

# 2008

## ANNUAL REPORT



# Contents

|           |   |  |
|-----------|---|--|
| <b>2</b>  | <b>DIRECTOR'S REPORT</b>  |  |
| <b>3</b>  | <b>RESEARCH PROGRAM</b>   |  |
| <b>3</b>  | <b>HEALTH SERVICES RESEARCH</b>   |  |
| 3         | A study of the provision of the emergency contraceptive pill (ECP) over-the-counter (OTC) in Australia  |  |
| 3         | 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 |  |
| 3         | 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  |  |
| 4         | Why are women using complementary and alternative medicine (CAM) to enhance fertility?  |  |
| 4         | The views, experiences, and referral patterns of Victorian fertility specialists regarding fertility enhancement by complementary and alternative medicine (CAM)  |  |
| 4         | What motivates general practitioners (GPs) working in integrated medical practices to use complementary medicines (CM) as treatment modalities?   |  |
| 4         | Diabetes & Antenatal Milk Expressing (DAME): a pilot project to inform the development of a randomised controlled trial   |  |
| 5         | COmparing Standard Maternity care with One to one midwifery Support (COSMOS): A randomised trial  |  |
| 5         | WAVE. Women's And staff Views: an Evaluation of maternity care at Barwon Health   |  |
| 5         | A review of postnatal care in Victoria (PinC)   |  |
| 5         | A review of postnatal care in the Victorian private hospital sector (PinC Private)  |  |
| 6         | A review of postnatal care documentation in Victoria  |  |
| 6         | Alternative approaches to early postnatal care: exploring women's views   |  |
| 6         | An alternative approach to early postnatal care: A pilot study  |  |
| 7         | PinC ANEW: Supporting women after childbirth  |  |
| 7         | Medications and breastfeeding women: Knowledge, attitudes and practices of GPs  |  |
| <b>7</b>  | <b>PERINATAL OUTCOMES</b>   |  |
| 7         | Perinatal outcomes following treatment for cervical dysplasia   |  |
| 7         | Impact of size of the excision for treatment for cervical dysplasia on subsequent pregnancy outcome   |  |
| 7         | Birth outcomes and maternal and perinatal morbidity associated with induction and augmentation of labour in uncomplicated first births  |  |
| 7         | Advanced maternal age   |  |
| 8         | Early Births – a case-control study of very preterm birth   |  |
| 8         | MILC (Mothers' and Infants' Lactation Cohort): A multi-site study   |  |
| 8         | Peer support for breastfeeding – feasibility study  |  |
| 8         | The role of micro-organisms ( <i>S. aureus</i> & <i>C. albicans</i> ) in the pathogenesis of breast pain and infection in lactating women   |  |
| 8         | Collaborative Work  |  |
| 8         | The Women and Babies Wellbeing: Action through Trials (WOMBAT) Collaboration  |  |
| <b>9</b>  | <b>CROSS-CULTURAL ISSUES</b>  |  |
| 9         | Maternity care and health after birth: the experiences of Iranian and Afghan women in Melbourne, Australia  |  |
| 9         | Improving maternity care and obstetric outcomes for immigrant women   |  |
| 9         | Collaborative Work  |  |
| 9         | Reproductive Outcomes And Migration (ROAM): an international collaboration  |  |
| <b>9</b>  | <b>WOMEN'S HEALTH AND REPRODUCTION</b>  |  |
| 9         | Women's health and recovery after caesarean   |  |
| 10        | The experience of postnatal depression in a rural Australian community  |  |
| 10        | PRISM: Program of Resources, Information and Support for Mothers  |  |
| 10        | MOSAIC (MOtherS' Advocates In the Community) a community randomised trial   |  |
| 10        | Violence against young Australian women and reproductive health   |  |
| 11        | Systematic Reviews  |  |
| 11        | 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                        |  |
| 11        | Debriefing for the prevention of psychological trauma in women following childbirth   |  |
| 11        | Collaborative Work  |  |
| 11        | WEAVE is a cluster randomized trial of a multi-faceted practice based system intervention implemented in Victorian general practices for female GP patients experiencing intimate partner abuse                       |  |
| <b>11</b> | <b>OTHER COLLABORATIONS</b>   |  |
| 11        | Long-term health and psychosocial effects of hormone treatment to reduce the adult height of tall girls   |  |
| 11        | An exploration of parent-daughter relationships and depression in adulthood within the social context of treating tall stature in adolescent girls over three decades   |  |
| <b>12</b> | <b>EDUCATION &amp; CAPACITY BUILDING</b>  |  |
| 12        | DEVELOPING PUBLIC HEALTH RESEARCH CAPACITY  |  |
| 12        | COMPASS SHORT COURSE  |  |
| 12        | JOURNAL CLUB  |  |
| 12        | TEACHING  |  |
| 13        | POSTGRADUATE STUDY 2008   |  |
| 13        | POSTGRADUATE PROJECTS   |  |
| 13        | SEMINARS AT MCHR  |  |
| <b>14</b> | <b>PUBLICATIONS</b>   |  |
| 14        | ARTICLES IN REFEREED JOURNALS   |  |
| 15        | ARTICLES IN PRESS   |  |
| 15        | ARTICLES SUBMITTED  |  |
| 15        | ANNOTATIONS, COMMENTARIES, EDITORIALS AND OTHER INVITED CONTRIBUTIONS IN REFEREED JOURNALS  |  |
| 15        | OTHER CONTRIBUTIONS IN REFEREED JOURNALS  |  |
| 15        | CONSTRIBUTIONS IN NON-REFERRED JOURNAL ARTICLES   |  |
| 15        | REPORTS AND PAMPHLETS   |  |
| 15        | BOOK CHAPTERS   |  |
| 15        | CONFERENCE ABSTRACTS  |  |
| <b>17</b> | <b>ADVOCACY &amp; OTHER ACTIVITIES</b>  |  |
| 17        | PUBLIC HEALTH ADVOCACY  |  |
| 17        | TALKS AND LECTURES  |  |
| 17        | MCHR REFERENCE GROUPS   |  |
| 17        | CONFERENCES AND WORKSHOPS ATTENDED  |  |
| 17        | COURSES ATTENDED  |  |
| 17        | COMMITTEES  |  |
| 18        | REVIEWING PAPERS  |  |
| 18        | MEMBERSHIPS OF EDITORIAL BOARDS   |  |
| 18        | ASSESSING RESEARCH GRANTS   |  |
| 18        | THESIS EXAMINATION  |  |
| <b>19</b> | <b>STAFF &amp; STUDENTS</b>   |  |
| 21        | VISITING ACADEMICS IN 2008  |  |
| 22        | RESEARCH ASSOCIATES AND COLLABORATIONS  |  |
| 22        | VISITING STUDENTS 2008  |  |
| <b>23</b> | <b>GRANTS, SCHOLARSHIPS &amp; AWARDS</b>  |  |
| <b>24</b> | <b>FUNDS</b>  |  |

# 2008 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

The most significant event of 2008 was without doubt the retirement of our founding Director, Judith Lumley. Apart from eighteen months when Judith was the Director of the National Perinatal Epidemiology Unit in Oxford in the mid-nineties, she has led MCHR from our founding in 1991 to the end of 2008. In the last issue of MCHR News for 2008 we published some of the many tributes paid to Judith by colleagues from around the world. Many readers will already have seen these, others might like to read the December issue on our website at: <http://www.latrobe.edu.au/mchr/html/newsletters.html>.

Most recently on Sunday 8th February 2009, a Garden Party was held in Judith's honour at the Royal Botanical Gardens in Melbourne. Over a hundred colleagues and friends paid tribute to Judith's many contributions in perinatal epidemiology, public health and maternity services research and wished her well for her retirement. On 20th May 2009 La Trobe university will award her the title Emeritus Professor and Judith continues to contribute to the work of MCHR.

We at MCHR thank Judith for her generosity, her wisdom, her humour and her humanity – all shared with us unstintingly. We thank her for her wonderful intellect and for the rigour of her research, and we thank her for inspiring us to pursue the important questions for perinatal public health research and to do so with integrity and with care.



*Judith with family, friends and colleagues, Sunday 8th February 2009.*

Doctoral completions and graduations were a special pleasure of 2008 at MCHR. Michelle Kealy graduated in May and Mary-Ann Davey in October. Successful completions for Lyn Watson and Jo Rayner will also be rewarded with graduations in 2009. We offer all four our congratulations and invite you to read about their studies in this Annual Report. Postgraduate students at MCHR continue to be a vibrant and diverse group, contributing much to research, and life at MCHR. In 2008 we welcomed Jane Morrow, a midwifery academic undertaking an evaluation of maternity care at Barwon Health, supervised by Della Forster, Helen McLachlan and Mary-Ann Davey.

Two randomised trials made significant progress during the year. COSMOS, the trial of caseload midwifery led by Helen McLachlan, passed the halfway recruitment mark; and MOSAIC, the trial of mentor mother support for recent mothers experiencing intimate partner abuse led by Angela Taft, completed follow-up data collection and will report findings in 2009.

Some new directions in research at MCHR include work on complementary medicine use in fertility treatment led by Jo Rayner; investigating the impact on breastfeeding of increasing numbers of women leaving hospital expressing breast milk for their infants (Della Forster and others); and Lisa Amir's newly awarded large NHMRC project grant to describe the role of micro-organisms (*S. aureus* and *C. albicans*) in the pathogenesis of breast pain and infection in lactating women.

Earlier in the year we held a Short Course on complex interventions in public health, with our partners in an NHMRC Capacity Building Grant in Population Health Research (COMPASS) – Healthy Mothers, Healthy Families at the Murdoch Childrens Research Institute and the Primary Care Research Unit at The University of Melbourne. Well attended by fifty researchers from around Melbourne and other parts of Australia, the course was the first of three biennial forums planned during the grant period to provide an opportunity to exchange knowledge gained from undertaking complex intervention studies.

As always, visitors to MCHR provided welcome stimulus for intellectual discussion about research and methods. We were pleased to have UK researchers Professor Christine MacArthur and Professor Carl May participate in the COMPASS Short Course in April and contribute both their theoretical and practical perspectives on complex intervention research. Christine is a visiting lead investigator with COMPASS. We farewelled Dr Siamak Aghlmand early in the year after his six month visit from Iran and Dr Hiranya Jayawickrama a visiting public health physician from Sri Lanka spent 2009 with us at MCHR.

Plans for co-location of MCHR with the Australian Research Centre in Sex, Health and Society at the University's City Campus firmed by the end of the year, with the proposed move set to take place following building refurbishments towards the end of 2009. This will see MCHR move to a Faculty of Health Sciences research-focused precinct with improved infrastructure support.

At the time of writing, we are looking forward to the appointment of a new Director during 2009, and with the recent submission of five NHMRC project grant applications, we continue to expand our research endeavours and to value the many collaborations we enjoy with fellow researchers, clinicians and community stakeholders.

**Rhonda Small** Acting Director  
April 2009

# Research program 2008

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

- Health services: pregnancy and birth
- Perinatal outcomes
- Cross-cultural issues
- Women's health 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 women of linguistically diverse backgrounds, and the development of culturally relevant research methods and approaches.

## HEALTH SERVICES RESEARCH

### **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:

1. examine the effectiveness of the distribution of levonorgestrel as an emergency contraceptive pill (ECP) to Australian pharmacies;
2. examine the training, attitudes and experience of dispensing levonorgestrel by a stratified random sample of Australian pharmacists;
3. measure and explore the knowledge of, need for, cost of, any socio-demographic patterns in use of, and barriers and facilitators to access to emergency contraception in a random sample of sexually active Australian women aged between 16 to 35 prior to and after the implementation of OTC emergency contraception (levonorgestrel) in Australia;
4. monitor, within the limits of available data, any change in abortion rates among Australian women, especially among teenagers, over the same period; and
5. disseminate the findings with recommendations to governments and other key stakeholders for enhanced effectiveness of the OTC policy.

Analysis of ECP supplies to community pharmacies in 2006 demonstrated that all three forms of ECP were distributed to pharmacies in all postcodes and would be potentially available in most pharmacies if requested. Six focus groups with women (n=29) recruited in four states found them to be typical of ECP users in a previous population study (Smith *AMA et al*, 2003) and their views confirmed those in the literature. A computer-assisted telephone interview (CATI) survey of 632 randomly selected Australian women aged 16-35 has been completed and data are currently being analysed. A survey of 1500 randomly selected Australian pharmacists (750 pharmacies) has also been distributed and the response rate is currently 30%.

**FUNDING:** Australian Research Council Linkage grant

**STATUS:** Ongoing, one paper and a letter 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, Lisa Amir and Judith Lumley*

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 has used both qualitative and quantitative methods. Focus groups with women users of ECP explored knowledge of, access to, attitudes towards and experiences of using ECP. Six focus groups with women have been completed and analysed. The information obtained from these focus groups informed the development of Computer Assisted Telephone Interviews (CATI) with a random sample of 632 Australian women aged 16 to 35 years. The national CATI survey has been conducted by the Hunter Valley Research Foundation between May and August 2008.

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

**STATUS:** Focus groups analysed, CATI data analysis in progress, one paper in press

### **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:

1. describe women who had one or more terminations (socio-demographic characteristics, area of residence/location, and use of contraception) and compare them within age strata with women (i) who have not had a termination, and (ii) who have not had any pregnancy;
2. examine any changes in reported terminations in the Younger women's cohort from the 1996 to the 2000 survey and describe any relationship to other pregnancy outcomes in the same time period; and
3. compare the rate of terminations reported in the surveys with age-specific rates from 1996 to 2000 collected through the mandatory reporting systems in South Australia and the Northern Territory.

**FUNDING:** VicHealth and La Trobe University

**STATUS:** Study completed. Two papers published and two conference presentations

## 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. The aim of the study was 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. Three focus groups were undertaken in late 2007 – one with CAM practitioners and two with women who use CAM to enhance their fertility. Thematic analysis suggests increasing numbers of women seeking to complement conventional ART with CAM because of unsuccessful or negative experiences. Women report positive and empowering relationships with CAM therapists irrespective of pregnancy outcomes. The findings will be used in the development of a proposed larger study and applications for nationally competitive funding.

**FUNDING:** None

**STATUS:** One conference presentation, one paper submitted for publication, Master of Midwifery thesis writing up (RW)

## 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 Pirotta, Department of General Practice, University of Melbourne; and David Ellwood, Department of Medicine, Australian National University

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.

This descriptive study aims to increase our 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 practise in Victoria (n=53) were sent an invitation to complete an anonymous postal survey. As only 8 questionnaires were returned (response rate 11%) an ethics modification was approved to extend the survey to include all Victorian and ACT Australian and New Zealand College of Obstetrics and Gynaecology fellows however the ANZCOG quality committee declined permission for distribution of the survey to its members. Ethics approval will be sought to interview a number of obstetricians and gynaecologists from Victorian and the ACT to add some depth to the survey data.

**FUNDING:** La Trobe University Faculty of Health Sciences Research Grant 2007

**STATUS:** analysis complete; one paper underway, second ethics modification submitted

## What motivates general practitioners (GPs) working in integrated medical practices to use complementary medicines (CM) as treatment modalities?

Jo Rayner in collaboration with Karen Willis, Department of Sociology and Social Work, University of Tasmania and Marie Pirotta, Department of General Practice, University of Melbourne

The use of complementary medicine (CM) as a healthcare option has grown exponentially in Australia and elsewhere. CM is difficult to define as it encompasses a diverse range of beliefs, practices, and treatments. Internationally CM is increasingly being integrated into general medical practice, possibly driven by consumer demand. What motivates general practitioners (GPs) to embrace CM is currently unclear, as is any understanding of what evidence-bases GPs draw on to advise or treat their patients. Most research has focused on why consumers choose CM rather than on provider rationales. Using in-depth interviews, this project aims to investigate the reasons why GPs choose to integrate CM modalities into their medical practice by exploring:

1. GPs views on evidence in their treatment decision making;
2. whether there is differentiation in their choice of CM treatment modalities; and
3. the extent to which their reasons for using CM are influenced by consumer demand, economic considerations or dissatisfaction with current treatment options.

This study will inform a larger body of research that explores women's use of CM to enhance their fertility and the findings will inform the development of a nationally competitive grant application.

**FUNDING:** Faculty of Health Science Research Grant 2009

**STATUS:** Ethics approval obtained, interview schedule being developed

## Diabetes & Antenatal Milk Expressing (DAME): a pilot project to inform the development of a randomised controlled trial

Della Forster in collaboration with Kerri McEgan, Gillian Opie, Susan Walker and Cath McNamara, Mercy Hospital for Women; and Anita Moorhead and Rachael Ford, Royal Women's Hospital

Infants of women with diabetes are at increased risk of hypoglycaemia. Some hospitals encourage women with diabetes to express breast milk before birth, yet there is limited evidence for this. A pilot study was conducted to establish the feasibility of conducting an adequately powered randomised controlled trial to evaluate this practice.

We recruited 43 pregnant women with pre-existing or gestational diabetes (requiring insulin) and attending the Mercy Hospital for Women (MHW). To be eligible women needed to be: 34-36 weeks gestation; with a singleton pregnancy in a cephalic presentation; able to speak, read and write English; and planning to breastfeed. Women were excluded if they had a history of spontaneous preterm birth; had an antepartum haemorrhage or placenta praevia in the current pregnancy; or if there were any signs of fetal compromise. Women were encouraged to express colostrum twice a day from 36 weeks gestation, and advised how to store the colostrum, which was frozen for their baby's use after birth. Data were collected at recruitment, after birth and at six and twelve weeks postpartum. A concurrent audit was conducted of similar infants born at the MHW or Royal Women's Hospital during the same year, as a comparison group.

Our findings will be used to inform the development of a randomised controlled trial. However we suggest that until evidence of efficacy and safety is available, the practice of antenatal milk expressing being routinely encouraged in women with diabetes in pregnancy should cease.

**FUNDING:** Mercy Hospital for Women and Novo-nordisk

**STATUS:** Paper submitted, trial protocol being drafted

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

Helen McLachlan, Della Forster, Mary-Ann Davey, Lisa Gold, Judith Lumley, Mary Anne Biro and Michelle Newton in collaboration with Tanya Farrell and Jeremy Oats, Royal Women's Hospital; Ulla Waldenstrom, Karolinska Institute, Sweden; 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 hospital. We will evaluate whether caseload midwifery decreases 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 the 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 964 women have agreed to participate. This study is the first randomised controlled trial in Australia of caseload midwifery care. The results are urgently needed and will assist policy makers and maternity services in planning for future models of maternity care.

**FUNDING:** NHMRC project grant 2007-2010

**STATUS:** Trial commenced, recruitment underway

## WAVE. Women's and staff views: an evaluation of maternity care at Barwon Health

Helen McLachlan, Della Forster, Mary-Ann Davey and Jane Morrow, in collaboration with Michelle Newton, Division of Nursing and Midwifery, La Trobe University and Therese Cotter and Jenny Kelly, Barwon Health

In 2008 Barwon Health implemented two major changes to its maternity service provision: a re-organisation of postnatal care and the implementation of a caseload midwifery model of maternity care. Postnatal care provision was altered to be a more flexible, individualised model of care focused on promoting the normalisation of the postnatal period. Changes commenced in January 2008.

Caseload midwifery (called Midwifery Group Practice (MGP)) was implemented in July 2008. Women receiving caseload care receive antenatal, intrapartum and postpartum care from a primary MGP midwife with one or two antenatal visits (and other care as required) by a 'back-up' midwife.

An evaluation of the changes includes three cross-sectional surveys of women (550 at each time point); two cross-sectional surveys of midwives (all midwives in maternity services at each time point); key informant interviews with 10-15 women, 10-15 midwives and other key stakeholders; and two focus groups with 8 to 10 midwives in each. Specific aims are to:

1. Explore the views, experiences and health outcomes of women who give birth at Barwon Health following the implementation of changes to postnatal care, and following the introduction of caseload midwifery and compare these to the views, experiences and health outcomes of women who gave birth prior to the changes; and to
2. Explore the views and experiences of the clinicians and other key stakeholders involved in the provision of postnatal care and caseload midwifery.

**FUNDING:** Department of Human Services Victoria and Barwon Health

**STATUS:** Data collection commenced

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

Della Forster, Judith Lumley, Jo Rayner, Jane Yelland in collaboration with Helen McLachlan, Division of Nursing and Midwifery, La Trobe University

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

PinC (Postnatal in-hospital Care: a review) was conducted in 2004 with two major stages of data collection – a survey of all public maternity hospitals and interviews with key informants. Sixty-six hospitals participated in the survey, a response fraction of 96%. Over forty 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.

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, four papers published

## 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, Murdoch Childrens Research Institute

The first review of postnatal care from the perspective of public hospital care providers (PinC) was undertaken in 2004 and involved a survey of public maternity facilities in Victoria and interviews with key informants from selected hospitals. The findings revealed a diversity of practices in the provision of care across the State, including differences in the organisation of care, staffing arrangements, facilities and routine practices. Barriers to provision of high quality postnatal care were also identified including the busyness of the units, the inadequacy of staff-patient ratios, and the priority given to other episodes of care.

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 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 differences in the organisation of postnatal care. Analysis of the interviews suggests a mismatch between women's expectations of postnatal care and that of care providers in the private sector.

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

**STATUS:** project complete, two conference presentations; paper on findings drafted; Masters of Midwifery minor thesis passed (LP)

## A review of postnatal care documentation in Victoria

*Della Forster and Helen McLachlan in collaboration with 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, we aimed to analyse all documentation used in postnatal care 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 birthweight 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. Comments involving general documentation for postnatal care were far less positive with comments relating to poor documentation, excessive time demands and a general need for improvement. Preliminary findings suggest a state-wide approach may be required to regulate the quantity and quality of postnatal documentation and educational materials. This will minimise time and resource use, reduce areas of duplication, decrease costs and address risk management issues. 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:** project complete, Master of Midwifery minor thesis passed (TS), three papers in preparation

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

*Della Forster, Helen McLachlan, Jo Rayner and Lisa Gold, in collaboration with Sharon Rayner as part of the Public Health Trainee program and Jane Yelland, Murdoch Children's Research Institute*

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 sectors of Victoria. We aimed 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; they felt that the packages would not provide the level of care that they expected. 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 forgoing the perceived security and value of staying in hospital.

It is crucial that women's concerns and needs be considered when service delivery changes are planned. Hence it is important that any move towards a shorter postnatal length of stay is 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 Faculty of Health Science Faculty Grant 2006, MCHR grant 2006  
**STATUS:** Report disseminated, one paper published and one under review

## An alternative approach to early postnatal care: A pilot study

*Helen McLachlan, Della Forster, Jo Rayner and Lisa Gold, in collaboration with Tanya Farrell and Tracey Savage, Royal Women's Hospital; and Jane Yelland, Murdoch Children's Research Institute*

A decade of Victorian research has identified women's low levels of satisfaction with the hospital stay following birth. A recent Victorian state-wide review found that there were a number of barriers to care provision including the busyness of postnatal wards, inadequate staffing numbers, and priority being given to other episodes of care. Whilst the length of the hospital stay has declined dramatically since the 1980's in Australia, research evidence evaluating early discharge is limited. Pressure on hospital postnatal beds has increased, with early postnatal discharge becoming common despite lack of rigorous evidence regarding associated outcomes. We aim to determine the feasibility of implementing an adequately powered randomised controlled trial to investigate this issue.

We previously explored women's views on postnatal care and the acceptability of alternative packages of care; 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; the resource implications; and women's and staff views and experiences.

Women expecting to give birth between November 2007 and March 2008 were offered participation in mid-pregnancy until 108 women were recruited. Women were 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 were seen again at 36 weeks to discuss their individual plan. Women completed questionnaires at recruitment and 8 weeks postpartum. Obstetric data were obtained from the medical record. Focus groups and interviews explored midwives' views. An economic evaluation was undertaken.

**FUNDING:** La Trobe University Faculty of Health Sciences Grant 2007 and grant to the Royal Women's Hospital from the Victorian Department of Human Services  
**STATUS:** intervention and data collection complete, analysis underway; report being drafted and papers planned



## PinC ANEW: Supporting women after childbirth

*Helen McLachlan, Della Forster, Jo Rayner and Rebecca Collins in collaboration with Jane Yelland and Stephanie Brown, Murdoch Childrens Research Institute; Kelsey Hegarty and Jane Gunn, Department of General Practice, University of Melbourne; 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 when identifying and caring for women with psychosocial difficulties increased. 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. The program increased the self-reported comfort and competency of midwives to identify and care for women with psychosocial issues during the postnatal period.

**FUNDING:** La Trobe University Faculty of Health Sciences Grant 2006

**STATUS:** study completed, Master of Midwifery minor thesis passed (RC), paper being drafted

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

*Lisa Amir and Jeanne Daly, in collaboration with Marie Pirota, Department of General Practice, University of Melbourne; and Molika In 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 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 using in-depth interviews with a small number of GPs and a survey of a larger group (about 650 people).

**FUNDING:** La Trobe University, Faculty of Health Sciences Grant 2007

**STATUS:** Ethics approval from La Trobe University and Royal Women's Hospital. Four interviews conducted and postal questionnaire conducted. Results presented at conferences in 2008 and papers in preparation

## PERINATAL OUTCOMES

### Perinatal outcomes following treatment for cervical dysplasia

*Judith Lumley and Fiona Bruinsma 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, doctoral thesis in preparation (FB)

### Impact of size of the excision for treatment for cervical dysplasia on subsequent pregnancy outcome

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

An important question that has arisen is, if there are poorer outcomes associated with excisional treatments and particularly large loop excision of the transformation zone (LLETZ), is it the treatment per se that is associated with the increased risk or aspects of the treatment such as the amount of tissue removed? Using data held by the Royal Women's Hospital Dysplasia Clinic we have a timely opportunity to examine pregnancies following LLETZ treatment and to analyse the data by specific aspects of the treatment such as the amount of tissue removed. If this treatment or aspects of this treatment have a higher risk of adverse pregnancy outcomes this is vital public health information both for clinicians and women.

**FUNDING:** Faculty of Health Sciences Small Grant 2008

**STATUS:** data analysis

### Birth outcomes and maternal and perinatal morbidity associated with induction and augmentation of labour in uncomplicated first births

*Mary-Ann Davey and Judith Lumley in collaboration with James King, 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 observations prompted the following research questions:

1. Are there differences between spontaneous, induced and augmented labours in nulliparous Victorian women with uncomplicated pregnancies, with regard to events during labour and method of birth, and in the condition of the mother and baby after birth?
2. Does this differ for private patients or older women?
3. To what extent are other factors associated with induction of labour influencing outcomes?

Data collected by the Victorian Perinatal Data Collection Unit (PDCU) were used to investigate these questions. The analysis includes all births in 2000-2005 to women 20-44 years old, free of obstetric or specified medical complications, giving birth at term (37-40 completed 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:** doctoral thesis passed (M-AD); papers and conference presentations in progress

### Advanced maternal age

*Mary-Ann Davey, Michelle Kealy and Mary Anne Biro in collaboration with Mary Carolan, School of Nursing and Midwifery, Victoria University*

Analysis of routinely-collected data on all births to women aged 35 to 44 years in Victoria in 2005 and 2006, comparing interventions, method of birth and maternal and neonatal morbidity compared with those to women aged 25-29 years.

**FUNDING:** none

**STATUS:** analysis underway; papers in preparation

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

Lyn Watson, Judith Lumley and Jo Rayner in collaboration with David Henderson-Smart, Centre for Perinatal Health Services Research; and James King, 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; to describe the clinical subtypes of very preterm birth in both singletons and twins in Victoria; and to provide preliminary information on the contributions of exposure to violence, infertility and infertility treatment and neighbourhood level factors to very preterm birth in Victoria. The cases are mothers of babies born between 20 and 32 weeks gestation and their characteristics will be compared with those of the control mothers selected from the Victorian population whose babies are born at 37 weeks gestation or later. Data collection includes a semi-structured interview, either face-to-face or by telephone, and medical record data extraction.

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, PhD passed (LW), four papers published, two in preparation

## MILC (mothers' and infants' lactation cohort): A multi-site study

Della Forster, Lisa Amir and Helen McLachlan, in collaboration with Anita Moorhead, Helene Johns and Rachael Ford, Royal Women's Hospital; Kerri McEgan, Mercy Hospital for Women; Chris Scott, Frances Perry House; and Kinga Perno, Division of Nursing and Midwifery La Trobe University

A high proportion of women in Australia initiate breastfeeding but many stop in the early months. Anecdotally more women are leaving hospital feeding their babies expressed breast milk, and continuing to do so at home. Little is known about the effect of expressing breast milk on a longer term basis in terms of breastfeeding outcomes and other factors such as maternal fatigue, stress and anxiety.

We are using three methods to explore this issue. Firstly, we conducted audits at the Mercy Hospital for Women (MHW), the Royal Women's Hospital (RWH) and Frances Perry House (FPH), and found that only 35% of women having their first baby were leaving hospital fully attaching and feeding from the breast. Sixty percent of those who were not having a first baby were fully attaching and feeding. We subsequently conducted focus groups with midwives from each site to ascertain their views on the expression of breast milk in the early postpartum period, and found two global themes emerged: the normalisation of expressing and the pressured postnatal environment.

We are planning to conduct a prospective study of women who plan to breastfeed. Eligible women will be recruited from three hospitals (Mercy Hospital for Women, Frances Perry House, the Royal Women's Hospital) before discharge home from hospital postnatally. The study will involve completion of an initial structured interview to collect demographic details, breastfeeding intentions and current feeding details. Other relevant information will be collected from the medical record with the woman's consent. Structured telephone interviews will be conducted at three and six months postpartum. The primary outcome for comparison is feeding any breast milk at six months. Secondary outcomes include exclusive breastfeeding, maternal confidence and satisfaction with infant feeding.

**FUNDING:** La Trobe University Faculty Grant

**STATUS:** Two of three components completed and ethics application submitted for main study. Master of Midwifery minor thesis submitted for examination (KP)

## 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 Public Health, La Trobe University

Women often stop breastfeeding sooner than they would like, and it may be that a lack of adequate support is a contributing factor. 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 conducted a feasibility study to explore the idea that telephone peer support in the early postnatal period might increase breastfeeding duration. We explored the acceptability of peer support for breastfeeding from the perspective of breastfeeding women and potential peer supporters. We also explored 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. There were a range of responses to the concept of telephone peer support, with mostly positive views expressed. Flexibility and an individualised approach were seen as important.

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

**STATUS:** feasibility study completed and one paper in preparation

## 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, 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 babies' mouths. 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 2006-2009 (LA); NHMRC project grant 2009-2011

**STATUS:** Ethics approval from La Trobe University and Royal Women's Hospital. Project commencing February 2009

## Collaborative Work

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

The WOMBAT Collaboration Advisory Group: Caroline Crowther, Jodie Dodd, Jeffrey Robinson & Philippa Middleton, Adelaide; Lex Doyle, Melbourne; Vicki Flenady, Brisbane; David Henderson-Smart, William Tarnow-Mordi, Christine Roberts and Jonathon Morris (Chair, IMPACT Committee), Sydney; Karen Simmer, Perth, and Judith Lumley; Vic/Tas Regional 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 will do 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 2008.

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 triallists and others has been established for the distribution of monthly electronic newsletters, information about upcoming educational workshops and other events.

**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

## CROSS-CULTURAL ISSUES

### Maternity care and health after birth: the experiences of Iranian and Afghan women in Melbourne, Australia

*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 describe women's use of, and experiences with, primary care services after birth, particularly in relation to help-seeking for depression.

Iranian and Afghan women were recruited from four Melbourne hospitals (Monash Medical Centre, Dandenong Hospital, 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 14 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:** quantitative analysis completed, face-to-face interviews completed, analysis in progress

### 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 2008 a paper on pregnancy outcomes for women born in Somalia was published; and work continues on variations in caesarean section by maternal country of birth. Further planning has also been undertaken for a

project to exploring the role of migration factors – language needs, length of residence in Australia and reasons for migration – in pregnancy outcome variations.

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

**STATUS:** ongoing; one paper published; one paper in preparation

## 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 and Sarah McDermott, Public Health Agency of Canada; Dominico DiLallo, Agency for Public Health of Rome, Italy; Giritta Essen, Uppsala University, Sweden; Mika Gissler, STAKES, Finland; Richard Glazier, Institute for Clinical Evaluative Sciences, Canada; Maureen Hearnan, University of Manitoba, Canada; Anders Hjern, National Board of Health and Welfare, Sweden; 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 Urquía, 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 a range of other countries have joined the collaborative network. A further grant was awarded by CIHR in 2006 to support the collaboration's work.

A one-day ROAM collaborators' meeting was held in Sweden in May 2008, at which completed work was presented and further research planned. As a result, a further application for funding was made to the Canadian Institutes of Health Research in September 2008 to investigate caesarean section and mortality outcomes for immigrant women across ROAM-participating countries.

**FUNDING:** Canadian Institutes of Health Research International Collaboration grant 2007-2008

**STATUS:** two papers published; two submitted; several in preparation

## WOMEN'S HEALTH AND REPRODUCTION

### Women's health and recovery after caesarean

*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 (KM), papers in progress

## 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 is being 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 1 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 2 consisted of interviews with care providers responsible for carrying out the program maternal and child health nurses (MCHNs) and local general practitioners (GPs) with the aim of finding out how the program worked and the results of any referrals for women identified as probably depressed.

Phase 3 involved an audit of women's screening records for an entire year April 2005-April 2006 to see whether changes to the screening program had resulted in any differences to numbers of women being screened and improved outcomes for these women. A postal survey was sent to the entire cohort (n=265) women inviting them to participate in further contact about their experience of screening for postnatal depression and the first postnatal year. Twenty women were interviewed in depth by the researcher covering a wide range of experiences, including women who were diagnosed as depressed and others who were not. These interviews add depth to the research and allow women's voices to be heard.

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

**STATUS:** All data collected and PhD thesis writing up in progress (SA)

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

Judith Lumley, Rhonda Small, Stephanie Brown (now Murdoch Childrens Research Institute), Lyn Watson and Creina Mitchell in collaboration with Jane Gunn, Department of General Practice, University of Melbourne

PRISM was a community intervention trial in 16 municipalities across Victoria which aimed to improve the physical and emotional health of women following childbirth via an integrated program of primary care and community based strategies, implemented in 1999 and 2000, with outcome data collection occurring over three years, from August 2000 to August 2003. Detailed information about PRISM can be accessed on the project website: [www.latrobe.edu.au/mchr/prism](http://www.latrobe.edu.au/mchr/prism). The primary outcomes paper which showed no effect of the intervention can be downloaded free at: <http://www.biomedcentral.com/content/pdf/1471-2458-6-37.pdf>

During 2008 final data cleaning of the two year outcome data was completed. Data analysis has been undertaken and a paper is now in preparation. Dr Karen Willis, a health sociologist from the University of Tasmania, has been on secondment at MCHR during 2008 analysing aspects of implementation in PRISM and drawing on the lessons to be learned for complex intervention studies.

**FUNDING:** La Trobe University and Victorian Department of Human Services Collaborative Industry grant 1997, NHMRC project grants 1997-99, 1999-01 and 2002-04, Victorian Department of Human Services program implementation grants 1998-2000, VicHealth grants for program resources and implementation 1998-2000, Felton Bequest grant 1998, Sidney Myer Fund grant 1999, beyondblue grant 2002 and participating municipalities' contributions to program implementation and data collection 1998-2003

**STATUS:** four papers published; 16 municipality reports published; two-year follow-up data analysis undertaken; two papers in preparation

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

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

MOSAIC is an intervention trial to reduce or prevent partner violence and depression among women pregnant or with children under five. 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. MOSAIC involved the randomisation of 24 general practices (28 GPs) and eight MCH nurse teams from suburbs in Melbourne's north-western region in 2006.

Of the women referred to the study, 215 were eligible for recruitment and 174 (81%) were successfully recruited. To date, 129 (74%) have completed their 12 month follow-up data, which will be complete in February 2009. Analysis of the baseline data revealed that the overwhelming majority of women participating in both arms of MOSAIC were depressed, abused and socio-economically disadvantaged. 40% of the women were born overseas. MOSAIC's Vietnamese sub-group reported less social support than the remainder of the participant group. An impact evaluation survey of participating nurses has been completed and the final GP impact survey is underway.

Preliminary analysis of ongoing in-depth interview feedback from 23 non-Vietnamese and twelve Vietnamese women who participated in the intervention arm is positive. Mentors will also be interviewed and the in-depth data from mentors and mentees will be analysed and published. MOSAIC recruitment and training has been documented in a manual to be published and the majority of mentors have successfully moved on to further volunteering or to full-time work.

**FUNDING:** NHMRC, VicHealth, Community Support Grants Fund and beyondblue  
**STATUS:** Final analysis underway, two further papers published

## Violence against young Australian women and reproductive health

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

This study analyses data from the Younger Women's cohort of the Australian Longitudinal Study of Women's Health (Women's Health Australia). Angela Taft has adjunct investigator status with Women's Health Australia. The project investigates the impact of violence and abuse (mainly but not only by intimate partners) on young women's health, particularly their reproductive health, over time. Using linked data analysis and multinomial logistic regression, the study compares the sociodemographic characteristics, reproductive and general health, social support, aspirations, use of health services and satisfaction with GP care of young Australian women reporting violence with those not reporting it. It also examines the differences between women leaving violence behind them, remaining the same or finding themselves in new and violent relationships. Recently, we analysed the impact of termination of pregnancy on depression when violence against women is taken into account, which was published in BMC Public Health

**FUNDING:** None

**STATUS:** Three papers published

## 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. 2009; advocacy systematic review completed and currently being revised

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

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

**FUNDING:** none  
**STATUS:** Cochrane protocol published April 2008

## Collaborative Work

### **WEAVE is a cluster randomised trial of a multi-faceted practice based system intervention implemented in Victorian general practices for female GP patients experiencing intimate partner abuse**

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, Murdoch Childrens Research Institute

WEAVE's primary aims are to evaluate if an intervention in general practice involving screening for intimate partner abuse, health provider education, guidelines, brief problem-solving intervention and practice organizational change increases abused women's:

1. safety behaviours and planning; and
2. mental health status and quality of life.

Secondary aims are to see if a practice based system intervention increases abused women:

3. readiness for change and action with regard to the abuse; and
4. comfort to discuss intimate partner abuse to general practitioners (GPs) and/or practice nurses (PNs); well as increasing
5. general practitioners' (GPs) and/or practice nurses' inquiries about safety of women and children; and testing
6. cost effectiveness.

To date the WEAVE project has recruited 30 GPs/practices (target  $n = 40$ ); surveyed 10,000 women across 24 practices (response rate 30%); and have recruited 150 women into the trial (target  $n = 270$ ). The third and final round of screening at 16 practices takes place in Feb/Mar 2009. The first round of GP training is complete ( $n=6$ ) and women from the round 1 intervention group are now visiting their GPs.

**FUNDING:** NHMRC 2008 -2010  
**STATUS:** One paper published

## OTHER COLLABORATIONS

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

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

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

The cohort was made up of a group of 1,432 women who were treated or assessed for treatment by Australian paediatric endocrinologists from the late 1950s through to 1993. 1,243 (87%) of the eligible cohort were traced and 846 (68%) completed questionnaires. The questionnaires used both quantitative and qualitative research methods to examine a range of health outcomes including reproductive health, mental health, general health status and satisfaction with the outcome of treatment. Analysis of fertility outcomes showed that treated women were more likely to have had a lower rate of conception and a history of infertility than untreated women. Overall, the vast majority of untreated women (95.5%) were satisfied with the decision not to be treated. Satisfaction levels were high in untreated women no matter how tall they became. 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:** two further studies, four papers published, 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 and 10 women never assessed 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 unpublished data collected in the Tall Girls Study. Findings suggest the 'tall' girl was a medical concept invented in response to the availability of a technology – synthetic oestrogens. Socio-cultural gender norms, in particular prevailing concepts of femininity, and the ambiguity of tall stature in women, stigmatised 'tall' girls. Those women assessed for tall stature during adolescence reported that their height was problematised by significant others (parents and peers), and that the medical assessment further stigmatised them inducing feelings of humiliation and shame, feeling states known to be associated with depression in women.

**FUNDING:** NHMRC Public Health PhD scholarship (2005-2007)  
**STATUS:** PhD thesis passed (JR); one paper drafted



# 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 MCHR, 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, Dr Karen Willis, Lyn Watson, Dr Arthur Hsueh, Dr Mridula Bandyopadhyay, Dr Mary-Ann Davey, and Joanne Rayner; at PCRU: Dr Renata Kokanovic; and at Healthy Mothers Healthy Families: Dr Jane Yelland and Tanya Koolmatrie.

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. COMPASS has a website which can be found at: <http://www.latrobe.edu.au/mchr/compass.html>

## COMPASS SHORT COURSE

As part of COMPASS a Short Course on Complex Interventions in Public Health was held in Melbourne from 28-30 April 2008 with 47 participants coming from around Australia and from a range of public health disciplines. Details of the Course and presentations are on the COMPASS website: <http://www.latrobe.edu.au/mchr/compass.html>

Successes for COMPASS team investigators in 2008 included: 12 grants awarded, with funding from \$7,000-\$258,492, and a further six grant applications submitted; as well as over 50 conference presentations and more than 30 peer reviewed papers published.



COMPASS Lead Investigator Professor Christine MacArthur, University of Birmingham (second on right) with (from left) Dr Helen McLachlan, Dr Della Forster, Dr Lisa Amir and Dr Mary-Ann Davey, all COMPASS Team Investigators.

## 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 2008:** 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/)

## POSTGRADUATE STUDY 2008

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 2008 postgraduate group comprised staff and full-time students completing postgraduate study (PhDs, Professional doctorates and Masters), eight of whom were enrolled at MCHR and five students enrolled through the Division of Nursing and Midwifery, La Trobe University. 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. In 2008 the postgraduate group included: staff members Fiona Bruinsma, Mary-Ann Davey, Jo Rayner and Lyn Watson; MCHR students Sue Armstrong, Melissa Hobbs, Jane Morrow and Touran Shafiei; and students enrolled with the Division of Nursing and Midwifery but supervised by MCHR staff: PhD student Michelle Newton and Master of Midwifery students Louise Peters, Tracey Savage, Rebecca Collins and Rhian Walsh.

**Postgraduate Co-ordinator 2008:** Angela Taft

## POSTGRADUATE PROJECTS

The postgraduate projects are listed in the 2008 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, Royal Women's Hospital*

### **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*

### **WAVE: Women's and staff views: an evaluation of maternity care at Barwon Health**

*Jane Morrow, Della Forster, and Mary-Ann Davey in collaboration with Helen McLachlan and Michelle Newton, Division of Nursing and Midwifery, La Trobe University; and Therese Cotter and Jenny Kelly, Barwon Health*

### **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*

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

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

## SEMINARS AT MCHR

The MCHR 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 2008. 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:** Lisa Amir

### **Seminar Program 2008**

**February:** Dr Siamak Aguhlmard, PhD Candidate, Tehran University of Medical Sciences, Iran and Visiting Fellow, Mother & Child Health Research. Improving maternity care based on women's view of care in Fayazbaksh hospital, Tehran, Iran.

**March** Extra Seminar: A/Prof Cindy-Lee Dennis, Canada Research Chair in Perinatal Community Health, Faculty of Nursing, University of Toronto. Telephone-based interpersonal psychotherapy for the treatment of postnatal depression.

**March:** Ms Tracey Savage, Master of Midwifery Candidate, School of Nursing and Midwifery / Mother & Child Health Research. A review of postnatal documentation in Victoria.

**May:** Dr Jan Coles, Senior Lecturer, Department of General Practice, Monash University. Researching the effects of childhood sexual abuse with young mothers: challenges and solutions.

**June:** A/Prof Brigid Jordan, Paediatric Social Work (Infant and Family), Royal Children's Hospital. The impact of cardiac surgery in first 3 months of life on the baby, mother's health and well being and mother baby relationship

**July:** Ms Joanne Rayner, PhD Candidate, Mother & Child Health Research. Cosmetic endocrinology: understanding depression in tall girls assessed &/or treated for tall stature as adolescents.

**August:** Dr Karen Willis, School of Sociology and Social Work, University of Tasmania and Visiting Fellow, Mother & Child Health Research. Documenting an intervention: Qualitative research and complex interventions in health care, and Remaining relevant: Teaching sociology in practice based courses.

**September:** Ms Lyn Watson, PhD Candidate, Mother & Child Health Research. Prior reproductive history and the risk of very preterm birth.

**October:** Dr Ken Harvey, School of Public Health, La Trobe University. Regulation of complementary medicines in Australia.

**November:** Dr Hiranya Jayawickrama, Medical Officer, Ministry of Health, Sri Lanka and Visiting Fellow, Mother & Child Health Research. Impact of responsive feeding on feeding behaviour and growth of young children in Sri Lanka.

# Publications 2008

## ARTICLES IN REFEREED JOURNALS

- 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*, 2008; 24(3):310-20
- 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*, 2008; 24(3):358-70
- J219 Watson LF, Rayner J-A, Lumley JM, Potter A. Recruitment to research studies in maternity hospitals: An example from the Early Births Study. *Midwifery*, 2008; 24(4):509-20
- J220 Wills G, Forster DA. Nausea and vomiting in pregnancy: what advice do midwives give? *Midwifery*, 2008; 24(4):390-98
- J221 Venn A, Hosmer T, Hosmer D, Bruinsma F, Jones P, Lumley J, Pyett P, Rayner J, Werther G. Estrogen treatment for tall stature in girls: estimating the effect on height and the error in height prediction. *J Clin Endocrinol*, 2008; 68(6):926-29
- J222 Austin M-P, Frilingos M, Lumley J, Hadzi-Pavlovic D, Roncolato W, Acland S, Saint K, Segal N, Parker G. Brief antenatal cognitive behaviour therapy group intervention for the prevention of postnatal depression and anxiety: A randomised controlled trial. *J Affect Dis*, 2008; 105(1-3):35-44
- J223 Taft A, Watson L. 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*, 2008; 8:75
- J224 Flood M, Small R. researching labour and birth events using health information records: methodological challenges. *Midwifery*, 2008; [Epub ahead of print]
- J225 Chin L, Amir L. Survey of patient satisfaction with the Breastfeeding Education and Support Services of The Royal Women's Hospital, Melbourne. *BMC Health Serv Res*, 2008; 8:83
- J226 Bastos MH, Bick D, Roan CJ, Small R, McKenzie-McHarg, K. Debriefing for the prevention of psychological trauma in women following childbirth. (Protocol) *Cochrane Database of Systematic Reviews* 2008. Issue 2. Art. No.: CD007194. DOI: 10.1002/14651858.CD007194
- J227 Cooklin AR, Donath SM, Amir LH. Maternal employment and breastfeeding: results from the longitudinal study of Australian children. *Acta Paediatr*, 2008; 97(5):620-23
- J228 Forster D, Wills G, Bolger M, McCarthy E. The use of folic acid and other vitamins before and during pregnancy in a group of women in Melbourne. *Midwifery*, 2007; [Epub ahead of print]
- J229 Aghlmand S, Akbari F, Lameei A, Mohammad K, Small R, Arab M. Developing evidence-based maternity care in Iran: A quality improvement study. *BMC Pregnancy Childbirth*, 2008; 8:20
- J230 Egana N, Bruinsma F. Data dictionaries: what do they have to do with public health? *Aust N Z J Public Health*, 2008; 32(3):286-87
- J231 Amir L, Donath S. Maternal obesity and initiation and duration of breastfeeding in Australia: Evidence from the 1995, 2001 and 2004/05 National Health Surveys. *Matern Child Nutr*, 2008; 4:163-70
- J232 Hegarty K, Gunn J, Chondros P, Taft A. Physical and social predictors of partner abuse in women attending general practice: a cross-sectional study. *Br J Gen Pract*, 2008; 58(552):484-87
- J233 Daly J, Bandyopadhyay M, Riggs E, Williamson L. Ethical review and the assessment of research proposals using qualitative research methods. *Monash Bioeth Rev*, 2008; 27(3): 43-53
- J234 Forster DA, McLachlan HL, Rayner J, Yelland J, Gold L, Rayner S. The early postnatal period: Exploring women's views, expectations and experiences of care using focus groups in Victoria, Australia. *BMC Pregnancy Childbirth*, 2008; 8:27
- J235 Hegarty K, Taft A, Feder G. Working with the whole family when domestic violence is present: what do generalists need to know? *Brit Med J*, 2008;337.a839 doi:10.1136/bmj.a839
- J236 McLachlan HL, Forster DA, Davey M-A, Lumley J, Farrell T, Oats JJN, Gold L, Waldenstrom U, Albers L, Biro MA. COSMOS: COmparing Standard Maternity care with One-to-one midwifery Support: a randomised controlled trial. *BMC Pregnancy Childbirth*, 2008; 8:35
- J237 Taft A, Hegarty K, Ramsay J, Feder G, Carter YH, Davidson LL, Warburton A. Screening women for intimate partner violence in health care settings. (Protocol). *Cochrane Database of Systematic Reviews*, 2008; Issue 1. Art. No.: CD007007. DOI: 10.1002/14651858.CD007007
- J238 Hegarty K, Taft A, Feder G. Violence between intimate partners: working with the whole family, *BMJ*, 2008; 337:346-51
- J239 Linford W, Forster D. Exploring women's reactions to a diagnosis of endometrial carcinoma: a pilot study of Australian women. *AJAN*, 2008; 26(1):34-41
- J240 Amir LH, Donath SM. Socioeconomic status and rates of breastfeeding in Australia: evidence from three recent national health surveys. *Med J Aust*, 2008; 189(5): 254-56
- J241 Taft A, Small R, Hoang K. Intimate partner/family violence in Vietnam and among Vietnamese diaspora communities in western societies: a comprehensive review. *J Fam Stud*, 2008;14(2-3):167-82
- J242 Hegarty KL, O'Doherty LJ, Gunn J, Pierce D, Taft AJ. A brief counselling intervention by health professionals utilising the 'readiness to change' concept for women experiencing intimate partner abuse. *J Fam Stud*, 2008; 14(2-3):376-78
- J243 McNair R, Taft A, Hegarty K. In-depth interviewing skills for the clinician researcher. *BMC Med Res Methodol*, 2008; 8(1):73
- J244 Donath SM, Amir LH. Effect of gestation on initiation and duration of breastfeeding. *Arch Dis Child Fetal Neonatal Ed*, 2008; 93(6):F448-50
- J245 Small R, Gagnon A, Gissler M, Zeitlin J, Bennis M, Glazier RH, Haelterman E, Martens G, McDermott S, Urquia M, Vangen S. Somali women and their pregnancy outcomes postmigration: data from six receiving countries. *BJOG*, 2008; 115:1630-40

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Hobbs M, Taft A, Amir L. The emergency contraceptive pill (ECP) rescheduled: a focus group study of women's knowledge, attitudes and experiences. *J Fam Plann Reprod Health Care*, In press

Willis K, Green J, Daly J, Williamson L, Bandyopadhyay M. Perils and possibilities: Achieving best evidence from focus groups in public health research, *Aust NZ J Public Health*, In press

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Rayner J, McLachlan H, Forster D, Walsh R. Why do women combine the use of assisted reproductive technologies and complementary and alternative medicines to enhance fertility?

Welch N, Hunter W, Butera K, Willis K, Cleland V, Crawford D, Ball K. Women's Work: Maintaining a healthy body weight.

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

Daly J, Lumley J. The role of a public health journal in securing the health of the public. [Editorial] *Aust N Z J Public Health*, 2008; 32(1):3-4

Daly J, Lumley J. Changes in ANZJPH Instructions for Authors. [Editorial] *Aust N Z J Public Health*, 2008; 32(2):103-04

Daly J, Lumley J. Taking care of early-career public health researchers and practitioners. [Editorial] *Aust N Z J Public Health*, 2008; 32(3):203-04

Daly J, Lumley J. Capacity building in public health: the role of this Journal. [Editorial] *Aust N Z J Public Health*, 2008; 32(4):303-04

Jakobsson M, Bruinsma F. Adverse pregnancy outcomes after treatment for cervical intraepithelial neoplasia. [Invited Editorial] *Brit Med J*, 2008; 337:a1350

Amir LH, Ingram J. Health professionals' advice for breastfeeding problems: Not good enough! [Editorial] *Int Breastfeed J*, 2008; 3:22

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## CONTRIBUTIONS IN NON-REFEREED JOURNALS

Amir L. ABM Clinical Protocol #4. Mastitis. *Breastfeeding Medicine*, 2008; 3(3):177-80

Panjaitan M, Amir L, Costa AM, Rudland E, Tabrizi S. PCR in detection of *Candida albicans* for confirmation of clinical diagnosis of nipple thrush. [Letter] *Breastfeeding Medicine*, 2008; 3(3):185-87

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Davey M-A, Oats JN. Births in Victoria 2005 and 2006. Consultative Council on Obstetric and Paediatric Mortality and Morbidity, Victorian Statewide Quality Branch, Department of Human Services, Melbourne, December 2008.

## BOOK CHAPTERS

Taft A, Hindmarsh E, Roberts G & London J Perpetrators, children and the non-abusive parent. In E Hindmarsh & G Roberts. (Eds), *Abuse and Violence: Working with our patients in general practice*. 3rd Ed. Royal Australian College of General Practice: Melbourne, Australia, 2008; pp.19-26.

Kealy M, Liampittong P. Contemporary Caesarean Section Theory: Risk, Uncertainty and Fear. In RM Bryar & J Cameron (Eds.) *Theory for Midwifery Practice*, 2nd Ed. Macmillan Press Ltd, London. In press

## CONFERENCE ABSTRACTS

Donath S, Amir L. Maternal alcohol consumption and diet, and initiation and duration of breastfeeding: data from The Longitudinal Study of Australian Children. International Society for Research in Human Milk and Lactation Biennial Conference, Perth, Western Australia, 31st January 2008, p19-20

Taft A, Watson L. Depression and termination of pregnancy (induced abortion) in a national cohort of young Australian women: the confounding effect of women's experience of violence. Women's Mental Health 3rd International Congress, Melbourne, 19th March 2008, p55

Shafiee T, Small R, McLachlan H. The experience of postnatal depression and use of primary care services after birth among women from Afghanistan. Women's Mental Health 3rd International Congress, Melbourne, 19th March 2008, p116

Davey M-A. Does epidural analgesia affect the baby's ability to breastfeed? IMPACT Network meeting. Gold Coast, Queensland, 19th -20th April 2008, p17

Forster D, McEgan K, Opie G, Moorhead A, McNamara C, Walker S, Amir L, Ford R, Boyce D. Diabetes & antenatal milk expressing (DAME): a proposed RCT. IMPACT Network meeting. Gold Coast, Queensland, 19th -20th April 2008, p12

Davey M-A, Lumley J, King J. Postpartum haemorrhage and shoulder dystocia in induced and augmented labour. *J Paed Child Health*, 2008; 44(Suppl 1):A45

Kealy M, Watson L, Small R. Mode of birth preferences and outcomes: before and after caesarean section. *J Paed Child Health*, 2008; 44(Suppl 1):A50

McLachlan H, Forster D, Collins R, Hegarty K, Gunn J, Rayner J, Yelland J, Love L, Cass M, Kelly J. Supporting women after childbirth: enhancing the knowledge and skills of midwives to identify and support women with psychosocial issues during the postnatal period. *J Paed Child Health*, 2008; 44(Suppl 1):A58

Rayner J, Walsh R, McLachlan H, Forster D. Why do women combine the use of assisted reproductive technologies (ART) and complementary and alternative medicines (CAM) to enhance fertility? *J Paed Child Health*, 2008; 44(Suppl 1):A45

Savage T, Forster D, McLachlan H, Rayner J. A review of postnatal documentation in Victoria. *J Paed Child Health*, 2008; 44(Suppl 1):A57

Toohar R, Middleton P, Kealy M, New K, Parker C, Crowther CA. The WOMBAT tool for diagnostic assessment and optimisation of recruitment to randomised trials in maternal and perinatal healthcare. *J Paed Child Health*, 2008; 44(Suppl 1):A70

Watson LF, King JF, Lumley J, Forster D, Kealy M. Classifying very preterm births according to a modified version of the PSANZ perinatal death classification. *J Paed Child Health*, 2008; 44(Suppl 1):A47

Amir L, Pirotta M, Daly J, Wong S. GPs and medicines for breastfeeding women. National Medicines Symposium, Canberra, Australia, 14th May 2008, p80

Small R, Bennis M, DesMeules M, Gagnon A, Gissler M, Glazier R, Haelterman E, Martens G, Zeitlin J. Somali women and their pregnancy outcomes post-migration: data from six countries. 2nd Conference of Migrant Health, European Public Health Association, Malmo, Sweden, 22nd-24th May 2008, p32

Roth C, Small R, Stewart D, Korfker D, Gagnon A, Zimbeck M. Migrant women's experiences of maternity care. 2nd Conference of Migrant Health, European Public Health Association, Malmo, Sweden, 22nd-24th May 2008, p53

Davey M, Sloan M, King J, Lumley J. Accuracy of routine-collected maternal & perinatal data in Victoria. International Confederation of Midwives, 28th Triennial Congress, Glasgow, Scotland, 2nd-5th June 2008, p79

Forster D, McLachlan H, Yelland J, Rayner J, Gold L, Farrell T, Lumley J, Rayner S. An individualised, flexible approach to postnatal care: a pilot project to inform the development of a randomised controlled trial. International Confederation of Midwives, 28th Triennial Congress, Glasgow, Scotland, 2nd-5th June 2008, p257

Kealy M. Caesarean section: women's inpatient experiences. International Confederation of Midwives, 28th Triennial Congress, Glasgow, Scotland, 2nd-5th June 2008, p22

McLachlan H, Forster D, Collins R, Hegarty K, Gunn J, Rayner J, Yelland J, Love L, Cass M, Kelly J. Supporting women after childbirth: enhancing the knowledge and skills of midwives to identify and support women with psychosocial issues during the postnatal period. International Confederation of Midwives, 28th Triennial Congress, Glasgow, Scotland, 2nd -5th June 2008, p192

Newton M, Albers L, Carr C, Forster D, McDonald S, Mazzarino M, Wagstaffe A, Wills G. WEBS: Weighing up the Evidence in Birth suite: Exploring the depth of the evidence-practice gap in vaginal examinations and amniotomy in labour. International Confederation of Midwives, 28th Triennial Congress, Glasgow, Scotland, 2nd -5th June 2008, p215

Egana N, Bruinsma F. Critical mass or critical mess? – Data dictionaries, it's your choice. Population Health Congress, Brisbane, 6th-9th July 2008, p230

Hobbs M, Taft A, Amir L. The emergency contraceptive pill (ECP) rescheduled: exploring women's knowledge, attitudes and experiences. Population Health Congress, Brisbane, 6th-9th July 2008, p85

Small R, Gagnon, A, Gissler M, Zeitlin J. Somali women and their pregnancy outcomes post-migration: data from six receiving countries. Population Health Congress, Brisbane, 6th-9th July 2008, p164

Taft A, Watson L. Depression, pregnancy termination and births among young Australian women: the confounding effect of partner violence. Population Health Congress, Brisbane, 6th-9th July 2008, p76

Amir L, Donath S. Maternal alcohol consumption and diet, and initiation and duration of breastfeeding: data from The Longitudinal Study of Australian Children. ILCA Conference, Las Vegas, USA, 23rd July 2008, p137

Amir L, Pirota M, Daly J, Wong S. GPs and Medicines for Breastfeeding Women. ILCA Conference, Las Vegas, USA, 23rd July 2008, p141

Rayner J. Cosmetic Endocrinology: (Re)constructing femininity in tall girls. 40th Annual British Sociology Association Medical Sociology Conference, Brighton, United Kingdom, 4th-6th September, 2008, p100

Willis, K. Choosing to participate in intervention research. 40th Annual British Sociology Association Medical Sociology Conference, Brighton, United Kingdom, 4th-6th September, 2008, p115

Willis, K. Remaining relevant: teaching sociology in practice based courses. Australian Sociology Plenary, 40th Annual British Sociology Association Medical Sociology Conference, Brighton, United Kingdom, 4th-6th September, 2008, p17

Rayner J. Cosmetic Endocrinology: (Re)constructing femininity in tall girls 7th Biannual Qualitative Research Conference, Bournemouth University, United Kingdom, 8th-10th September, 2008, npn

Willis, K. Documenting an Intervention – Qualitative Research and Complex Interventions in Health Care'. 7th Biannual Qualitative Research Conference, Bournemouth University, United Kingdom, 8th-10th September, 2008, npn

Taft A, Humphreys C, Hegarty K, Taket A. Promoting women's mental health: enhancing the primary health care system's response to intimate partner violence. 5th World Conference on the Promotion of Mental Health and the Prevention of Mental and Behavioural Disorders, Melbourne, 10th-12th September 2008, p24

Amir L, Pirota M, Wong S, Daly J. GPs and Medicines for Breastfeeding Women. WONCA Asia Pacific Regional Conference, Melbourne, Australia, 2nd-5th October 2008, p66

Amir L, Walsh A, Clements F. Breastfeeding problems in general practice (workshop). WONCA Asia Pacific Regional Conference, Melbourne, Australia, 2nd-5th October 2008, pp.5-6

Taft A. Abuse and violence: working with our patients in general practice. Workshop 1: Identifying and managing perpetrators, children and young people in families experiencing partner violence: what a family doctor can do. WONCA Asia-Pacific Regional Conference, Melbourne, 2nd-5th October 2008, p5

Bruinsma F, Quinn M, Tan J, Lumley J. Risk of preterm birth following a cervical lesion – is the effect of treatment mediated by prior birth outcome? World Congress of Cervical Pathology and Colposcopy, Auckland, New Zealand, 20th-23rd October 2008, p43

Amir L, Donath S. Maternal alcohol consumption and diet, and initiation and duration of breastfeeding: data from The Longitudinal Study of Australian Children', Academy of Breastfeeding Medicine, Dearborn, Michigan, USA, 24th October 2008, p98

Amir L, Pirota M, Wong S, Daly J. GPs and Medicines for Breastfeeding Women. Academy of Breastfeeding Medicine, Dearborn, Michigan, USA, 24th October 2008, p191

Taft A, Small R, Hegarty K, Lumley J and Hoang K. Compassion, competence and devotion: Vietnamese mentor mother support to reduce partner abuse and depression among recent mothers in a primary care cluster randomised trial. Asia-Pacific Injury Prevention conference, Hanoi, Vietnam, 2nd-5th November 2008, p52



# Advocacy & other activities

## PUBLIC HEALTH ADVOCACY

In July 2009, Angela Taft and Rhonda Small with the Public Health Association Australia (PHAA) Women's Health Special Interest Group (WHSIG), coordinated the development of a framework for a national evidence based sexual and reproductive health strategy with an emphasis on sexual health and wellbeing and the prevention and reduction of unplanned pregnancy. This framework was the result of collaboration with partners Sexual Health and Family Planning Australia and the Australian Reproductive Health Association. Angela and Rhonda flew to Canberra where the Call to Action and Background Discussion Paper was published and launched with the support of the federal All Party Parliamentary Group on Population and Development.

In September, again in their roles as joint conveners of the PHAA WHSIG, Rhonda and Angela supported the successful Victorian action to decriminalise abortion in Victoria. With PHAA WHSIG involvement in Womenspeak, one of four peak women's consultative bodies to the federal government, Angela also participated in consultations on the new national strategy on violence against women.

In October, MCHR made a submission to the National Maternity Services Review and Della Forster and Rhonda Small were also both invited to attend Roundtable Discussions as part of the Review process. The MCHR submission highlighted key issues in the provision of maternity care for Australia:

- women's experiences of care;
- the possibility of adverse effects of interventions;
- effectiveness and cost effectiveness of new models of maternity care;
- the provision of appropriate care to Indigenous women and women whose languages are other than English, especially refugees;
- improving rates and experiences of breastfeeding; and
- innovations in care which need evaluation.

In responding to the Improving Maternity Services in Australia Discussion Paper our submission focused specifically on four key areas: data and research; the organisation and funding of maternity services; breastfeeding; and screening for depression in the perinatal period.

## TALKS AND LECTURES

MCHR staff, students, and associates place a high priority on disseminating research findings to consumers, clinicians, and policy makers. In 2008 MCHR staff and students delivered over 40 talks and lectures, many as invited speakers, 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

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 2008. Please see website for details of reference groups: [www.latrobe.edu.au/mchr/](http://www.latrobe.edu.au/mchr/)

## CONFERENCES AND WORKSHOPS ATTENDED

In 2008, 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. See website for more detail: [www.latrobe.edu.au/mchr/](http://www.latrobe.edu.au/mchr/)

## 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 2008 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/)

## 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/)



## REVIEWING PAPERS

In 2008 staff and students at MCHR were invited to review papers for the following national and international peer-review journals:

Acta Paediatrica (LA, DF)  
Archives of Gynaecology and Obstetrics (AT)  
Archives of Women's Mental Health (RS)  
Asia-Pacific Journal of Public Health (MBa, DF, RS)  
Australian and New Zealand Journal of Public Health (LA, FB, MBa, MAD, AH, JR, RS, AT, KW)  
Australian Family Physician (LA)  
Australian Journal of Health Promotion (HMCL)  
Australian Journal of Primary Health Care (AT)  
Birth (MAD)  
BMC Health Services Research (AH)  
BMC International Breastfeeding Journal (MAD)  
BMC Women's Health (LA)  
BMC Psychiatry (RS)  
British Medical Journal (FB, MAD, DF)  
Breastfeeding Medicine (LA)  
British Journal of Obstetrics & Gynaecology (LA, FB)  
Canadian Medical Association (HMCL)  
Epidemiology (LA)  
Ethnicity and Health (RS)  
Global Public Health (AT)  
Health Economics (AH)  
Human Reproduction (FB)  
Implementation Science (KW)  
International Breastfeeding Journal (TS)  
International Journal of Multiple Research Approaches (RS)  
Journal of Family Studies (AT)  
Journal of Human Lactation (LA, HMCL)  
Journal of PharmacoEconomics (AH)  
Journal of Psychosomatic Obstetrics and Gynaecology (MBa, JR, RS)  
Journal of Public Health (RS)  
Journal of Rural and Remote Health Research (MBa)  
Journal of Women's Health (LA)  
Maternal and Child Nutrition (LA)  
Midwifery (MBa, DF, HMCL, RS)  
Public Health Nursing (RS)  
Rural and Remote Health (KW)  
Social Psychiatry and Psychiatric Epidemiology (RS)  
Women and Birth (DF, HMCL)  
Women and Health (AT)

## 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)  
Australian and New Zealand Journal of Public Health, Book Editor, (JR)  
Journal of Human Lactation, Editorial Board (LA)  
International Breastfeeding Journal, Editor-in-Chief (LA), Editorial Board (DF, JL, HM)  
Journal of Psychosomatic Obstetrics and Gynaecology, Editorial Board (RS)  
Women and Birth (DF)

## ASSESSING RESEARCH GRANTS

Social Sciences and Humanities Research Council of Canada (LA)  
Canada Institutes of Health Research (LA)  
NHMRC Fellowships (JL)

## THESIS EXAMINATION

Master of Health Sciences (Infant and Parent Mental Health), University of Melbourne (RS)  
Master of Midwifery, Monash University (DF)  
Master of Midwifery Science, La Trobe University (MK)  
Master of Public Health, University of Melbourne (JR)  
PhD Griffith University (AT)



# Staff & students

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

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



Lisa is a medical graduate and an International Board Certified Lactation Consultant. She has received a NHMRC Health Professional Fellowship (mid-2006 to mid-2010) to continue working at Mother & Child Health Research. In 2007, she was promoted to Senior Research

Fellow and is a Team Investigator on the COMPASS project.

*Sue Armstrong* Dip Soc Stud, BSW, MSW



Sue has a background in community based research and social work in health settings. She is currently studying part-time as well as working in a rural community. Her thesis, supervised by Rhonda Small, is a case study of women being screened for postnatal depression and their experience of the first postnatal year. It brings together previously uncollated data on screening for postnatal depression and the views of health service providers and women. It aims to uncover more about the complexities of screening and pathways to care for women living in rural areas.

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



Mridula joined the Centre in September 2007 as a Team Investigator on the COMPASS project to continue her work in immigrant and refugee women's health issues. She has worked with complex populations on maternal and child health, women's health, reproductive and sexual

health, family planning, determinants of health, immigrant and refugee women's health in public and social policy, primary health care, and gender-based violence.

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



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 Medical Centre.

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



Fiona has worked on a number of studies during her time at MCHR including: prevalence of obstetric ultrasound; cancer after infertility and IVF, women's experiences of maternity care in Victoria and the Tall Girls study. Fiona's most recent work has investigated pregnancy

outcomes after cervical dysplasia. In 2007 Fiona was appointed as a Team Investigator on the COMPASS project and she continues to work towards completing a Professional Doctorate in Public Health.

*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.

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



Mary-Ann is a Team Investigator on the COMPASS project and divides her time between MCHR and the Consultative Council on Obstetric & Paediatric Mortality & Morbidity as an epidemiologist. She completed a doctorate in 2008. Her interests are pregnancy and birth, breastfeeding and epidemiological and biostatistical methods. Mary-Ann has worked in health research for the last 15 years after a background in midwifery, and maternal and child health.

*Olivia Ellis*



Olivia finished VCE at the end of 2007 and joined MCHR in May 2008 as a full-time administrative assistant and receptionist. She provides administration support to MCHR staff and has a key role in maintaining and updating the website.

*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, GradDiplInterp&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.

**Arthur Hsueh** BPH, MHSA, MA, PhD



Arthur is a health economist with expertise in economic evaluation, assessment and improvement of health care efficiency, equity, safety and quality. His position at MCHR is for four years (commencing January, 2008) as a Resource Team Investigator (TI) on COMPASS, with a focus on economic evaluation of complex interventions in community settings.

**Michelle Kealy** RN, RM, MPH, PhD



During 2008 Michelle worked on a sub-study of Tall Girls and the Early Births project, as well as COSMOS and the NHMRC funded WOMBAT Collaboration. She began at MCHR in 2002 as a PhD candidate and her thesis was completed and passed in 2007. Her background includes nursing, midwifery and primary health care.

**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 (1988-1990). Judith, Director of MCHR since its foundation in 1991, retired in 2008, staying on as an Emeritus Professor.

**Cath Kerr** AdvCertIIIWelf, Cert IVBusMgmt



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.

**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 as joint project co-ordinator of the ABFAB breastfeeding trial. Since then she has been a collaborator on a number of joint projects between MCHR and the Division of Nursing and Midwifery, is a chief investigator on the COSMOS project and a Team Investigator on the COMPASS project.

**Karalyn McDonald** BA, MA, PhD.



Karalyn commenced working as a research officer for the MOSAIC project in October 2007 and has recently been appointed as a Team Investigator on the COMPASS project. Karalyn's PhD was passed in late 2008 and she continues her work as a research officer for the Living with HIV Program at the Australian Research Centre in Sex, Health and Society, La Trobe University.

**Jane Morrow** RN, RM, BHSc(Nurs), MHSc(HlthMgmt), GradDipTeachLearn



Jane is a lecturer in midwifery and has many years of clinical midwifery experience both in Australia and in the United Kingdom. Jane joined MCHR in 2008 as a part time PhD student working on the WAVE project for Barwon Health and is being supervised by Helen McLachlan, Della Forster and Mary-Ann Davey.

**Bree Rankin** BCom



Bree Rankin returned to MCHR in November 2007, having completed work on the EcoPRISM project in 2003. In the 4 years since leaving MCHR Bree has been working on health economics and mental health research at Centre for Health Policy, Programs and Economics. Bree has been 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 was appointed a Team Investigator on the COMPASS project, specifically to develop research into women's use of complementary and alternative medicines to enhance fertility. Jo's PhD was passed early in 2009.

**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 full-time 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 of Iranian and Afghan women, in particular their experiences of depression after birth and is supervised by Rhonda Small and Helen McLachlan.

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



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

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



Angela's research interests include the health impact of violence against women and children and women's reproductive health. She is a Team Investigator on the COMPASS project, the Postgraduate Coordinator at MCHR and Principal Investigator of the MOSAIC, iMatch and evaluation of emergency contraception over the counter in Australia projects. She is an Associate Investigator with the Australian Longitudinal Study of Women's Health (Women's Health Australia) and an Honorary Fellow of the Department of General Practice, University of Melbourne. Angela and Rhonda Small are the National Conveners of PHAA's Women's Health SIG in 2008

**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 and now is the Executive Manager of both MCHR and ARCSHS

**Lyn Watson** BSc, MSc, PhD



Lyn Watson has been the statistician at the Centre 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. Her PhD on preterm birth was passed early in 2009 and she provides statistical input to the COMPASS project

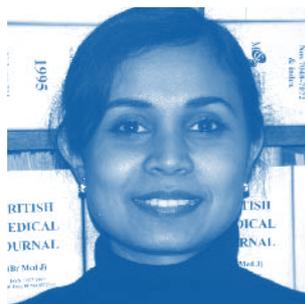
**Karen Willis** BA, MA, GradDipHlthProm, PhD



Karen is a health sociologist with expertise in qualitative research methods. Her position at MCHR is for one year (commencing February 2008) as a Team Investigator on the COMPASS project, with a focus on complex interventions in community settings.

## VISITING ACADEMICS IN 2008

Each year MCHR is fortunate to host a number of visiting scholars. In 2008 visiting academics included Dr Siamak Aghmand from Iran who completed six months as an honorary research fellow in early 2008; and Dr Hiranya Jayawickrama. Dr Hiranya Jayawickrama visited MCHR as part of her MD (Community Medicine) overseas training from the Postgraduate Institute of Medicine, Colombo, Sri Lanka. She is a public health doctor with a special interest in maternal and child health. Whilst here she worked with Lisa Amir on a number of projects including data entry and descriptive analysis for the survey of general practitioners' knowledge and attitudes to prescribing medicines for breastfeeding women. She was also Assistant Editor for the International Breastfeeding Journal, working with Lisa to help publish a thematic series based on a symposium titled "Breastfeeding and Feminism" held at the University of North Carolina, US in September 2007. During her stay Hiranya visited a maternal and child health centre, the Office for Children and other relevant institutions in Melbourne, as well as attending several breastfeeding seminars.



## RESEARCH ASSOCIATES AND COLLABORATORS 2008

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

Ms Therese Cotter, Divisional Nursing Director, Women's & Children's Services Barwon Health

Adjunct Associate Professor Jeanne Daly, MCHR, La Trobe University

Dr Mary Carolan, Senior Lecturer / Director of Midwifery, School of Nursing and Midwifery, Victoria University

Dr Lisa Donohue, General Manager, Royal District Nursing Service

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

Dr Christine East, Senior Lecturer, School of Nursing, University of Melbourne

Professor David Ellwood, Professor of Obstetrics and Gynaecology, ANU Medical School, Australian National University

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, Royal Women's Hospital, University of Melbourne

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

Dr Cate Nagle, Senior Lecturer, School of Nursing, Deakin University

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

Dr Marie Pirota, 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

## VISITING STUDENTS 2008

MCHR supports a number of students enrolled elsewhere including Michelle Newton, Rebecca Collins, Louise Peters, Tracey Savage, and Rhian Walsh, all enrolled through the Division of Nursing and Midwifery, La Trobe University.



# Grants, scholarships & awards

## **NMHC Capacity Building Grant in Population Health Research**

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

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

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

## **NMHC 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, Tanya Farrell, Jeremy Oats, Lisa Gold, and Ulla Waldenström*

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

## **NMHC Health Professional Research Fellowship**

*Lisa Amir*

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

## **NMHC Career Development Award (Population Health)**

*Rhonda Small*

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

## **VicHealth Public Health Fellowship**

*Angela Taft*

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

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

South Asian women's experiences of living with gestational diabetes mellitus (GDM)

*Mridula Bandyopadhyay, Rhonda Small, Jeremy Oats, Della Forster, Mary-Ann Davey, Amanda Aylward*

**2009: 15,000**

Hospital-based versus home-based early postnatal care: a randomised controlled trial – seeding funding for repeat NMHC application

*Della Forster, Helen McLachlan, and Mary-Ann Davey*

**2009: \$10,000**

A review of home-based postnatal care in Victoria

*Helen McLachlan, Della Forster, Jo Rayner, and Tanya Farrell*

**2009: \$15,000**

What motivates general practitioners (GPs) working in integrated medical practices to use complementary medicines (CM) as treatment modalities?

*Jo Rayner, Karen Willis and Marie Pirotta*

**2009: \$9961**

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

*Melissa Hobbs, Touran Shafiei*

**2008: \$500**

## **La Trobe University Institute for Advanced Study, Postgraduate Writing-Up Award**

*Lyn Watson*

**2008: \$3000**

## **Victorian Department of Human Services**

An evaluation of maternity service changes at Barwon Health

*Helen McLachlan, Della Forster, Mary-Ann Davey, Therese Cotter, Michelle Newton, and Jane Morrow*

**2008: \$57,562**

## **J.O. & J. R. Wicking Trust**

Description and evaluation of Snoezelen therapy for managing dementia related behaviours in Victorian residential aged-care services

*Michael Bauer, Jo Rayner, Susan Koch and Julie Ellis*

**2009-2010: \$172,496**

## **Nutricia Research Foundation**

Is vit D deficiency a risk factor for birth defects

*Jane Halliday, Sharon Lewis, Anne-Marie Ponsonby, Ruth Morley, Della Forster, Dan Penny and Leo Donnan*

**2008: \$51,000**

## **AWARDS**

### **Betty Lawson Award to attend International Confederation of Midwives Conference**

*Della Forster*

**2008: \$2,500**

### **Australasian Epidemiology Association Life Membership**

*Lyn Watson*

# Funds

Funds received from the sources listed here totalled: \$1,735,220

The contributions from all granting bodies are gratefully acknowledged.

## La Trobe University

|   |                  |
|---|------------------|
| OFFICE OF THE VICE-CHANCELLOR   | \$41,772         |
| Large grant - (D Forster)   | \$10,000         |
| Large grant - (Dr L Amir)   | \$31,772         |
| <b>FACULTY OF HEALTH SCIENCES</b>   | <b>\$406,891</b> |
| Operating funds allocation – Head of School, teaching and student supervision | \$254,260        |
| Research investment funds & student fees                                      | \$80,168         |
| Faculty Research Grants   | \$19,614         |
| - Dr A Taft   | \$19,614         |
| - F Bruinsma  | \$7,705          |
| - Dr L Amir   | \$5,000          |
| - J Rayner  | \$19,530         |
| Postgraduate Support Grants   |                  |
| - L Watson  | \$500            |
| - T Shafiei   | \$500            |

## Australian Government

|  |                  |
|--|------------------|
| NATIONAL HEALTH & MEDICAL RESEARCH COUNCIL                                     | \$777,810        |
| Capacity Building Grant (Prof J Lumley)  | \$470,950        |
| Research Project Grant (Dr H McLachlan)  | \$139,285        |
| Career Development Award (Dr R Small)  | \$92,500         |
| Research Fellowship (Dr L Amir)  | \$54,075         |
| Collaborative Research Grant (WOMBAT – University of Adelaide - Prof J Lumley) | \$21,000         |
| <b>DEPARTMENT OF EDUCATION, SCIENCE &amp; TECHNOLOGY</b>                       | <b>\$90,058</b>  |
| Research Infrastructure Block Grant  | \$90,058         |
| <b>AUSTRALIAN RESEARCH COUNCIL</b>   | <b>\$116,962</b> |
| Industry Partner Grant – (Dr A Taft, M Hobbs)                                  | \$21,650         |
| - Industry partner (Shering Pharmaceuticals)                                   | \$5,000          |
| Linkage Grant (Dr A Taft)  | \$60,312         |
| - Partner contribution (VicHealth)   | \$25,000         |
| - Partner contribution (Dept Planning & Community Development)                 | 5,000            |

## Victorian Government

|   |           |
|---|-----------|
| Victorian Health Promotion Foundation         | \$200,000 |
| Professorial Research Grant (Core funds)      | \$100,000 |
| Public Health Research Fellowship (Dr A Taft) | \$100,000 |

## Other Project Grants

|                                 |          |
|---------------------------------|----------|
| beyondblue (MOSAIC - Dr A Taft) | \$45,000 |
|---------------------------------|----------|

## Other Income

|   |          |
|---|----------|
| Editorial Services - PUBLIC HEALTH ASSOCIATION OF AUSTRALIA INC     |          |
| Australian and New Zealand Journal of Public Health (Prof J Lumley) | \$4,545  |
| Courses, report sales, interest & sundry income                     | \$52,182 |

## Mother & Child Health Research

### Faculty of Health Sciences La Trobe University

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Facsimile (03) 8341 8555

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Frank Design

### Annual Report Working Group

Jo Rayner, Rhonda Small, Olivia Ellis

