

Judith Lumley Centre

for women, children and family health research

#55 December 2021

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Dr Maggie Flood recently established the Maggie Flood Postgraduate Student Professional Development Bursary, a \$1,000 donation to be awarded to a postgraduate student at JLC, each year for the next five years. The purpose of this award is to provide support for professional development (e.g., attending a course, participating in a conference). The inaugural recipient for 2021 is Kerryn O'Rourke. In addition, last year Maggie made a \$20,000 donation to support research into postpartum haemorrhage associated with births in Victoria. This was awarded to Professor Christine East who conducts research in this area. Jasmine Love recently caught up with Maggie to chat about her time at JLC, why she chose to make these donations, and her recent role in Victoria's COVID-19 response.



Dr Maggie Flood with Kerryn O'Rourke

Maggie is a nurse and a midwife. She began her journey with JLC back in 2000 as a Research Assistant. Working on various projects over the years, she watched many PhD candidates come through JLC and although there was support and encouragement from senior colleagues around her, she never imagined she would take that path herself.

"I am not going to even dream about doing a PhD . . . it's such a challenge . . . and also the thought of focusing for three years or more on one topic . . . (it's) never going to be me."

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NEWS IN BRIEF

Staff news

We welcomed

Dr Kritika Poudel who has recently commenced as a Research Assistant with Prof Chris East. See more on Kritika's new role on p. 11.

We said farewell to

Leanne Slade and **Cindy Woods** who joined JLC a few years ago to work on the Healing the Past by Nurturing the Future project. We thank them for their contributions to JLC and wish them both well in their future roles.

Congratulations to

Amanda Cooklin, **Kristina Edvardsson** and **Leesa Hooker** who have recently been promoted to Associate Professors! In addition, Leesa has been appointed Associate Dean, Research and Industry Partnerships for the La Trobe Rural School.

However, while abstracting data for birth events from Victorian mothers' records over a few years for several JLC studies, she noticed that postpartum haemorrhage rates were climbing and were increasingly severe. In 2012 she had a chat with Dr Mary-Ann Davey, who worked with data from the Victorian Perinatal Data Collection Unit, and Mary-Ann agreed that the data showed a worrying trend of increasing rates of postpartum haemorrhage. She now had her topic, and Mary-Ann agreed to be her supervisor.

"I was busting to find out more about postpartum haemorrhage because it's so dramatic, but also imagine what it must feel like for women . . . I wanted to find out a whole lot more about it".

During her time as a PhD student, Maggie immersed herself in her topic, learnt new skills such as how to conduct statistical analyses, write academic papers, and face the daunting prospect of giving oral presentations. Reflecting on this time, Maggie quotes Charles Dickens' *A Tale of Two Cities*:

"It was the season of light, it was the season of darkness, it was the spring of hope, it was the winter of despair' . . . I think that encapsulates the PhD candidate experience pretty well – it's so full of absolute highlights and extreme downtimes - those peaks and troughs where you think I'll never get there . . . [But] I did get there".

Maggie also reflected on the importance of the JLC community in helping her through these ups and downs:

"My PhD was a long one and those times when there was no sign of progress, it was their support that sustained my determination. Mentorship and collegiality are immensely valuable attributes in a workplace, and it was and is a privilege to be a part of that at JLC. Of course, having an outlet for my love of baking was important and usually I could find takers for my bickies and in turn I enjoyed sampling the delights shared by other bakers at morning tea".

When asked what motivated Maggie to make the two incredible donations to JLC, she thought of her parents. At times, her parents struggled to provide for their seven children, but they still made donations to causes that they regarded as worthy, and Maggie admired this. During her candidature, Maggie was thrilled to win various grants that enabled her to complete her research, attend conferences and present her results. Maggie reflected...

"Why can't I be a donor, even in a very modest way, to try and help someone else along in a way that I personally have benefited from during my own PhD?"

Maggie spoke of the importance of supporting researchers to continue to generate new knowledge with the potential to benefit people's lives:

"Unless you investigate it's a mystery, it's an unknown so that is what research money can help to do – shine a light in a dark place."

Maggie hopes that by establishing these bursaries she "might inspire other people . . . to think that's not so hard to do, I could do that too." After her PhD, Maggie worked on various projects at JLC, and research work had just

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Student news

Dr Mercy Otsin has recently graduated from her PhD! Her thesis was titled: *A mixed methods study of post abortion women and service providers in the Ashanti Region of Ghana*. Supervised by **Prof Angela Taft, A/Prof Leesa Hooker**, Kirsten Black and Ellis Owusu-Dabo.

Desiree La Grappe has been awarded an NHMRC scholarship to continue her PhD: *Maternal and Child Health Nursing: A golden opportunity to integrate screening for reproductive coercion and increase effective contraception use?* \$101,541.92; Supervisors: **A/Prof Kristina Edvardsson, A/Prof Leesa Hooker, A/Prof Laura Tarzia** (University of Melbourne), **Prof Angela Taft**.

Fiona Faulks has been awarded an Australian Government Research Training Program Scholarship to continue her PhD: *Exploring the feasibility of conducting an international multi-site RCT to test if primary midwife led care improves outcomes for migrant and refugee women*. Supervisors: **Prof Helen McLachlan** and **Dr Touran Shafiei**.

Anne O'Neill has been awarded an Australian Government Research Training Program Scholarship to continue her Professional Doctorate: *Clinical Supervision in the Victorian Maternal and Child Health Service: a mixed method study*. Supervisors: **A/Prof Kristina Edvardsson** and **A/Prof Leesa Hooker**.

New Higher Degree student

Sharon Mumford (PhD): FUCHSIA (*FUture proofing the midwifery workforce in Victoria: a state-wide Cross-sectional survey exploring Health, wellbeing and SustalnAbility*). Supervised by **A/Prof Michelle Newton** and **Prof Helen McLachlan**.

started to build up as the COVID-19 pandemic hit. She chose to register her availability to assist with the COVID-19 response.

"There were those scenes in Italy of the overwhelmed hospitals and ICU and all this and I thought that's coming here . . . I look out the window from where the offices were at Chelsea House [Royal Women's] . . . they'd installed staff outside the hospital to take people's temperatures and I thought, I haven't been in a ward for years . . . I could take the place of someone out there taking temperatures and they could go back in and use their much more current clinical skills."

Maggie ended up working with a team at the Department of Health to set up the Infection Prevention Control Outreach Nurse team. The team would go out to organisations following a positive COVID-19 case and advise them on how to prevent the further spread of infection. They also conducted prevention visits, helping organisations, particularly high priority ones such as hospitals and schools, to assess their readiness. She quickly took on the role of coordinator, managing HR and communications for the entire team, including overseeing team wellbeing. On reflecting on her time in this role, Maggie described how special it felt to be a part of a team that was making a difference.

In the middle of this year, Maggie finished in this role. After all her hard work she is taking a well-earned break. This of course involves spending time in the kitchen trying out new recipes. Maggie has kindly shared the recipe for a cinnamon raisin loaf, which we have included at the end of the newsletter.

The JLC community extend our thanks to Maggie for her generosity.



Plenty Gorge Parklands

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Grants

Congratulations on the following major grants awarded to JLC staff:

NHMRC Ideas Grant \$946,000.

A paradigm shift in lactational mastitis

Prof Lisa Amir is CI on the project led by A/Prof Wendy Ingman at University of Adelaide (see article p. 4).

National Institutes of Health (\$254,121)

MOthers' AdvocateS In the Community for Mothers with Experience of intimate partner violence

Prof Angela Taft is CI on the RCT led by Dr Maji Debena from University of Michigan, USA.

"ABC" Grant within the La Trobe Theme Investment scheme \$22,500

Testing a gold standard approach for accuracy and completeness of abortion reporting in Australia using self-report and linked administrative health data.

A/Prof Kristina Edvardsson, Dr Mridula Shankar, A/Prof Leesa Hooker, A/Prof Kevin McGeechan (University of Sydney), **Prof Kirsten Black** (University of Sydney), **A/Prof Deborah Bateson** (Family Planning NSW/University of Sydney), **Dr Katrina Moss** (The University of Queensland) and **Prof Angela Taft**

Royal Women's Hospital (\$80,000)

Cornelia Program: A housing intervention for pregnant women experiencing homelessness: Program impact evaluation

Dr Juliet Watson, Dr Jacqui Theobald, A/Prof Suellen Murray, A/Prof Leesa Hooker

New collaboration to explore the development of mastitis

Lisa Amir

Mastitis means inflammation of the breast and is a common problem for breastfeeding women. The role of microorganisms in mastitis is poorly understood. Some breastfeeding women have pathogenic bacteria, such as *Staphylococcus aureus*, in their milk but don't develop mastitis; while some women with clinically obvious mastitis (fever, inflamed and painful breast) have no pathogens detected in their milk. My colleague, Associate Professor Wendy Ingman, a breast health expert is a Research Fellow at the University of Adelaide and leads the Breast Biology & Cancer Unit, based at The Queen Elizabeth Hospital.

Wendy studies the role of the innate immune system in the development of mastitis. This is the response of the host (animal/woman) that involves inflammation (including white blood cells) and the complement cascade system, rather than the more well-known adaptive immune system which includes antibody production. She has shown that a protein in the inflammatory pathway called the toll-like receptor 4 (TLR4) in mammary gland tissue is critically important in the development of mastitis. She has also shown that there are components in milk that may be protective against bacteria.



Associate Professor Wendy Ingman

Wendy and I have recently received a highly competitive three year National Health and Medical Research Council (NHMRC) Ideas grant which aims "to provide mechanistic in vitro and in vivo evidence that host innate immune factors are critical in mastitis and can be therapeutically blocked to improve treatment and prevention."

One component of the project involves analysis of breast milk samples stored from my NHMRC-funded CASTLE cohort study.¹ We will compare the presence of inflammatory proteins in milk from women with mastitis to milk from women with no symptoms of mastitis over the eight weeks of the study. Another component of the new project involves recruiting women at high and low risk of mastitis in Melbourne, and studying these proteins in breast milk using mass spectrometry and other techniques. Wendy and her

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Grants continued

Norman Beischer Medical Research Foundation (\$40,000)

F3: Find, Follow and Facilitate. Three steps to FLOURISH for high-risk infants and their families

Prof Susan Walker, A/Prof Joanne Said, Prof Jeanie Cheong, Dr Catherine Connaughton, **Prof Della Forster**, Dr Alicia Spittle, **Prof Jan Nicholson**, Prof Rodney Hunt, **Prof Christine East**, Prof Sharon Goldfeld, A/Prof Ryan Hodges, A/Prof Lisa Hui, A/Prof Wei Qi Fan, A/Prof Kim Dalziel, **A/Prof Leesa Hooker**, Dr Stefan Kane

United Nations Population Fund (UNFPA) (\$450k)

Regional partnership to support the health system response to violence against women in the Asia-Pacific

Dr Kayli Wild, **Prof Angela Taft**, Linda Kelly, Guilhermina de Araujo, **A/Prof Leesa Hooker**

La Trobe School of Nursing \$10,000

Maternal and Child Health nurses' and consumers' perceptions and experiences of father-inclusive practice in urban and rural MCH settings in Victoria: a qualitative study.

A/Prof Kristina Edvardsson, Catina Adams, Lael Ridgway, Dr Mridula Shankar, **A/Prof Leesa Hooker**, **Prof Christine East & Prof Richard Gray**.

team in Adelaide will use an innovative mouse model² to increase our understanding of the role of inflammation in mastitis and explore the feasibility of using anti-inflammatory agents to prevent and treat mastitis. This grant will provide an exciting opportunity for a postdoc to work in Wendy's laboratory in Adelaide.

Since mastitis is a common and distressing problem for breastfeeding women, we are keen to improve understanding of how milk stasis, or reduced milk flow, can lead to mastitis and thereby identify women at risk. The project has the potential to open up new industry opportunities to develop new technologies and pharmaceutical approaches to prevent and treat mastitis. Preventing and treating mastitis would help women achieve their breastfeeding goals and improve maternal and child health globally.

Wendy Ingman, Lisa Amir. A paradigm shift in lactational mastitis. NHMRC Ideas Grant APP2011845, 2022-24: \$946,000.

1. Amir LH, Donath SM, Garland SM, Tabrizi SN, Bennett CM, Cullinane M, Payne MS. Does Candida or Staphylococcus play a role in nipple and breast pain in lactation? A cohort study in Melbourne, Australia. *BMJ Open* 2013;3:e002351. <http://dx.doi.org/10.1136/bmjopen-2012-002351>
2. Ingman WV, Glynn DJ, Hutchinson MR. Mouse models of mastitis – how physiological are they? *Int Breastfeed J* 2015;10:12 <https://doi.org/10.1186/s13006-015-0038-5>

Regional partnership to support the health system response to violence against women in the Asia-Pacific

Kayli Wild

The Judith Lumley Centre (JLC), in collaboration with the Institute for Human Security and Social Change (IHSSC), have been successful in a competitive tender for a multi-year partnership with the United Nations Population Fund (UNFPA). The partnership will strengthen the ability of health systems to respond to women and children experiencing violence in the Asia-Pacific, a region with some of the highest rates of intimate partner violence in the world.¹

This successful tender builds on our previous track-record conducting a program of research on this issue in Timor-Leste, as part of my ARC post-doctoral fellowship (mentored by Angela Taft and Linda Kelly). Formative research with midwives, community leaders and women survivors of violence informed the adaptation of the World Health Organization's (WHO) curriculum on caring for women subjected to violence, in addition to a suite

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Grants continued

School of Nursing and Midwifery Research Team Seeding Grant. \$9,925

Evaluation of the Milkdrop breast pump cushion: A new device to help breastfeeding women using a breast pump.

Rebecca Hyde, Prof Lisa Amir, Anita Moorhead and Lauren Indiveri-Clarke.

Innovation Grant, Norman Beischer Medical Research Foundation. \$59,927

Testing the feasibility of conducting a randomised controlled trial (RCT) comparing standard (face-to-face) antenatal care with a combination of video health and face-to-face visits: a pilot RCT to inform a larger adequately powered study.

Dr Touran Shafiei, Dr Stefan Kane, Prof Sue Walker, Prof Helen McLachlan, A/Prof Lisa Hui, Prof Jeanie Cheong, Prof Christine East, A/Prof Emily Callander, Rebecca Hyde, Robyn Matthews, and Andrea Dodd.

Dr Kayli Wild, Prof Angela Taft and A/Prof Leesa Hooker have been successful in being approved by the UNFPA as the "Partner Institution for Capacity Building on Health Sector Response to GBV" for Timor Leste and PNG (see article on p. 5).

of context-specific learning resources. With support from collaborators in Timor-Leste, the curriculum is now being taught in university-level nursing and midwifery degrees throughout the country. To support teaching and learning, we have developed and are publishing a textbook early in 2022 on 'Gender-based Violence and Healthcare in Timor-Leste', which is one of the first university-level textbooks to be available in the national language, Tetun, and will be a significant resource for both students and practising health professionals.



Education module: video role play

Under the new regional agreement, La Trobe will initially partner with UNFPA in Timor-Leste and Papua New Guinea. In Timor-Leste, we will work with the Timorese Ministry for Health, National Institute for Health and non-government organisations. We will develop a national in-service curriculum, co-design approaches to capacity-building based on international best-practice, mentor a group of national trainers as they roll out capacity-building in districts and evaluate outcomes for shared learning. In Papua New Guinea, we will build on the approach that has been instrumental in Timor-Leste to understand the specific needs of women and health providers, particularly in rural areas. This research will inform the development of curricula, operating procedures and learning resources that promote active participation, skill-building and transformative practice to establish the foundation for a sustainable and locally led health system response.

The La Trobe-UNFPA collaboration demonstrates the significant potential of university and industry partnerships for scaling up approaches to addressing global human development problems; approaches that are based on the synthesis of international evidence, carefully tailored to contextual realities in different settings, and are locally owned and led.

Investigator team: Kayli Wild, Angela Taft, Dr Linda Kelly*, Guilhermina de Araujo*, Leesa Hooker

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Award opportunity!

Judith Lumley Centre Travel Award for the Perinatal Society of Australia and New Zealand

Best Oral Presentation or Best Poster
Presentation will be awarded to an
eligible applicant submitting an
abstract in one of these categories:

- Breastfeeding
- Maternal Morbidity
- Maternal Health

Abstracts are due 15th January 2022.

See link for further information:

<https://web.cvent.com/event/cea2cd64-043a-4004-a54b-186a5897d743/websitePage:a030f61d-1ece-4be5-91f9-f5025ae479dd>

*Dr Linda Kelly and Guilhermina de Araujo are at the Institute for Human Security and Social Change, La Trobe University

Collaborating organisations:

UNFPA Timor-Leste
UNFPA Papua New Guinea
HAMNASA, Timor-Leste
Universidade Nacional Timor Lorosa'e, Timor-Leste
Instituto Superior Cristal, Timor-Leste
PRADET, Timor-Leste
Ministry of Health, Timor-Leste
National Institute for Health, Timor-Leste
National Department of Health, Papua New Guinea

1. The Asia Foundation, 2016



Program evaluation

Asking women aBout disabiliTies: The ABLE study

Charlie Smithson

In Australia, about 18% of individuals have a disability.¹ Nine percent of women of childbearing age (between 15 and 44 years) have a disability.² The National Perinatal Data Collection reports population-based, cross-sectional data on all Australian births,³ and currently, disability status is not included in the list of mandatory reporting items. This is despite international research evidence linking a disability to poorer health outcomes for both mothers and

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Conference presentations

Dr Lester Jones: *The Pain and Movement Reasoning Model for Labour: a tool to assist assessment of the pain experience in labour*

Dr Laura Whitburn: Impressions from the development of a multidimensional, woman-centred tool to capture women's experiences of labour pain; Caring for Women in Labour. "Choosing my BIRTHDAY?" inaugural virtual conference.

Congratulations to Laura, who was the overwhelmingly unanimous winner of the free communications session at the conference.

Rebecca Hyde, Robyn Matthews, Anita Moorhead, Fiona McLardie-Hore and Prof Della Forster: Maternity pandemic care, what do women need in the future? Views and experiences of women birthing in Melbourne in 2020. Australian College of Midwives (ACM) Virtual National Conference – Pecha Kucha presentation, 14th October 2021

babies.^{4,5} Given the lack of consistent data collection, the impact of disability on perinatal outcomes cannot be reported at a national or local level except where individual services systematically collect disability status.

The ABLE study focusses on the identification of women with a disability accessing maternity services as well as the outcomes and experiences of women with a disability. This component of the study aimed to describe the perinatal outcomes of a group of Australian women with a disability who received pregnancy care through a specialised disability clinic, the Women with Individual Needs (WIN) clinic, at the Royal Women's Hospital and compare their outcomes with hospital-wide perinatal outcome data.⁶

We used routinely collected perinatal data for women who received pregnancy care from the WIN clinic between 2014 and 2018 (n = 111) and compared this to routinely collected electronic hospital data from all women who had given birth at the Women's in 2017 and 2018 (n = 15,024).

Women who received care in the WIN clinic had poorer outcomes, compared to the hospital-wide group of women who had given birth at The Women's. Infants born to women in the WIN clinic were more likely to be preterm, of a low birthweight, and were more likely to be admitted to the Special Care Nursery or Neonatal Intensive Care Unit. A higher proportion of infants of women in the WIN clinic group received infant formula in hospital. Women in the WIN clinic were also more likely to have a caesarean section. Elective caesarean section was the main contributor to the difference in caesarean rates between women in the WIN clinic and the hospital-wide group. For those women in the WIN group who had an elective caesarean, the indication listed for caesarean was most commonly maternal disability and having a previous caesarean which suggests that disability is often the specific reason for elective caesarean.

We found that women with a disability warranting specialist care in the WIN clinic had poorer maternal and infant outcomes than women in the hospital-wide group. Further research is needed to explore this association with a larger sample, which would also allow for adjustment of confounding factors. This analysis would be facilitated if women's disability status was asked and routinely recorded during pregnancy care. A better understanding of any associations between disability status and poorer perinatal outcomes would provide a basis for testing potential interventions to improve outcomes.

Future research

In response to these outcomes and the need to understand the disability identification practices within maternity services in Australia, we conducted a survey with maternity managers across Australia in July 2021. The online survey included questions around what disability identification questions and processes are being used, and which services are accessible to women with a disability in public maternity hospitals in Australia.

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Other presentations

World Breastfeeding Week seminar, Protect Breastfeeding: A shared responsibility. Royal Women's Hospital, 3 August 2021 (webinar).

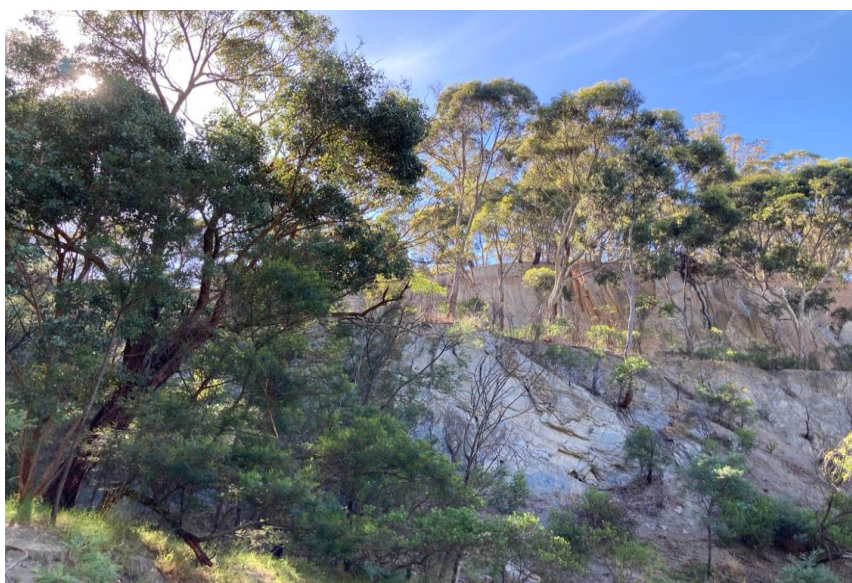
<https://vimeo.com/583198438/54e7d970d3>

- **Prof Lisa Amir:** Nipples in lactation: A slideshow.
- **Renee Kam:** Breast hypoplasia.
- **Anita Moorhead:** COVID and breastfeeding telehealth.

Prof Lisa Amir. Panel member. Journal editors – what they like and why they do what they do. Academic Writing Month, La Trobe University, 9 Nov 2021 (webinar).

Research team: Charlie Smithson, Helen McLachlan, Della Forster and Michelle Newton.

1. Australian Bureau of Statistics. Information paper: ABS sources of disability information Australia 2003-2008. Australian Capital Territory: Commonwealth of Australia; 2010.
2. Australian Bureau of Statistics. Disability, Ageing and Carers Australia, 2018. Canberra: ABS; 2019.
3. Australian Institute of Health and Welfare. Foundations for enhanced maternity data collection and reporting in Australia: National Maternity Data Development Project Stage 1. 2014. Report No.: Cat. no. PER 60.
4. Iezzoni L, Yu J, Wint A, Smeltzer S, Ecker J. General health, health conditions, and current pregnancy among U.S. women with and without chronic physical disabilities. *Disabil Health J* 2014;7(2):181-8.
5. Tarasoff L, Ravindran S, Malik H, Salaeva D, Brown H. Maternal disability and risk for pregnancy, delivery, and postpartum complications: a systematic review and meta-analysis. *Am J Obstet Gynecol* 2020;222(1):27.e1-.e32.
6. Smithson C, McLachlan H, Newton M, Smith C, Forster D. Perinatal outcomes of women with a disability who received pregnancy care through a specialised disability clinic in Melbourne, Australia. *Aust N Z J Obstet Gynaecol* 2021;61(4):548-553.



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In the media

Prof Lisa Amir: The Quicky, Mamamia podcast, 4 August 2021 (COVID-19 vaccines and breastfeeding): [Easy For Some: Why Breastfeeding's Still A Battle Ground in 2021](#)

Dr Mercy Otsin, **Prof Angela Taft, A/Prof Leesa Hooker** and Kirsten Black were featured in a global abortion rights website: GHANA / GABON - Three Delays Model applied to prevention of unsafe abortion in Ghana: a qualitative study - International Campaign for Women's Right to Safe Abortion (SAWR) (safeabortionwomensright.org)



Celebrating Mercy's PhD graduation via Zoom

Caring for Women in Labour

Chris East

I recently had the awesome opportunity to be part of a new group of like-minded folk: "Caring for Women in Labour". With strong community leadership, this group includes midwives, obstetricians and others who are interested in making sure the woman remains at the centre of all maternity care. Together, we prepared a program for our inaugural (and virtual) conference: "Choosing my BIRTHDAY?" Yes, you guessed it – we looked at timing of birth, with a specific emphasis on induction of labour. Such a program could only be complete if it included women's stories and internationally renowned midwives and doctors sharing their experiences, research, and expertise.

Around 150 registrants were treated to a great range of topics, including moving stories by women, a world-first randomised controlled trial on the timing of induction presented by Dr Bill Grobman, and internationally respected midwifery Professor Soo Downe, talking about "What good choice means for maternity care". The call for abstracts on topics about caring for women in labour resulted in a great range of presentations. JLC's own Dr Laura Whitburn talked about "Impressions from the development of a multidimensional, woman-centred tool to capture women's experiences of labour pain" – and WON the prize for best presentation! I talked about clinical outcomes when labours were induced or not, which really represents a wide range of events that don't always align with the findings of randomised trials. I've also been able to present this at a recent JLC Lunchtime Seminar (including when the power blacked out – that's a big deal when we're all so reliant on Zoom!). But I digress... so back to Caring for Women in Labour...

The feedback from delegates was overwhelmingly positive, along with suggestions for future CWiL activities. The next conference in late 2022 is in the early stages of planning. Perhaps you, or someone you know, can be involved. Keep an eye on the website: <https://www.cwil.com.au/>



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Lunchtime seminars

We hold lunchtime seminars on the **first Wednesday of every month** from February to December, from **12.30 - 1.30 pm**.

These seminars showcase the work of our colleagues as well as national and international academics and researchers. They are free. Members of the wider community are welcome to attend.

2021 Seminars

February – Professor **Brian Oldenburg**, The University of Melbourne: *Implementation Science: A new research paradigm for improving clinical and population health*

March – Professor **Mary Wlodek**, The University of Melbourne: *Impact of pregnancy complications on breast milk, breastfeeding and infant outcomes*

May – Professor **Naomi Priest**, Australian National University: *Understanding and addressing racism as a critical child health priority*

June – Dr **Kayli Wild**, **Guilhermina (Amina) de Araujo** and Dr **Lidia Gomes**, La Trobe University and Universidade Nacional Timor Lorosa'e: *Addressing violence against women in Timor-Leste: Collaboration and diverse research outputs to support meaningful change*

July – Dr **Laura Biggs**, Murdoch Children's Research Institute: *Pathways, contexts, and voices of shame: suicidality during pregnancy and the following year*

Meet new research assistant Kritika Poudel

Kritika Poudel

Hello everyone! I am Dr Kritika Poudel, and I have recently joined Christine East's team as a research assistant, working on the 'Postpartum haemorrhage in Victoria' project. The initial research will focus on trends of postpartum haemorrhage (PPH) among women born in humanitarian source countries (women of refugee background who came to Australia after being granted a visa overseas through the Humanitarian Migration Program, by boat or plane and applying for asylum after arrival, or through the Family or Skilled Migration Programs) compared with PPH in mothers born in Australia or in non-humanitarian source countries.



My PhD graduation ceremony in Japan amidst the COVID-19 pandemic. Nobody was allowed to join me due to pandemic restrictions.

I am a public health researcher with a background in clinical nursing. Completed in March 2020, my PhD investigated behavioural psycho-oncology, focussed on adolescents' and families' health-promoting behaviours in the Nepalese community. I developed a health behaviour model that could address adolescents' health-promoting behaviours. Travelling is my passion (although I admit that the COVID-19 pandemic has made me switch to virtual travelling!). Due to current pandemic restrictions, I am working from home. I am so grateful to be part of the JLC family and look forward to working on campus when we're able.

Dr Kritika Poudel's program of research has been funded by our own alumna, Dr Maggie Flood, whose seminal research on postpartum haemorrhage is shaping care in Victoria.

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August – Professor **Sophie Havighurst** and **Ann Harley**, The University of Melbourne: *Tuning in to Toddlers*

September – Associate Professor **Brigid Jordan**, The University of Melbourne: *Early Years Education Research Project*

October – Professor **Angela Taft**, Dr **Leesa Hooker** and Dr **Kirsty Forsdike**, La Trobe University: *Tramlab: Improving the safety of women and girls on public transport in Melbourne*

November – Professor **Christine East** & Dr **Laura Whitburn**, La Trobe University: *Caring for Women in Labour: Updates from two researchers at the Judith Lumley Centre*

December – Associate Professor **Kristelle Hudry**, La Trobe University: *Childhood Autism Phenotype: research program overview*

Please refer to our website at:
www.latrobe.edu.au/jlc/news-events/seminars-and-clubs

Clinical practice guide on breastfeeding pain

Lisa Amir

Identifying the cause of pain in breastfeeding women is now easier thanks to a Practice Pointer article in the BMJ by colleagues and myself. I was invited by the *BMJ* to write this guide for clinicians, and I invited colleagues experienced in breastfeeding in the US, UK and Spain to join me.

Assessment of pain in breastfeeding women is unique because it involves not just history and examination of mother and baby, but the interaction between them. The article introduces a novel assessment model that considers the mother, the infant, and the mother-infant dyad (see figure).

The article provides a comprehensive list of nipple and breast pain causes in lactating women, including less familiar conditions like fibromyalgia and musculoskeletal strain.

Guiding clinicians on how to ask about pain will help determine its cause and will improve management of women's breastfeeding pain. Better care for breastfeeding women contributes to the public health goal of increasing of breastfeeding duration and enhances maternal wellbeing and mental health.

Amir LH, Baeza C, Charlamb JR, Jones W. Identifying the cause of breast and nipple pain in lactation. Practice pointer, BMJ 2021, <https://www.bmj.com/content/374/bmj.n1628.full?ijkey=WUt8OfBlXz8ghCZ&keytype=ref>

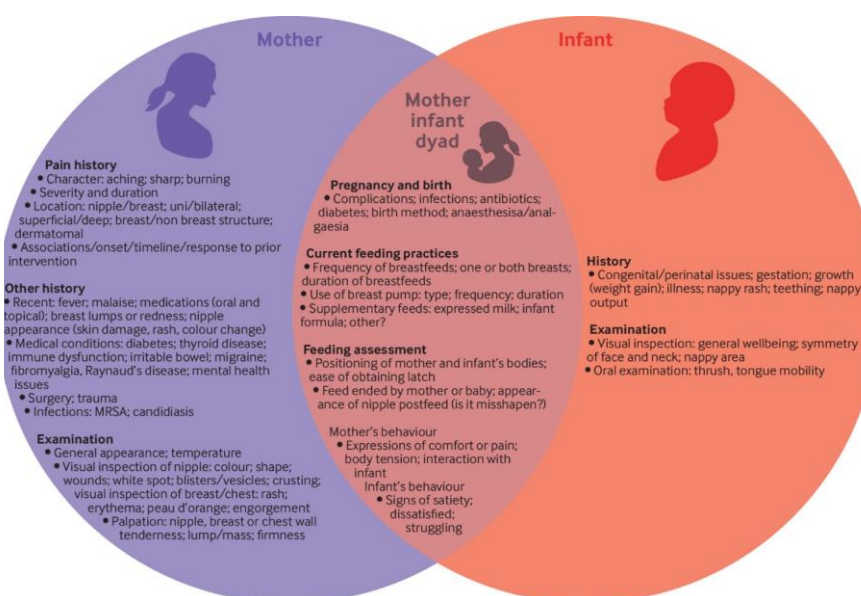


Figure: Assessment of mother and baby for breast or nipple pain in the mother

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HARMONY Study ‘Highly Commended’ in the 2021 Multicultural Awards for Excellence (Health)

Molly Allen-Leap

HARMONY is a pragmatic cluster randomised controlled trial that aims to test the feasibility and effectiveness of a systems intervention to improve the capacity of primary care clinicians (e.g., GPs, nurses) to enquire about family violence, provide first line support, and offer confidential referral to culturally diverse women. The study aims to enhance GP knowledge and understanding of the complexities of family violence, provide culturally competent support to patients, including performing risk assessment, safety plans and providing trauma-informed care, including referrals to culturally appropriate services. The intervention involved training sessions led by Dr Jennifer Neil (family violence expert and GP educator) and Asha Padiseti (family violence caseworker from InTouch, the Multicultural Centre Against Family Violence). The clinics involved in the trial are largely based in Melbourne’s North-West and South-East local government areas and in areas with high COVID-19 impact.

The Multicultural Award for Excellence in health recognises health practitioners, researchers and organisations that provide outstanding health care, support, or services to multicultural communities. The impact of the pandemic has been significant in primary care clinics and by extension, on this this trial. This recognition by the Victorian Multicultural Commission is greatly appreciated by all involved in the study.

HARMONY Team: Angela Taft, Felicity Young, Molly Allen-Leap, Bijaya Pokharel, Asha Padiseti (InTouch)



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Postdoctoral Research Role

Jessica Ison



I am excited to announce that I will continue on at the JLC in a new post-doctoral role. The position is part of the research and teaching team leading the Prevention and Reduction of Violence against Women and Children at JLC.

The post-doctoral role will be to develop and expand on the Centre's emergent research stream on the primary prevention of sexual violence and harassment. This research

program aims to build a body of evidence for effective interventions to prevent and reduce sexual violence, especially those delivered in community settings. I will also work on the issue of drink spiking, looking at how drink spiking is managed within both health and criminal justice settings. The position will include continuing in my management of the La Trobe Violence against Women Network (LAVAWN).

I have worked with JLC for a few years on a variety of projects including the TramLab project and the Australian Sexual Violence and Harassment Primary Prevention project alongside Professor Angela Taft and Dr Leesa Hooker. With the completion of my PhD in April this year, I have started focusing on expanding the sexual violence primary prevention research, with a keen interest in women's safety on campus and primary prevention in LGBTIQ+ communities.

I am really excited to be continuing my research and building the sexual violence prevention research within the Prevention and Reduction of Violence against Women and Children research stream.

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No knead cinnamon raisin bread

Dr Maggie Flood has kindly shared a recipe she recently came across for a cinnamon raisin bread that she tells us is delicious, with excellent texture and very simple to make!

Ingredients

3 cups (425g/15ozs) all-purpose flour
 $\frac{1}{2}$ tsp instant dry yeast*
 1 $\frac{1}{2}$ tsp salt
 1 $\frac{1}{2}$ tbsp granulated sugar
 2 tsp cinnamon
 $\frac{3}{4}$ cup (120g) raisins
 $\frac{3}{4}$ cup (188g) milk
 $\frac{3}{4}$ cup (188g) water



Method

1. In a large bowl whisk together the flour, yeast, salt, sugar, raisins, and cinnamon.
2. Pour in the milk and water, and stir it in with a wooden spoon until your dough forms a ball**.
3. Cover the bowl with plastic wrap and leave on the counter for over about 12-15 hours (no less than 12 hours, it needs this time to grow)
4. After this time you will see your dough is sticky, boozy and has at least doubled in size.
5. Scrape your dough out of the bowl and onto a floured surface and fold it two times on itself, kind of like a book
6. Roll your dough into a round ball or 'boule' getting it nice and smooth on the bottom
7. Let rise for 1 hours at room temperature covered with a floured tea towel. It might take longer than an hour. It will rise and grow, and also spread out a little too
8. Score the top of the bread with a sharp knife.
9. Bake in a HOT oven at 400oF (200oC) for 45/50 minutes. To get a crispy, thick crust KEEP THE OVEN DOOR CLOSED DURING BAKING, please.
10. Let cool completely before devouring.

*If you use dry active yeast for this recipe use 1 teaspoon, and sponge it in the liquids for about 5 minutes before adding to the flour.

**Add sufficient liquids to bring the dough together in a clean ball, then STOP!

Recipe notes

Don't open the door while baking

Any leftover bread, slice and freeze. Then toast it and have with butter, heaven!

Source: [no-knead cinnamon raisin bread \(bakeschool.com\)](https://bakeschool.com)

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