

Existence of breast thrush confirmed

Lisa Amir

The results of the CASTLE study, which we conducted together with researchers from the Murdoch Children Research Institute, the Royal Women's Hospital, the University of Melbourne and Deakin University, published in March 2013¹, will make it easier for healthcare professionals to diagnose the presence of breast thrush and thus to treat women who are experiencing nipple pain.

Some women experience deep, radiating breast pain, along with burning nipple pain during breastfeeding. However, there has been some controversy about this condition. Some clinicians diagnose breast thrush and treat accordingly, while others doubt the relationship between the presence of fungal organisms and the pain experienced. This confusion means that the approach of healthcare professionals to the condition is not consistent or effective. The CASTLE study

thus aimed to find out whether the condition of nipple and breast thrush actually exists. The study was also designed to resolve the current controversy surrounding the primary organism responsible for the condition known as 'breast thrush': *Candida species* or *Staphylococcus aureus*?

This NHMRC-funded project followed 360 women from pregnancy to eight weeks after they gave birth, taking nasal and nipple swabs and breast milk samples at five defined time points. Nasal and oral swabs from the baby were also obtained. The samples were analysed for the presence of *Candida* species and for the bacteria *Staphylococcus aureus*. The bacteria was found to be present in women both with and without breast pain, with no correlation, while there was a strong association between pain and the presence of *Candida*.

This shows that *Candida* plays a role in nipple and breast pain in breastfeeding women, and thus demonstrates that breast thrush does exist.

1 Amir LH, Donath SM, Garland SM, Tabrizi SN, Bennett CM, Cullinane M, Payne MS. Does *Candida* and/or *Staphylococcus* play a role in nipple and breast pain in lactation? A cohort study in Melbourne, Australia. *BMJ Open* 2013; 3(3): e002351.



Annual Report 2012

In April, the Centre's 2012 Annual Report was published online at: www.latrobe.edu.au/mchr/publications

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Evaluation of the PANDA national perinatal depression helpline

Touran Shafiei

In January 2013, MCHR was invited by the Chief Executive of the Post and Antenatal Depression Association (PANDA) to undertake an independent evaluation of the PANDA national telephone based peer support service.

PANDA is a national, not-for-profit organisation formed in Victoria in 1985.

The PANDA helpline is a telephone information, support and referral service, staffed by trained volunteers and professional counsellors.

PANDA's mission is to support and inform women, men and their families who are concerned about or affected by childbirth related depression and anxiety.¹

In 2010 funding was provided to PANDA to expand its telephone based peer support service Australia-wide with appropriate capacity to accept referrals from the national Pregnancy, Birth and Baby Helpline.

The evaluation comprises a number of components including a description of the PANDA caller profile, demand and referral pathways, and an exploration of the views and experiences of callers to PANDA via an online survey, a hard copy survey or a telephone interview.

Key informant interviews with PANDA volunteers, PANDA counsellors and key stakeholders are also being undertaken.

The evaluation is being carried out by Helen McLachlan, Della Forster, Rhonda Small and Touran Shafiei and is due to be completed by December 2013.

¹ PANDA, Post and Antenatal Depression Association, Retrieved May 2013, from <http://www.panda.org.au/>.



'Going local' – new community-based breastfeeding support trialled

Touran Shafiei

Breastfeeding provides infants with the optimal start to life, yet Victorian breastfeeding rates fall well below national targets and there are major variations in breastfeeding rates across the state. The Victorian Department of Education and Early Childhood Development (DEECD) has provided funding to trial interventions aimed at increasing breastfeeding duration in Victorian communities.

SILC – Supporting breastfeeding In Local Communities – is a three-arm cluster randomised trial. It will determine whether early home-based breastfeeding support increases the proportion of infants receiving 'any' breast milk at four and six months. In the intervention arm of the trial, women with identified breastfeeding issues get support from a SILC Maternal and Child Health Nurse (SILC-MCHN). These women either have or don't have access to a community-based breastfeeding drop-in centre.



Ten Local Government Areas (LGAs) across Victoria with low breastfeeding rates were randomly allocated to one of three trial arms:

- standard care (acting as comparison communities)
- early home-based breastfeeding support by a SILC-MCHN
- access to a community-based breastfeeding drop-in centre in addition to home-based breastfeeding support by a SILC-MCHN.

The intervention phase of SILC commenced on 1 July 2012 and concluded on 31 March 2013.

We are assessing breastfeeding outcomes using routinely collected Maternal and Child Health Centre data as well as from postal surveys to women.

In addition, we are exploring the views and experiences of SILC-MCHNs who are providing the SILC interventions via a survey and focus group discussions.

We also conducted face-to-face interviews with LGA coordinators from the intervention LGAs. This component of the SILC evaluation (led by PhD student Rhian Cramer) will be important in understanding why the interventions might or might not be effective and the potential sustainability of the SILC intervention/s.

Investigators: Helen McLachlan, Della Forster, Lisa Amir, Rhonda Small, Meabh Cullinane, Touran Shafiei, Rhian Cramer and Lael Ridgway

For more information, see: www.latrobe.edu.au/mchr/research/social-context/silc



New Postgraduate Students 2012/13

Fetene Berhanu Belihu



We recently welcomed a new international student from Ethiopia, who commenced his Doctor of Public Health studies at the Centre. He has a Bachelor of Science degree from

Hawassa University in Ethiopia and a Masters in Public Health from the University of Eastern Finland. He has worked as project coordinator for USAID/JSI, CARE Ethiopia and the Ethiopian Ministry of Health.

Project title: *Birth outcomes and determinants for immigrant women in Australia*

Supervisors: Rhonda Small, Mary-Ann Davey

Rhian Cramer



Rhian is a midwife based in Ballarat. She has a Bachelor of Nursing and Bachelor of Midwifery and a Masters of Midwifery Science from La Trobe University. She holds a

La Trobe University Post Graduate Research Scholarship 2012 to undertake her doctorate full-time.

Project title: *SILC – Supporting infant feeding in local communities – evaluation of SILC processes*

Supervisors: Helen McLachlan, Della Forster, Touran Shafiei

Kate Dawson



Kate is currently working as a Lecturer in Midwifery at La Trobe University. She has a Bachelor of Science and a Bachelor of Nursing and has worked in oncology.

After obtaining a Post Graduate Diploma in Midwifery in 2004 she has since worked in midwifery across a broad range of clinical models (including caseload midwifery). She completed a Graduate Diploma in Education (Secondary) in 2011.

Project title: *Exploring the introduction, expansion and sustainability of caseload midwifery in Australia (ECO)*

Supervisors: Michelle Newton, Della Forster, Helen McLachlan

Maggie Flood



Maggie has a nursing and midwifery background with many years' experience in the conduct of research trials and data management. She has worked at MCHR for 10

of the last 12 years in a range of capacities - on SRM 2000, PRISM, the Health and Recovery After Birth (HARP) project and the Maternal Health Study. Recently she was project co-ordinator for COSMOS. Now she is a Master of Research (Health Sciences) scholar with a La Trobe University Postgraduate Research Scholarship awarded 2013.

Project title: *Risk factors and trends in postpartum haemorrhage in Victoria 2003-2010: health policy implications*

Supervisors: Mary Ann Davey, Sue McDonald, Wendy Pollock

Heather Grimes



Heather is based in Bendigo and is currently working as the regional coordinator of the La Trobe Graduate Diploma in Midwifery. She works clinically

in midwifery on a casual basis at Bendigo Health and the Women's. She started her PhD in January and her publications will be based on her work with the RUBY randomised controlled trial. Heather completed a Grad Dip in Clinical Education and is currently developing skills in multi-media resource production to support the movement of the 2014 La Trobe midwifery curriculum to an online format.

Project title: *Proactive telephone support in the early postnatal period to increase breastfeeding: a randomised controlled trial (RUBY)*

Supervisors: Della Forster, Helen McLachlan, Touran Shafiei

Leesa Hooker



Leesa is a nurse academic with the La Trobe Rural Health School based in Bendigo. She has extensive clinical experience in Maternal & Child Health nursing

in both rural and metropolitan settings. She joined MCHR in late 2011 (part time) to work with the MOVE team as a research officer. Her research interests include rural women's health, indigenous health and intimate partner violence.

Project title: *Strengthening Maternal & Child Health nursing practices with vulnerable families, especially those experiencing violence*

Supervisors: Angela Taft, Rhonda Small

Sonia Reisenhofer



Sonia is a Lecturer in the School of Nursing and Midwifery at La Trobe University, Course Coordinator of the Bachelor of Nursing Degree programs conducted

in Hong Kong and Singapore and manages the International Activities within the School. She is also the Subject Chair for Medications in Nursing. She has a strong background in acute and emergency care and her current research interests include the areas of family violence, acute care and international education.

Project title: *What is the relationship between self-efficacy and position in the Stages of Change (or other) pathway for women experiencing Intimate Partner Violence?*

Supervisors: Angela Taft, Mary-Ann Davey

Ranmali Rodrigo



Ranmali is a postgraduate trainee in Neonatology at Mercy Hospital for Women, Melbourne and a Lecturer in Paediatrics at University of Kelaniya, Sri Lanka.

She obtained her MBBS in 2003 and holds postgraduate paediatric qualifications MRCPCH (UK) and MD (Sri Lanka). Her study aims to explore methods of breast milk transport from home to hospital when babies are long term inpatients.

Project title: *Optimal method to express, store and transport breast milk from home to hospital in two settings: a developed and a developing country*

Supervisors: Lisa Amir, Della Forster

Moni Rani Saha



Moni is an international PhD student from Bangladesh. She is a registered pharmacist in Bangladesh with more than 5 years teaching experience at the department

of Pharmacy at Stamford University, Bangladesh. She graduated with a Bachelor of Pharmacy (Hons) and a Masters of Pharmacy. She holds a La Trobe University Post Graduate Research Scholarship and La Trobe University Full Fee Research Scholarship 2012.

Project title: *Breastfeeding practices and experiences of women requiring medicines during lactation*

Supervisors: Lisa Amir, Kath Ryan

Sarmin Sayeed



Dr Sarmin Sayeed is a full time Ph.D student from Bangladesh. Alongside her PhD, Sarmin is a part time academic at Monash University and a registered General

Practitioner in Australia. Before coming to Australia, Sarmin worked in the government health services and at UNICEF, Bangladesh to implement maternal and child health programs. In 2008, she completed her

Masters in Health Services Management at Monash University under an Australian Leadership Award Scholarship. Currently she holds a La Trobe University Post Graduate Research Scholarship and a La Trobe University Full Fee Research Scholarship.

Project title: *Non-medical reasons for caesarean section – factors influencing decision-making in Australian women*

Supervisors: Rhonda Small, Mary-Ann Davey, Karalyn McDonald

Laura Whitburn



Laura is a Lecturer of Human Anatomy within the School of Public Health & Human Biosciences at La Trobe University, Bundoora. Her teaching interests include neuro-

anatomy of the brain and nervous system, as well as the neuroscience of pain. Laura's research focuses on the neuroscience of pain and the role of cortical processes in the perception of pain. Laura has a background in Physiotherapy and previously worked in sports medicine practices in Melbourne.

Project title: *The role of cortical processes in the perception of pain during labour*

Supervisors: Rhonda Small, Mary-Ann Davey, Lester Jones

Ingrid Wilson



Ingrid has a strong interest in gender-based violence and the impact on women and children. She has a Bachelor of Arts (Hons) in Criminology and a Postgraduate

Diploma in Law (UK). She has extensive experience working in privacy and human rights policy in Australia and in the UK. More recently she has advised on alcohol policy issues for the Victorian State Government and the Australian Drug Foundation. Ingrid holds an Australian Postgraduate Award and is the inaugural winner of the Judith Lumley Scholarship.

Project title: *Reducing alcohol-related violence against women and children - the effectiveness of alcohol prevention interventions to reduce high risk drinking*

Supervisors: Angela Taft, Kathryn Graham (Centre for Addiction and Mental Health, London, Ontario, CA)

Gender-based violence and women's/child health in East Timor

Angela Taft, Lyn Watson

The Timor-Leste Demographic Health Survey (TL-DHS), conducted in 2009-10, surveyed 3000 women about specific aspects of domestic and interpersonal violence. Survey findings reported that 38% of women experienced physical violence, 3% sexual violence and 8% emotional violence from a partner.¹ Violence varied by area of residence, age, marital status, education and occupation.

In 2012, GRM International (www.grminternational.com) approached us to undertake a project to provide estimates of the nature and scope of violence against women that could be used to improve prevention and response strategies as outlined in the Timor-Leste National Action Plan on Gender-based Violence (2012). This project, now being undertaken at MCHR, involves a secondary analysis of the TL-DHS focussing on the impact on women's reproductive and general health, and their children's health.

We are exploring the prevalence, nature (physical, sexual or emotional) and timing of violence. Women who have never married are being compared with women who are or were married in terms of their experience of violence. Amongst "ever married women", the reproductive history, pregnancy, birthing care and children's health of those experiencing violence will be compared with women not experiencing violence. We will also look at women's empowerment in terms of their

health status, employment, decision-making and attitudes to wife-beating, refusing sexual intercourse and marital rape and its association with violence.

A report on the findings with discussion and recommendations in light of relevant literature, areas of concern, and gaps in current data was presented in Timor-Leste in July. Further work, in particular, recommended steps to reduce violence will also be proposed.

1 National Statistics Directorate (NSD) [Timor-Leste], Ministry of Finance [Timor-Leste], ICF Macro. Timor-Leste Demographic and Health Survey 2009-10. Dili, Timor-Leste: NSD [Timor-Leste] and ICF Macro, 2010. Available from: www.measuredhs.com/pubs/pdf/FR235/FR235.pdf

Screening for intimate partner violence IPV

Angela Taft

A Cochrane Systematic Review

Women who have experienced physical, psychological or sexual violence from a partner can suffer poor physical and mental health, poor pregnancy outcomes and premature death. Their children and families can also suffer. The effects of violence often result in women attending healthcare settings. Some people have argued that healthcare professionals should routinely ask all women attending a healthcare setting whether they have experienced violence from their partner or ex-partner. They reason that this approach (known as universal screening) might encourage women, who would not otherwise do so, to disclose abuse, or to recognise their experience as 'abuse'. In turn, this would enable the healthcare professional to provide immediate support or refer them to specialist help, or both. Some governments and health organisations recommend universal screening for intimate partner violence (IPV). Others argue that such screening should be targeted to high risk groups, such as pregnant women attending antenatal clinics (targeted screening is known as 'selective screening').

We carried out a Cochrane Systematic Review to find out whether there was any evidence that screening for intimate partner violence increases the number of women identified and the number referred on to specialist services; and whether screening results in health benefits to women or causes any harm.¹

The review found that screening doubled the likelihood that abused women were identified, but did not increase the numbers referred for specialist help. Both, the numbers identified and referred for support, were low. Screening did not reduce the level of violence experienced by women or improve women's health and wellbeing at any time point from three to 18 months after the screening. The conclusion is that there is insufficient evidence to justify universal screening for intimate partner violence in healthcare settings.

Brief counselling by family doctors

A recently published study in *The Lancet* investigated whether brief counselling from family doctors trained to respond to women identified through IPV screening would increase women's quality of life, safety planning and behaviour, as well as mental health.²

This cluster randomised controlled trial enrolled family doctors from clinics in Victoria and their female patients (aged 16–50 years) who screened positive for fear of a partner in the past 12 months in a health and lifestyle survey. The study intervention consisted of training of doctors, notification to doctors of women screening positive for fear of a

partner, and invitation to women for one-to-six sessions of counselling for relationship and emotional issues.

The findings of this study can inform further research on brief counselling for women disclosing intimate partner violence in primary care settings, but do not lend support to the use of postal screening in the identification of those patients. However, we suggest that family doctors should be trained to ask about the safety of women and children, and to provide supportive counselling for women experiencing abuse, because our findings suggest that, although we detected no improvement in quality of life, counselling can reduce depressive symptoms.

1 Taft A, O'Doherty L, Hegarty K, Ramsay J, Davidson L, Feder G. Screening women for intimate partner violence in health care settings. *Cochrane Database Syst Rev* 2013; Issue 4, Art.No.: CD007007

2 Hegarty K, O'Doherty L, Taft A, Chondros P, Brown S, Valpied J, Astbury J, Taket A, Gold L, Feder G, Gunn J. Screening and counselling in the primary care setting for women who have experienced intimate partner violence (WEAVE): a cluster randomised controlled trial. *Lancet* 2013;382(9888):249-58

Nina Matthews



Grants

Congratulations to the following staff for their recently awarded grants:

Mary-Ann Davey and Angela Taft won a Department of Health Victoria tender for the 'Improving the collection and reporting of rural obstetrics data project'.

Angela Taft was asked to conduct a 'Two-phase study of violence against women prevalence and its impact for the Timor-Leste Justice Sector Support Facility' which is led by GRM International and funded by AusAid. (2013)

Helen McLachlan is leading an evaluation of the National Perinatal Depression Hotline for the Post and Antenatal Depression Association (PANDA) together with **Della Forster**, **Rhonda Small** and **Touran Shafiei**.

Mary-Ann Davey is part of a University of Melbourne led NHMRC project grant 'Impact of risk-reducing bilateral salpingo-oophorectomy on non-cancer outcomes in young high-risk women: a multicentre prospective study' (2013-2015, Total \$481,207.11; CIA - Professor Martha Hickey, Melbourne University).

Angela Taft is part of a University of Melbourne led Discovery Grant: 'Development and evaluation of a web-based decision and safety planning aid for women experiencing domestic violence (I-DECIDE)' (2013-2015, Total \$717,831; CIA Associate Professor Kelsey Hegarty, Melbourne University).

Maggie Flood was a recipient of a Perinatal Society of Australia & New Zealand Early Research Career Travel Grant in April 2013.

Helene Johns received a Soroptimist travel grant through the Women's hospital enabling her to attend the MAINN conference in the UK.

Graduations

Natasha Maharaj graduated with her PhD in March. The title of her thesis was 'Motherhood, culture and identity of Indian immigrant women in Melbourne'. Her supervisors were Mridula Bandyopadhyay and Priscilla Robinson (School of Public Health, La Trobe University).

Kristina Edvardsson graduated with her PhD at Umeå University, Sweden, in May after she successfully presented and defended the doctoral thesis at a public defence. The title of her thesis was 'Health

promotion in pregnancy and early parenthood. The challenge of innovation, implementation and change'. Her thesis was supervised by Anneli Ivarsson and Eva Eurenus, Umeå University; Rickard Garvare, Luleå University of Technology, Monica Nyström, Karolinska Institute (all in Sweden) and co-supervised by Rhonda Small.

Awards



Prof Keith Nugent, Helen McLachlan, Prof John Dewar

Helen McLachlan received the DVC (Research)/Vice-Chancellor's Award for Mid-Career Researchers in 2012.

Staff news

Kenji Nashiro, an Associate Professor of Social Work from Okinawa University, is an honorary visiting fellow at MCHR for a year

Welcome back to **Méabh Cullinane** who recently returned from maternity leave after the birth of baby girl, Ellie, in August 2012.



Ellie
Cullinane

Visits

Audrey Saftlas, Professor of Public Health, Department of Epidemiology, College of Public Health, University of Iowa and Adjunct Professor of Epidemiology at La Trobe University, spent 2 weeks at MCHR sharing her expertise in grant-writing and peer reviewing grant applications. She also held a seminar on the influence of gestational smoking patterns on preeclampsia, gestational hypertension and fetal growth.

Miriam Labbok, Professor of Practice of Public Health at the University of North Carolina at Chapel Hill, Director of the Carolina Global Breastfeeding Institute, is an internationally renowned breastfeeding advocate, lactation scientist, and women's and children's issues advocate. She visited MCHR in December 2012 to begin a collaboration between the Carolina Global Breastfeeding Institute and MCHR. She presented a lunch-time seminar and participated in our one-day meeting, 'Setting the Research Agenda for Breastfeeding'. She is a Chief Investigator on our NHMRC Centre of Research Excellence application in 2013.

Emma Wahlstedt, a Public Health student from the University of Lund in Sweden, came to visit MCHR for a month to work with Helen McLachlan and Della Forster on one of their research projects.



Emma
Wahlstedt

Recent publications

Please refer to the listing on our website at <http://www.latrobe.edu.au/mchr/publications>

International presentations 2013

Miranda Buck presented results from the CASTLE study at the GOLD Lactation Online Conference, held in April 2013.

In May 2013 **Kristina Edvardsson** presented outcomes of the Swedish Salut Programme at the *21st International Conference on Health Promoting Hospitals and Health Services* in Gothenburg, Sweden, and also presented a poster on overweight and obesity in expectant parents.

Mary-Ann Davey recently returned from a schedule of meetings and conferences in Europe. She attended the *1st European Congress on Intrapartum Care* in Amsterdam, at which she presented work on risk factors for early problems with breastfeeding. Mary-Ann was invited to present findings from the COSMOS (caseload midwifery) trial at the University of Nottingham, as the guest of Professor Helen Spiby. She participated in a meeting of the International Early Labour Research Group at Grange-over-Sands (UK). This was followed by the *Normal Labour & Birth 6th Research Conference*, also in Grange-over-Sands, where Mary-Ann presented findings from the COSMOS trial related to timing of admission to hospital in labour, as well as the risk factors for early breastfeeding problems. Her final activity was a workshop on Epigenetics.

Helene Johns attended the University of Central Lancashire, *Maternal and Infant Nutrition and Nurture Unit (MAINN)* Conference in Grange over Sands in June 2013 and gave a presentation 'Alienating the breast – the implications for expressing breast milk in hospital'.

Also in June, staff / students took part in the *International Conference of the Nursing Network on Violence Against Women (NNVAWI)* in Vancouver, Canada:

Sonia Reisenhofer gave a talk 'Mapping the Stages of Change; challenges and benefits for women experiencing intimate partner violence'.

Angela Taft presented the recently published Cochrane Review of screening women for intimate partner violence in healthcare settings, which elicited interesting discussions.

Angela Taft together with **Leesa Hooker** gave a talk on the MOVE trial.

Research translation

Following consultation with key stakeholder groups, the Victorian Department of Health had identified an opportunity to provide women with greater choice in place of birth through the introduction of a publicly funded homebirth model of maternity care. This led to the establishment of a **homebirthing pilot program** offering midwife-led homebirths through two Melbourne metropolitan hospitals – Sunshine Hospital and Casey Hospital. MCHR undertook the **evaluation** of this pilot program, led by Associate Professor Helen McLachlan. The results of the evaluation formed a confidential report for the Victorian

Department of Health to inform government and assist in decision-making about the future operation and possible expansion of publicly funded homebirthing in Victoria. This report was released in part by the State Government on March 8 and discussed widely in the media.

In March Lisa Amir went on a **speaking tour** for the Australian Breastfeeding Association Seminar Series in Sydney, Adelaide and Perth talking about the results of the CASTLE study and about diagnosing nipple and breast pain.

Lyn Watson's article 'Identifying risk factors for very preterm birth: A reference for clinicians' in *Midwifery* was featured on **www.MDLinx.com** on 24 April 2013. MDLinx is an internet-based service offering healthcare professionals a quick means of staying up to date with academic literature. MDLinx scans, sorts, summarises and disseminates new literature. Subscribers receive daily or weekly newsletters with summaries of and links to new journal articles in their areas of speciality.

MOSAIC has been cited as evidence for advocacy/empowerment interventions in the WHO publication *Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines 2013*. Further information about MOSAIC has been requested for a US review 'Home Visiting Evidence of Effectiveness' (HomVEE). The review is being conducted for the U.S. Department of Health and Human Services (HHS) by Mathematica Policy Research and will be used to help inform policy, new initiatives, and program directions at the federal level. For more information, visit: <http://homvee.acf.hhs.gov>.

Angela Taft and colleagues wrote an article published in *The Conversation* about the need for **national abortion data** following the accessibility of mifepristone (RU486) on the PBS. It attracted a lot of comment and debate.

Anita Moorhead gave a presentation at the Australian Diabetes Educators Association (ADEA) Victorian Branch State Conference in May about **breastfeeding and diabetes** and the DAME trial. Participants (diabetes educators) showed a great interest in this research for mothers with diabetes and are keen to know the outcomes.

Mother & Child Health Research

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