

2009 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.

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Director's Report

2009 was a year of postgraduate completions and success at MCHR. Lyn Watson, Karalyn McDonald and Jo Rayner graduated with PhDs, and Fiona Bruinsma and Touran Shafiei submitted their doctoral dissertations late in the year. Both theses have now also been passed and they graduate in 2010. In June we also celebrated Mary-Ann Davey's receiving of the Stephen Duckett Award for the best postgraduate dissertation in the Faculty of Health Sciences for 2008. Building public health research capacity from graduate level through support for postgraduate studies among staff and full-time students has always been a key strategy at MCHR, and it is gratifying to see these efforts bring fruit, both for the Centre and for the individuals involved.

Judith Lumley, our former Director, was awarded the title of Professor Emerita by La Trobe University in May in recognition of her outstanding contributions to perinatal epidemiology, public health and maternity services research, and her leadership of MCHR since its foundation in 1991. Much of our research continues to be inspired by what Judith taught us all about the important perinatal questions, and the appropriate methods to investigate them.

MOSAIC, our cluster trial of non-professional mentor mother support for childbearing women experiencing intimate partner abuse, led by Angela Taft, completed final data collection during the year, with the findings to be published in 2010. The caseload trial of one-to-one midwifery (COSMOS) led by Helen McLachlan, continued to recruit well, with more women wishing to take part than could always be accepted. Recruitment will be complete in 2010. And Lisa Amir began a major study of breast and nipple pain in lactating women (CASTLE) at the beginning of the year, with recruitment of women now also underway. All three studies received funding through the National Health and Medical Research Council, which continues to be the major source of funding for research at the Centre. Our NHMRC Capacity Building grant in Population Health Research also continues to support seven postdoctoral staff, in full or part-time capacities. The focus of development activities during the year was on methods for complex public health research, collaborative participatory approaches to research and research partnerships, the challenges of implementing complex interventions and writing for publication.

La Trobe University took a significant step towards providing better job security for grant-funded research staff, with the signing of a new Collective Enterprise Agreement in December 2009, which included the creation of a new category of 'Research Continuing Employment' for staff with more than four years of continuous service. Six staff at the Centre transfer to this new employment category in 2010.

As always, we enjoyed the enrichment provided by visiting academics during the year. Professor Jill Astbury (Victoria University) spent a month at the Centre in May and Professor Leah Albers (University of New Mexico), an investigator with COSMOS, visited again in November. As well, a number of staff spent time overseas during the year establishing or continuing research collaborations in Europe and North America. Some of these international collaborators will be new investigators on our research grant applications in 2010.

2009 has also been a productive year for research publications: 27 papers published or in press in refereed journals, with 11 further manuscripts submitted. Staff are also active in reviewing manuscripts for a wide range of international and national journals and several are members of Editorial Boards.

I wrote this report last year as MCHR's Acting Director. In December 2009 I was appointed Director. Having worked at the Centre since its establishment in 1991, I continue to be excited about the work that staff and students accomplish here, in partnership with our many collaborators. And as the Centre begins its 20th year, I feel certain that we will continue to make a contribution to public health research to improve the health and care of women and babies.

Rhonda Small Director
April 2010

Research program 2009

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

- Health services research focused on 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

There is national concern about the rising rate of unwanted and unplanned pregnancies and pregnancy terminations. This study sought to examine the knowledge, attitudes and practices of a national random sample of Australian women and pharmacists about the use of the emergency contraceptive pill (ECP) levonorgestrel. ECP was rescheduled to over the counter provision in pharmacies in 2004. We examined factors involved in use of ECP among women and under what circumstances pharmacists would refuse supply.

427 (29%) Australian pharmacists responded to a national postal survey. A majority (75%) had declined to supply ECP on certain occasions. Factors significantly associated with supply practices included pharmacist attitudes towards acceptability of advance supply, their age and gender and pharmacy accessibility.

We also conducted a national computer-assisted telephone interview with 632 women (74.4%), aged 16 to 35 years. 26% had ever used ECP, and 66% of these had done so without a prescription. The most common reason for not using it (57%) was that women did not think they were at risk of getting pregnant. 32% believed incorrectly that ECP was an abortion pill, and only 48% were aware it was available from a pharmacy without prescription.

FUNDING: Australian Research Council Linkage grant

STATUS: Data collection and analysis complete. One paper and one letter published, two papers submitted and another planned

The emergency contraceptive pill rescheduled: knowledge, attitudes and practice among women

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, involving focus groups with users of ECP to explore knowledge of, access to, attitudes towards and experiences of using ECP. 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 16-35.

Six focus groups with women have been completed and analysed. The national CATI survey was conducted by the Hunter Valley Research Foundation between May and August 2008.

FUNDING: Australian Postgraduate Award (Industry) 2006-2008

STATUS: Project completed, one paper published and one submitted, PhD thesis writing up (MH)

Why are women using complementary medicine to enhance fertility?

Jo Rayner and Della Forster in collaboration with Helen McLachlan and Rhian Cramer, 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 medicine (CM) 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 CM to alleviate reproductive and obstetric problems, there are many unknowns regarding CM use to enhance or support fertility.

The aim of the study was to explore and describe why women use CM for fertility enhancement from their perspective and the perspective of the practitioners they consult. Focus groups were undertaken in late 2007, one with CM practitioners and two with women who use CM. The findings suggest increasing numbers of women seeking to complement ART with CM because of unsuccessful or negative experiences and women report positive and empowering relationships with CM practitioners irrespective of pregnancy outcomes. Further research is required on the prevalence, safety and outcomes of CM use for fertility enhancement.

FUNDING: None

STATUS: One paper published, Master of Midwifery thesis writing up (RC)

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

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. Increasingly Australians are using complementary and alternative medicines (CM), often without the knowledge of orthodox medical practitioners, potentially increasing the risk of interactions and adverse effects. There is very little data on the use of CM in fertility enhancement (e.g. extent of use; costs; women's willingness-to-pay; what CM modalities are commonly used; and what proportion of medical fertility specialists refer to CM practitioners), and limited knowledge of potential side effects of many CM products, particularly with respect to their use in the periconceptional period.

In an anonymous postal survey, this study explored Victorian fertility specialists' views on women's use of CM for fertility enhancement. All medical specialists approved under the Infertility Treatment Act 1995 and listed with the Infertility Treatment Authority (ITA) to practise in Victoria were invited to participate. Nine specialists returned completed surveys, a response fraction of 18%. An attempt to expand the study to include fellows of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) was unsuccessful with permission to conduct the study declined by the RANZCOG Quality Committee.

FUNDING: La Trobe University Faculty of Health Sciences research grant 2007

STATUS: one paper published

What motivates general practitioners working in integrated medical practices to use complementary medicine 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 2008

STATUS: 23 interviews complete; analysis underway; preliminary findings presented at two conferences in 2009; one paper in preparation

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 effectiveness. 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 have been used to inform the development of a randomised controlled trial.

FUNDING: Mercy Hospital for Women and Novo-nordisk

STATUS: One paper published, trial protocol submitted for funding

A pilot study to underpin a large trial on the role of acupuncture in reducing formal induction of labour and use of epidural analgesia in labour in women with uncomplicated pregnancies having a first birth at 40 plus weeks' gestation

Mary-Ann Davey, in collaboration with Caroline Smith, University of Western Sydney

There is widespread concern at the high rate of caesarean section (CS) – currently more than 30% of births in Victoria. Both induction of labour and epidural analgesia are associated with CS, so reducing the rate of these has the potential to affect the CS rate. There is mixed evidence on the effectiveness of acupuncture in initiating labour, and assisting women to manage pain in labour. This study will explore the feasibility of conducting a large randomised controlled trial to investigate the role of acupuncture in reducing the rate of CS.

FUNDING: Faculty of Health Science research grant 2009

STATUS: Planning

Are women really scared of giving birth? Women's explanations for choosing elective caesareans for their first birth

Karalyn McDonald, Jo Rayner and Rhonda Small

Australia has high rates of caesarean birth (>30%) and the literature suggests this may in part be related to factors such as women's fear, maintaining a sense of control and obstetricians' concerns around risk and litigation. Only one qualitative study was found exploring maternal request for caesarean birth among primiparous women. No such research has been undertaken in Australia. Using in-depth interviews, this project will explore women's explanations for choosing non-medically indicated caesarean birth during their first pregnancy.

FUNDING: Faculty of Health Science research grant 2009

STATUS: Planning

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; 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 Royal 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 1750 women have agreed to participate and 1200 women have given birth. 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: Recruitment in progress

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 and included encouraging women to self cater for breakfast; to independently care for themselves and their baby where appropriate; promoting rest; providing communal space for socialisation; encouraging and providing group education; cessation of the use of maternal and neonatal clinical pathways to guide care for women who have had a vaginal birth; and implementing a focused time where midwives specifically sit and discuss the education and support needs identified by women themselves instead of undertaking routine postnatal observations.

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. MGP midwives collaborate with obstetricians and other health professionals as necessary and provide care until after the birth of the baby and attend for some postnatal care and domiciliary care following discharge from hospital.

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:

- 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
- 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 ongoing, analysis underway, first report submitted to Barwon Health

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: Faculty of Health Sciences research grant 2006, MCHR Grant 2006

STATUS: project complete, one paper submitted, 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

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 they inhibited multidisciplinary communication. Comments involving general documentation for postnatal care were far less positive, and related 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, Masters of Midwifery minor thesis passed (TS), three papers in preparation

An alternative approach to early postnatal care: A pilot study

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

A decade of Victorian research has identified women's low levels of satisfaction with the hospital stay following birth. Whilst the length of the hospital stay has declined dramatically since the 1980s 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: Faculty of Health Sciences research grant 2007; grant to the Royal Women's Hospital from the Victorian Department of Human Services

STATUS: intervention and data collection complete and analysis underway; papers in preparation



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

Della Forster, Helen McLachlan and Jo Rayner, in collaboration with Sharon Rayner as part of the Public Health Training Program; Jane Yelland, Murdoch Childrens Research Institute; and Lisa Gold, Deakin University

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. Eight focus groups and four individual interviews in both rural and metropolitan sectors of Victoria 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. The women in this study were generally of the view that being in hospital during the first days after the birth of their baby was safer for the baby than if they were home. Many lacked confidence in themselves as new mothers regarding their ability to care for their baby. There was a consistent view that the physical presence and availability of professional support helped alleviate these concerns, and this was especially the case for women having a first baby.

Given this situation, women understandably have concerns about any moves to shorten the length of the postnatal hospital stay. Women do not believe that increased domiciliary visits can compensate 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: Faculty of Health Science faculty grant 2006, MCHR grant 2006

STATUS: report disseminated, two papers published

PinC ANEW: Supporting women after childbirth

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

An alternative approach to psychosocial risk screening which focused on advanced communication skills for midwives and doctors was 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. This program also increased the self-reported comfort and competency of midwives to identify and care for women with psychosocial issues during the postnatal period.

FUNDING: Faculty of Health Sciences research grant 2006

STATUS: study completed, minor thesis published (RC), paper submitted

A review of home-based postnatal care in Victoria

Helen McLachlan, Della Forster, Michelle Kealy in collaboration with Tanya Farrell and Rachael Ford, Royal Women's Hospital

The care women receive after having a baby is likely to have a significant impact on their health and well-being. With the rising number of births, many health services in Victoria (including tertiary referral hospitals), have had to respond by discharging women much earlier than planned or expected. Women receive one or two home visits by a hospital midwife, yet there has been no evaluation of the provision of home-based postnatal care in Victoria, and there is very little evidence to guide care. The aim of the project is to explore home-based postnatal care in terms of what is currently provided; what women expect; and how prepared midwives are to provide home-based postnatal care. This project includes three components: focus groups (with midwives), semi-structured interviews with postpartum women and a survey of public hospital managers of maternity services.

The project will be the first to provide urgently needed information regarding the structure and content of postnatal domiciliary care. It is our intention that this exploratory study will provide valuable data to inform clinical practice as well as policy. It will also guide future research and if appropriate, may inform a future randomised controlled trial to explore the association between different types of postnatal care provision and clinical outcomes.

FUNDING: Faculty of Health Sciences research grant 2008

STATUS: Data collection

Medications and breastfeeding women: Knowledge, attitudes and practices of general practitioners

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

At times, women who are breastfeeding will consider taking medicines. These may include complementary and over-the-counter as well as prescribed medicines. General practitioners 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 (n=650).

FUNDING: Faculty of Health Sciences research grant 2007

STATUS: Results presented at conferences in 2008; one paper published, one submitted

PERINATAL OUTCOMES

Perinatal outcomes following treatment for cervical dysplasia

Fiona Bruinsma and Judith Lumley, in collaboration with Michael Quinn, the 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 Perinatal 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 passed (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, the Royal Women's Hospital

The findings of poorer outcomes associated with excisional treatments, in particular large loop excision of the transformation zone (LLETZ), raises the question: 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 underway

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, the Royal Women's Hospital

Routinely collected data on all births in Victoria in 2000-2005 were analysed to explore the association between induction of labour in the absence of medical indication, and method of birth and maternal and perinatal morbidity. The study included data on 42,950 women having a first baby at 37 to 40 weeks' (259-286 days) gestation following an uncomplicated pregnancy. Multivariate logistic regression was used to adjust the relationships of interest for a number of potential confounding factors (maternal age, baby's birthweight, gestation, use of epidural analgesia, public or private admission status). Women whose labour was induced were significantly more likely to have a caesarean section or instrumental vaginal birth; and to experience a postpartum haemorrhage and perineal trauma requiring repair. Their babies were more likely to require admission to nursery care and to require active resuscitation at birth. Oxytocin infusions in particular were associated with an increase in shoulder dystocia, postpartum

haemorrhage and neonatal jaundice requiring phototherapy. These findings will inform future interventions and trials aimed at reducing these adverse outcomes.

FUNDING: Initially funded by an Australian Postgraduate Award.

STATUS: Doctoral thesis passed (M-AD); papers in preparation

Perinatal morbidity among Australian women aged 35 years and older

Mary-Ann Davey and Michelle Kealy in collaboration with Mary Anne Biro, School of Midwifery, Monash University; and 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 with those for women aged 25-29 years.

FUNDING: None

STATUS: 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, Director, Centre for Perinatal Health Services Research; and James King, Chair, Consultative Council on Obstetric and Paediatric Mortality and Morbidity

This study aims to describe the social and demographic associations of very preterm birth in singletons and twins in Victoria (including those with gestational age); to describe the clinical subtypes of very preterm birth in both singletons and twins in Victoria; and to provide preliminary information on the contributions of exposure to violence, infertility and infertility treatment and neighbourhood level factors to very preterm birth in Victoria. The cases 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. Two papers on the study findings have been submitted for publication and two more are in preparation.

FUNDING: NHMRC project grant 2001-2003; SIDS & Kids Victoria 2003-2004; Faculty Health Sciences research enhancement grant 2003; Telstra Community Development Fund 2003

STATUS: Data collection complete, data analysis complete, four papers published, two under review, PhD awarded (LW)

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, the Royal Women's Hospital; Kerri McEgan, Mercy Hospital for Women; Chris Scott, Frances Perry House; and Kinga Pemo, 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.

A prospective cohort study is underway. One thousand women who plan to breastfeed will be recruited from three hospitals (MHW, FPH, and RWH) before discharge home from hospital postnatally. The study involves completion of an initial structured interview to collect demographic details, breastfeeding intentions and current feeding details. Other relevant information is collected from the medical record with the woman's consent. Structured telephone interviews are being conducted at three and six months postpartum. The primary outcome for comparison is feeding any breast milk at six months. Secondary outcomes included exclusive breastfeeding, maternal confidence and satisfaction with infant feeding.

FUNDING: Faculty of Health Sciences research grant 2008

STATUS: Two of three components completed, Minor thesis submitted (KP), cohort study recruitment and data collection commenced

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

Lisa Amir and Meabh Cullinane, in collaboration with Suzanne Garland and Sepehr Tabrizi, Bio21 Molecular Science & Biotechnology, University of Melbourne; Susan Donath, Murdoch Childrens Research Institute; and Catherine Bennett, Deakin University

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 2006-2010 (LA); NHMRC project grant 2009-2010; NHMRC equipment grant (2009/2010)

STATUS: Recruiting commenced October 2009

Women's attitudes and experiences of breastfeeding – Does maternal weight make a difference?

Lisa Amir, Della Forster, Jo Rayner and Karalyn McDonald in collaboration with Kate Stern, Endocrine and Metabolic Service, Royal Women's Hospital

Although overweight and obese women are less likely to breastfeed than women of normal weight, care providers currently offer the same management as they provide other women. We need to understand women's attitudes to infant feeding and their experiences with breastfeeding before we can develop interventions which aim to increase breastfeeding initiation and duration in overweight and obese women. The aim of this study is to explore obese women's attitudes to and experiences of breastfeeding in order to inform the design of an intervention to increase breastfeeding in this group of women. The study involves in-depth interviews and focus groups with pregnant and postpartum women who are over their ideal weight.

FUNDING: La Trobe University Research Grants Scheme 2007

STATUS: Ethics approval from La Trobe University and the Royal Women's Hospital. Focus groups and interviews underway

Breastfeeding women's use of breast pumps: A descriptive study

Lisa Amir and Sarah Clemons in collaboration with the Australian Breastfeeding Association.

There is a trend in Australia and other developed countries where mothers are increasingly expressing breast milk. However there is limited research as to the reasons women express breast milk and use breast pumps. This study provides descriptive information on breastfeeding women's use of pumps and their experiences of expressing breast milk. A survey of Victorian members of the Australian Breastfeeding Association was conducted online in 2008.

FUNDING: None

STATUS: Survey conducted, publication submitted

Systematic Reviews

Interventions to help women to stop smoking in pregnancy

Judith Lumley and Lyn Watson in collaboration with Catherine Chamberlain, 3Centres Collaboration, Women and Children's Program, Southern Health; Therese Dowswell, Cochrane Pregnancy and Childbirth Group, School of Reproductive and Developmental Medicine, Division of Perinatal and Reproductive Medicine, University of Liverpool, UK; Sandy Oliver, Social Science Research Unit, Institute of Education, University of London; and Laura Oakley, Non-communicable Disease Epidemiology Unit, London School of Hygiene and Tropical Medicine

Tobacco smoking in pregnancy remains one of the few preventable factors associated with complications in pregnancy, low birthweight, preterm birth and has serious long-term health implications for women and babies. Smoking in pregnancy is decreasing in high-income countries and increasing in low- to middle-income countries and is strongly associated with poverty, low educational attainment, poor social support and psychological illness. Smoking cessation interventions in pregnancy need to be implemented in all maternity care settings. Given the difficulty many pregnant women addicted to tobacco have quitting during pregnancy, population-based measures to reduce smoking and social inequalities should be supported.

FUNDING: None

STATUS: Cochrane Review updated 2009

Risk scoring systems for predicting preterm birth with the aim of reducing associated adverse outcomes (Protocol)

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

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

FUNDING: None

STATUS: Cochrane Protocol published July 2004, review underway

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 and Rhonda Small, Melbourne; Vicki Flenady, Brisbane; David Henderson-Smart, William Tarnow-Mordi, Christine Roberts and Jonathon Morris (Chair, IMPACT Committee), Sydney; Karen Simmer, Perth; Vic/Tas Regional Coordinator: Michelle Kealy (until April 2009)

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 Australia. The annual meeting of Advisory Group members, invited guests and Regional Coordinators was held in Adelaide in September.

The WOMBAT Collaboration has developed a website: [www.wombatcollaboration.net](http://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

South Asian Women's experiences of living with Gestational Diabetes Mellitus

Mridula Bandyopadhyay, Rhonda Small, Mary-Ann Davey, Della Forster in collaboration with Jeremy Oats and Amanda Aylward, the Royal Women's Hospital

Women from the Indian sub-continent have a high incidence of gestational diabetes mellitus (GDM) with adverse pregnancy outcomes. Our aim was to explore, understand and document women's experiences and views on GDM post diagnosis and their understanding of type 2 diabetes. A qualitative research design was employed to collect data in face-to-face in-depth interviews with 17 immigrant women from the Indian sub-continent at two time points: in pregnancy and at six weeks postpartum. Women were recruited from the diabetes clinic of the largest maternity hospital in Melbourne. Interviews were conducted in women's preferred language and lasted up to an hour. Thematic analysis has been conducted to identify common patterns and salient themes within and across narratives, also taking into account any divergent experiences.

FUNDING: La Trobe University Faculty of Health Sciences research grant 2008

STATUS: Final postpartum interviews being completed; paper in preparation

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

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

In order to explore women's experiences of maternity care and wellbeing after birth, 47 women from Afghanistan and Iran were recruited at four Melbourne hospitals. Data collection included a brief interview at recruitment; a main telephone interview four months after the birth and an in-depth, face-to-face interview with 14 participants nine to 15 months after the birth. The study findings demonstrated that interactions with staff were the most important factors in women's experiences of maternity care. A significant number of women reported feeling depressed or very unhappy since the birth and some of them were reluctant to discuss their emotional difficulties with health professionals and did not expect that health professionals would necessarily provide assistance. Women's comments illustrated that their experiences of emotional distress and help-seeking represent an intensification of their migrant experience, most often in relation to the availability of support when it was needed. Understanding this and paying careful attention to individual needs and preferences are important in providing appropriate maternity and postnatal care for Afghan and Iranian women.

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

STATUS: PhD passed (TS); papers in preparation

Immigrant and Australian-born women's experiences of life with a new baby: a comparison

Mridula Bandyopadhyay, Rhonda Small and Lyn Watson, in collaboration with Stephanie Brown, Murdoch Childrens Research Institute

Immigrant women, especially those from non-English speaking countries are often under-represented in research, and we know very little about their overall postpartum experiences. Our aim was to analyse the data collected in PRISM – a large community-randomised trial in Victoria that aimed to reduce depression and improve mothers' physical and psychological health six months after birth – to explore similarities and differences in experiences of life with a young baby for Australian-born (n= 9,796) and immigrant women from non-English speaking countries (n= 644).

Women in the PRISM cohort had responded to a postal survey six months after giving birth (from August 2000-February 2002). A range of experiences in early motherhood were explored, including: physical and emotional health; practical and emotional support received; views about partners, friendships, health service support and the perceived mother-and-baby-friendliness of local communities.

Immigrant women born overseas in non-English speaking countries in the PRISM sample came from various regions of Europe, the former USSR, the Middle East, Africa, Asia, South America, and the Caribbean. Our analyses show that immigrant women were more likely than Australian-born women to be breastfeeding at six months and were equally confident in caring for their baby and in talking to health care providers. No differences were found in anxiety or relationship problems with partners. However, compared with Australian-born women, immigrant mothers less proficient in English did have a higher prevalence of depression (28.8% vs 15%) and were more likely to report wanting more practical (65.2% vs 55.4%) and emotional (65.2% vs 44.1%) support. They were also more likely to have no 'time out' from baby care (47% vs 28%) and to report feeling lonely and isolated (39% vs 17%).

FUNDING: MB supported by COMPASS, NHMRC Capacity Building Grant (2007-2012)

STATUS: Completed; paper in press



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

This project is investigating 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 by maternal country of birth (eg in caesarean section and other obstetric procedures); 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.

The focus in 2009 has been on variations in caesarean section by maternal country of birth with two conference presentations and a paper in preparation. Changes in outcomes for Vietnamese-born women over time (1983-2007) are also being investigated.

FUNDING: NHMRC Career Development Award (2005-2009)

STATUS: one paper published; analyses continuing; further papers in preparation

Collaborative Work

Reproductive Outcomes And Migration (ROAM): an international collaboration

Rhonda Small and Mridula Bandyopadhyay in collaboration with Anita Gagnon, McGill University, Canada; Sophie Alexander, Université libre de Bruxelles, Belgium; Béatrice Blondell, INSERM, France; Simone Buitendijk and Dineke Korfker, 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; Girgitta Essen, Uppsala University, Sweden; Mika Gissler, STAKES, Finland; Richard Glazier, Institute for Clinical Evaluative Sciences, Canada; Maureen Heaman, 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 Urquia, University of Toronto, Canada; Jennifer Zeitlin and Meg Zimbeck, INSERM, France and EURO-PERISTAT

The collaboration aims to undertake comparative work on migrant, refugee and asylum-seeking women's reproductive health outcomes and their views of maternity care in Europe, North America and Australia. The collaboration began with an initial grant awarded from the Canadian Institutes of Health Research (CIHR) International Opportunity Development Grant Scheme to establish research links between Canada and Australia for comparing reproductive health outcomes of immigrant and refugee women. The first meeting of a wider collaborative network with researchers from the UK, Italy, France, Belgium, and Finland was held at the European Congress of Epidemiology in Porto, Portugal in September 2004. Since then collaborators from a range of other countries have joined the collaborative network. A further grant was awarded by CIHR (2007-2008) to support the collaboration's work.

A one-day ROAM collaborators' meeting was held in Poland in August 2009, at which completed work was presented and further research planned. As a result, two further applications for funding were made to the Canadian Institutes of Health Research in October 2009 to: 1) undertake an international validation of migration indicators for perinatal health, and 2) conduct a systematic review focused on international migration and caesarean section.

FUNDING: Canadian Institutes of Health Research International Collaboration grant 2007-2008; further funding sought for 2010

STATUS: four papers published; several in preparation

WOMEN'S HEALTH AND REPRODUCTION

The experience of postnatal depression in a rural Australian community

Sue Armstrong and Rhonda Small

This action research project aims to investigate pathways to care in a Victorian rural community for women experiencing depression after childbirth. The study was 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 this 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 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, one paper published, one in preparation and PhD thesis writing up in progress (SA)

Improving maternal and child healthcare for vulnerable mothers (MOVE)

Angela Taft and Rhonda Small in collaboration with Cathy Humphreys, Department of Social Work and Kelsey Hegarty, Department of General Practice, University of Melbourne

The MOVE pragmatic trial examines whether an intervention model of maternal and child health nurse practice with new mothers experiencing partner violence improves outcomes for mothers and their children.

We undertook a systematic review of guidance for community-based nurses combined with participatory action research involving nurse consultants from our four intervention MCH teams. Through these methods we are developing consensus recommendations and strategies for the new model. Following evidence of its benefit from the UK, we have also sought collaboration with the family violence services to provide more direct involvement with maternal and child health nurse teams. The intervention will commence in March 2010 and be implemented over 12 months.

Multimethod process evaluation of this intervention will be undertaken within the theoretical framework provided by Normalisation Process Theory (May, 2007). The outcomes of the intervention will be examined in a postal survey of 10,000 mothers using the MCH services over the previous year in both the four intervention and four comparison communities.

FUNDING: ARC Linkage Project 2008-2011

STATUS: Ongoing

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

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

MOSAIC's primary aim was to reduce or prevent partner violence and depression among women pregnant or with children under five and to strengthen women's health and wellbeing and their attachment to their children. The intervention, support from trained mentor mothers for up to a year after recruitment, was offered to abused or at risk women who were identified by their general practitioners (GPs) or maternal and child health (MCH) nurses. MOSAIC included an additional sub study with the Vietnamese community.

MOSAIC involved 106 primary care clinics (82 MCH clinics and 24 GP clinics). Of these 106, 65 (61%) clinics referred 215 eligible women (144 intervention and 71 comparison) between January 2006 and December 2007, of whom 174 (81%) were recruited. The intervention continued until December 2008, when 133 women (76%) (91 intervention and 42 comparison) completed the 12 months follow-up survey. All nurses and GPs were surveyed twice, first during the intervention period and then subsequently, to explore the impact of participation in MOSAIC on their practice. 35 women (11 Vietnamese) from the intervention arm and their 19 mentors (four Vietnamese) were interviewed in depth to explore their views about the impact of being mentored, or providing mentoring, on their lives. A cost consequences analysis has also been undertaken. A draft outcomes paper has been prepared for publication and further analyses of data, including qualitative data are underway.

FUNDING: NHMRC, VicHealth, Community Support Grants Fund and beyondblue

STATUS: Study completed, analysis continuing; three papers published, two in preparation

Systematic Reviews

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

The collaborative group includes 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; and Faculty of Health Sciences research grant

STATUS: Ongoing; two protocols published, systematic review of advocacy interventions now published

Debriefing for the prevention of psychological trauma in women following childbirth

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

FUNDING: None

STATUS: Cochrane protocol published April 2008, review in progress

Collaborative Work

Weave: 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

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

The 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 organisational change increases: abused women's safety behaviours and planning and their mental health and quality of life.

In summary, 49 of the target of 50 general practitioners (GPs) have been recruited and almost 20,000 Victorian women attending general practice have been screened for partner or ex-partner fear in the last 12 months. Thirty-two percent of women returned surveys and 8% were eligible for the trial (screen positive for abuse and willing to be contacted). 220 women are currently enrolled in the trial (target 250). The project is run in four consecutive overlapping streams. In stream 1, GPs have been trained and the women have undergone counselling. They are due to receive the 12-month evaluation survey in Feb 2010. In stream 2, GP training is complete and the women have been invited to counselling and completed the interim (6 month) survey. Stream 3 GPs are trained and the women are due their six-month evaluation in March 2010. There is one last GP to be recruited. Women are currently being recruited into wave 4. The last round of GP training will be conducted in Feb-Mar 2010. In 2009 a data monitoring committee was convened and the study protocol was accepted for publication in BMC Public Health. Screening data for the first three waves were coded and entered and the baseline analysis is underway.

FUNDING: NHMRC 2008 -2010

STATUS: Ongoing; one paper published and one accepted for publication

Women's Disclosure Study: disclosing partner abuse and perspectives on intervention in primary care

Angela Taft in collaboration with Lorna Jane O'Doherty, Kelsey Hegarty, and Janita Clewett, Department of General Practice, University of Melbourne

The number of trials investigating intervention for partner abuse is on the increase. However there has been a lack of research into women's perspectives about what they would like from intervention for partner abuse in health care settings. The study involves subjects from the 'weave' trial of support for women patients in general practice experiencing partner abuse,

The aim of this study is to explore reasons for disclosure among women with current or previous experiences of partner abuse and what women want from health care interventions for partner abuse. Drawing on a primary care sample of women who screened positive for current or previous fear of a partner or ex-partner, this qualitative enquiry proposes to interview women at different stages of recognising relationship problems about their views about disclosure and intervention for partner abuse. The aim is to build understanding about the factors that precipitate expression of relationship problems and what women would like to gain from intervention.

FUNDING: Early Career Development Award, University of Melbourne

STATUS: Ethics approval granted and interviews commenced

OTHER COLLABORATIONS

Cosmetic endocrinology: (re) reconstructing femininity in tall girls

Jo Rayner and Judith Lumley in collaboration with Priscilla Pyett, Department of Rural and Indigenous Health, Monash University; Jill Astbury, School of Psychology, Victoria University; and Alison Venn, Menzies Research Institute, University of Tasmania

In light of the high prevalence of major depression found among women participating in the Tall Girls Study this project aimed to examine the experiences of tall women who as adolescent girls were assessed and/or treated with synthetic oestrogens to reduce their estimated adult height. Data collection included: two in-depth interviews each with 35 tall women: 25 from the Tall Girls Study cohort and 10 women never assessed or treated for tall stature; a discourse analysis of the medical literature on treatment of tall stature published over the three decades treatment was at its peak in Australia; examination of the empirical literature on height; and analysis of 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 accepted for publication and one in preparation



Education and capacity building

DEVELOPING PUBLIC HEALTH RESEARCH CAPACITY

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



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

The Lead Investigators are: Prof Rhonda Small, 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), Emeritus Professor Judith Lumley, 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 Lyn Watson, Dr Arthur Hsueh, Dr Mridula Bandyopadhyay, Dr Mary-Ann Davey, Dr Jo-Anne Rayner, Dr Karalyn McDonald; at PCRU – Dr Renata Kokanovic and Dr Victoria Palmer; and at Healthy Mothers Healthy Families – Dr Jane Yelland and Tanya Koolmatie.

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.

In 2009, a major focus of COMPASS development activities was a writing retreat facilitated by Emeritus Professor Barbara Kamler, in May and a series of discussions about papers for a special journal issue on complexity in public health research for publication in 2010. Our monthly seminars focused on methods for complex public health research, participatory partnerships and the challenges of implementation in complex intervention research.

More information about COMPASS activities can be found at: <http://www.latrobe.edu.au/mchr/compass.html>

POSTGRADUATE STUDY 2009

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.

In 2009 MCHR staff and students were delighted by three doctoral successes. Jo Rayner graduated in October and Fiona Bruinsma and Touran Shafiei learnt that they had passed their PhDs and will graduate in 2010. We also congratulate Mary-Ann Davey who was awarded the Stephen Duckett prize for best postgraduate study in public health for 2009.

We had many inquiries from overseas students. As a result Zaharah Sulaimon (Dr Lisa Amir – co supervisor) joined the MCHR PhD student group. Dr Angela Taft was approached by Marcos Signorelli, a public health lecturer, to spend a Brazilian government-funded five month study program at MCHR in 2010 developing his PhD research of primary care responses to intimate partner violence.

MCHR continued its postgraduate support program for our diverse range of Australian and overseas PhD students and visiting scholars. Throughout the year students and presented their work and engaged in debate about methodological dilemmas or research progress. Invited speakers also presented on a range of topics.

Postgraduate Co-ordinator 2009: Angela Taft, (for 2010 Della Forster, Lisa Amir)

POSTGRADUATE PROJECTS

Details of the postgraduate projects are included in the 2009 Research Program under their appropriate research area.

The experience of postnatal depression in a rural Australian community

Sue Armstrong supervised by Rhonda Small

Perinatal outcomes following treatment for cervical dysplasia

Fiona Bruinsma supervised by Judith Lumley

The emergency contraceptive pill rescheduled: knowledge, attitudes and practice among women

Melissa Hobbs supervised by Angela Taft and Lisa Amir

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

Jane Morrow supervised by Della Forster, Mary-Ann Davey and Helen McLachlan

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

Touran Shafiei supervised by Rhonda Small and Helen McLachlan

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 2009. 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/

Seminar convenor: Lisa Amir, (for 2010, Mary-Ann Davey)

Seminar Program 2009

February: Ms Catherine Chamberlain, Project Coordinator, 3 Centres Collaboration. Cochrane review update of interventions to reduce smoking in pregnancy.

March: Associate Professor Kelsey Hegarty, Department of General Practice, University of Melbourne. Women's evaluation of abuse and violence care in General Practice: A cluster RCT.

May: Dr Karalyn McDonald, Mother & Child Health Research. The impact of stigma on HIV-positive mothers in Australia.

June: Professor Pranee Liamputtong, Personal Chair in Public Health, School of Public Health, La Trobe University. Researching the vulnerable: Methodological considerations.

July: Associate Professor Rhonda Small and Dr Lyn Watson, Mother & Child Health Research, and Associate Professor Stephanie Brown, Healthy Mothers Healthy Families, Murdoch Childrens Research Institute. PRISM: Longer-term outcomes of a community-randomised trial to reduce maternal depression and improve physical health.

August: Dr Angela Taft, Senior Research Fellow, Mother & Child Health Research. MOSAIC (MOTHERS' Advocates In the Community): preliminary findings from a cluster randomised trial of mentor mother support for abused or at risk pregnant or recent mothers referred by their GP or maternal and child health nurse.

September: Ms Mandi Cooklin, PhD Candidate, Key Centre for Women's Health in Society, University of Melbourne. "Time off work"? Maternity leave, postnatal employment and women's well-being.

October: Dr Marie Pirotta, Senior Lecturer, Department of General Practice, University of Melbourne. Women and HPV: psychosocial aspects of disease and screening.

November: Professor Leah Albers, Professor of Midwifery, University of New Mexico College of Nursing. Minimizing genital tract trauma and related pain following childbirth.

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.

Convenors 2009: Della Forster and Helen McLachlan (in 2010, Jane Morrow)

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/

VISITING ACADEMICS IN 2009

Each year MCHR is fortunate to host a number of visiting scholars. In May this year, Professor Jill Astbury visited MCHR, as part of her sabbatical leave from Victoria University where she is the Professor of Research in the School of Psychology. Jill is a long-standing collaborator with MCHR and during her visit she presented new work on women's mental health: 'Social causes of depression: a question of rights violated?' from a chapter she has authored for a new book.

Leah Albers, Professor at the College of Nursing, University of New Mexico, USA, visited the centre in November. Leah is an associate investigator with the COSMOS trial. She has a broad program of clinical midwifery research and her work is widely published in midwifery and medical journals. Leah gave a presentation "Minimising genital tract trauma and related pain following childbirth". This was Leah's third visit to MCHR.

Publications 2009

ARTICLES IN REFEREED JOURNALS

- J224 Flood M, Small R. Researching labour and birth events using health information records: methodological challenges. *Midwifery* 2009; 25(6):701-10
- J228 Forster D, Wills G, Denning A, Bolger M, McCarthy E. The use of folic acid and other vitamins before and during pregnancy in a group of women in Melbourne, Australia. *Midwifery* 2009; 25:134-46
- J246 Gissler M, Alexander S, Macfarlane A, Small R, Stray-Pedersen B, Zeitlin J, Zimbeck M, Gagnon AJ. Stillbirths and infant deaths among migrants in industrialised countries. *Acta Obstet Gynecol Scand* 2009; 88(2):134-48
- J247 Bandyopadhyay M. Impact of ritual pollution on lactation and breastfeeding practices in rural West Bengal, India. *International Breastfeed J* 2009; 4:2
- J248 Brown S, Small R, Argus B, Davis PG, Krastev A. Early postnatal discharge from hospital for healthy mothers and term infants. *Cochrane Database Syst Rev* 2009; Issue 2. Art. No.: CD002958. DOI: 10.1002/14651858.CD002958
- J249 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* 2009; 35(2):87-91
- J250 Willis K, Green J, Daly J, Williamson L, Bandyopadhyay M. Perils and possibilities: Achieving best evidence from focus groups in public health research. *Aust N Z J Public Health* 2009; 33:131-36
- J251 Taft A, Small R, Hegarty J, Lumley J, Watson LF, Gold L. MOSAIC (MOthers' Advocates In the Community): protocol and sample description of a cluster randomised trial of mentor mother support to reduce intimate partner violence among pregnant or recent mothers. *BMC Public Health* 2009; 9:159
- J252 Lumley J, Chamberlain C, Dowsell T, Oliver S, Oakley L, Watson L. Interventions for promoting smoking cessation during pregnancy. *Cochrane Database Syst Rev* 2009; Issue 3 Art. No.: CD001055. DOI:10.1002/14651858.CD001055
- J253 Saw S, Manderson L, Bandyopadhyay M, Sein TT, Mon MM, Maung W. Public and/or private health care: Tuberculosis patients' perspectives in Myanmar. *Health Res Policy Sys* 2009; 7:19
- J254 Welch N, Hunter W, Butera K, Willis K, Cleland V, Crawford D, Ball K. Women's work. Maintaining a healthy body weight. *Appetite* 2009, 53(1):9-15
- J255 Gagnon AJ, Zimbeck M, Zeitlin J, ROAM Collaboration: Alexander S, Blondel B, Buitendijk S, Desmeules M, Di Lallo D, Gagnon A, Gissler M, Glazier R, Heaman M, Korfer D, Macfarlane A, Ng E, Roth C, Small R, Stewart D, Stray-Pederson B, Urquia M, Vangen S, Zeitlin J, Zimbeck M. Migration to western industrialised countries and perinatal health: a systematic review. *Soc Sci Med* 2009; 69:934-46
- J256 Felix AS, Bruinsma F, Klemetti R, Gissler M, Lerner-Geva L, Taioli E. International pooled analysis of cancer incidence in children after assisted reproductive technologies: interim report. *Future Oncol* 2009; 5(6):901-06
- J257 McLachlan H, Forster D. The safety of home birth: Is the evidence good enough? *Can Med Assoc J* 2009; 181(6-7):359-60
- J258 Ramsay J, Carter Y, Davidson L, Dunne D, Eldridge S, Feder G, Hegarty K, Rivas C, Taft A, Warburton A. Advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse. *Cochrane Database Syst Rev* 2009; Issue 3. Art. No.: CD005043. DOI: 10.1002/14651858.CD005043
- J259 Adler NR, Govan B, Cullinane M, Harper M, Adler B, Boyce JD. The molecular and cellular basis of pathogenesis in melioidosis: how does *Burkholderia pseudomallei* cause disease? *FEMS Microbiol Rev* 2009; 33(6):1079-99
- J260 McLachlan H, Gold L, Forster D, Yelland J, Rayner J, Rayner S. Women's views of postnatal care in the context of the increasing pressure on postnatal beds in Australia. *Women Birth* 2009; 22(4):128-33
- J261 Rayner J, McLachlan H, Forster D, Cramer R. Australian women's use of complementary and alternative medicines (CAM) to enhance fertility exploring the experiences of women and practitioners. *BMC Complement Altern Med* 2009; 9:52

ARTICLES IN PRESS

- Aghlmand S, Lameei A, Small R. A Hands-on experience of the Voice of Customer analysis in maternity care from Iran. *Int J Health Care Qual Ass*
- Amir LH, Pirotta MV. Medicines for breastfeeding women: a postal survey of knowledge, attitudes and practices of general practitioners in Victoria. *Med J Aust*
- Bandyopadhyay M, Small R, Watson LF, Brown S. Life with a new baby: How do immigrant and Australian-born women's experiences compare? *Aust N Z J Public Health*
- Farrell G, Shafiei T, Salmon P. Facing up to 'challenging behaviour': a model for training in staff-client interaction. *J Adv Nurs*
- Forster DA, McEgan K, Moorhead A, Ford R, Opie G, Walker S, McNamara C. Diabetes & Antenatal Milk Expressing (DAME): a pilot project to inform the development of a randomised controlled trial. *Midwifery*
- McDonald K, Slavin S. My body, my life, my choice: practices and meanings of complementary and alternative medicine among a sample of Australian people living with HIV/AIDS and their practitioners. *AIDS Care*
- Forster D, McLachlan H. Women's views and experiences of breastfeeding: positive, negative, or just good for the baby? *Midwifery*
- McLachlan H, Forster D, Collins R, Gunn J, Hegarty K. Identifying and supporting women with psychosocial issues during the postnatal period: evaluating an educational intervention for midwives using a before and after survey. *Midwifery*
- Rayner J, Forster D, McLachlan H, Kealy M, Pirotta M. Women's use of complementary medicine to enhance fertility: the views of fertility specialists in Victoria, Australia. *Aust N Z J Obstet Gynaecol*

ARTICLES SUBMITTED

Amir L. Breastfeeding Women's experiences of expressing: A descriptive study.

Hobbs M, Taft AJ, Amir LH, Stewart K, Shelley JM, Smith AMA, Chapman CB, Hussein SY. The emergency contraceptive pill (ECP) rescheduled: a national survey of a random sample of Australian women.

Hussein S, Stewart K, Chapman C, Taft A, Amir L, Hobbs M, Shelley JH, Smith AMA. Provision of the emergency contraceptive pill (ECP) without prescription: attitudes and practices of pharmacists in Australia.

Jayawickrame H, Amir LH, Pirotta MV. GP's decision-making when prescribing medicines for breastfeeding women: Content analysis of a survey.

McDonald K, Kirkman M. HIV-Positive women in Australia explain their use and non-use of antiretroviral therapy in preventing mother-to-child transmission.

Nicholls D, Gaynor N, Shafiei T, Bosanac P, Farrell G. Mental health nursing in emergency departments: The case for a nurse practitioner role.

Rayner J, Pyett P, Astbury J. The medicalisation of 'tall' girls: A discourse analysis of medical literature on the use of synthetic oestrogen to reduce female height.

Rayner J, McLachlan H, Forster D, Peters L, Yelland J. A statewide review of postnatal care in private hospitals in Victoria, Australia.

Sims N, While C, Rayner J. How do district nurses perceive the care they provide to people with dementia?

Watson LF, Rayner J, King JF, Jolley D, Forster D, Lumley J. Modelling prior reproductive history to improved prediction of risk for very preterm birth.

Watson LF, Rayner J, King JF, Jolley D, Forster D, Lumley J. Modelling sequence of prior pregnancies on subsequent risk for very preterm birth.

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

Watson LF, Davey M-A, Biro MA, King JF. Re: Adverse outcomes of labour in public and private hospitals in Australia: a population-based study. [Letter] *Med J Aust* 2009; 190:519

Amir L, Pirotta M. Medicines for breastfeeding women: A postal survey of general practitioners in Victoria. [Letter] *Med J Aust* 2009; 191(2):126

Taft AJ, Watson L. Abortion and mental health – established facts reconsidered. [Letter] *Br J Psychiatry* 2009; 194:377-78

BOOK CHAPTERS

Bandyopadhyay M. Women's Mental Health in the Context of HIV/AIDS. In Fisher J, Astbury J, Cabral de Mello M, Saxena S (Eds). *Mental Health Aspects of Reproductive Health: A Global Review of the Literature*. Geneva: World Health Organization & United Nations Population Fund, 2009; pp.113-27

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

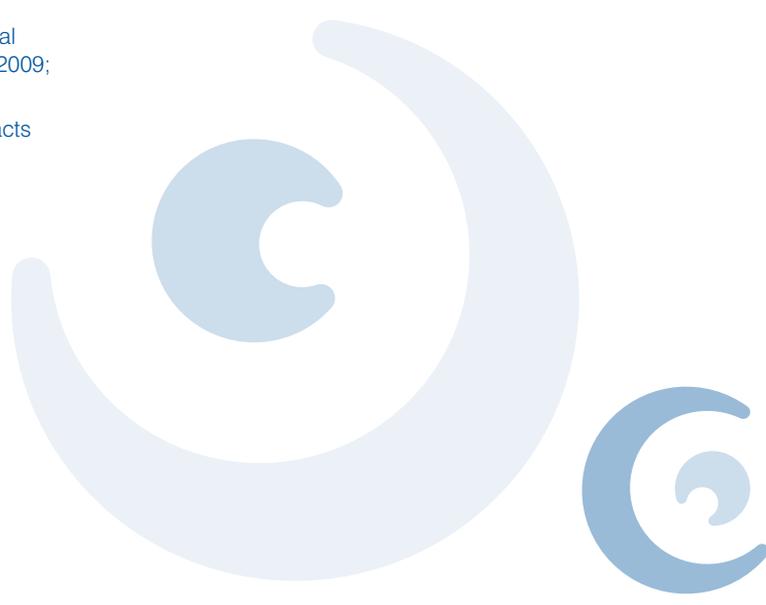
McLachlan H, Forster D. Infant feeding following migration: attitudes and practices of women born in Turkey and Vietnam after migration to Australia. In P Liamputtong (Ed.) *Infant Feeding Practices: A Cross-Cultural Perspective*. Springer: New York. In press

BOOK REVIEWS

Watson L. Essentials of Biostatistics in Public Health & Essentials of Biostatistics Workbook: Statistical Computing Using Excel. By Lisa M Sullivan. Published by Massachusetts US, 2008. *Aust N Z J Public Health* 2009; 33(2):196-97

Watson L. The Collectors of Lost Souls: turning Kuru scientists into white men. By Warwick Anderson. Published by John Hopkins University Press: Baltimore US, 2008. *Aust N Z J Public Health* 2009; 33(2):197

Bandyopadhyay, M. Bureaucrats and Bleeding Hearts: Indigenous Health in Northern Australia. By Tess Lea. Published by UNSW Press: Sydney Australia, 2008. *Aust N Z J Public Health* 2009; 33(4): 396



CONFERENCE ABSTRACTS

Davey M-A, Oats J. Placental complications in subsequent pregnancies following caesarean section: a dose response? Perinatal Society of Australia and New Zealand 13th Annual Congress, Darwin, 19th -22nd April. *J Paed Child Health*, 2009; 44(Suppl 1):A22

Newton M, Forster D, McLachlan H. Comparing burnout and satisfaction: a survey of caseload and non-caseload midwives. Perinatal Society of Australia and New Zealand 13th Annual Congress, Darwin, 19th -22nd April. *J Paed Child Health*, 2009; 44(Suppl 1):A32

McLachlan H, Forster D, Savage T, Yelland J, Farrell T, Gold L, Rayner J. An individual, flexible approach to postnatal care: a pilot project to inform the development of a randomised controlled trial. Perinatal Society of Australia and New Zealand 13th Annual Congress, Darwin, 19th -22nd April. *J Paed Child Health*, 2009; 44(Suppl 1):A65

Toohy R, Middleton P, Crowther C, Doyle L, Davis P, Carlin J, Kealy M, Flenady V, Dodd J, for WOMBAT Collaboration. Increasing maternal and perinatal research capacity: training members of data monitoring committees for randomised clinical trials. Perinatal Society of Australia and New Zealand 13th Annual Congress, Darwin, 19th -22nd April. *J Paed Child Health*, 2009; 44(Suppl 1):A74

Watson L, Rayner J. Singleton very preterm birth and prior induced and spontaneous abortion: data from a case control study (Early Births Study). Perinatal Society of Australia and New Zealand 13th Annual Congress, Darwin, 19th -22nd April. *J Paed Child Health*, 2009; 44(Suppl 1):A18

Taft A. A new model on disclosure of minority sexual orientation in general practice. General Practice & Primary Health Care Research Conference, Melbourne, Australia, 15th-17th July, npn

Amir L, Clemons S. Breastfeeding women's use of breast pumps: a descriptive study. General Practice & Primary Health Care Research Conference, Melbourne, Australia, 15th-17th July, npn

Amir L, Jayawickrama H, Pirotta M. GPs' decision-making when prescribing medicines for breastfeeding women: Content analysis of a survey. General Practice & Primary Health Care Research Conference, Melbourne, Australia, 15th-17th July, npn

Taft A, Watson L. The impact of partner violence on the mental health of young Australian women reporting termination of pregnancy: cohort analysis of a national population sample. General Practice & Primary Health Care Research Conference, Melbourne, Australia, 15th-17th July, p116

Small R. Variations in caesarean section by maternal country of birth: Another cause for concern? IEA-EEF European Epidemiology Conference, Warsaw, Poland, 26th-29th August. *Eur J Epidemiol*, 2009; 24(Suppl 1):26

Amir L. Socioeconomic status and rates of breastfeeding in Australia: a public health perspective. Australian Lactation Consultants' Association National Conference, National Conference, Canberra, Australia, September 2009, npn

Amir L, Forster D, McDonald K, Rayner J, Stern K. Women's attitudes and experiences of breastfeeding - does maternal weight make a difference? Australian Lactation Consultants' Association National Conference, National Conference, Canberra, Australia, September 2009, npn

Amir L, Jayawickrama H, Pirotta M, Wong S, Daly J. GP's decision-making when prescribing medicines for breastfeeding women: Content analysis of a survey. Australian Lactation Consultants' Association National Conference, National Conference, Canberra, Australia, September 2009, npn

Forster D, McLachlan H, Ford R. An evaluation of the Division 2 employment model for student midwives at The Royal Women's Hospital. Australian College of Midwives 16th National Conference, Adelaide, September 2009, npn

Kelso G, Amir L, James J, Moorhead A. Accreditation of midwife lactation consultants to perform tongue-tie release. Australian Lactation Consultants' Association National Conference, National Conference, Canberra, Australia, September 2009, npn

McLachlan HL, Forster DA, Amir L, Pemo K, Moorhead A, McEgan K, Johns H, Ford R. An exploration of current breast expressing practices in the early postpartum period using an audit and focus groups in three Melbourne hospitals. Australian Lactation Consultants' Association National Conference, Canberra, September 2009, npn

Moorhead A, Amir L, Wong S, O'Brien P. A prospective study of fluconazole treatment for breast and nipple thrush. . Australian Lactation Consultants' Association National Conference, Canberra, Australia, September 2009, npn

Hobbs M, Taft A, Amir L. ECP over-the-counter: the Australian experience. International Consortium for Emergency Contraception (ICEC) and American Society for EC (ASEC) Annual meeting, New York, 23rd-24th September 2009, npn

Small R. Variations in caesarean section by maternal country of birth: Another cause for concern? 39th Public Health Association of Australia Annual Conference, Canberra, Australia, 28th-30th September, p39

Taft A, Small R, Hegarty K, Watson L. Methodological challenges in complex intervention trials - successes and challenges of MOSAIC, a cluster randomised trial of social support for abused mothers among primary health care populations. 15th WONCA Europe Conference, Basel, Switzerland, 16th -19th September. *Swiss Med Weekly*, 2009; 139(Suppl 175): p62

Rayner J, Willis K, Pirotta M. What motivates General Practitioners (GPs) working in integrated medical practices to use Complementary and Alternative Medicines (CAM) as treatment modalities. 15th International Holistic Health Conference, Melbourne, Australia, 8th-10th October 2009, npn

Rayner J, Willis K, Hsueh A. Building collaboration with CAM practitioners and public health researchers - the case of women's use of CAM for fertility enhancement. Inaugural Network of Researchers in Public Health and Complementary and Alternative Medicine (NORPHCAM) Conference, Brisbane, Australia, 17th-18th October 2009, npn

Willis K, Rayner J, Pirotta M. Integrative medical practice and the role of evidence. Inaugural Network of Researchers in Public Health and Complementary and Alternative Medicine (NORPHCAM) Conference, Brisbane, Australia, 17th-18th October 2009, npn

Taft A. The impact of abortion on depression: What role does partner violence play? Findings from the Australian longitudinal study of women's health. National Conference on Health and Domestic Violence, New Orleans, USA, 8th-10th October, p40

Amir L, Moorhead A. A prospective study of fluconazole treatment for breast and nipple thrush. The Academy of Breastfeeding Medicine 14th Annual International Meeting, Williamsburg, Virginia, November 2009, npn

Advocacy & other activities

PUBLIC HEALTH ADVOCACY

This year, in their joint role as members of the Victorian PHAA branch executive and the national committee of the Women's Health Special Interest Group, Rhonda Small and Angela Taft coordinated a well-attended public forum entitled 'Prevention of unwanted pregnancy in Victoria post the decriminalisation of abortion'.

TALKS AND LECTURES

MCHR staff, students and associates place a high priority on disseminating research findings to consumers, clinicians, and policy makers. In 2009 MCHR staff and students delivered 17 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/

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 2009. Please see website for details of reference groups: www.latrobe.edu.au/mchr/

CONFERENCES AND WORKSHOPS ATTENDED

In 2009, 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/

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 2009 a variety of ongoing education was undertaken in Australia and overseas.

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/

REVIEWING PAPERS

In 2009 staff and students at MCHR were invited to review papers for the following national and international peer-reviewed journals:

AIDS Care (KM)

American Journal of Obstetrics and Gynecology (DF)

Asia-Pacific Journal of Public Health (KM, RS)

Australian and New Zealand Journal of Public Health (LA, MB, FB, M-AD, AH, JR, RS, AT, LW)

Birth (M-AD)

BMC Complementary and Alternative Medicine (DF)

BMC Health Economics (AH)

BMC Pregnancy and Childbirth (DF, RS)

BMC Public Health (KM, AT)

British Medical Journal (FB, M-AD, RS)

British Journal of Obstetrics & Gynaecology (LA, FB, M-AD, LW)

European Journal of Obstetrics & Gynecology and Reproductive Biology (JR)

Human Reproduction (FB)

International Breastfeeding Journal (M-AD, DF, KM, HMc)

Journal of Health Service Research and Policy (RS)

Journal of Human Lactation (LA, M-AD)

Journal of Psychosomatic Obstetrics and Gynaecology (MB, JR, RS)

Medical Journal of Australia (LA, LW)

Midwifery (M-AD, DF, MB, RS)

Pediatrics (LA)

Reproductive Health (M-AD)

Rural and Remote Health (AT)

Women and Birth (DF)

MEMBERSHIPS OF EDITORIAL BOARDS

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

Australian and New Zealand Journal of Public Health, Book Editor (JR)

BMC Health Economics (AH)

Journal of Psychosomatic Obstetrics and Gynaecology (RS)

Journal of Human Lactation, Editorial Board (LA)

International Breastfeeding Journal, Editor-in-Chief (LA), Editorial Board (DF, JL, HMc)

Women and Birth (DF, HMc)

ASSESSING RESEARCH GRANTS

Australian Research Council (AT)

Canada Institutes of Health Research (LA)

Clinical Fellowships, Health Research Board, Ireland (JR)

NHMRC Fellowships (JL)

NHMRC Project Grants (LA, RS, LW)

New Zealand Health Research Council (AT)

Research Grants, Faculty of Health Sciences, La Trobe University (RS)

Sexual & Reproductive Healthcare (MK)

Social Science and Humanities Research Council of Canada (RS)

Queensland Nursing Council (HMc)

THESIS EXAMINATION

PhD, University of Western Australia (LA)

Masters of Midwifery, RMIT (HMc)

AMS, University of Melbourne (JR)

PhD, University of Queensland (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, microbiology, statistics, medicine, nursing and midwifery.

Catina Adams BA (Hons) DipEd, BNrsg DipMid, M Nrsng Sci



Catina Adams joined the MOVE project in late 2009 for 12 months as co-ordinator, having taken leave from her role as a maternal and child health nurse with the City of Hume.

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



Lisa is a medical graduate and an International Board Certified Lactation Consultant. She 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 with COMPASS.

Sue Armstrong Dip Soc Stud, BSW, MSW



Sue 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 aims to uncover more about the complexities of screening and pathways to care for women living in rural areas.

Mridula Bandyopadhyay MSc, MPhil, PhD



Mridula joined MCHR in late 2007 as a team investigator with COMPASS specifically to continue her research into immigrant and refugee women's health issues.

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. Mary Anne left MCHR early in 2009 to take up a post as senior lecturer in the newly established midwifery program at Monash University.

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 joined the COMPASS team as a team investigator and in 2009 she successfully completed a Doctorate in Public Health.

Melanie Callander BComm, GradDipPsychStud



Melanie joined MCHR in 2007 as a part-time administration officer and also works on processing accounts. She is currently completing her studies in Psychology.

Méabh Cullinane BSc, PhD



Méabh has a background in microbiology and joined MCHR in May 2009 to take up the position of project co-ordinator for the CASTLE study, under the supervision of Lisa Amir. The CASTLE study is an NHMRC-funded project which aims to investigate the role of micro-organisms (*Staphylococcus aureus* & *Candida albicans*) in the pathogenesis of breast pain and infection in lactating women.

Mary-Ann Davey RN, RM, DipAppSc, BEd, GradDipSoc, DPH



Mary-Ann came to health research from senior clinical roles in nursing, midwifery, and maternal and child health. She has worked at MCHR since 1999 on a number of projects related to maternity care, and has been a team investigator on COMPASS from 2007-2010. She is also an epidemiologist at the Victorian Consultative Council on Obstetric and Paediatric Mortality and Morbidity. Mary-Ann graduated with her Doctor of Public Health in 2008. She will complete a Master of Epidemiology program in 2010 with a major focus on biostatistics.

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.

Maggie Flood RN, RM, GradCert HSc(Clin Data Man), DipWrit&Edit



Maggie rejoined MCHR in March 2009 as the project coordinator of the COSMOS trial. Maggie has a nursing and midwifery background with a particular interest in maternal health and wellbeing. She has worked previously at MCHR from 2000-07 on SRM, PRISM, the Health and Recovery After Birth (HARP) project and the Maternal Health Study.

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



Della joined MCHR in 1999 as joint project co-ordinator of the ABFAB breastfeeding trial and completed her PhD in 2005. She was a joint chief investigator of the statewide review of Public In-hospital postnatal Care (*PinC*) and is one of the chief investigators for COSMOS and a team investigator with COMPASS. Della also works part time as a Midwifery Consultant at the Royal Women's Hospital.

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 on COMPASS, with a focus on economic evaluation of complex interventions in community and clinical settings.

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.

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 and was awarded an Emeritus Professorship in 2009.

Michelle Kealy RN, RM, MPH, PhD



Michelle began at MCHR in 2002 as a PhD candidate and her thesis passed in 2007. During her time at MCHR she worked on HARP, Tall Girls, Early Births and COSMOS projects as well as the NHMRC funded WOMBAT Collaboration. Michelle resigned from her position with COSMOS in April 2009 to move to Katherine, Northern Territory. She remains an Honorary Associate at MCHR.

Karalyn McDonald BA, MA, PhD



Karalyn joined MCHR in 2007 as part of the MOSAIC team and has since been involved in Women's attitudes and experiences of breastfeeding – Does maternal weight make a difference? (2008-2009). In early 2009 Karalyn commenced her position as a team investigator with COMPASS. She is also a Research Fellow at the Australian Research Centre in Sex, Health and Society (ARCSHS) at La Trobe University.

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



Helen has a clinical and research background in midwifery and is a Senior Lecturer in midwifery in the Division of Nursing and Midwifery, La Trobe University. She joined MCHR in 1999 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 with COMPASS.

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.

Matthew Payne BSc, PhD



Matthew has a background in microbiology and joined MCHR in October 2009 to carry out the microbiological and molecular investigations for the CASTLE study. Matthew has a background in molecular microbiology and received a PhD from the University of Queensland in 2007. Before joining MCHR, he held a post-doctoral position at King's College, London.

Jo-Anne Rayner RN, BNrsg, GradDipWHlth, MWHlth, PhD



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 with COMPASS, 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 BMid, PhD



Touran completed a Bachelor of Midwifery in Iran in 1994. 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 and well-being of Iranian and Afghan women and her PhD thesis was passed early in 2010.

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 the Centre since its foundation in 1991. Her research interests include women's views and experiences of maternity care, cross-cultural issues in perinatal research, maternal depression, women's health and recovery following operative birth and intimate partner violence.

Angela Taft BA, DipEd, MPH, PhD



Angela's major research interests include the health impact of violence against women and children and women's reproductive health. She was MCHR Postgraduate Coordinator and is the principal investigator of three competitively funded studies at MCHR. She is an associate investigator with the Australian Longitudinal Study of Women's Health and an honorary fellow of the Department of General Practice, University of Melbourne.

Wendy Thornton RN, RM, BaHS (Nursing), Grad Dip C&FN



Wendy Thornton joined MCHR in October 2009 to take up the position of research officer for the CASTLE study. Wendy has a nursing background and has broad experience in paediatric, midwifery and maternal and child health fields. Prior to joining MCHR, she worked as a maternal and child health nurse in both rural and urban settings.

Paul Toomey DipAcctg, GradDipCostMgmt, 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 the Australian Research Centre in Sex, Health and Society.

Eve Urban RM, BNrsg, M Ed



Eve Urban joined MCHR in October 2009 as a research officer for the CASTLE study. Eve has a background in nursing and women's health and completed her Masters in Education at Monash University in 2003. Since then she has worked as a community educator at The Alfred Hospital and as a research assistant on various projects with the University of Melbourne and Burnet Institute.

Ruby Walters BNrsg (Hons) PhD

Ruby joined MCHR in February 2009 as the project coordinator of the MOVE project. Ruby has a nursing background and has worked as a qualitative researcher for the past six years, most recently at the Centre for Adolescent Health, and prior to that with the Nurses Board of Western Australia. Ruby is currently on maternity leave.

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. In 2008, she completed her PhD on preterm birth. She continues to provide statistical input to many projects at Mother & Child Health Research, including COMPASS, PRISM and MOSAIC.

VISITING STUDENTS 2009

MCHR supports a number of students enrolled elsewhere including Michelle Newton, and Rhian Walsh, enrolled through the Division of Nursing and Midwifery, La Trobe University; and Karina Bria, who is completing PhD studies at the University of Adelaide, after re-locating to Victoria.

RESEARCH ASSOCIATES AND COLLABORATORS 2009

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

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

Dr Michael Bauer, Lecturer, Division of Nursing and Midwifery and Research Fellow, Australian Centre for Evidence Based Aged Care, La Trobe University

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

Associate Professor Jeanne Daly, Adjunct Associate Professor, MCHR, La Trobe University

Dr Lisa Donohue, General Manager, RDNS Helen McPherson Smith Institute of Community Health, Melbourne

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

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

Ms Anne Fleming, Honorary Research Fellow MCHR and Research Midwife

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

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

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

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

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

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

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

Associate Professor James King, Royal Women's Hospital, University of Melbourne

Associate Professor Susan Koch, Division of Nursing and Midwifery, La Trobe University

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

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

Associate Professor Priscilla Pyett, Indigenous Health Research, Monash University Department of Rural and Indigenous Health

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

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

Professor Alison Venn, Menzies Research Institute, University of Tasmania

Professor Ulla Waldenström, Karolinska Institute, Sweden

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

Dr Karen Willis, Adjunct Senior Research Fellow MCHR and Senior Lecturer, Department of Sociology and Social Work, University of Tasmania

Dr Jane Yelland, Healthy Mothers Healthy Families, Murdoch Childrens Research Institute



Current grants, scholarships & awards

NMHCRC Capacity Building Grant in Population Health Research

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

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

2007-2012: \$2,333,750

NHMRC Health Professional Research Fellowship

Lisa Amir

2006-2009: \$154,350

NHMRC Project Grant

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

Kelsey Hegarty, Jane Gunn, Angela Taft A, 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

NHMRC Equipment Grant

The role of micro-organisms (*Staphylococcus aureus* & *Candida albicans*) in pathogenesis of breast pain and infection in lactating women

Lisa Amir

2009-2010: \$8,000

VicHealth Research Project Grant

Exploring alcohol use in pregnancy: what questions should we be asking?

Jane Halliday, Della Forster, Elisabeth Elliot, Cate Nagle, Colleen O'Leary, Melissa Wake, and John Carlin

2010: \$105,032

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 and Susan Koch

2009-2010: \$172,496

La Trobe University, Faculty of Health Sciences Research Grants

Are women really scared of giving birth? Women's explanations for choosing elective caesareans for first birth

Karalyn McDonald, Jo Rayner and Rhonda Small

2009-2010: \$9,986

MILC (Mothers and Infants Lactation Cohort): a multi-site cohort study

Della Forster, Lisa Amir, Helen McLachlan, Anita Moorhead, Kerri McEgan, Rachael Ford, Chris Scott and Helene Johns

2010: \$15,000

The use of complementary and alternative medicine (CAM) in Victorian residential aged care facilities

Susan Koch, Jo Rayner and Michael Bauer

2009-2010: \$9,999

A pilot study to underpin a large trial on the role of acupuncture in reducing formal induction of labour in women with uncomplicated pregnancies having a first birth at 40 plus weeks' gestation

Mary-Ann Davey and Caroline Smith

2009-2010: \$14,835

Screening women for intimate partner violence in health care settings: Cochrane Systematic Review.

Angela Taft

2009-2010: \$9,695

La Trobe University, Faculty of Health Sciences Postgraduate Support Grants

Touran Shafiei, Melissa Hobbs, Jane Morrow

2009-2010: \$1,900

AWARDS

Judith Lumley was made Professor Emerita at La Trobe University on 20th May 2009 in recognition of her significant contributions to perinatal epidemiology and maternity services research over very many years

Stephen Duckett Graduate Research Prize for Higher Degree by Research

Mary-Ann Davey

Fellow, Academy of Breastfeeding Medicine

Lisa Amir

Funds 2009

Funds received from the sources listed here totalled: \$2,022,639

The contributions from all granting bodies are gratefully acknowledged.

National Health & Medical Research Council (NHMRC) 1,247,666

Capacity Building Grant - "COMPASS "	562,992
Project Grant: Breastfeeding infections - "CASTLE"	363,575
Project Grant: Midwifery Caseload - "COSMOS"	155,974
Career Development Award - Small, R	94,250
Professional Training Fellowship - Amir, L	55,125
Project Enabling Grant: University of Adelaide - "WOMBAT"	15,750

La Trobe University - Faculty of Health Sciences 433,143

Operating budget and supervision of students (DEEWR & DEST)	326,982
Faculty Research Grants (Bandyopadhyay, Forster, McLachlan, Rayner)	54,961
Faculty Research Investment for 2009	50,000
Postgraduate Research Support Grants	1,200

Victorian Health Promotion Foundation 150,000

Public Health Research Fellowship - Taft, A	100,000
Partner contribution - ARC Linkage Project - "MOVE"	50,000

Australian Research Council (ARC)

Linkage Grant - "MOVE"	96,050
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Department of Planning & Community Development (Victoria)

Partner contribution - ARC Linkage Project - "MOVE"	5,000
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Department of Education, Science & Technology (Commonwealth)

Research Infrastructure Block Grant	53,518
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Consultancies and other income (incl interest) 37,262

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This report is produced on an environmentally considered paper, consisting of 50% post consumer recycled waste and 50% FSC certified fibre and printed with vegetable based inks by an environmentally responsible printer. This reflects the Centre's commitment to environmental sustainability.

Annual Report Working Group

Jo Rayner, Rhonda Small, Olivia Ellis

