, p82

Rayner J, Forster D, McLachlan H, Yelland J, Peters L. PinC Private: a statewide review of postnatal care in Victorian private hospitals. Australian College of Midwives 15th National Conference, Canberra, September 2007, p84

Savage T, Forster D, McLachlan H, Rayner J. A review of postnatal documentation in Victoria. Australian College of Midwives 15th National Conference, Canberra, September 2007, p87

Small R. Challenges in maternity care provision for immigrant and refugee women – workshop. 12th International Metropolis Conference, Melbourne, October 2007, p74





# Advocacy & other activities

## PUBLIC HEALTH ADVOCACY

As joint national conveners of the Public Health Association Australia (PHAA) Women's Health Special Interest Group Rhonda Small and Angela Taft have advocated over several years for improvements to sexual and reproductive health policies and programs at both national and state government levels. During 2007, together with Kerryn O'Rourke, they developed and published a background paper outlining the evidence and arguments for a national sexual and reproductive health strategy and a summary Call to Action. Coordinated by PHAA, this advocacy strategy is a collaboration with Sexual Health and Family Planning Australia and the Australian Reproductive Health Alliance. During the year Angela and Kerryn also presented the arguments for a national strategy to the All Party Parliamentary Group on Population and Development where the need for a national sexual and reproductive health strategy was strongly supported. Rhonda and Angela also wrote a submission for, and represented PHAA to, the Victorian Law Reform Commission on the Decriminalisation of Abortion in Victoria.

In addition, PHAA Women's Health Special Interest Group made a submission to Parliamentary inquiry into breastfeeding conducted by The House of Representatives Standing Committee on Health and Ageing and was asked to attend a hearing of the Inquiry in Sydney, 4 June 2007. The submission was drafted by Lisa Amir and Debra Hector and they both also attended the hearing. Following a short presentation based on the recommendations on the Innocenti Declaration which was an agenda set by a meeting of international policy-makers in 1990 and again in 2005, they responded to questions. On Thursday 9 August 2007, the Standing Committee on Health and Ageing tabled its report on the inquiry into the health benefits of breastfeeding entitled *The Best Start*. The report is available at <http://www.aph.gov.au/house/committee/haa/breastfeeding/report.htm>

Lisa also drafted a submission in response to the NHMRC proposed Australian Alcohol Guidelines for Low-risk Drinking (December 2007), which proposed that pregnant and breastfeeding women should not drink alcohol. The submission was lodged on behalf of Mother and Child Health Research, La Trobe University, Susan Donath, Murdoch Childrens Research Institute and Amanda Cooklin, Key Centre for Women's Health in Society, University of Melbourne.

## TALKS AND LECTURES

MCHR staff, students and associates place a high priority on disseminating research findings to consumers, clinicians, and policy makers. In 2007 MCHR staff and students delivered 22 talks and lectures to a variety of audiences both national and international. See website for details: [www.latrobe.edu.au/mchr/](http://www.latrobe.edu.au/mchr/)

## MCHR REFERENCE GROUPS 2007

MCHR projects often 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 2007. Please see website for details of reference groups: [www.latrobe.edu.au/mchr/](http://www.latrobe.edu.au/mchr/)

## CONFERENCES AND WORKSHOPS ATTENDED

In 2007, as well as presenting findings, MCHR staff and students attended a variety of national and international conferences that covered a broad range of topics including ethics, methodology, public health, women's health, perinatal and pregnancy issues, migration, or policy.

## COURSES ATTENDED

MCHR staff and students endeavour to continue their education and extend their skills by participating in training and courses throughout the year. In 2007 a variety of ongoing education was undertaken at all levels within Australia and overseas.

See website for more detail: [www.latrobe.edu.au/mchr/](http://www.latrobe.edu.au/mchr/)



## REVIEWING PAPERS

In 2007 staff and students at MCHR were invited to review papers for the following national and international peer-review journals:

Archives of Women's Mental Health (JL)  
Australian and New Zealand Journal of Public Health (LA, FB, M-AD, MH, JL, MK, JR, RS, AT)  
American Journal of Clinical Nutrition (LA)  
Australian Family Physician (LA)  
Birth (JL)  
BMC Health Services Research (JL)  
BMC Pregnancy & Childbirth (JL)  
BMC Public Health (JL)  
BMC Psychiatry (RS)  
British Journal of Obstetrics & Gynaecology (JL)  
European Journal of Pediatrics (LA)  
Human Reproduction (FB)  
International Breastfeeding Journal (MBa, DF)  
International Journal of Multiple Research Approaches 2007 (LW)  
International Journal of Nursing Studies (LA)  
Journal of Epidemiology and Community Health (RS)  
Journal of Human Lactation (LA, HMCL)  
Journal of Midwifery and Women's Health (DF)  
Journal of Paediatrics, Obstetrics Gynaecology (RS)  
Journal of Psychosomatic Obstetrics and Gynaecology (JR, RS)  
Lancet (DF, JL, RS)  
Medical Journal of Australia (LA, JL, LW)  
Medical Science Monitor (LA, DF)  
Midwifery (DF, HMCL, RS)  
New England Journal of Medicine (JL)  
Paediatric and Perinatal Epidemiology (JL)  
Pharmacoepidemiology and Drug safety (DF)  
Public Health Nursing (RS)  
Women and Birth (DF, HMCL)  
Women and Health (RS)

## MEMBERSHIPS OF EDITORIAL BOARDS

A number of MCHR staff and students are also journal Editors or members of the Editorial Boards including:

Australian and New Zealand Journal of Public Health – Editor (JL)  
Birth, Editorial Board (JL)  
BMC (Biomed Central) Journals, Editorial Board (JL)  
International Breastfeeding Journal, Editor-in-Chief (LA),  
International Breastfeeding Journal, Editorial Board (DF, JL, HM)  
Journal of Human Lactation, Editorial Board (LA)  
The Lancet, International Advisory Board (JL)  
Journal Psychosomatic Obstetrics and Gynaecology, Editorial Board (RS)  
Women and Birth, Editorial Board (HMCL)

## COMMITTEES

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

## ASSESSING RESEARCH GRANTS/ FELLOWSHIPS

Alberta Foundation for Research (Canada) (JL)  
Australian Research Council (AT)  
Canadian Institute for Health Research (CIHR) (JL)  
National Health and Medical Research Council Fellowships (JL)  
National Health and Medical Research Council Project Grants (JL, HMCL, AT)  
New Zealand Health Research Council (AT)  
Queensland Nursing Council (HMCL)  
'Wellbeing' [funding body of UK College of Obstetricians] (JL)

## THESIS EXAMINATION

Advanced Medical Science, University of Melbourne (LA)  
Minor thesis, Master of Midwifery, La Trobe University (DF)  
PhD thesis, University of Western Australia (LA)  
PhD thesis, University of Southern Queensland (HMCL)  
PhD thesis, University of Auckland (JL)



# Staff & students

MCHR 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.

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



Health Research. In 2007, she was promoted to Senior Research Fellow.

Lisa is a medical graduate and an International Board Certified Lactation Consultant. She was awarded her PhD on the topic of mastitis, in October 2005. She has received a NHMRC Health Professional Fellowship for 2006-2009 to continue working at Mother & Child

**Fiona Bruinsma** BSc, GradDipAppPsych, MAppSc(Res)



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. Recently Fiona investigated pregnancy outcomes after cervical dysplasia, and in 2007 joined COMPASS as a team investigator. She continues to work on the thesis component towards a Professional Doctorate in Public Health.

**Sue Armstrong** Dip Soc Stud, BSW, MSW



women's experiences of being screened for postnatal depression.

Sue has a background in community based research and social work in health settings. She is on a La Trobe University postgraduate scholarship and is currently studying full time. Sue lives and works in rural Victoria. Her PhD supervised by Rhonda Small and is about rural

**Melanie Callander** BComm, GradDipPsychStud



Melanie joined MCHR in 2007 as a part-time Administration Officer and processing accounts. She is also currently completing her studies in Psychology.

**Mridula Bandyopadhyay** BSc, MSc, CPS, MPhil, PhD



primary health care and gender-based violence.

Mridula joined MCHR in September 2007 under the COMPASS program. She has worked in maternal and child health, women's health, reproductive and sexual health, family planning and immigrant and refugee women's health. She has also worked in public and social policy,

**Nicole Connors**



Nicole joined MCHR in 2007 as a part-time administration officer, providing a range of administrative support, including updating the MCHR publications database. She is currently studying Arts/Law.

**Shirley Bilardi** BA, DipEd(Sec), GradDipArtTher



Shirley had worked in various community, health, media and educational roles and is currently completing a Masters in Art Therapy at La Trobe University. She joined MCHR in 2006 as a part-time administration officer and retired in 2007.

**Sandra Cowen**



Sandra joined MCHR in 2006 as a part-time Receptionist and now works in other areas of administration including human resources. Sandra continues to work in a part-time capacity while she looks after her two children at home.

**Mary Anne Biro** RN, RM, BA, PhD



Medical Centre.

Mary Anne joined MCHR in May 2007 as the project coordinator for the COSMOS caseload midwifery trial. She was awarded her PhD in 2003 on the topic of team midwifery. Prior to her current position Mary Anne was the Manager of the Midwifery Care Program at Monash

**Mary-Ann Davey** RN, RM, DipAppSc, BEd, GradDipSoc(SocSur&ResTech)



Mary-Ann has worked in health research for 13 years after a background in midwifery, and maternal and child health.

Mary-Ann is a Team Investigator in COMPASS, and completed doctoral studies at MCHR in 2007. She is also an Epidemiologist to the Consultative Council on Obstetric & Paediatric Mortality & Morbidity. Her interests are pregnancy and birth, breastfeeding and biostatistics.

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



A midwife since 1989. Della joined MCHR in 1999 and completed her PhD in 2005. She is one of the chief investigators for COSMOS, a trial of caseload midwifery. Her current research interests include models of maternity care, postnatal care and breastfeeding. Della also works part time as a Midwifery Consultant at the Royal Women's Hospital.

**Kim Hoang** BA SSc, GradDipInterp&Transl



Kim joined MCHR in 2005 as a Vietnamese Project Officer in the MOSAIC team. Kim's current work tasks include research and community development.

**Melissa Hobbs** RN, BA, MPH



Melissa joined MCHR in July 2006 as a full-time PhD student. Her doctoral research, which is being supported by an Australian Postgraduate Award (Industry), is a study of the provision of the emergency contraceptive pill (ECP) over-the-counter in Australia. Melissa completed a Master of Public Health at the University of NSW in 1997 and has a research background in women's health.

**Michelle Kealy** RN, RM, MPHIC



Michelle joined MCHR in September 2002 and completed her PhD study of women's experiences of caesarean section in 2007. Michelle has worked on a number of MCHR studies. Since 2006 she has been the Regional Coordinator for Victoria and Tasmania with The WOMBAT Collaboration and is also now working with COSMOS.

**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), and chaired the Victorian Ministerial Review of Birthing Services (1988-90). Judith has been Director of MCHR since its foundation in 1991.

**Monique Keel** BA, GradDipAppPsych, MPPsych



Monique was a research officer with MOSAIC from mid 2006 to early 2007 after working as a researcher and in service delivery in the areas of family violence and sexual assault. She completed a Masters degree in Psychology in 1999.

**Cath Kerr** AdvCertIllWelf, Cert IVBusManag



Cath Kerr joined the MOSAIC team in June 2007 as Mentor Mother Coordinator. Cath has worked within the Domestic Violence sector for 18 years in NSW and Victoria, the past 7 years as Women's Refuge Manager, providing crisis accommodation to women and their dependant children who have experienced violence within the home.

**Karalyn McDonald** BA, MA.



Karalyn commenced working as a research officer for the MOSAIC project in October 2007. Karalyn is also a PhD candidate and a research officer for the Living with HIV Program at the Australian Research Centre in Sex, Health and Society at La Trobe University.

**Helen McLachlan** RN, GradDipAdvNurs(Mid), MNursStud, PhD



Helen has a clinical and research background in midwifery and is a Senior Lecturer in midwifery in the Division of Nursing and Midwifery, La Trobe University. She joined MCHR in 1999 and has since been a collaborator on a number of joint projects between MCHR and the Division. She is a chief investigator with COSMOS project.

**Lisa Patamisi** BNrsg GradCertPH



Lisa joined the MOSAIC team in 2007 as a Research Officer. She has worked extensively in a diverse range of family violence, sexual assault and community legal settings.

**Catherine Plunkett** BA



Catherine worked with MOSAIC as a mentor mother coordinator in 2006-7, combining this role with family violence policy work for the Federation of Community Legal Centres. Catherine has seventeen years experience in service delivery, management and structural advocacy in the area of family violence.

**Bree Rankin** BCom



Bree Rankin returned to MCHR in November 2007, having completed work on EcoPRISM in 2003. Bree has been working on health economics and mental health research at the Centre for Health Policy, Programs and Economics. She is undertaking economic evaluations on the PinC and COSMOS trials.



*Jo-Anne Rayner* RN, BNrsg, GradDipWomHlth, MWomHlth



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 the PinC Study (2004-2005). In late 2007 Jo joined the COMPASS team as a team investigator and submitted her PhD.

*Lyn Watson* BSc, MSc



Lyn Watson has been the statistician at MCHR since 1992 and has been involved in many projects including PRISM and EcoPRISM, the Multi-centre study of cancer after infertility and analysis of the Australian Longitudinal Study of Women's Health. She continues to work on her PhD on preterm birth and provides statistical input to COMPASS.

*Doris Sant* BA, GradCertHlthProm



Doris joined MCHR as MOSAIC Mentor Mother Coordinator in mid 2007. Doris has 25 years experience working on a local, regional and state-wide level, in a breadth of positions to improve health outcomes for (predominately) homeless children, young people and families.

*Jan Wiebe* DipPhty, BHlthEd, MWomHlth



With a background in physiotherapy and women's health promotion in community settings, Jan joined MCHR in 2005 to work as a research officer with the MOSAIC project. Jan left the MOSAIC project in 2007 to take up a position at the Murdoch Children's Research Institute.

*Touran Shafiei* RM, BMid



Touran completed a Bachelor of Midwifery in Iran in 1994 and worked as a midwife for a number of years in Iran. She enrolled in a Master of Applied Science (Research) at MCHR in February 2006 and upgraded to a PhD in September 2007. Touran is researching the maternity care experiences and well-being of Iranian and Afghan women, and is supervised by Rhonda Small and Helen McLachlan.

*Vivianne Woska* BSW



Vivianne joined MCHR as the MOSAIC mentor mother coordinator in October 2005, allowing her to work in an area that combined her interests in community development and family violence prevention strategies. In early 2007 Vivianne took up a position in Dianella Community Health.

*Rhonda Small* BA, DipEd, GradDipLib, GradDipEpid, PhD



Rhonda has worked at the Centre 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 following operative birth.

*Angela Taft* BA, DipEd, MPH, PhD



Angela's research interests include the health impact of violence against women and children and reproductive health. She is Principal Investigator of the MOSAIC project and an ARC-funded evaluation of emergency contraception over the counter in Australia.

*Paul Toomey* DipAcctg, GradDipCost&Mgmt, CIS



Paul completed graduate and post-graduate studies in accounting and management while on a cadetship with the Commonwealth public service in Sydney. After a management role in a national finance corporation and a professional advisory services career Paul commenced at MCHR in 2003.



## RESEARCH ASSISTANTS AND PROJECT SUPPORT STAFF

Sue Veljanovski commenced work as a recruiting midwife for the COSMOS trial in November 2007. Sue also works as a clinical midwife at the Royal Women's hospital.

Corey Carlyle is a MOSAIC mentor who assists the research team with administrative duties and contacting participants.

Victoria Wells joined the MOSAIC research team for a few months in 2007. She had many years of working in community welfare organisations.

## VISITING STUDENTS 2007

Mary-Anne Measey

Mary-Anne joined MCHR in March 2006 and is a PhD student of the Telethon Institute for Child Health Research, Perth supported by a NHMRC scholarship. In 2007 Mary-Anne went on maternity leave.

MCHR supports a number of students enrolled elsewhere including Michelle Newton, Rebecca Collins, Louise Peters, Tracey Savage, and Rhian Walsh.

## RESEARCH ASSOCIATES AND COLLABORATORS 2007

Professor Leah Albers, Professor of Midwifery, University of New Mexico

Professor Jill Astbury, Chair of Psychology, Victoria University, Melbourne

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

Associate Professor Stephanie Brown, Healthy Mothers, Healthy Families, Murdoch Childrens Research Institute, 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

Dr Lisa Donohue, Victorian Acting General Manager, Royal District Nursing Service

Associate Professor Susan Donath, Clinical Epidemiology and Biostatistics Unit, Murdoch Childrens Research Institute

Ms Tanya Farrell, Manager of Maternity Services, Royal Women's Hospital

Ms Anne Fleming, Honorary Research Fellow MCHR and Research Midwife

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

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

Ms Lisa Gold, School of Social Health and Development, Deakin University

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

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

Associate Professor Kelsey Hegarty, Department of General Practice, University of Melbourne

Associate Professor Damien Jolley, Monash Institute of Health Services Research, Monash University.

Associate Professor James King, Chair, Department of Human Services Victoria, Consultative Council on Obstetric and Paediatric Mortality and Morbidity, Perinatal Epidemiologist, Department of Perinatal Medicine, Royal Womens Hospital

Professor Gabriel Kune, Emeritus Professor, Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne.

Ms Creina Mitchell, Division of Nursing and Midwifery, La Trobe University

Professor Jeremy Oates, Chair, Consultative Council on Obstetric and Paediatric Mortality and Morbidity, Victorian Department of Human Services

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

Dr Marie Pirotta, Department of General Practice, University of Melbourne

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

Professor Michael Quinn, Royal Women's Hospital, University of Melbourne

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

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

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

Professor Ulla Waldenström, Karolinska Institute, Sweden

Dr Jane Yelland, Healthy Mothers, Healthy Families, Murdoch Childrens Research Institute, University of Melbourne



# Current grants, scholarships and awards

## NHMRC Capacity Building Grant in Population Health Research

Building public health capacity for complex questions, complex settings, complex interactions

*Judith Lumley, Stephanie Brown, Jane Gunn, Rhonda Small, Jeanne Daly, Christine MacArthur*

**2007-2012: \$2,333,750**

## NHMRC Project Grants

Women's Evaluation of a randomised controlled trial for Abuse and Violence in General Practice

*Kelsey Hegarty, Jane Gunn, Angela Taft, Gene Feder, Jill Astbury, Judith Lumley and Stephanie Brown*

**2007-2009: \$654,525**

Caseload midwifery for women at low risk of medical complications: a randomised controlled trial (COSMOS)

*Helen McLachlan, Della Forster, Mary-Ann Davey, Judith Lumley, Tina Farrell, Jeremy Oats, Lisa Gold, and Ulla Waldenström*

**2007-2010: \$583,125**

## NHMRC Public Health Postgraduate Scholarships

Early Births: A case-control study of very preterm birth

*Lyn Watson*

**2006-2007: \$32,193**

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*

**2005-2007: \$57,224**

## NHMRC Health Professional Research Fellowship

*Lisa Amir*

**2006-2009: \$154,350**

## NHMRC Career Development Award (Population Health)

*Rhonda Small*

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

## VicHealth Public Health Fellowship

*Angela Taft*

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

## **beyondblue: The national depression initiative**

The MOSAIC project

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

**2008: \$50,000**

## La Trobe University, Quality Initiatives Grant

Quality improvement of clinical placement organisation for undergraduate nursing students in the Division of Nursing and Midwifery

*Creina Mitchell and Jo Rayner*

**2007: \$7640**

## La Trobe University, Faculty of Health Sciences Research Collaboration Grant

Pathways to care for Vietnamese mothers at risk of or experiencing partner abuse: the views of mothers, mentors and their primary health caregivers in the MOSAIC project

*Angela Taft, Rhonda Small, Ngoc Anh Nguyen, and Jean-Louis Nguyen.*

**2008: \$19,614**

## La Trobe University, Faculty of Health Sciences Research Grants

Medicines and breastfeeding women knowledge, attitudes and practices of GPs

*Lisa Amir*

**2007: \$5,000**

An alternative approach to early postnatal care:

A pilot randomised controlled trial *Helen McLachlan, Della Forster, Jane Yelland, Jo Rayner and Lisa Gold*

**2007: \$19,992**

The views, experiences and referral patterns of Victorian IVF specialists regarding fertility enhancement by complementary and alternative medicine (CAM)

*Jo Rayner, Della Forster, Helen McLachlan, Michelle Kealy, and Maree Pirota*

**2008: \$19,530**

## La Trobe University, Research Grants Scheme

Women's attitudes and experiences of breastfeeding: does maternal weight make a difference?

*Lisa Amir, Della Forster, Jo Rayner and Kate Stern*

**2008: \$31,772**

## La Trobe University, Faculty of Health Sciences Postgraduate Support Grants

*Melissa Hobbs*

**2007: \$190**

*Michelle Kealy*

**2007: \$314.00**

*Touran Shafiei*

**2007: \$400.00**

*Lyn Watson*

**2007: \$439.00**

## Nutricia Research Foundation

Vitamin D deficiency: a risk factor for birth defects

*Jane Halliday, Sharon Lewis, Della Forster, Ruth Morley, and Anne-Marie Ponsonby*

**2007: \$41,857**

## Royal Women's Hospital Foundation

Building research capacity in midwifery, nursing and allied health

*Della Forster and Jock Findlay*

**2007: \$50,000**

# Funds

Funds received from the sources listed here totalled: \$1,906,005

The contributions from all granting bodies are gratefully acknowledged.

## La Trobe University

OFFICE OF THE VICE-CHANCELLOR

Program Grant (Core funds) \$100,000

### FACULTY OF HEALTH SCIENCES

Operating funds allocation – Head of School, teaching and student supervision \$208,546

Research investment funds \$78,425

Student fees \$52,370

Research grant: Postnatal care project (Dr H McLachlan) \$19,992

Postgraduate Support Grants \$1,750

## Australian Government

NATIONAL HEALTH & MEDICAL RESEARCH COUNCIL

Capacity Building Grant (Prof J Lumley) \$453,050

Research Project Grant (Dr H McLachlan) \$222,375

Career Development Award (Dr R Small) \$90,500

Research Fellowship (Dr L Amir) \$53,200

Collaborative Research Grant (WOMBAT – University of Adelaide - Prof J Lumley) \$21,000

Postgraduate (PhD) Scholarship (J Rayner) \$11,403

Postgraduate (PhD) Scholarship (L Watson) \$10,963

### DEPARTMENT OF EDUCATION, SCIENCE & TECHNOLOGY

Research Infrastructure Block Grant \$60,312

### AUSTRALIAN RESEARCH COUNCIL

Industry Partner Grant – Over the counter contraception (Dr A Taft, M Hobbs) \$47,761

Collaboration – Shering Pharmaceuticals \$5,000

## Victorian Government

Department of Victorian Communities – Community Support Fund (MOSAIC) \$229,342

## Victorian Health Promotion Foundation

Professorial Research Grant (Core funds) \$100,000

Public Health Research Fellowship (Dr A Taft) \$100,000

## Other Project Grants

DIAMOND CONSORTIUM (University of Melbourne) (Dr R Small, S Armstrong) \$3,875

## Editorial Services

PUBLIC HEALTH ASSOCIATION OF AUSTRALIA INC

Australian and New Zealand Journal of Public Health (Prof J Lumley) \$9,091

## Other Income

Courses, report sales, interest & sundry income \$27,050