

Judith Lumley Centre

for women, children and family health research

#52 July 2020

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JLC in the time of COVID-19

Well, what a challenging six months it has been for all. We started the year reeling from the devastation of the bushfires and soon found ourselves facing an unprecedented pandemic. The impacts of these events have been felt everywhere, including, of course, here at the Judith Lumley Centre. La Trobe University responded swiftly to the risks of COVID-19 and staff and students started working from home in mid-March. We have been working from home ever since.

Care, connection and collaborative learning

have always been the hallmarks of our Centre's approach, and this hasn't changed despite not being physically present with each other. You'll see from this bumper newsletter issue that we have continued with our regular schedule of meetings, seminars, methods and journal clubs via Zoom, as well as providing myriad ways to engage informally. Virtual 'corridor chats', 'coffee catch-ups' and 'Shut Up and Write' are just a few of the ways we have sought to stay connected and check that our colleagues and students are going OK. *The only thing missing is the cake!*

Our research to improve the lives of women, children and families has of course continued during this time. We recently received notification of **several successful grant applications** across a range of our key research areas, and COVID-19 provided the impetus to revisit our *Families at Work* study. Many of our major projects, e.g. *DAISY* and *Healing the Past by Nurturing the Future*, have made great progress, albeit in modified form. Much of this work is with government, clinical, community and research partners, and we thank them for grappling collaboratively with how best to implement new approaches.

Additionally, some members of our team have been wearing dual hats during this time by **helping with the Victorian Government's public health response** to the pandemic.

As we wait to find out whether 'pivot' or 'unprecedented' will be named *Word of the Year*, I want to say how proud I am of the wonderful staff and students of JLC, for adapting to these strange and uncertain times, caring for each other, and continuing to produce outstanding work.

I would also like to commend La Trobe's Vice Chancellor Professor John Dewar and his leadership team for the way they have approached the financial crisis COVID-19 has delivered to the university sector. John has been open, transparent and frequent in his communications to staff. As a sector, we face many difficulties, and we are fortunate to have compassionate leadership during this time.

I trust you will enjoy reading about some of the Centre's recent activities. I hope this newsletter finds you safe and well. Our thoughts and best wishes are with all those who have been affected by recent events.

Jan Nicholson, Director Judith Lumley Centre



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NEWS IN BRIEF

Awards

Jessica Bee

received a Certificate of Recognition of acceptance into the La Trobe Student Excellence Academy as the highest ranked student in her course (April 2020).

Staff news

We welcomed

Dr Cindy Woods who joined the *Healing the Past by Nurturing the Future* project as a Senior Research Fellow. Cindy is a mid-career researcher and her research focuses on Indigenous health and wellbeing, substance abuse, patient safety, rural and remote health and pregnancy/birth. Cindy brings a wealth of research expertise to the team, including in statistics and systematic reviews across a broad range of topics.

Hannah Whetham is a new research officer working out of South Australia for the *Healing the Past by Nurturing the Future* project.

We said farewell to

Dr Georgina Sutherland who joined Angela Taft's team at JLC as a Senior Research Fellow with the Sexual and Reproductive Health (SPHERE) Centre of Research Excellence (CRE) working on reproductive coercion.

Research during a pandemic

Sharinne Crawford

It has been an interesting time to be a researcher. The COVID-19 pandemic has seen many changes to research projects at all stages of the research cycle. Data collection has moved online or onto the telephone and away from face-to-face interaction, and some has been postponed indefinitely or cancelled. Some funding opportunities have dried up or been postponed, while new funding opportunities have opened up. Other projects have been able to 'pivot' or be expanded to incorporate the unique circumstances that we find ourselves in. New local and international collaborations have been forged. This period has shown just how adaptable and resilient Judith Lumley Centre researchers are. Below we hear about two JLC projects that have adapted to the challenges of COVID-19 to create new sub-studies relevant to the pandemic.

Thriving, surviving or sinking? Working from home and parenting during COVID-19

Stacey Hokke, Jasmine Love and Amanda Cooklin

During the national 'lockdown' period beginning in March 2020, an unprecedented number of employed Australians, including parents, have had to be at home full-time – working from home – and performing their jobs. This is in the context of increasing job uncertainty for many parents. However, due to physical distancing, many of the supports that normally allow working parents to do their jobs have been restricted, or were removed altogether for a period, such as kinders, childcare centres, and informal care from friends or family. School and further education moved online, keeping tertiary students at home too, with these young people also most affected by job losses.



This cluster of rapid changes across March 2020 meant that families with dependent and young adult children now have their work-family lives co-located in time and space. For some, these changes are ongoing and indefinite. Parents are now parenting, working, managing households, and supporting their children and young people concurrently more than ever before.

The current working from home climate is the ultimate flexibility to the 'nth' degree but is paradoxically constraining given the increase in home duties and childcare demands many parents are facing. So, what is and isn't working for families? For parents, parenting and wellbeing?

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Student news

Congratulations to **Kate Dawson** whose PhD was passed in March, and to her supervisors Della Forster, Michelle Newton and Helen McLachlan. Her thesis is titled *Exploring the introduction, expansion and sustainability of caseload midwifery: A national cross-sectional study*.

We welcome

Tanisha Springall who is a new Master's student working on *Exploring breastfeeding initiating and duration for Aboriginal and Torres Strait Islander women in Victoria*.

Offspring



Congratulations to Angela Taft: She has two new granddaughters, Elle (on the left) and Esme (pictured with mum Georgia and big sister Avery).



This longitudinal online survey will follow-up an established sample of parents (n=3900) who participated in *Families at Work: An online survey of employed Australian Parents* (in 2016–2017) to understand how these changes have affected parents, work-family strains and wellbeing. We will also recruit (from July 2020) a fresh cohort of employed parents via social media to address the following research aims:

1. describe the current 'working from home' climate following COVID-19 shutdowns, including the dynamic nature of change and transitions in parents' experiences
2. describe the implications for parents' work-family strains, parenting and family wellbeing in the short-term (July–Aug 2020) and over a 6 to 12-month follow-up period
3. understand the gendered nature of work-family experiences and how they may differ
4. understand the factors (past and concurrent) that support parents to 'thrive' or just 'survive' during this working from home requirement.

Findings will inform workplaces, policy and practices around working from home in the future. Working from home may become much more widespread, common and acceptable during and after COVID-19. This study will provide vital evidence about what this means for parents' management of work-family demands, and implications for their wellbeing.

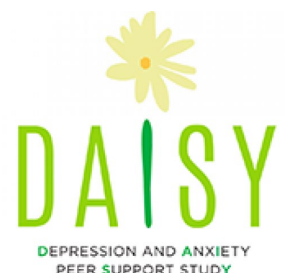
This new project is a partnership between La Trobe University – Amanda Cooklin, Jasmine Love, Shannon Bennetts, Sharinne Crawford, Jan Nicholson and Stacey Hokke – and Liana Leach at the Australian National University.



Update from the DAISY project

Della Forster, Touran Shafiei

The Daisy (*"Depression and Anxiety peer Support study"*) study is a randomised controlled trial (RCT) matching peer volunteer mothers with a lived experience of postnatal depression and/or anxiety with new mothers at increased risk of postnatal depression or anxiety. The aim of DAISY is to test whether proactive peer support (mother-to-mother) by telephone decreases the risk of postnatal depression and anxiety at six months postpartum. We are recruiting 1060 women to explore this question, of whom about half will be randomly allocated



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Grants

Primary prevention of sexual violence against women: Combining evidence and practice knowledge for policy reform

Leesa Hooker, Kirsty Forsdike, Georgina Sutherland, Nicola Henry, Christopher Fisher, **Angela Taft**
 Federal Government Department of Social Services (\$789,699; administered by JLC)

This evidence review and service / advocacy sector collaboration is the first stage towards the development of an Australian Government research agenda on the primary prevention of sexual harassment and sexual violence against women. While government policy exists to address DFV and VAW, the best methods for primary prevention of sexual violence within the Australian context are yet to be determined.

Evaluation of Our Watch

Kirsty Forsdike, **Leesa Hooker**, Suzanne Dyson, Matthew Nicholson, Alex Donaldson, Daminda Alahakoon, Donna Burnett
 Federal Government Department of Social Services (\$345,525; administered through the LTU Business School)

This project will provide a multi-dimensional evaluation of Our Watch which is an independent not-for-profit organisation established under the National Plan to Reduce Violence against Women and their Children 2010–2022.

Suicide prevention among men in early fatherhood

Rebecca Giallo; **Amanda Cooklin**, Jan Nicholson
 MRFF grant (\$951,000)

One of the highest rates of suicide among men coincides with becoming fathers and raising young children. This project will develop effective interventions to improve men's mental health during early fatherhood.

to receive peer support in addition to all the usual care and supports available as part of routine care.

The new mothers, who are at slightly higher risk than average of developing depression and/or anxiety, are being recruited from the postnatal units at the Royal Women's Hospital, and soon from Northern Health as well. Eligible women are approached by study midwives on the postnatal unit from 24 hours post-birth, or prior to hospital discharge for women leaving earlier than 24 hours. For interested women, consent is obtained, baseline data collected, and randomisation is conducted. Mothers randomly allocated to peer support receive proactive telephone-based support from a peer volunteer up until six months after birth.

Peer volunteers are women who have a history of (and recovery from) postnatal depression or anxiety who want to support other mothers. These women need to have an empathetic approach and be willing to take part in the four-hour training session. Peer volunteers are being recruited by advertisements in local newspapers, fliers in Maternal and Child Health Centres, word of mouth and social media.

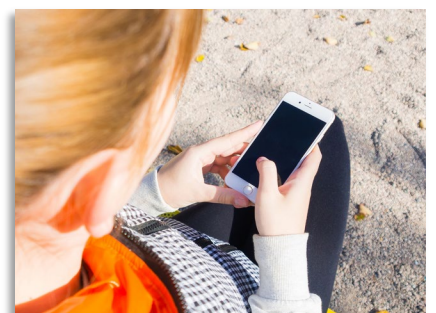
Changes to DAISY due to COVID-19

Recruitment to the DAISY study has been progressing well, with 114 women recruited, and 57 matched up with a peer volunteer mother. However, with the advent of the COVID-19 pandemic and the subsequent restrictions, we have had to pause the recruitment. This happened in March 2020, in line with all the restrictions that took place in maternity care to reduce the number of people women are exposed to while on the postnatal ward (where we normally recruit).

Currently women birthing across hospital trial sites are being encouraged to have earlier discharge after birth, and in most instances will have reduced interaction with maternal and child health services in the weeks and months following the birth compared to normal. In most instances the usual new mothers' groups that are run in the community are not taking place, or if they are, are done via some form of video chat, and the vast majority of birthing women will have less access to supports such as family and friends as well. We believe that this is a time when levels of stress, anxiety and depression are generally higher in the population.

Given the potentially high levels of stress and anxiety in the community, and given we have an increasing pool of peer volunteers trained and available to provide telephone peer support, we have commenced a DAISY sub-study where we offer all eligible women birthing at the study sites self-referral to access telephone peer support. All women who give birth at the maternity services at hospital trial sites are provided a flier prior to hospital discharge postpartum. The flier provides a brief introduction to the DAISY sub-study with details of how to contact the study team, how to access further information and express their interest, including a QR code to scan, a URL link, a study email address, and a study phone number.

Women interested in participating in the DAISY sub-study can contact the research team using any of the methods mentioned above. Once contact has been



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Grants (cont.)

Enhancing social and emotional wellbeing healing through arts-based storytelling for Aboriginal communities of Northern Inland NSW bushfire affected areas

Kim Usher, Cindy Woods
 MRFF grant (\$624,000)

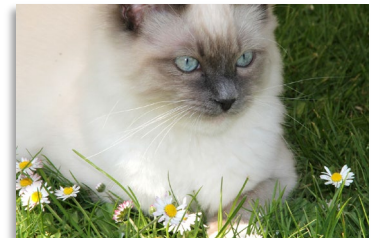
This collaboration with the Walhallow Aboriginal Health Corporation will first conduct a survey of northern NSW Aboriginal communities to assess the emotional and social effect of the bushfires on Aboriginal communities, and then design workshops through which community members can learn to tell their stories of that experience.

made, women are sent an email with a link to an online initial screening survey to assess their eligibility, with a follow-up telephone call from a member of the research team. Eligible women interested in receiving peer support will be sent an email from the research team, which will include an online participant information statement, online consent form and brief baseline questionnaire. Once consent has been received, and the baseline questionnaire completed, women are matched with a peer volunteer, with support provided as per the DAISY RCT schedule. This adjunct sub-study is not a trial: there is no randomisation to an intervention or comparison arm.

Peer volunteer training

Due to the COVID-19 pandemic the delivery of peer volunteer training sessions was modified from face-to-face to online delivery, and all are being conducted using the Zoom platform. The online platform has increased the accessibility for volunteers outside metropolitan Melbourne, including interstate women, and has allowed us to continue training volunteers during the pandemic. This has increased the pool of peer support volunteers, an important aspect in future sustainability if the DAISY RCT finds an association between telephone peer support and decreased depression or anxiety. The online education has been so successful, we intend to continue with this method even after life returns to 'normal'.

The DAISY team are: Della Forster, Helen McLachlan, Touran Shafiei, Jan Nicholson, Jessica Bee, Méabh Cullinane, Heather Grimes, Catina Adams; along with Alan Shiell, School of Psychology and Public Health, La Trobe University; Cindy-Lee Dennis, University of Toronto; Tram Nguyen, Royal Women's Hospital; Cattram Nguyen, Murdoch Children's Research Institute; Jane Fisher, Monash University; in collaboration with the Royal Women's Hospital, Northern Health and PANDA (Perinatal Anxiety & Depression Australia)



My PhD COVID bubble: travelling nowhere but getting stuff done

Carol Reid, PhD candidate, *Healing the Past by Nurturing the Future* project

Since starting with La Trobe in February 2019 I had made a weekly trip from my home in Orrvale, near Shepparton, to the Bundoora campus. This travel routine of preparing for a two day stay and five-hour round trip has stopped as a result of the COVID-19 restrictions. Now studying full time from home, the pandemic's impact continued to unfold as the seasons changed from autumn to winter. This has meant my PhD journey has become a different type of travel bubble.

In my PhD bubble of working from home I have really missed the face-to-face casual conversations at JLC for inspiration and as part of social connectedness. The Zoom platform has been my travel corridor to supervisors, colleagues and other students. These meetings are important for interaction and updates but are exhausting in terms of missing social cues to aid in interpretation and understanding.

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In the media

Stacey Hokke: Why flexitime is a con. *The Australian Weekend Magazine*, 11 March 2020

Kayli Wild: the collection of teaching resources published on La Trobe Figshare was featured in the global *Figshare Newsletter* in April 2020. These are teaching slides for a pre-service training course for health providers responding to violence against women and children in Timor-Leste.

doi.org/10.26181/5df8db444f018

Angela Taft: How the pandemic is affecting sexual health. *The Medical Republic*, 22 April 2020
medicalrepublic.com.au/how-the-pandemic-is-affecting-sexual-health/27818

Della Forster: New mothers need support more than ever. *Leader newspapers*, May 2020 (syndicated to 94 in total)
www.canberratimes.com.au
www.theadvocate.com.au
www.bendigoadvertiser.com.au

International Breastfeeding Journal

Journal Impact Factors (IFs) are released by Clarivate Analytics annually. The *International Breastfeeding Journal's* IF continues to rise: IF 2.300 in 2018, IF 2.475 in 2019, and **IF 2.545** announced at the end of June 2020.

Congratulations to Editor-in-Chief, **Lisa Amir**, and Associate Editors Annette Beasley, **Amanda Cooklin**, Sally Dowling, Ted Greiner, Jenny Ingram and Sue Jordan.

Positively, the space in the bubble for 'getting stuff done' has been helpful for writing, re-writing, reflecting and re-writing again. Which, from the experiences shared by many others, is an important part of the PhD journey. This space has also been filled with amazing support and care with many casual check-ins through emails opening with 'how are you?' – very meaningful words in these challenging times. So, take care everyone, I am looking forward to reconnecting when restrictions ease. Travel to Orrvale is open and it is a great place to visit in winter and the fruit trees in full blossom are glorious in the spring.



Methods Club and Journal Club in the age of COVID-19

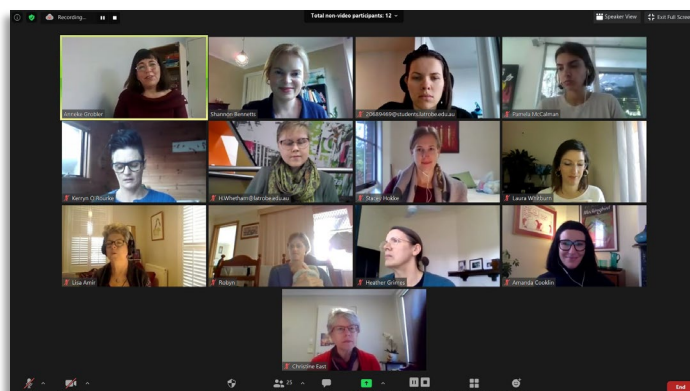
Methods Club update

Méabh Cullinane

It started off as whispers, this strange pneumonia that developed in Wuhan, China. However, slowly, slowly at first, but then as fast as jumbo jets were grounded, COVID-19 took hold across the world. We held our breaths, we held each other... what would this mean for Australia? What would this mean for our families? What would this mean for our Methods Seminar Series? La Trobe University closed its doors, and we waited with breath that was bated...

The answer, of course, is that "necessity is the mother of invention". Consumers everywhere accepted they may have to use a lone sheet of toilet roll in one lavatory sitting. We experimented with our gin to create the world's tastiest hand sanitiser. But what would come of Methods? We had a bumper 2020 season planned, with 70% of presenters from outside the Judith Lumley Centre. We could not disappoint. We shall not disappoint!

Anneke Grobler
 from MCRI
 presenting at
 Methods Club,
 24 June 2020



Then, from the midst of despair, from the depths of the abyss, Zoom technology rose to the challenge. Our March session began with Dr Lauren Lawson from the Olga Tennison Autism Research Centre. Lauren talked about the Longitudinal Study of Australian School Leavers with Autism Study (SALSA study), which she is managing.

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Presentations

Atkinson J, **Chamberlain C**, Atkinson C.
Invited webinar (>2000 live participants).
*Aboriginal children and the effects of
intergenerational trauma*. Emerging
Minds and Mental Health Professionals'
Network, May 2020

Shannon Bennetts *Re-engaging families
in the long-term follow-up of an early
childhood parenting program: Evidence
from the EHLS at School Study*. Parents'
engagement in parenting programs:
Lessons and challenges. Presented with
Gonzalez, C. & Ohan, J. 20th Biennial
Helping Families Change Conference,
Brisbane, February 2020

Fiona Burgemeister *Implementation of
evidence-based programs in an area-
based initiative for children – A
qualitative study*. 20th Biennial Helping
Families Change Conference, Brisbane,
February 2020

Amanda Cooklin *Exploring the causes
and consequences of work-family conflict:
Gendered risks and opportunities*. Gender
and Sexuality at Work Conference,
University of Melbourne, February 2020

Stacey Hokke *Does flexible work 'work' in
Australia? A survey of employed mothers
and fathers' work arrangements and
health outcomes*. Oral presentation, 20th
Biennial Helping Families Change
Conference, Brisbane, February 2020

Catina Adams *Breastfeeding – why has it
become such a problem?* Invited speaker,
Australian Doula Conference, March
2020

Kerryn O'Rourke *Evaluation of the Birth
for Humankind doula support program*.
Invited speaker, Australian Doula
Conference, March 2020 (60 min
presentation by Zoom webinar)

Touran Shafiei *Perinatal mental health
needs of immigrant and refugee women:
Care provider's perspective*. Migrant
Women's Sexual and Reproductive
Health Conference, Melbourne, February
2020

Zoom barely coped with this session and kicked a number of the audience members out of the meeting! No warning, no apologies. What would happen in April we wondered. How would Zoom cope? Well, dear reader, Zoom came back, bigger and better, and our April session went off without a hitch. Our very own Professor Jan Nicholson spoke about all things process evaluation, with a few cameo appearances by other JLC staff. The lovely Simone recorded the session – we had Zoom footage! We had the voice recording! Things were looking up.

May began, and we forgot to get dressed. We forgot to clean our teeth. But we did not forget Methods. Dr Ingrid Wilson spoke at our May session and introduced grounded theory in the light of her PhD project. Again, we had video and voice recordings. All hail Zoom we cried! And things are just getting started dear reader. June brought Dr Anneke Grobler from MCRI speaking about myth-busting in clinical trials; July brings Dr Nora Shields, presenting on randomised trial design and Intention-to-treat analysis; and in August Dr Francesca Orsini will talk about sample size and power calculations. A feast of quantitative delights! September brings another external speaker: Dr Gill Matthewson from the Department of Design at Monash University, who will talk about using geographic information system (GIS) data in research. We have a panel discussion on managing social media interactions organised in October and will finish in November with our much-loved Professor Angela Taft presenting on domestic and family violence. What a year! What a program! What a delight for the senses!

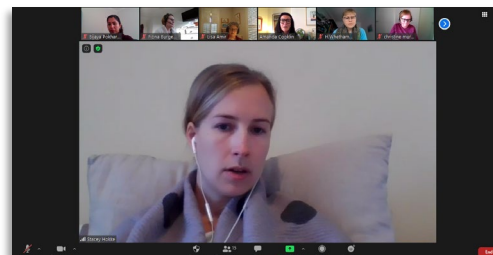
So, in the age of COVID-19, we shall overcome, we have overcome! All hail Zoom, all hail the determination of our great Centre to keep our Wednesday activities going no matter what!

Journal Club update

Bijaya Pokharel

Every third Wednesday of the month, JLC staff and students meet to critique peer-reviewed articles on relevant areas of research. This interactive learning space has been very helpful in increasing our knowledge about and confidence in evaluating research methods. Adapting to the new social distancing norms, the 2020 Journal Club sessions have been running via Zoom. JLC folks are actively participating from their home workspaces amidst the inevitable distractions and continuing to maintain a stimulating academic environment. We certainly miss the delicious cakes that often followed the journal club meets. Here is a shot from our June journal club! This was our third and successful zoom session.

When you realize your bed is the only spot
in the house for good wifi! (Dr Stacey
Hokke presenting at the June Journal Club)



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Cultural and emotional safety framework

The *Journal of Indigenous Wellbeing: Te Mauri-Pimatisiwin* recently published [*The Healing the Past by Nurturing the Future: Cultural and emotional safety framework*](#).

The Framework guiding the HPNF project was developed to ensure safe research processes, drawing on Aboriginal meanings of social and emotional wellbeing. It is designed to keep parents, service providers, project staff, investigators and stakeholders, and the Aboriginal community safe, both emotionally and culturally. Safety (cultural and emotional) is at the forefront of a set of core values that underpin the conceptual framework for the HPNF research project and is essential when working and collaborating with others in the context of complex trauma.



Damien Nicholson playing the didgeridoo at the *Healing the Past by Nurturing the Future Workshop 3*

Maternal, child and family nursing in the time of COVID-19 The Victorian Maternal and Child Health service experience

Catina Adams, Lael Ridgway and Leesa Hooker

This article is a short version of an article published in the *Australian Journal of Child and Family Health Nursing* titled *Maternal, child and family nursing in the time of COVID-19: The Victorian Maternal and Child Health service experience* (Adams C, Ridgway L, Hooker L. 2020; 17(1):12-15). (Please find the references within the article.)



The World Health Organization declared the outbreak of novel coronavirus (COVID-19) as a pandemic on 11 March 2020. The Australian government moved quickly to institute physical distancing measures to delay the spread of the virus. The objective was to “flatten the curve” and avoid the virus spreading exponentially.

Whilst the media focus has been on acute health services and mortality rates, many changes have also occurred at the community level. The Maternal and Child Health (MCH) service has adapted in the context of the pandemic, including changes to postgraduate studies, clinical placements and alternative service models in the Universal and Enhanced MCH services. While challenges have been faced, we have identified innovative developments in teaching and practice borne from necessity.

MCH services impact

Throughout Australia, COVID-19 has resulted in a significant increase in video/tele-health and eHealth use. On 27 March, the Department of Health and Human Services (DHHS) issued a COVID-19 update, that recommended that MCH providers implement an alternative service delivery model which reduces face-to-face contact, gives priority access to infants under eight weeks of age, and to families experiencing additional challenges. Service delivery is to be conducted via video or telephone consultations and if a face-to-face consultation is deemed clinically essential, the MCH nurse can do a short visit.

Innovative MCH service delivery may improve outcomes for families and will be a promising area of future MCH research. Using these alternative methods of service delivery may be more family centred, acceptable and convenient for clients.

One example of alternative service delivery is with new parent groups. Attending new parent groups facilitates parenting education; parents can meet other people experiencing new parenthood and gain confidence and reassurance in parenting skills (Guest & Keatinge, 2009). New parents’ groups are now being offered via social media, on video conferencing platforms such as Skype, Microsoft Teams, Zoom, Facebook, Go To, Health Direct and WhatsApp, so that these important opportunities for new parents to connect are still being provided.

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Teacher Training in Timor Leste

In February, **Kayli Wild** together with collaborating partners in Timor-Leste, conducted a five-day intensive teacher training for 17 lecturers from six Universities in Timor. This is part of our ongoing support for Universities with nursing, midwifery and public health degrees to take up the WHO curriculum we adapted for health providers responding to violence against women and children. The training was celebrated with a launch attended by 80 people and hosted by the Ministry of Higher Education, World Health Organization, La Trobe University and Deans and Rectors from participating Universities.



Postgraduate studies in Child, Family & Community Health nursing

La Trobe University offers a Graduate Diploma in Child, Family and Community Nursing via flexible online delivery. Although the University shut down has had minimal impact on this aspect of learning, physical distancing and the modified MCH service delivery, as well as additional work and care requirements, are having a significant impact on student clinical placements.

Clinical placement

Of course, Victoria is not alone with training and education of thousands of healthcare students being disrupted by physical distancing requirements (Group of Eight Australia, 2020). The DHHS currently supports the continuation of health placements, and La Trobe University is continuing student health placements as scheduled, until otherwise advised by DHHS or the placement facility/host organisation. This is to mitigate the potential impact on student completion, in a workforce that is already experiencing significant shortages (Australian Health Ministers' Advisory Council, 2009).

There are some positive opportunities for students engaged with alternative modes of client service delivery. Students, as well as MCH nurses, are learning new and valuable communication skills via the telehealth model. Many students report being comfortable with client interaction online, including setting up and using telehealth technologies, developing online etiquette, troubleshooting and online clinical work through alternative assessment strategies (student personal communications, April 2020).

Families with additional challenges

Since the outbreak of COVID-19 and enforced physical isolation, MCH nurses have noticed an increased level of anxiety in clients, and this has also been noted by Child Protection case workers and workers in family violence (FV) refuges (personal communication, Westall C, 2020). New parents are experiencing unprecedented isolation from friends and family, as well as reduced access to universal health services and General Practitioners.

Enhanced MCH services in Victoria provide outreach support to families with additional needs (Adams, Hooker & Taft, 2019). Irrespective of COVID-19, home may not be a safe place for some family members, including young children. Increased pressure on households, job losses and reported increased alcohol/drug use may exacerbate poor mental health and FV. In March, the New South Wales Attorney-General reported that Google searches on domestic violence were up by 75% since the first recorded case of COVID-19 (Speakman, 2020).

Lockdown and quarantine may mean it is harder for abuse victims to seek or receive help. With less face-to-face contact there is more concern for women and children locked in their home with potential abusers. FV services report less contact with women potentially unable to call for help and Child Protection workers



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New elective subject

Family violence best practice response for health care professionals

This new on-line elective subject provides introductory knowledge and evidence-based best practice guidelines with an overview of family violence (FV) and how health care professionals can help victim-survivors.

It was created by Leesa Hooker, Michelle Newton, Angela Taft, Jess Ison and Molly Allen. The subject had 62 enrolments for the pilot in the five-week semester over June–July. It will run again in semester one of 2021.

We will also be evaluating the subject to monitor change in student FV knowledge and attitudes, and perceived preparedness to undertake the work. This will be the first time a separate, online FV subject is offered at La Trobe University by the School of Nursing and Midwifery, with high demand expected across the school and wider university.

FV is a serious health issue, with healthcare services playing a crucial role in the multisector response to FV. Addressing provider FV skills and educational barriers is one large step towards improving the response to violence against women. As one of the few known FV subjects in Australia, the findings will be integral to intervening and preventing FV.

have concerns for at risk children who would usually be monitored by services like MCH. All health care systems have a responsibility to ensure services for victims are accessible and remain safe during the pandemic (World Health Organization, 2020). Nurses in one rural area of Victoria have started offering a mobile service, working from the back of a bus, travelling to client's homes to enable families to be seen, have their infants weighed and reviewed by a nurse.

Anecdotally, Enhanced MCH nurses report increased disclosure and improved conversations about mental health and FV when using telehealth platforms during the time of COVID-19. There are clear benefits for rural nurses and clients, with reduced travel and greater flexibility in service availability. Nevertheless, services may not be able to reach all families in need. Access to services may be compromised with unequal access to technology. The digital divide in Australia creates further health inequalities amongst lower income groups (Group of Eight Australia, 2020).

Conclusion

At the time of writing, the COVID-19 pandemic, physical distancing and varied state and federal based home isolation/travel restrictions continue, particularly in Victoria. Modifications to MCH practice has been challenging, but nurses are networking and supporting each other to offer the best service possible for clients. Anecdotal reports suggest benefits from forced practice change, with innovative changes to student training and service delivery. The effectiveness and sustainability of these changes, including telehealth methods will need to be assessed in future research.

Monitoring breastfeeding data: time for Australia to take action

Lisa Amir

How can we identify if Australia's breastfeeding rates are improving, or getting worse over time?

The only way to be sure is to conduct regular surveys on large samples of the population across the country, using the same (or similar) methodology.

In 1995, 2001 and 2005, National Health Surveys collected data on infant feeding (Amir & Donath 2008). Using data from these surveys, Susan Donath and I showed that breastfeeding rates hardly changed between 1995 and 2005, but the gap between high- and low-income families widened over that time (Amir & Donath 2008). That paper generated quite a lot of interest and has been cited over 100 times (Scopus, May 2020).

In 2007-2008 the National Health Survey did not collect infant feeding data. The 2014-2015 NHS and 2016-2017 NHS each only collected infant feeding data on about 1,500 children aged less than four years which is not robust enough for in-depth analysis.





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The public health response to COVID-19

Catherine Chamberlain has been working with the Department of Health and Human Services COVID-19 response team three days per week since March 2020. Cath has been part of the massive response team who are tracking and tracing, collecting data and responding to a huge number of inquiries regarding COVID-19 and is now epidemiologist on the COVID DHHS intelligence team. **Cindy Woods** is managing the *Healing the Past by Nurturing the Future* project three days per week while Cath is working with the response team.

In March, **Maggie Flood**, like many nurses and midwives, put her name forward in case there was a need for an extra pair of hands with managing the pandemic. Little could she guess that she would get a call during a hair appointment one Saturday to start a job on the Monday following – and the caller from DHHS didn't even say what the job was. She found that she was being asked to be in the first intake of the newly established *Infection Prevention & Control Nurse Outreach Team (IPCON)* as she has an IC qualification. She is now working with the *Outbreak Squad* fulltime.

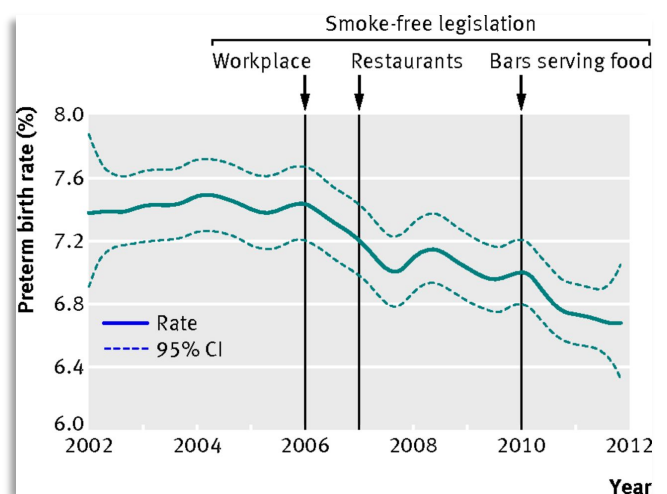
Anita Moorhead is working at the Women's Hospital Breastfeeding Service as one of the pilot and 'early adopter' services as the Women's transitions to the provision of some telehealth care. Anita and the Midwifery and Maternity Research Team are part of a collaborative hospital group chaired by **Della Forster** evaluating the impact of COVID-19 on maternity care.

Following a process of developing suitable indicators for measuring breastfeeding, the Australian Food and Nutrition Monitoring Unit of the Commonwealth Department of Health and Aged Care produced a report in 2001, titled *"Towards a National System for Monitoring Breastfeeding in Australia: Recommendations for Population Indicators, Definitions and Next Steps"* (Webb, Marks et al., 2001). This formed the basis for discussion at the National Breastfeeding Indicators Workshop convened by the Australian Institute of Health and Welfare in Canberra in 2010 that I attended. At the workshop, we agreed on indicators for the *2010 National Infant Feeding Survey* (AIHW 2011). The meaning of terms such as "at six months" and "to six months" were discussed at great length. The *2010 National Infant Feeding Survey* was the first comprehensive infant feeding survey in Australia and sampled children up to 24 months randomly selected from the Medicare enrolment database. The total sample was about 52,000 children.

Although the 2010 survey was planned as a baseline survey, no further national surveys have been conducted.

Last year, the Australian Health Ministers' Advisory Council (AHMAC), Department of Health, developed a high-level strategy, *The Australian National Breastfeeding Strategy: 2019 and beyond* to provide an enabling environment for breastfeeding (COAG Health Council, 2019). I was an invited member of the Expert Reference Group involved in developing the Strategy, representing the Public Health Association of Australia via teleconferences and a workshop in Canberra (in 2018). All stakeholders agreed on the importance of measuring breastfeeding rates. The final Strategy includes *Action area 1.3: Monitor and report breastfeeding rates* (COAG Health Council, 2019). The Strategy called for routine data collection via the Child Digital Health Record (still under development) as well as a baseline infant feeding survey to be repeated every five years (COAG Health Council, 2019).

Routinely collected data can be very powerful (Whitford, Hoddinott et al., 2018). One example of routinely collected perinatal data is gestational age of infants at birth. Researchers in Belgium were able to show the dramatic effect of tobacco control policy measures on decreasing the rate of preterm birth using routine data (Cox, Martens et al., 2013) (see figure below). Advantages of routine data include that it is cheaper than conducting a stand-alone survey and it has the potential to be population-wide, thus including members of the community who are under-represented in surveys. Prof Chris East and A/Prof Cath Chamberlain, from JLC, and I collaborated with colleagues in the



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Working from home companions



Mandi's colleagues' work ethic is not quite what she had hoped



Simone's cat Cyrus takes his office duties much more seriously



"You know the rules, mum. Pats and scratches, THEN study."
 Kelvin, Fiona's Cavoodle

UK, including Prof Pat Hoddinott and Prof Mary Renfrew, to publish a commentary on the possibilities of using routine data to enable international infant feeding comparisons (Whitford, Hoddinott et al., 2018). We are now conducting a Delphi study to develop internationally agreed core outcome measures for breastfeeding research (East, Amir et al., 2018).

In Australia, other examples of routinely collected data include childhood immunisation and domestic violence statistics. The Australian Government Department of Health began collecting data on childhood immunisation in 1999 with data on 1 and 2-year-old children. From 2005, data on 5-year olds has also been collected. The Australian Bureau of Statistics began collecting data on Victims of Family and Domestic Violence related offences using court records and police data in several states in 2015. Policy makers can use these data to monitor national immunisation rates to ensure adequate coverage against childhood infections and to see if systems and policies are effective. Just collecting data on partner abuse sends a strong message to the community that the government considers this is an important topic.

Internationally, the importance of data collection was highlighted in *The Lancet* Series on breastfeeding in 2016 (Rollins, Bhandari et al., 2016). Rollins and colleagues stated "*The fifth action point is to scale up and monitor breastfeeding interventions and trends in breastfeeding practices.*" (Rollins, Bhandari et al., 2016)

Now is the time for the Australian Government to recognize that breastfeeding is important, just like immunization, violence against women or other national indicators. The National Breastfeeding Strategy needs to be funded and regular, ongoing infant feeding data collection scheduled. Planning is needed for both routine data collection and in-depth infant feeding surveys to enable us to see what's happening, what works, and where more work is needed.

Based on a presentation given at a webinar event, titled "*Protecting women's reproductive rights in policy and resourcing decisions – the need for 'data and dollars'*", Monday 18 May 2020, hosted by the Crawford School of Public Policy, Australian National University and Save the Children. Slides (including references) and audio for the event are available at <https://crawford.anu.edu.au/news-events/events/16582/protecting-womens-reproductive-rights-policy-and-resourcing-decisions-need>

Letters from overseas



Marcos Signorelli



The COVID-19 pandemic hit me in different waves. Firstly, it hit my family who lives in Bergamo, Italy, the main epicenter of the disease in Europe. My dad lost his last living aunt due to COVID. She was 99 years old and healthy.

Gradually Italy controlled the situation, however we started noticing the disease escalating in Brazil. Living in a low- and middle-income country makes me realise how everything is more challenging here. Many poor people that live in the "favelas" simply can not do social distancing, because families are big and they share single bedroom houses, without

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Not quite pets yet at Jan's house



Felicity's fur-nephew Arnold who likes to sit on you (30kg+)



Miss Macey asking what she can help Shannon with today



Catina has them all lined up ready for action

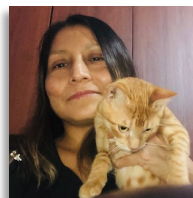
basic sanitation. Alcohol is a luxury for many of them and their work is informal, obliging them to go out to work, because the Government financial support took ages to be paid. It brought terrible consequences; now Brazil has reached more than one million positive cases and fifty thousand deaths, becoming the second most affected country, behind the US.

I consider myself fortunate by Brazilian standards, because I am able to work from home. My Uni suspended classes in mid-March. Supervisions, meetings, research and post-graduate classes continue online, but again 30% of our graduate students are poor and do not have a computer or internet connection at home. So, the scenario is very challenging here. However, we need to think positively, to persist and I always think that if it does not kill us, it will make us stronger.

Dr Marcos Claudio Signorelli is Associate Professor of Public Health at the Federal University of Parana (UFPR), Brazil and a valued collaborator at the Centre. Marcos spent a semester at JLC in 2010 while working on his PhD thesis. He then returned to the Centre as a post-doctoral researcher in 2017.



Beatriz Ayala



In Peru, we have implemented rapid screening methods throughout the country; however, our health care system is very weak plus health and socioeconomic inequalities throughout Peru make it very difficult to follow social distancing. Hospitals are full due to the high number of infected patients and health care workers are risking their lives fighting against COVID-19. We are still having a low rate of deaths in spite of the high rate of infection, and we expect that the COVID-19 death rate will continue to be low.

We have started quarantine on 16 March 2020 and the President has extended it several times. According to the last extension it should end by 30 June. However, after that, it does not mean that all would be the same as before in my country. Many measures will continue for the rest of the year. For instance, virtual classes for students, restaurants or similar commercial activities will only work by deliveries, no more public or private meetings, remote working tasks for workers with high risk of infections, etc. However, malls have opened this week (as part of a plan to reactivate the economy). The malls are full of people so it is expected that there will be a peak in the rate of COVID-19 infections in the coming two weeks. Unfortunately, this pandemic will continue in Peru and may become endemic, which means the risk of infection will persist even if vaccines are available. Hygiene and all preventive measures will be one of the main tools to prevent and avoid COVID-19 infection.

I can say the only good part of this pandemic is working from home and being with my family. I have a cat named Simba (like the Lion King movie) plus my dog Goichi.

Dr Beatriz Paulina Ayala Quintanilla is an obstetrician and gynaecologist in Peru. She did a PhD in Public Health at the Centre. She also has a PhD in Medicine from Japan, and a Master of Public Health from Denmark. She has been working at the Peruvian National Institute of Health where she is part of the department in charge of promoting and developing health research in Peru.

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Fiona wishes this was her pet. She got to hold it at the Brisbane conference she went to. The joey was rescued from the bushfires.



Michelle has a captive audience



Ingrid Wilson



Early on, Singapore was hailed as a model for its swift action to address the community spread and health impact of COVID-19. Since January, we were doing temperature checks and contact tracing. Social distancing and wearing masks were routine. However, as has been demonstrated around the world, the epidemic has exposed inequalities in society. While the mortality rates have remained low, soaring rates of infections became apparent in the foreign worker population who are mostly of Bangladeshi and Indian origin and who live and work in close conditions.

So, in March we went into lockdown, referred to here as the “circuit breaker”. It’s been a lot of work moving to online teaching, but I’ve been enjoying being at home and spending quality time with my partner and the girls. I’ve also been going on solo bike expeditions in the neighbourhood and discovering local flora and fauna. More recently, the number of cases has dropped significantly so things are starting to open up a little now. But I’m in no rush to rejoin the world – I think isolation is appealing to introverts like me!

Dr Ingrid Wilson was a PhD student and researcher at the Centre. She is now an Assistant Professor at the Singapore Institute of Technology, Health and Social Sciences Cluster and Honorary Lecturer for the University of Liverpool in Singapore. She also has a first class Honours degree in Criminology from the University of Melbourne, and a Postgraduate Diploma in Law from the UK.

Report from a trip to Scandinavia

Della Forster

I was lucky enough to be invited to talk at the Danish Association of Lactation Consultants conference in Odense in Denmark in February this year. I spoke on both the *RUBY* and *DAME* studies to about 100 or so attendees who were mostly from Denmark, but also other nearby places like Sweden. As well as being a great opportunity to present the work from these two studies, I met lots of interesting midwives, nurses, lactation consultants and other people, and as well as talking research, it was an opportunity to talk about student midwife exchange programs, too. Odense itself was an incredibly beautiful town, most famous for being the birthplace of Hans Christian Andersen. As part of the trip I also visited colleagues in Stockholm, Sweden, including Ulla Waldenström and Mia Ahlberg to further develop our joint work exploring a randomised controlled trial of caseload midwifery care for socially vulnerable women (*MAGNOLIA*). It was a highly productive and enjoyable trip which I was fortunate enough to undertake just before the COVID-19 pandemic closed down travel.



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Lunchtime seminars

The Judith Lumley Centre holds lunchtime seminars on the **first Wednesday of every month** (February to December) from **12.30 – 1.30 pm.**

The Zoom address is:
<https://latrobe.zoom.us/j/448620007>

These seminars showcase the work of our colleagues as well as national and international academics and researchers visiting the Centre and are open to all.

Zoom meeting bingo



Jan says “You need to unmute yourself”	Someone says “sorry I thought I was unmuted”	Someone has had their hair cut and everyone is secretly jealous	Someone has definitely not had their hair cut (looking increasingly wild)
Someone is delivered a hot beverage	Someone says they wish they were being delivered hot beverages	Fiona says “Hang on I just need to let the dog out”	Jan throws to someone who has temporarily disappeared
A small kid walks in and sits on their mum’s lap (and everyone rightly goes “AWWWWWWWW”)	A household member walks past someone’s camera, dressed inappropriately	Fiona says “Hang on, I just need to let the dog back in”	Someone gets a delivery of alcohol at the front door
Pet enters screen	A random arm suddenly appears then disappears just as quickly	Someone forgets to mute, and you can hear all sorts of unusual background noise	Jan reminds everyone to mute themselves
Someone is sitting REALLY CLOSE TO THE CAMERA	Two people are clearly having a side conversation by text and everyone secretly wants to know what they are talking about	Someone mentions someone else’s artworks	Someone’s internet connection becomes unstable and they soooouunnnddddllllllllkkkkeeethtaaat
Someone has a full face of makeup on	Someone hasn’t washed their hair in a week	Someone wears their dressing gown to the meeting	Someone takes us for a walk during the meeting
Someone does stretches during the meeting (bonus point if they reveal their bare stomach)	Someone is restless and changes positions countless times	Birds can be heard in the background	Someone is outside

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JLC Strategic Plan 2020 – 2024

The Judith Lumley Centre Strategic Plan 2020–2024 has recently been completed and endorsed. It is our roadmap for the next four years setting out strategic directions to support our vision:

“To be a global leader recognised for addressing issues of major public health importance for women, children and families. Our research graduates will be the future leaders in health research, teaching, policy and practice.”

The Strategic Plan summarises our proud history, from the Centre’s inception in 1991 with a focus on maternal and infant health through to our more recent achievements and our broader focus on families. It outlines the scope of our current and future work, conducting research in eight key areas. Our plan recognises that for our research to make a difference – to demonstrably improve the wellbeing of families and communities – our partners in academia, government and the community are integral to our success.



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We have four goals that reflect our priorities for the next four years, each with a range of objectives and actions.

Goal 1	We will be the research partner of choice
Goal 2	We will produce and sustain high quality research
Goal 3	Our research will have local and global impact
Goal 4	Our staff and students are the lifeblood of our Centre. We will inspire, support, grow and celebrate them

The Plan was developed via a series of consultations with staff and students. To read our Strategic Plan 2020 – 2024, please go to the [about page](#) on our website.