Australian Society for Psychosocial Obstetrics & Gynaecology

41st Annual Scientific Meeting

"Women's Health, Sex and Society…. Are We Still Victorian"

31 July – 1 August 2015

Royal Women's Hospital
Melbourne, Victoria

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Supported by

Welcome

Dear All

On behalf of the local organising committee of ASPOG I would like to welcome you to the 41st Annual Scientific Meeting of the society, which is being held this year at the Royal Women's Hospital in Melbourne. The theme of the meeting is 'Are We Really Still Victorian….' and we hope to spend two days exploring and discussing the outstanding advances....or otherwise.... in the psychosocial and clinical aspects of Women's Health, locally, nationally and across the globe.

The presentations are by both international experts and young researchers.providing a forum for exciting learning . We thank you all for your involvement and participation.

A huge thank you to all those on committees and the secretariat who put this meeting together with much hard work and good humour.

So to you, the delegates....Welcome to Melbourne... enjoy the lanes, and enjoy the coffee, and above all…enjoy the meeting.

Susan Carr
Chair of Local Organising Ccommittee.

On behalf of the Organising Committee:
Dr Heather Rowe, Jean Hailes Research Unit, Monash University
Professor Jayne Lucke, La Trobe University
Dr Paddy Moore, Royal Women's Hospital
Dr Ines Rio, GP liason, Royal Women's Hospital
Dr Anita Elias, Sexual and Relationship Clinic, Monash University
Dr Wendy Vanselow, GP, Psychosexual Doctor, Royal Women's Hospital
Dr Debbie Owies, Psychosexual Clinic, Royal Women's Hospital

ASPOG

The Australian Society for Psychosocial Obstetrics and Gynaecology is a multidisciplinary association devoted to promoting the understanding of the psychosocial aspects of health, particularly in the field of obstetrics, gynaecology and reproductive medicine.

The strength of the Society is its multidisciplinary membership and its informal, supportive meetings that foster interest in communication, counselling and psychosocial aspects of health. The Society welcomes health workers from all disciplines, e.g. medicine, midwifery, nursing, psychology, social work, social sciences, etc.

The Society holds a national congress that moves yearly between states. The topics debated reflect the Society's breadth of interests, including psychosocial aspects of puberty, fertility and infertility, contraception, pregnancy, menopause and men's reproductive health.

The **objectives** of ASPOG are

- To promote the scholarly, scientific and clinical study of the psychosocial aspects of obstetrics and gynaecology including reproductive medicine
- To promote scientific research into psychosocial problems of obstetrics and gynaecology
- To promote scientific programs designed to increase awareness of and understanding of psychosocial problems affecting women and men during their reproductive years.

Conference Manager

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Airport Transfers
A taxi fare between Melbourne Airport and the North Melbourne is approximately $40-$50. The airport is located 24km from the city and is approximately 30 minute journey.

Annual General Meeting
ASPOG invites all members to attend the Annual General Meeting. The meeting will be held at 1700 on Friday 31 July 2015 in Conference Room A at the Royal Women's Hopsital and will conclude at 1730

Certificates of Attendance and CPD points
If you require a certificate of attendance, please ask the registration desk.

General Certificates
Certificates of attendance are available at the conclusion of the conference. Please complete the attendance list at the registration desk if you would like one.

RANZCOG
This meeting has been approved as a RANZCOG approved O&G Meeting and eligible Fellows of this College will earn CPD points for attendance as follows:

Paper-based CPD Program participants (Meeting Attendance Category)

Full attendance	14 points
Friday 30 July 2015	8 points
Saturday 1 August 2015	7points

CPD Online Program participants (Clinical Expertise Domain)

Full attendance	14 points
Friday 30 July 2015	8 points
Saturday 1 August 2015	7points

RACGP
Accreditation pending

Conference Dinner
Derek Llewellyn-Jones Oration
"Soma-psyche-society: are we there yet?"
To be presented by **Dr Heather Rowe**, Senior Research Fellow, Jean Hailes Research Unit and Past ASPOG President

Friday 31 July 2015 *7.00 for 7.30pm -10.30pm*
Venue: The Carlton Wine Room, Melbourne
http://thecarltonwineroom.com.au/
Dress: Smart casual
Delegate cost (including accompanying person)
$125 per person (not included in registration fees)

Convenience Store
The convenience store stocks magazines, daily newspapers, greeting cards, stationery, basic groceries, drinks, biscuits, ice-creams, toiletries and a selection of gifts.

Dietary Requirements
If you have dietary requirements and have indicated this on your registration form, they have been passed onto the caterers. Please make yourself known to their staff to ensure you have the correct meal.

Liability
In case of industrial disruption or other external events causing disruption to the ASM, the Organising Committee of the ASPOG 2015 ASM accepts no responsibility for loss of monies incurred by delegates.

Name Badges / Dinner Tickets
Admission to all sessions is by the official conference name badge. Please wear it at all times throughout the conference. Tickets for the Conference Dinner are located in your registration envelope.

Pharmacy
The nearest Pharmacy is located in the hospitals retail section. The *HealthSmart* (retail) pharmacy offers a wide variety of toiletries, first aid basics, cosmetics, as well as a selection of gifts. The pharmacy is also able to dispense prescriptions.

Post Office
The nearest Australia Post Office is located in the retail section of the hospital.

Presenters
Please bring your PowerPoint presentation with you on a memory stick to be loaded onto the conference laptop. All PowerPoint presentations will need to be pre-loaded in a refreshment break at least one session before you are due to present. Our Audio Visual Technician will be available in the conference rooms to assist you at this time.

SkyBus
The SkyBus service offer the convenience of express travel from Melbourne Airport kerbside straight to the heart of Melbourne city. As a SkyBus passenger you can also take advantage of our free Hotel Transfer Service from our city terminal to select city centre hotels using our fleet of comfortable mini buses. $18 one way. www.skybus.com.au

Travel Insurance
Registration fees do not include insurance of any kind. It is strongly recommended that all delegates take out their own travel and medical insurance prior to coming to the Meeting. The Organising Committee and the Secretariat will not take any responsibility for any participant failing to insure. Please seek further information from your travel agent or airline.

Visitor Information
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Web: www.melbourne.vic.gov.au/visitor

Disclaimer
At the time of printing, all information contained in this handbook is correct; however, the organising committee its sponsors and its agents cannot be held responsible for any changes to the final structure or content of the program, or any other general or specific information published.

Women's Conference Centre
Staff Lounge & Breastfeeding Room (staff only)
Executive & Clinical Management
Centre for Women's Mental Health
Home Based Services
Sacred Space
Frances Perry House Enquiries
The Royal Melbourne Hospital
Cashiers Accounts
Women's Reception
Retail Precinct
Women's Counselling & Support
Language Services
Aboriginal Women's Health
ATM
Child Care Centre
Main Entrance
Women's Health Information Centre
Flemington Road
Ramp to Women's Emergency Care
Grattan Street

The Main Entrance on Grattan Street is open from 7.30am to 8.30pm. All After Hours Access is via the Lower Ground Entry on Flemington Road. (intercom for after hours access)

N

Trade Display

Science For A Better Life

Bayer is an international, research-based company specialising in healthcare, nutrition and high-tech materials. It has operated in Australia since 1925 and has a long term commitment to the health of all Australians. The company's focus on people, partnerships and innovation underpins all aspects of its operations, consistent with its mission, "Bayer: Science for a Better Life."

Sponsor

Mi-tec Medical Publishing produces high-quality and extensively peer-reviewed patient education publications for 25 colleges, societies and associations in Australia and New Zealand. The objective of the publications is to reduce the medicolegal risk of "failure to inform" by assisting the informed-consent process and helping to establish a process of communication between doctors and their patients.

More than 230 titles have been published, most of which describe surgical or dental procedures that require plain-English explanations of the benefits, risks and limitations of the surgery. The text and full-colour anatomical illustrations are comprehensively reviewed by surgical, medical and dental experts from our associated organisations. More recently, normal-anatomy leaflets have been produced that provide further opportunities for surgeons to explain diagnoses, surgical procedures and prognoses to their patients.

FRIDAY 31 JULY 2015

0830 - 1030	**SESSION 1** **NEVER TOO OLD….**	**Conference Room A**
	Chair: Prof Suzanne Abraham	
0830 – 0840	Welcome: A/Prof Susan Carr , University of Melbourne, Head of Psychosexual Service RWH. Dr Sue Matthews, CEO, RWH	
0840 – 0905	Management of Menopausal Symptoms in High Risk Women Professor Martha Hickey Department of Obstetrics and Gynaecology, University of Melbourne,	
0905 – 0930	Postmenopausal Sexual Functioning. 20 year Follow Up Prof Lorraine Dennerstein Office for Gender & Health Department of Psychiatry, The University of Melbourne	
0930 – 0955	Mothers or Grandmothers?- Assisted Conception in Older Women A/Prof Kate Stern Clinical Research, Royal Women's Hospital	
0955 – 1020	A Natural Delivery....But Pain Free Please? Dr Andrew Buettner Director of Anaesthesia, Royal Women's Hospital	
1020 - 1030	Panel Discussion	
1030 – 1100	MORNING TEA	
1100 – 1230	**SESSION 2** **CERVIX UPDATE….*'Sexual hygiene attracts general interest and attention'***	**Conference Room A**
	Chair: Dr Kirsten Black	
1100 – 1125	HPV Vaccine Update Professor Suzanne Garland Head of Infectious Diseases, Royal Women's Hospital, Melbourne	
1125 – 1150	Cervical Screening in Victoria 2015 Dr David Wrede Head of Dysplasia Services, Royal Women's Hospital, Melbourne	
1150 – 1215	Pelvic Pain: Beyond Infection Dr Tonia Mezzini SHine SA, Adelaide	
1215 – 1230	Panel Discussion	
1230-1330	LUNCH	
1330 - 1500	**SESSION 3A** **FREE COMMUNICATIONS**	**Conference Room A**
1330-1345	Chair: Dr Fiona Haines Developing a Reliable Measure of the Impact of Pelvic Pain: the Pelvic Pain Impact Questionnaire (PPIQ) Chalmers, J University of South Australia, SA	
1345-1400	What are the Barriers to Implementing Psychosocial Assessment in the Private Sector? Connell, T University of Sydney, NSW	
1400-1415	The National Register of Antipsychotic Medication in Pregnancy (NRAMP): Healthy Mothers, Healthy Babies Gilbert, H	

Monash University, VIC

Program

1415-1430	Psychosocial Needs Assessment During Pregnancy in Women from Humanitarian Source Countries: a Retrospective Audit in Melbourne, Australia Chiam, L Monash Centre for Health Research and Implementation, VIC
1430-1445	Do Australian Women's Sexual Health Information Needs Differ from Their Health Providers? Waycott, L The Jean Hailes Foundation For Women's Health, VIC
1445– 1530	AFTERNOON TEA

1330 - 1500	**SESSION 3B** **FREE COMMUNICATIONS**	**Conference Room B & C**
	Chair: Dr Annabel Abrahams	
1330-1345	Nepal, Trafficked Adolescent Girls and Reproductive Health: A Qualitative Interpretive Inquiry Ong, T Deakin University, VIC	
1345-1400	Accounts of Abortion From Young Women Diagnosed With Breast Cancer Kirkman, M The Jean Hailes Research Unit, VIC	
1400-1415	Gestational Breast Cancer: A Qualitative Study of Women's Psychological Needs and Implications for Clinical Care Hammarberg, , K The Jean Hailes Research Unit, VIC	
1415-1430	The 'Emotional Wellbeing Program': Prenatal Psychosocial Risk Assessment & Patient Acceptability in a Private Hospital Setting Schadel, S The University of Sydney, NSW	
1430-1445	Polycystic Ovarian Syndrome and Pregnancy Deveson, L University of Adelaide, SA	
1445 – 1530	AFTERNOON TEA	

1530 - 1700	**SESSION 4** **GLOBAL WOMENS HEALTH & RIGHTS or '*this mad , wicked folly of 'Woman's Rights*'**	**Conference Room A**
	Chair: Dr Ann Olsson	
1530 – 1600	Gynaecological Cancer Care as a Human Right Professor Michael Quinn AM University of Melbourne	
1600 – 1630	The Ethics of Delivering Sexual Healthcare Professor Christine Tippet Head of Maternal and Foetal Medicine, Monash, Melbourne	
1630 – 1700	Access to Abortion….have we really advanced? Dr Paddy Moore Head of Choices Service, Royal Women's Hospital, Melbourne	
1700 - -1730	**ASPOG Annual General Meeting**	
1900 – 1930	**Conference Dinner,** The Carlton Wine Room Derek Llewellyn-Jones Oration, Presented by Dr Heather Rowe	

SATURDAY 1 AUGUST 2015

0900-1030	**SESSION 5** **Neonatal Issues. 'I don't dislike babies but……'**	**Conference Room A**
	Chair: Dr Jenny Thomas	
0900 - 0920	Mother Child Attachment Professor Louise Newman Head of Women's Mental Health, Royal Women's Hospital, Melbourne	
0920 – 0940	An evaluation of the PANDA Perinatal Anxiety & Depression Australia National Perinatal Helpline Professor Della Forster Professor of Midwifery, Royal Women's Hospital, Melbourne	
0940 – 1000	Same-sex Parented Families –Current Triumphs and Challenges A/Prof Ruth McNair Department of General Practice, University of Melbourne	
1000 - 1030	PANEL DISCUSSION	
1030 - 1100	MORNING TEA	
1100-1245	**SESSION 6** **SEXUAL PROBLEMS AND VAGINISMUS . *'her highest duty is to suffer and be still'***	**Conference Room A**
	Chair: Dr Jackie Stacy	
1100-1130	When Love Hurts Dr Wendy Vanselow GP and Psychosexual Specialist, Royal Women's Hospital, Melbourne.	
1130-1200	Vaginismus: When Her Body Does the Talking Dr Anita Elias Head of Sexual Medicine and Therapy Clinic, Monash Medical Centre Psychosexual service, Royal Women's Hospital	
1200-1230	The Role of the Pelvic Floor in Sexual Pain Ms Shan Morrison Specialist Continence and Women's Health Physiotherapist Managing Director of Women's and Men's Health Physiotherapy	
1230-1245	Panel Discussion	
1245-1330	LUNCH	
1330-1430	**SESSION 7** **YOUNG PEOPLE AND SEXUALITY TODAY: *JUST A DIFFERENT CORSET***	**Conference Room A**
	Chair: Professor Jayne Lucke	
1330 – 1350	Overview of Findings From the 5th National Survey of Australian Secondary Students and Sexual Health Ms Wendy Heywood Research Officer, Australian Research Centre in Sex, Health and Society	
1350-1410	Young adults – Sex and Music Festivals, New Technologies and Popular Fiction Dr Megan Lim Co-Head of Sexual Health and Young People Research, Preventive Health Research Fellow, Burnet Institute	
1410-1430	Queer(y)ing Sexual Expression: Addressing the Needs of Same Sex Attracted and Gender Diverse Young People Dr William Leonard Director Gay and Lesbian Health Victoria, ARCSHS La Trobe University	
1430 - 1500	AFTERNOON TEA	

1500-1615	**SESSION 8A** **FREE COMMUNICTIONS**	**Conference Room A**

Chair: Dr Tonia Mezzini

1500-1515	Awareness and Attitudes of Women and Men Regarding Medication Abortion in Australia: Findings from the Understanding Fertility Management in Contemporary Australia Study Rowe, H The Jean Hailes Research Unit, VIC
1515-1530	Victorian to Raunch Culture: How Taboos Affect Product Innovation in Sexual Health and What Are The Possibilities For Change? Glover, J RMIT University, VIC
1530-1545	Is Endometriosis The New Hysteria? Modern Day Implications for Medicine's Historical Construction of Women and Their Bodies Young, K The Jean Hailes Research Unit, VIC
1545-1600	Factors Associated With Poor Father-To-Infant Attachment at 6 Months Postpartum: A Community Study In Victoria Wynter, K The Jean Hailes Research Unit, VIC
1600-1615	Health Behaviours to Optimise Conception Among Australian Women And Men: Findings From The Understanding Fertility Management In Contemporary Australia Survey Holton, S The Jean Hailes Research Unit, VIC
1615-1700	Presentation of Prizes & Farewell Drinks

1500-1615	**SESSION 8B** **FREE COMMUNICTIONS**	**Conference Room B & C**

Chair: A/Prof Susan Carr

1500-1515	Sociodemographic Characteristics Associated With Contraceptive Use in Australia: Findings from the Understanding Fertility Management In Contemporary Australia Survey Freilich, KB Monash University, VIC
1515-1530	"I'm here for my women's check up" - Health Promotion in the Context of Cervical Screening Dally, G Family Planning Welfare Association of NT Inc, NT
1530-1545	Banking on the Future: Australian Women's Experience of Egg Freezing for Non medical Reason Pritchard, N The Jean Hailes Research Unit, VIC
1545-1600	Evaluation of The Relative Efficacy And Mechanisms of A Couple-Based Intervention For Premenstrual Syndrome Through A Randomised Control Trial Perz, J University of Western Sydney, NSW
1600-1615	Women's Sexual Wellbeing in The Context of Cancer: Renegotiating Sex Outside of the Coital Imperative Ussher, J University of Western Sydney, NSW
1615-1700	Presentation of Prizes & Farewell Drinks

Management of Menopausal Symptoms in High Risk Women

Professor Martha Hickey
Department of Obstetrics and Gynaecology, University of Melbourne

Women at increased inherited risk of breast or ovarian cancer, or those with a personal history of cancer may be advised to avoid exogenous sex steroids such as HRT. Menopausal symptoms may arise spontaneously or due to treatments

This presentation will address the safe and effective management of these symptoms taking an evidence-based approach

Postmenopausal Sexual Functioning: 20 year Follow-up

Lorraine Dennerstein[1], Risa Lonee-Hoffmann[2], Cassandra Szoeke[1], Philippe Lehert[1]
1. The University of Melbourne, Parkville, Vic. Australia
2. Norwegian University of Science and Technology, Trondheim, Norway

Aim: To describe sexual function of women in the late postmenopause and to investigate change from early postmenopause.
Main outcome measures: sexual activity, SPEQ and FSDS.
Methods: Cross sectional analysis of 2012/13 and longitudinal analysis from 2002/04 of the population based, Australian cohort of the Women`s Healthy Aging Project (WHAP), applying validated instruments: Short Personal Experience Questionnaire (SPEQ), Female Sexual Distress Scale (FSDS), Hospital Anxiety and Depression Scale (HADS), Geriatric Depression Scale (GDS), California Verbal Learning Test (CVLT).
Results: 230 women responded in 2012/13 (follow up rate 53%). 49.8% were sexually active, the majority less than weekly. FSDS scores showed more distress for sexually active women ($p<0.001$). For 23 (23%) sexually active and for 5 (7%) inactive women the diagnosis of female sexual dysfunction could be made, based on SPEQ and FSDS scores. After adjustment, available partner, no history of depression, moderate compared to no alcohol consumption and better cognitive function score were significantly predictive for sexual activity. Compared to early postmenopause, 18% more women had ceased sexual activity. For women maintaining their sexual activity through to late postmenopause, SPEQ and FSDS scores had not changed significantly, but frequency of sexual activity had decreased and partner difficulties had increased.
Conclusions: In late postmenopause half of the women were sexually active. Most important predictors were partner availability and no history of depression. However, being sexually active or having a partner were associated with higher levels of sexual distress. Compared to early postmenopause, sexual function scores had declined overall, but were stable for women maintaining sexual activity.

Mothers or Grandmothers?- Assisted Conception in Older Women

A/Prof Kate Stern
Clinical Research, Royal Women's Hospital

Despite the sensationalistic headlines suggesting an epidemic of mothers in their 50s and 60s, the reality is very different. However, there is no doubt that women are having their babies at an older age than previously .The average age at first birth in Australia is currently about 30 years. However an increasing number of women are presenting with age-related infertility, due to a variety of factors. Despite the commonly held view that ART (assisted reproductive technology) can "fix" this, there is no treatment other than donor eggs which can over-ride senescence of the eggs. Donor egg pregnancy is highly successful treatment for age-related infertility and pregnancy and livebirth rates approximate those expected for women the age of the donors, rather than the recipients. Pregnancy related complications increase slightly in the early forties and more substantially in the very late forties and early fifties. There are complex biological, social and societal, and also ethical consequences which must be considered when debating an upper age limit for helping women conceive. Just because we can, should we?????????

A Natural Delivery....But Pain Free Please?

Dr Andrew Buettner
Director of Anaesthesia, Royal Women's Hospital

The average age of women having babies in Australia continues to climb. In 2012 the average age of first time mothers was 30.1 years. Over the last 10 years the number of women giving birth over the age of 40 has increased by 34%.

An elderly primipara is defined as a woman giving birth who is older than 35. What does that mean for women older than 40?

Are the labour analgesia requirements of older women different from their younger sisters?
International experience suggests that older women require less analgesia in labour. Is that our experience?

This presentation will explore some of the issues around labour analgesia in women over the age of 40 and asks the question why do women have an epidural? What other factors might influence their choice?

HPV Vaccination Update

Suzanne M Garland[1]
1.Head of Clinical Microbiology and Infectious Diseases, Royal Women's Hospital, Melbourne
Senior Consultant Microbiology, Royal Children's Hospital, Melbourne
Honorary Research Fellow, Murdoch Childrens Research Institute, Melbourne
Faculty of Medicine, Dentistry and Health, Department of Obstetrics and Gynaecology University of Melbourne, Vic, Australia

Human papillomaviruses (HPV) are a diverse group of viruses that are non-cultivatable. With tools of molecular biology, we know there are over 200 genotypes, some of which have tropism for different anatomical sites. Oncogenic HPV genotypes are recognised as the causative agent of cervical cancer (100% causative) and a proportion of other anogenital cancers (vulvar, vaginal, penile) as well as some oropharyngeal cancers.

We now have effective prophylactic vaccines which have been shown in Phase 3 clinical trials to be safe, efficacious, and immunogenic. The Australian government HPV vaccine program commenced in 2007 as an ongoing school-based programme targeting 12-13 year-old girls, with a catch up to 26 years until December 2009. The program utilised the quadrivalent (qHPV) vaccine and was extended to boys 12-13 years, with a catch up for 14-15 year olds (ending in 2014) in 2013. These public health programs have now been shown in real world situations, to effectively reduce vaccine-related HPV infection, genital warts, and precursor lesions to cervical cancer, CIN3. There is also evidence of herd protection with respect to vaccine eligible age males and females, for infection, as well as genital warts. These markedly reduced changes post-vaccination are a result of high coverage of the target populations. Ongoing surveillance will be pertinent to showing reduction in HPV- related cancers ultimately, as well as other for other HPV-related diseases such as recurrent respiratory papillomatosis. Surveillance is assisted by legislative underpinning to link HPV vaccine Registry, to cytology and cancer registries.

As more sensitive assays, HPV DNA detection methods are a better screening assay for predicting development of or underlying CIN3 and from 2017 will be used as the screening assays replacing cytology.

Cervical Screening in Victoria 2015

Dr David Wrede
Head of Dysplasia Services, Royal Women's Hospital, Melbourne

Notes:

Pelvic Pain: Beyond Infection

Dr Tonia Mezzini
SHine SA, Adelaide

In a bold move for a sexual health physician, this presentation on pelvic pain will not address issues relating to the epidemiology of sexually transmitted infections, nor discuss the pathophysiology of pelvic inflammatory disease. Instead, the focus will be on a reconceptualisation of pain. As clinicians, this new understanding of what pain is, and how pain serves our lives and bodies can inform productive clinical approaches to working with patients with chronic pelvic pain or vulvar pain syndromes.

Statement on Ethical Compliance

The submitted abstract does not use data collected from human participants or patients.

Developing a Reliable Measure of the Impact of Pelvic Pain: the Pelvic Pain Impact Questionnaire (PPIQ)

K. Jane Chalmers[1], Susan F. Evans[2], G. Lorimer Moseley[1]
[1]University of South Australia, Adelaide, South Australia, Australia
[2]Pelvic Pain SA, Adelaide, South Australia, Australia

Background and Aims: Over 75% of Australian women report experiencing pelvic pain in the previous 12 months[3]. The direct economic burden of pelvic pain in Australia exceeds $6 billion per year[1]. There is currently no tool with which to assess the impact of pelvic pain on the quality of life of women who suffer. Generic tools do exist but they do not encompass pelvic pain-specific issues, such as the impact on intimate relationships. Condition-specific tools, such as The Endometriosis Health Profile-30[2] do not consider multiple pelvic pain diagnoses. We aimed to develop and evaluate the reliability of a tool that assesses the impact of pelvic pain on the lives of women.
Methods: Two separate cohort studies were undertaken. The first, to develop the PPIQ, was a three-stage, online, Delphi-style survey completed by women with pelvic pain. This study yielded a list of the ten impact variables, or factors, which constituted the PPIQ. The PPIQ asks how much these factors have been impacted in the respondent's life during the previous month, and responses to each factor are given using a Likert Scale: not at all, a little bit, moderately, quite a lot, or extremely. The PPIQ was then tested in a separate cohort of women with pelvic pain, recruited online through health professionals. These women completed the PPIQ on the same day each week for three weeks. Intra-class correlation coefficients (ICC) were used to evaluate reliability.
Results: A total of 443 women participated in the first study. These women reported suffering from a wide range of pelvic pain conditions, with the most common being endometriosis (28%). Twenty six women took part in the second study (mean age 31.5 years). The most common diagnosis was again endometriosis (46%). All women reported at least one factor as being 'moderately' impacted over the previous month. The most impacted factor was intimacy and relationships. The test-retest reliability at each of the time points was high (ICC 0.87-0.94). The overall test-retest reliability was also high (ICC 0.91, $p<0.001$). The confidence interval of the overall test-retest reliability was 0.83-0.96, indicating minor variation in responses week-to-week.
Conclusions: The PPIQ is a reliable tool for assessing the impact of a range of pelvic pain conditions on a woman's life. The PPIQ is easily understood, can be completed online, is easy to score and lends itself well to parametric statistics. Of the ten most commonly reported areas of impact, that of intimacy and relationships seems to have the biggest impact.

1 Faculty of Pain Medicine Australian and New Zealand College of Anaesthesthestists, 'The $6 Billion Woman and the $600 Million Girl ', (2011).
2 Georgina M. A. Jones, Stephen M. D. Kennedy, Angela Barnard, Josephine PharmD Wong, and Crispin DPhil Jenkinson, 'Development of an Endometriosis Quality-of-Life Instrument: The Endometriosis Health Profile-30', *Obstetrics & Gynecology,* 98 (2001), 258-64.
3 Marian K. Pitts, Jason A. Ferris, Anthony M. A. Smith, Julia M. Shelley, and Juliet Richters, 'Prevalence and Correlates of Three Types of Pelvic Pain in a Nationally Representative Sample of Australian Women', *Medical Journal of Australia,* 189 (2008), 138-43.

What are the Barriers to Implementing Psychosocial Assessment in the Private Sector?

Tanya Connell, Donna Waters, Bryanne Barnett
PhD Candidate, University of Sydney, NSW

Approximately 30-40% of obstetric women choose to deliver in the private sector in Australia. Compared to the public sector, women in the private sector are more likely to have an induction of labour, a caesarean section, an instrumental delivery and a longer postnatal stay. Obstetricians and midwives in the private sector note that the role of obstetricians in postnatal care is minimal.

Psychosocial assessment, including depression screening, as part of perinatal care has been deemed good practice in the national clinical guidelines for perinatal depression and anxiety. However, little is known about psychosocial assessment in the private hospital sector. The primary aim of this study was to establish what is known about such assessment for women who choose private obstetric/maternity and postnatal care, particularly the availability and appropriateness of referral pathways and barriers to implementation. The study included implementing psychosocial assessment as part of the booking-in process at a regional private hospital in NSW.

This presentation reports on the barriers encountered in introducing psychosocial assessment to the pilot site. Recommendations for how to identify and overcome some of these barriers will be presented, with the aim of facilitating the introduction of this assessment at other private hospitals.

Access to information on risks to maternal and infant health is considered a fundamental privilege of antenatal care. Routinely assessing and measuring psychosocial risks and mental disorders are essential activities in evaluating the need to provide appropriate and timely responses to identified risks, to reduce infant mortality, preterm births and low birth weight infants. The perinatal period provides a unique opportunity to identify and intervene in perinatal anxiety and depression, partner violence, substance use problems, unresolved loss and other traumatic history. There is an increasing move internationally to standardise and make routine the psychosocial assessment and depression screening of all pregnant women.

The National Register of Antipsychotic Medication in Pregnancy (NRAMP): Healthy Mothers, Healthy Babies

Gilbert, Heather [1], Kulkarni, Jayashri [1]
[1] Monash Alfred Psychiatry Research Centre (MAPrc), Alfred Hospital & Central Clinical School, Monash University, Melbourne, Victoria, Australia

Background: We describe the need for data collection on antipsychotic medication safety in pregnancy. Currently there are no evidence-based clinical guidelines for the safe use of antipsychotic medications in pregnancy and early infancy. We established the National Register of Antipsychotic Medication in Pregnancy (NRAMP) to provide this vital information. NRAMP is more than a true 'Register' and is a prospective, observational study with a total sample of 260 women and 230 infants.
Purpose: Our study provides rich data on antipsychotic medication use during pregnancy and breastfeeding. Using this data, we aim to develop evidence-based guidelines to assist clinical decision-making, improve treatment options and provide safer outcomes for mother and infant.
Method: NRAMP is an Australia-wide research study involving women of child-bearing age who take antipsychotic medication during pregnancy. Maternal and fetal/neonatal information is gathered antenatally and postnatally, up to the first 12 months of the infant's life. Interviews measuring maternal wellbeing and infant developmental progress are conducted by telephone or face-to-face.
Results: NRAMP is current and ongoing. Of the 88% recorded live births, 61% of infants are progressing well at 12 months of age. Information about maternal gestational diabetes, pre-pregnancy obesity, birthing details, neonatal respiratory distress and neonatal abstinence syndrome will be presented.
Conclusion: Observations indicate mostly healthy outcomes for mothers and babies, although we suggest that early pregnancy diabetes testing and expert management of neonatal medication withdrawal syndromes be implemented in women taking antipsychotics in pregnancy. NRAMP continues collecting robust data, informing clinicians, consumers and carers. With increasing use of antipsychotic medications in pregnancy for a variety of conditions, the development of evidence-based perinatal antipsychotic medication guidelines is crucial. NRAMP is a unique study with a rich data base, providing new clinical data to better support pregnant women, mothers, infants, families and communities, both now and in the future.

Statement on Ethical Compliance

The submitted abstract reports on research or clinical material from human participants or patients with approval from an Institutional Human Research Ethics Committee

Psychosocial Needs Assessment During Pregnancy in Women from Humanitarian Source Countries: a Retrospective Audit in Melbourne, Australia

Leonora Chiam[1], Melanie Gibson-Helm[1], Christine East[1,2,3,4], Jacqueline Boyle[1]
[1]Monash Centre for Health Research and Implementation, School of Public Health and Preventive Medicine, Monash University, Melbourne
[2]Monash Women's Maternity Services, Monash Health, Melbourne
[3]School of Nursing and Midwifery, Monash University, Melbourne
[4]The Ritchie Centre, Monash University, Melbourne

Background: The perinatal period is a time of vulnerability for developing mental health disorders. Women from humanitarian source countries (HSC) are at higher risk due to additional pre and post-settlement psychosocial stressors.
Objective: To assess whether psychosocial needs assessments are currently conducted and identify the psychosocial factors that women from HSC are willing to disclose.
Methods: A retrospective audit of maternity records of 25 women from each of Afghanistan, Burma, Iraq and Sudan was conducted at Monash Health. Of the 100 records, 98 contained a psychosocial needs assessment completed at the booking visit and/ or late in pregnancy/ postpartum. Demographics and item response data were collected and summary statistics presented.
Results: Mean age was 29.4 (5.7) years. Proportion requiring an interpreter varied across groups (16.7%=Sudan to 95.8%=Burma, $p<0.001$), as did the proportion living in the relatively most socioeconomically disadvantaged areas (24.0%=Sudan to 92.0%=Burma). Women could select up to 18 areas of concern, and this varied across the groups in the median total number of items selected (1 item=Afghanistan to 3 items=Burma, $p=0.02$).Concerns about the current pregnancy were identified by 17.8% of the overall sample at booking, with the most common concern being issues in planning pregnancy care, including cultural, religious or dietary (39.8%), followed by recent arrival in Australia and concerns about available support (21.4%). At booking, 7.1% of women reported a previous diagnosis of a mental health condition with differences across groups (0=Burma to 12.5%=Sudan).
Conclusion: Encouragingly, completion of psychosocial needs assessments was high with some evidence that women were willing to talk about concerns about their pregnancy, pregnancy care planning and available support, enabling health services to address their needs. Women from Burma identified the most psychosocial stressors yet none reported a previous mental health diagnosis, indicating a possible group in particular need of additional support during pregnancy.

Statement on Ethical Compliance:
The submitted abstract reports on research or clinical material from human participants or patients with approval from an Institutional Human Research Ethics Committee.

Do Australian Women's Sexual Health Information Needs Differ from Their Health Providers?

Lauren Waycott, [1] Mandy Deeks, [1] Janet Michelmore, [1]
[1] The Jean Hailes Foundation For Women's Health, Clayton, VIC, Australia.

Introduction:
The sexual health information needs of Australian women are largely unmet. Few studies have directly consulted women and their health providers at a national level about sexual health information needs of women. Past studies within Australia have been disease specific, focused on the health of a prospective cohort and have not compared the views of both women and their health providers.
Jean Hailes is a national healthcare service provider uniquely placed to conduct consultation through its enduring relationship with women and their health professionals across Australia
Methods:
A national consultation with women and their health providers was conducted. Two online surveys were disseminated comprising of questions on unmet sexual health needs including topics on; contraception, sexually transmitted infections, painful sex, fertility and sexual health.
Results:
Over 2700 women and 500 health professionals nationally have responded. Differences in information needs and perceptions between women and their health providers have been found. Marginalised groups including women residing in rural and remote locations, Indigenous and culturally and linguistically diverse women were representative.
Conclusion:
This national consultation provides insight into the unmet sexual health information needs of Australian women. These findings will inform future health promotional practice, education and policy in women's health.

Statement on Ethical Compliance:
The submitted abstract reports on research or clinical material from human participants or patients with approval from an Institutional Human Research Ethics Committee.

Nepal, Trafficked Adolescent Girls and Reproductive Health: A Qualitative Interpretive Inquiry

Tricia Ong
Deakin University, Melbourne

In a global context, women's reproductive health and rights have been one of the most politically contentious – and hotly-debated – topics to have dominated the health arena in the last twenty years. However, global advancements are being made, particularly in regions of high vulnerability such as, for example, South Asia. One of the most vulnerable populations to reproductive health issues is adolescent girls. In many cultural contexts, this is due to early marriage, early childbearing, and the high incidence of sexual violence. An additional overlay can also be harmful cultural traditions and practices.

My PhD research – a reproductive health study - focuses on one of the most highly marginalised and disadvantaged adolescent girl population groups to reproductive health in Nepal; girls who have (formerly) been trafficked into the sex industry. In Nepalese society, these girls are stigmatised for having engaged in sex work, contracting HIV/AIDs, and, most specifically, HIV/AIDS contracted in India. In Nepal, limited quantitative research reports on barriers of access to reproductive health for these trafficked girls, and also their highly-specific reproductive health issues – and their vulnerability to being re-trafficked, re-engaging in prostitution, and engaging in ongoing risky sexual behaviours.

My study aims to explore factors that impact on the reproductive health – perceptions of the reproductive body, hopes and fears around reproduction, and how these aforementioned factors influence the reproductive decision-making - of trafficked girls. In addition, it hopes to develop a set of recommendations for reproductive health support and reproductive health education for lead actors in the reproductive health and anti-trafficking sectors in Nepal. Believing that trafficked girls hold key insights into their reproductive health support needs, and knowledge to advance the development of a "culturally-sensitive" reproductive health education program for trafficked girls, this study is a qualitative interpretive inquiry.

The submitted abstract reports on research or clinical material from human participants or patients with approval from an Institutional Human Research Ethics Committee.

Accounts of Abortion From Young Women Diagnosed With Breast Cancer

Maggie Kirkman[1,2], Carmel Apicella[2], Jillian Graham[1], Martha Hickey[3], John L. Hopper[2], Louise Keogh[2], Ingrid Winship[3], Jane Fisher[1,2]
1 The Jean Hailes Research Unit, Monash University, Melbourne
2 Melbourne School of Population and Global Health, The University of Melbourne
3 School of Medicine, The University of Melbourne

Aim: To investigate psychosocial aspects of reproductive health for young women diagnosed with breast cancer, with the goals of informing and enhancing patient care and addressing women's short- and long-term psychological needs.
Method: Participants were drawn from a population-based sample of women diagnosed with breast cancer when aged 18-40 years who were part of the Australian Breast Cancer Family Study. One hundred eligible women diagnosed either in 1996-2000 or in 2009 were invited to participate in this qualitative research. Participants were interviewed in depth about their fertility-related experiences, expectations, and reflections. Written interview transcripts were qualitatively analysed using narrative and thematic techniques.
Results: Fifty women (50%) consented and were interviewed. Participants and non-participants were similar in age at diagnosis, partnership status, and number of children. This paper reports on the five women who discussed their diverse experiences of abortion: one had had an abortion not long before her diagnosis and interpreted it as beneficial because the mass in her breast could have been obscured by breastfeeding; the second was diagnosed with breast cancer during her pregnancy and had an abortion that she found distressing but necessary; the third reported having an abortion towards the end of her cancer treatment because it was too early in her new relationship; the fourth, who became pregnant while on tamoxifen, considered having an abortion, but was assured by her medical team that she and her baby were in good health (she was in the second trimester at interview); and the fifth woman had had an abortion a few years before her diagnosis and was convinced that it had led directly to her breast cancer.
Conclusions: These diverse accounts suggest that clinical guidelines are best supported by sensitive discussions with each woman, aimed at understanding her experiences, needs, and preferences.

Ethical Compliance: The research reported in this paper was approved by the Monash University Human Research Ethics Committee (CF11/1855-20111001040) and the Southern Health Human Research Ethics Committee (No. 11127A).

Gestational Breast Cancer: A Qualitative Study of Women's Psychological Needs and Implications for Clinical Care

Hammarberg, Karin[1], Sullivan, Elizabeth[2], Javid, Nasrin[2], Saunders, Christobel[3], Fisher, Jane[1] on behalf of AMOSS GBC study group
[1] Jean Hailes Research Unit, School of Public Health and Preventive Medicine, Monash University. Melbourne
[2] Faculty of Health, University of Technology, Sydney
[3] School of Surgery University of Western Australia, Perth

Breast cancer is the most common cancer among pregnant women and presents complex clinical, psychological and ethical challenges. Little is known about the psychological and care-related needs of women who are diagnosed with gestational breast cancer (GBC) and to what extent these are met. Women diagnosed with GBC in the last five years were recruited to participate in semi-structured individual telephone interviews.

Seventeen women aged between 32 and 47 years who had been diagnosed with GBC between 6 weeks of pregnancy and 6 weeks postpartum participated. Seamless coordination between oncology and obstetric care; reassurance about the safety of the treatment for the baby; being linked with a woman who had had a similar experience; an online forum dedicated to support women with GBC; access to a breast care nurse; health care providers having a holistic approach to recovery; and reconstructive surgery were perceived as beneficial for psychological wellbeing. Not being included in decision making; fragmented care; conflicting information about the treatment plan and its effect on the foetus; not being able to breastfeed; support groups which do not include women with GBC; psychologists who are out-of-step with the woman's stage of grief; and lack of information about and unpreparedness for postmenopausal symptoms were identified as detrimental.

This study identified perceived positive and negative aspects of care among women diagnosed with GBC. The findings suggest that responsiveness to their psychological need is of particular importance to the protection of emotional well-being among women with GBC. Improved understanding of their needs can help development of psychologically-informed care for women in this predicament.

Statement of ethical compliance:
The abstract reports on research conducted with human participants with approval from the University of New South Wales and Monash University.

The 'Emotional Wellbeing Program': Prenatal Psychosocial Risk Assessment & Patient Acceptability in a Private Hospital Setting

Mrs Shona Schadel[1], Dr Jane Kohlhoff[2], Dr Rachael Hickinbotham[3], Ms Catherine Knox[4], Prof Bryanne Barnett AM[5], and The Gidget Midwives[4]
[1] The University of Sydney, Sydney
[2] Karitane, Sydney
[3] North Shore Private Hospital, Sydney
[4] Gidget Foundation, Sydney
[5] St John of God Raphael Services, Blacktown

Background: Universal antenatal psychosocial assessment and depression screening is recommended under the National Perinatal Depression Initiative and various clinical guidelines. Although many public hospitals have implemented these recommendations, no comprehensive psychosocial assessment currently exists in Australian private hospitals. In 2009, the 'Emotional Wellbeing Program' (EWP) was developed, trialled and implemented at Sydney's North Shore Private Hospital, with funding from the nib foundation. The EWP is a depression screening and antenatal psychosocial assessment program, delivered by midwives working in close collaboration with Obstetricians. This study seeks to examine the psychosocial risk profiles of EWP participants, and attain initial feedback regarding acceptability and usefulness.
Methods: The EWP collected data from 968 pregnant women at North Shore Private Hospital between January 2013 and December 2014. A random sample of 15 patients were contacted by phone 8-10 weeks after delivery and asked to provide qualitative feedback about the program.
Results: Participants had an average maternal age of 33.9 years and most (71%) were primiparous. The cohort were socio-demographically advantaged; with less than 1% un-partnered, 81% currently employed, 90% having undertaken tertiary education and 88% reporting an annual family income over $100 000. Depressive symptoms were present in many cases, with 6% scoring 13 or over on the Edinburgh Depression Scale (EDS) and 14% scoring 10-12. Contact was made with the treating Obstetrician in 93 cases, and referrals were made to other services in 89 cases. The feedback about the program was overwhelmingly positive.
Conclusions: Despite socioeconomic advantage, depressive symptoms and psychosocial risk factors for postnatal depression were common among EWP participants. Given that almost 30% of Australian women choose to give birth in the private sector, initiatives like the EWP are important to enable compliance with current practice standards and ensure equitable access for all women to screening and support for perinatal emotional difficulties.

The submitted abstract reports on research material from human participants or patients with approval from an Institutional Human Research Ethics Committee.

Polycystic Ovarian Syndrome and Pregnancy

Laura Deveson
University of Adelaide, Adelaide

Polycystic Ovarian Syndrome (PCOS) results in anovulatory menstrual cycles and is a leading cause of female infertility. It is a complex syndrome which is characterised by changes in ovarian function which is unpredictable. The syndrome presents with varying combinations and severity of symptoms which makes it difficult to diagnose.
This presentation will discuss the case of a twenty-two year old aged care worker from a rural community. She was diagnosed with PCOS at the age of nineteen after correlating her pattern of symptoms with those seen on a health related television program. When she became sexually active, different contraceptives were trialled but none were tolerated hence she relied on her state of anovulation. When she was commenced on Metformin as part of her PCOS treatment, she experienced some weight loss and fell pregnant.
Following will be a discussion of the numerous psychosocial components evident in this case and their contribution to the event of an unplanned pregnancy.

Ethical statement:
Patient consent was obtained for presentation of this case and all parties have been de-identified.

Gynaecological Cancer Care as a Human Right

Professor Michael Quinn AM
University of Melbourne

FIGO has reinforced the fact that everyone has the right to the highest attainable standard of mental and physical health. Cancer care is often low in the health agenda of LIMCs where nutrition, infectious diseases and sanitation need to be prioritised. As less developed countries slowly improve their health and education outcomes, then prevention screening and treatment take their place and given the enormous impact that cervix cancer has in the developing world, there are huge opportunities to make a substantial difference.

Screening tools such as VIA and one stop HPV testing cannot be introduced,however, until there are facilities and expertise to manage the resultant diagnoses and cancer programmes therefore need to be integrated in such a way as to ensure a total package of care de novo.

The success of clinical trials in such countries as Thailand will be discussed to illustrate how ,with the right mind set, cancer care can be adapted to any setting and be incorporated as a human right.

The Ethics of Delivering Sexual Healthcare

Professor Christine Tippet
Head of Maternal and Foetal Medicine, Monash, Melbourne

Ethics, human rights and public health are complementary fields. Human rights and dignity must be respected and health policies guided by sound ethical values.

Obstetrics and gynaecology has seen major medical advances and changing pathology create unexpected ethical dilemmas for our discipline. The moral dilemmas that face individuals and organisations involved in the delivery of women's sexual health range from public advocacy for the very basic needs and human rights for refugee women to complex and challenging questions posed by the increased complexity and understanding of human reproduction and the human genome.

There is growing consensus that sexual health cannot be achieved and maintained without respect for and protection of certain human rights related to sexual health that are already recognized in consensus documents and in national laws.

Individuals involved in women's health care have an ethical duty to be advocates for women's health care. They also have a duty to provide care based on their knowledge relating to sexual and reproductive health and experience.
Governments have a responsibility to ensure that improvements in sexual and reproductive health have a high priority.

I will discuss the ethics of delivery of sexual health care and reproductive rights in an Australian context and the importance of recognising the challenges and shortcomings to enable us to continue to build on the achievements to date.

Access to Abortion….have we really advanced?

Dr Paddy Moore
Head of Choices Service, Royal Women's Hospital, Melbourne

Notes:

Mother Child Attachment

Professor Louise Newman AM
Head of Women's Mental Health, Royal Women's Hospital, Melbourne

The attachment relationship and quality of care shapes infant development at neurological, psychological and emotional levels. The quality of interaction between parent and infant is based on the parent's capacity to read, process and respond to the infant's emotional communications and reflects the parents understanding of the inner experience of the infant. Parental 'reflective capacity 'refers to the parent's ability to think about the infant as having their own inner world and emotional experiences. It includes the parent's capacity to see the needs of the infant as separate from their own and the ability to prioritise the infant's needs.
In high risk relationships the attachment between infant and parent may be insensitive and disorganised leaving the infant in a state of unresolvable anxiety The infant may experience mistimed, inaccurate and sometimes frightening interactions with the carer resulting in ongoing anxiety,. Parents who have difficulties recognising the emotional states of the infant and those who have their own history of early attachment issues are particularly challenged in early care and in need of intervention.

Many parenting interventions are not focussed on the needs of parents with attachment issues and mental health problems. There is a need for specific support for those with histories of early trauma who are at risk of repeating disturbed patterns of interaction in their relationship with the infant. The Parenting with Feeling Program has been designed to improve interactions in these relationships and to support parents in the development of their reflective capacity. This program is currently being evaluated in an RCT at the Women's Hospital. These interventions may be seen as promoting attachment organisation and neurodevelopment and represent an integrative approach to early parenting approaches.

An evaluation of the PANDA Perinatal Anxiety & Depression Australia National Perinatal Helpline

Forster DA,[1,2] Shafiei T,[1] McLachlan HL,[1] Small R,[1] Biggs L.[1]
[1]Judith Lumley Centre, La Trobe University, Melbourne
[2]Royal Women's Hospital, Parkville

Background: The high prevalence of perinatal depression and anxiety in Australia and internationally is well-documented, and IS the reason for the existence of PANDA Perinatal Anxiety and Depression Australia (previously the Post and Antenatal Depression Association), a national, not-for-profit organisation formed in Victoria in 1985. PANDA expanded to national coverage in July 2010. Services include the National Perinatal Depression Helpline, online fact sheets, and a comprehensive website. PANDA works collaboratively with health professionals, provides professional education and training seminars, and assists in the establishment of support groups. PANDA also recruits and trains peer support, home visiting and community education volunteers for their service. A comprehensive external evaluation was undertaken exploring one service component – the National Perinatal Helpline. A snapshot of the results will be presented.
Methods: The evaluation had four components: (1) A description of the PANDA caller profile, demand and referral pathways; (2) An exploration of the views and experiences of callers to the PANDA National Helpline; (3) Telephone interviews with callers assessed to be in the 'high needs' category; and (4) Key informant consultations with PANDA staff/volunteers and key stakeholders.
Findings: Between 2010 and 2013, the Helpline experienced an increase in demand from callers across Australia, with the number of calls increasing each year. Including both incoming and outgoing calls, there was a total of 35,853 calls recorded during the evaluation period, 87% of which were calls to or from consumers. A substantial proportion of the callers had complex perinatal mental health needs, and many of these had not had a prior diagnosed condition. All groups of participants in the evaluation (callers, staff, volunteers and key stakeholders) were overwhelmingly positive about the Helpline.
Conclusion: All data sources used in this evaluation demonstrated a strong level of support for the services PANDA offers.

Same-sex Parented Families –Current Triumphs and Challenges

A/Prof Ruth McNair
Department of General Practice, University of Melbourne

This emerging alternative family structure headed by same-sex attracted couples and individuals is becoming more prevalent in Australia. Achieving pregnancy is seen as a triumph amongst many same sex attracted women, as is successfully negotiating surrogacy amongst male same sex couples.
Further, outcomes for the children appear to be overwhelmingly positive.

Some of the challenges for these families will be presented, in terms of achieving family and accessing appropriate health care. Challenges for the children will also be discussed

When Love Hurts

Dr Wendy Vanselow
Royal Women's Hospital, Melbourne

A common presentation in the psychosexual clinic is sexual pain or indeed the impossibility of penetration. How are these problems assessed and managed in the clinical setting?
This presentation discusses the importance of a clinical history and examination in order to gain a deeper understanding of the complex interplay of contributing factors and responses both physical and psychological. Education using diagrams to explain the anatomy and physiology of the female sexual response provides an opportunity for empowerment of the patient +/- partner and is an important part of management.

Vaginismus: When Her Body Does The Talking

Dr Anita Elias
Head of Sexual Medicine and Therapy Clinic, Monash Medical Centre Psychosexual service, Royal Women's Hospital

Consensus definition of Vaginismus is:
"The persistent or recurrent difficulties of the woman to allow vaginal entry of a penis, a finger or any object, despite the woman's expressed wish to do so.
Affected women often avoid intercourse; experience involuntary pelvic muscle contraction and anticipate, fear or experience pain" (Basson R et al. J Sex Med 2004)

Vaginismus may be due to a conscious fear or perceived threat of danger, an unconscious pelvic floor contraction or commonly the interplay between the two.

One of the manifestations of the flight/fight response is muscle tension, and more recent neurophysiological understanding has shown that pain is the brain's reaction to perceived danger.

But why does the woman with Vaginismus feel she is in danger?
In many cultures in the world, women are brought up with little or no sex education, sexual taboos, negative sexual messages and possible negative / traumatic sexual experiences. It is easy to understand why this may lead her to develop fear of intercourse and primary Vaginismus.

However, there is an increasing number of young women, growing up in Australia, with seemingly reasonable sex education, without the traditional sexual taboos, with permissive sexual attitudes, also presenting with primary sexual pain. In exploring the aetiological factors in this group, we are led to question whether some young modern Western women, have any more sexual freedom than their traditional counterparts.

Using case discussion and a Mind / Body Model, this presentation will compare several contrasting cultural groups, who are experiencing sexual pain, and explore the associated issues of lack of arousal, anxiety and fear, and a perceived lack of sexual autonomy, as contributing factors.

We will consider why the physical pain may be the result of her inability to give "voice" to her sexual preferences and/or concerns.

The Role of the Pelvic Floor in Sexual pain

Ms Shan Morrison
Specialist Continence and Women's Health Physiotherapist Managing Director of Women's and Men's Health Physiotherapy

Chronic pelvic and sexual pain in women is associated with significant morbidity and financial cost to the individual as well as their partners, families and the wider community. There is a complex interplay of biological, behavioural, environmental and societal factors compounded by complex neurogenic innervation of closely related visceral and somatic structures, by the intimate nature of the area and impact on personal relationships and sexuality. Pelvic floor muscle (PFM) pain and increased tension are commonly associated with pelvic, vulval and sexual pain presentations and is an emerging reason for referral to pelvic floor physiotherapy. The components of objective pelvic floor muscle assessment will be presented including gaining of information regarding the presence of pain, pelvic floor muscle tension, relaxation, spasm and contractile activity using palpation and other methods. The relationship between the symptom of PFM pain and the sign of altered PFM tension is not well understood but co-occurrence is frequently observed with causality difficult to prove. Physiotherapy management of pelvic floor muscle pain commonly involves education about the pelvic floor muscles, techniques to relax the muscles ('down training') using internal manual therapy techniques, biofeedback and home exercise with vaginal trainers; all will be explored in this presentation. These 'tissue-focused' interventions often play an important role, however there is strong evidence for a biopsychosocial approach to management of persistent pelvic floor muscle pain due to the high prevalence of contributing psychological variables. Both peripheral and central abnormalities have been implicated in vulvar / sexual pain indicating central hypersensitivity and therefore an inherent need to address central nervous system dysfunction. Based on this rationale, physiotherapy management applying a biopsychosocial model with the application of explaining pain neuroscience is advocated for persistent pelvic, sexual and vulval pain. The current evidence for various aspects of the pelvic floor physiotherapy approach will be explored.

Overview of findings from the 5th National Survey of Australian Secondary Students and Sexual Health

Ms Wendy Heywood[1]
[1]Australian Research Centre in Sex, Health and Society, Latrobe University, Melbourne.

The Fifth National Survey of Australian Secondary Students and Sexual Health examined the sexual attitudes, knowledge, and behaviours of Australian adolescents enrolled in years 10 to 12 during 2013. In total 2,136 students from all states and territories of Australia were recruited through high schools, youth organisations, and Facebook. The majority of students (69%) had experienced some form of sexual activity. Sexual intercourse (vaginal or anal) was reported by 23% of year 10 students, 34% of year 11 students, and 50% of year 12 students. Most sexually active students felt positive about their last sexual experience. Condoms were the most commonly used form of protection, followed by the oral contraceptive pill. The vast majority of students (78%) expressed a desire to have children at some stage of their life; over half would like to have their first child between the ages of 25-29 years. Sexting or the sending and receiving of sexually explicit written text messages or images was also common, particularly among sexually active adolescents. Finally, nearly all students (86%) had received sexuality education at school, most commonly in years 7 to 10. In total, 45% of students reported their sexuality education to be very or extremely relevant. When given the opportunity to comment on their sexuality education at school, young people recognised its importance and provided feedback on how it could be improved.

Statement on ethical compliance:
The submitted abstract reports on research or clinical material from human participants or patients with approval from an Institutional Human Research Ethics Committee.

Young adults – Sex and Music Festivals, New Technologies and Popular Fiction

Dr Megan Lim
Co-Head of Sexual Health and Young People Research, Preventive Health Research Fellow, Burnet Institute

Notes:

Queer(y)ing Sexual Expression: Addressing the Needs of Same Sex Attracted and Gender Diverse Young People

Dr William Leonard
Director Gay and Lesbian Health Victoria, ARCSHS La Trobe University

This paper explores the failure of school curricula, and in particular sex education, to address the needs of same-sex attracted and trans and gender diverse (SSATGD) young people. Sex education in schools has focused almost exclusively on 'risks' associated with reproductive, heterosexual sex, including STIs and unwanted pregnancy. This narrow focus fails to address the importance of sex and sexual intimacy in young people's lives and the possibility that young people may be active sexual agents. It also ignores forms of sexual expression and intimacy that are not governed by traditional gender norms or that do not involve the possibility of reproduction.

This paper looks at how the hetero-reproductive assumptions that underpin sex education necessarily exclude consideration of issues specific to SSATGD young people. It opens with two provocations that, together, pose the question "What would an affirmative approach to sex education that includes the needs of SSATGD young people look like?" It presents data on SSATGD young people's experiences of sex education in school and concludes with an introduction to a national program, Safe Schools Coalition, that addresses the marginalisation and invisibility of SSATGD young people in school communities, from policy to curricula.

Awareness and Attitudes of Women and Men Regarding Medication Abortion in Australia: Findings from the *Understanding Fertility Management in Contemporary Australia* Study

Rowe H[1], Holton S[1], Kirkman M[1], Bayly C[2], Jordan L[3], McNamee K[3], McBain J[4], Sinnott V[5], Fisher J[1].
[1]Monash University, Melbourne, Australia.
[2] The Royal Women's Hospital, Melbourne Australia.
[3] Family Planning Victoria, Melbourne Australia
[4] Melbourne IVF, Melbourne Australia
[5] Victorian Government Department of Health, Melbourne Australia.

The combination of mifepristone and prostaglandin analogues is a safe and acceptable method of abortion, which is widely used internationally. Medication abortion became available in Australia in February 2006 after a Private Member's bill was introduced into the Australian Parliament overturning law that required the permission of the Health Minister for the import and use of mifepristone for abortion. Compared with other countries, availability and uptake of medication abortion in Australia remains relatively low but is growing. The aim of this study was to survey attitudes and knowledge regarding medication abortion in a sample of Australians of reproductive age.

Data were collected from a sample of women and men aged 18-50 recruited from a random sample of electors on the Australian Electoral Roll. Respondents completed a questionnaire using either paper or online format. Demographic factors that were significantly associated with differences in knowledge and attitudes were entered into logistic regression analyses. Factors significantly associated with awareness and potential uptake of medication abortion were established.

2235 completed surveys were returned (69% women; 31% men). Almost two thirds (65%) of female respondents and 59% of men had heard of medication abortion. Of those who had heard of the procedure, more than half (W54%; M57%) thought that it was available, the majority (W 80%; M 79%) that it should be available in Australia, and most (W 67%; M71%) would consider a medical abortion if they (or their partner) needed it. Lower socioeconomic position and speaking a language other than English were significantly associated with lower awareness and less positive attitudes regarding medication abortion.

There is generally high awareness and positive attitudes regarding medication abortion among Australian women and men, however socioeconomic inequality exists. Health service, practitioner and personal factors are likely to be implicated and require further investigation.

The submitted abstract reports on research data collected form human participants with approval from an Institutional Human Research and Ethics Committee.

Victorian to Raunch Culture: How Taboos Affect Product Innovation in Sexual Health and What Are The Possibilities For Change?

Dr Judith Glover[1]
[1]Department of Industrial Design, RMIT University

Following the theme of the conference "Women's Health, Sex and Society… Are We Really Victorian?" Industrial designer Dr Judith Glover explains how longstanding social taboos and misunderstandings of female sexuality and sexual functioning have affected the innovation of products and services in sexual health and wellbeing. 50 years after the sexual revolution the product genre of sex toys for instance is still considered socially taboo and the area of sexual health in the design field barley exists. Dr Glover explains how the design disciplines and Industrial Design in particular should and can play a role in developing the issues and problems of clinicians, health practitioners and patients into innovative product and service solutions.

This paper is based on Dr Glover's PHD thesis 'Taboo to Mainstream: an Industrial Design solution to sex toy production' (2013). In this thesis it is argued that socio- sexual attitudes to female sexuality, gender and sexual functioning are more problematic to the development of appropriate new products and services than current technical capabilities of design and manufacturing. Taboos can be challenged by developing research in a rigorous academic and scholarly manner within the design fields— collaborating with health practitioners and health researchers in cross disciplinary projects.

Moving design and innovation in this important area of human health and wellbeing away from the sole confines of the Adult industry and long standing social taboos is a challenge and Dr Glover explains how design methodology and methods can contribute to this.

The submitted abstract does not use data collected from human participants or patients.

Is Endometriosis The New Hysteria? Modern Day Implications for Medicine's Historical Construction of Women and Their Bodies

Kate Young[1], Jane Fisher[1] and Maggie Kirkman[1]
[1]Jean Hailes Research Unit, School of Public Health and Preventive Medicine, Monash University, Melbourne

From Hippocrates' 'wandering womb' to Freud's 'penis envy,' social influences on medical knowledge has facilitated some perplexing and, at times, harmful diagnoses for women. Recent research on enigmatic conditions such as chronic fatigue syndrome and irritable bowel syndrome suggest that modern medicine remains susceptible to socially constructed beliefs about the body, particularly when there is little other available evidence. Despite being one of the most prevalent and enigmatic conditions of our time, little is known about the role of such influences on the care women receive for endometriosis. This paper draws on qualitative research with women who have endometriosis and clinicians who provide care to women with endometriosis to illustrate the modern day implications for Medicine's historical construction of women and their bodies. Our research suggests these historical constructions continue to emerge in the modern day health care of women with endometriosis. Women gave examples of empathetic and individualised care but also highlighted adverse experiences such as the prioritising of their fertility over other aspects of their care without their consultation. All clinicians expressed compassion for women with endometriosis and spoke of the difficultly in providing care with little available evidence to guide them. However, some clinicians attributed the symptoms of difficult-to-treat women to undesirable characteristics of the patients; these were often based on gender stereotypes. Increased awareness of the social influences on medical knowledge and practice, and the associated benefits and harms for patients, can guide clinical practice, particularly when there is little other available evidence to do so.

The submitted abstract reports on research from human participants or patients with approval from an Institutional Human Research Ethics Committee.

Factors Associated With Poor Father-To-Infant Attachment at 6 Months Postpartum: A Community Study In Victoria

Wynter, Karen[1], Rowe, Heather[1], Fisher, Jane[1]
[1] Jean Hailes Research Unit, School of Public Health and Preventive Medicine, Monash University, Melbourne, Victoria

Background: Father-to-infant attachment is the emotional tie between a father and his infant. It is essential for the child's healthy growth and development. If it is not well established in early infancy, children are at risk of subsequent emotional and behavioral problems.
Aim: The aim of this study was to identify factors associated with poor father-to-infant attachment at 6 months postpartum.
Method: English-speaking men were recruited in six diverse local government areas in Victoria, Australia. Participants (n=270) completed computer-assisted telephone interviews at approximately 4 weeks and 6 months after the birth of the couple's first infant. Data were collected on demographic characteristics, unexpected pregnancy, mental health, quality of intimate partner relationship, and infant crying and fussing. The Parental Attachment Questionnaire (PAQ) was administered at 6 months postpartum. Logistic regression was used to test for factors associated with poor father-to-infant attachment (PAQ scores in the bottom quartile).
Results: Quality of relationship with intimate partner was significantly associated with father-to-infant attachment. Men who experienced their partners as sensitive, kind and affectionate were less likely to have poor father-to-infant attachment. Men who reported that their partners criticized the way they looked after the baby were > 2.5 times more likely to have poor father-to-infant attachment than men who reported that their partners never criticized their baby care.
Conclusion: A father's own attachment style is likely to be reflected in his relationships with both intimate partner and infant. However, the quality of the intimate partner relationship may be a promising site for facilitating father-to-infant attachment. Routine primary care should focus on both parents in order to promote these interlinked relationships. Raising parents' awareness of the benefits to each family member of affirmation and affection and the adverse impact of criticism, may contribute to healthier family functioning and better outcomes for children.

Statement on Ethical Compliance:
The submitted abstract reports on research or clinical material from human participants or patients with approval from an Institutional Human Research Ethics Committee

Health Behaviours to Optimise Conception Among Australian Women And Men: Findings From The *Understanding Fertility Management In Contemporary Australia* Survey

Holton, Sara[1], Hammarberg, Karin[1], Rowe, Heather[1], Kirkman, Maggie[1], Bayly, Christine[2], Jordan, Lynne[3], McBain, John[4], McNamee, Kathleen[3], Sinnott, Vikki[5] & Fisher, Jane[1]
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Background: Age at first birth is increasing and older age is associated with decreasing fertility. Most Australians want and expect to have children, yet many do not realise their childbearing goals. Little is known about the actions people take to improve their chance of conceiving.
Objective: To investigate actions taken to improve the chance of conception among Australians with a planned first pregnancy.
Method: A sample of 18-50-year-old women and men (N=2,235) recruited from the Australian Electoral Roll in 2013 completed a self-administered anonymous questionnaire. Factors associated with pro-conception actions among those with a planned first pregnancy were identified in univariable and multivariable analyses.
Results: More than half the respondents (n=1,300, 58.2%) reported that they (or their partner) had had a planned first pregnancy. Of these, almost half (n=605, 46.5%) had taken specific action (increased frequency of sexual intercourse, monitored ovulation, made lifestyle changes such as stopped smoking and ate healthy foods, or consulted a health professional) to conceive. Respondents who had taken action took significantly longer to conceive than those who had not taken any action (p=.004). Although there was no significant difference between women and men taking action to achieve a first pregnancy (W 44.8%, M 48.4%, χ^2(1,n=1,300)=1.5, p=.214), women were significantly more likely to take action if they were partnered, had a higher level of education, found it easy to access helpful pregnancy advice, and had private health insurance; men were significantly more likely to take action to achieve a first pregnancy if they were younger, partnered, comfortable talking to a health care provider about reproductive matters, and had a better general health status.
Conclusion: Pro-conception actions were associated with longer time to conception. To reduce the risk of age-related infertility, targeted promotion of pro-conception actions may help people achieve their childbearing aspirations.

Statement on Ethical Compliance:
The submitted abstract reports on research or clinical material from human participants or patients with approval from an Institutional Human Research Ethics Committee.

Sociodemographic Characteristics Associated With Contraceptive Use in Australia: Findings from the *Understanding Fertility Management In Contemporary Australia* Survey

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Background: Contraceptive use is high among Australian women and men. However, many Australians are not using effective methods of contraception as reflected in the high rates of unintended pregnancy and abortion, and there is little recent data on the use of newer more effective methods of contraception such as long-acting reversible contraception.
Objective: The aim of this study was to investigate the sociodemographic factors associated with contraceptive use among Australian women and men of reproductive age in order to inform health education and target health promotion.
Methods: A sample of Australian women and men aged 18-50 were randomly selected from the Australian Electoral Roll in 2013. Participants completed a self-administered anonymous questionnaire. Chi square and logistic regression were used to assess the sociodemographic factors associated with contraceptive use.
Results: Most respondents (n=1,554, 69.5%) were at risk of pregnancy and of these, most (n=1,358, 84.7%) were using contraception. Use of very effective methods such the IUD and implant was associated with lower levels of education, and permanent methods with living in a rural location. Higher use of the oral contraceptive pill, a method with mid-range effectiveness, was associated with speaking English as a first language, high socioeconomic status and not considering religion important in fertility choices. Factors associated with the least effective methods such as withdrawal included not having private health insurance and living in a metropolitan location, whilst users of fertility awareness methods and abstinence were more likely to regard religion as important in fertility choices. Around one in seven (15.3%) respondents who were at risk of pregnancy were not using contraception, citing reasons for non-use as dislike of side effects, or concern about long-term effects of contraception.
Conclusion: These findings indicate the potential benefits of targeted health promotion of more effective methods of contraception.

Ethics: The submitted abstract reports on research or clinical material from human participants or patients with approval from an Institutional Human Research Ethics Committee.

"I'm here for my women's check up" - Health Promotion in the Context of Cervical Screening

Genevieve Dally
Family Planning Welfare Association of NT Inc., Northern Territory, Australia

Australia celebrates its successful cervical screening program with significantly low incidences of morbidity and mortality associated with cervical cancer. Health promotion campaigns that align with this biennial program are heralded, globally, as measures of effective recruitment and retention into a program with well understood health benefits. In rural and remote Australia, cervical screening is colloquially known as a 'women's check up' and occurs within a context of opportunistic screening, health assessment and education.
A clinical audit was undertaken to determine the likelihood of additional women's health issues being addressed as part of a cervical screening consultation. Data was collected from a Darwin sexual and reproductive health service during the month of June 2014 and November 2014. Electronic software was used to extract and verify data. Issues that were earmarked as being regularly identified included breast health, STI screening, contraception, management of menstrual symptoms, incontinence, fertility, pregnancy options and lifestyle issues.

Of the consultations in June 2014 (70) and November 2014 (34), the majority involved education, advice or referral pertaining to one or more additional women's health issue. This occurred despite reason for attendance given as 'cervical screening' only. The clinical audit demonstrated that women present for a 'check-up' as a result of raised awareness about cervical screening but are then given opportunity to manage other issues and conditions that could have significant negative health repercussions if not addressed efficiently.

In a landscape of advanced technology, HPV vaccination programs and sound evidence to support changes to Cervical screening intervals, challenges exist for health practitioners in addressing women's health needs in a timely and acceptable manner. Health promotion campaigns will need to normalise health seeking behaviour and support women to access services outside of established recommendations.

The submitted abstract reports on work with quality improvement project approval

Banking on The Future: Australian Women's Experience of Egg Freezing for Non-Medical Reasons

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Advances in oocyte cryopreservation have led to an increase in women electively freezing their eggs for the purposes of fertility preservation. Women using this technology are often portrayed in the media as using egg freezing to delay childbearing in order to advance their career. We aimed to investigate characteristics of women who have stored eggs without a health indication and the reasons they gave for doing so. A 30-item questionnaire for anonymous completion was sent to all women (n=183) who had frozen egg without a medical indication at an Australian IVF unit between 1999 and 2014. It included questions about sociodemographic characteristics and circumstances relevant to their decision to store eggs.

Of the 183 mailed questionnaires 95 (52%) were returned completed. Almost all (90%) had a tertiary degree, and 40% had a postgraduate qualification. Most (89%) were employed in professional occupations and 93% held private health insurance. Women were on average 36.3 (SD 2.63) years at the time of freezing with 81% of women being 35 years or older. Most (86%) women were single at the time of egg freezing. The most common reason cited for freezing eggs was the lack of a partner (85%). Women viewed egg freezing both as an investment in the future and insurance against not finding a partner with whom to have children. Both the media and social group suggestions influenced women's decisions to freeze eggs. A low concentration of circulating AMH or ovarian reserve was pivotal in some women's decisions, which challenges the idea that these women are freezing eggs for purely "social" reasons.

Women who froze their eggs were socioeconomically advantaged. Contrary to the stereotype that women freeze eggs to advance their career before having children, the lack of a suitable partner to have children with was most influential in their decision.

Statement of ethical compliance:
The abstract reports on research conducted with human participants with approval from the Melbourne IVF ethics committee and the Monash University Research Ethics Committee (project number CF14/2224 – 2014001182).

Evaluation of The Relative Efficacy And Mechanisms of A Couple-Based Intervention For Premenstrual Syndrome Through A Randomised Control Trial

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There is consistent evidence that women who report premenstrual syndrome (PMS) also report higher levels of relationship dissatisfaction or difficulties. Women and their partners have also been reported to evaluate their relationship more negatively in the premenstrual phase, suggesting that some couples are not simply distressed, but rather, are distressed in the luteal phase of the cycle. The role of partners in the exacerbation or amelioration of premenstrual distress has also been demonstrated in a number of studies. It has been reported that the coping responses of male partners are a strong predictor of women's premenstrual symptom severity, with high levels of PMS distress associated with a partner's avoidance, fear, and anger, and low levels of distress associated with reassurance and support. This suggests that including partners in psychological interventions to treat premenstrual distress may act to facilitate positive communication and supportive strategies, thereby reducing distress.

A number of randomised controlled trials (RCT) have demonstrated that short-term focussed psychological interventions are effective in reducing PMS. However, whilst family or couples therapy have been suggested as appropriate modes of intervention for PMS, no systematic descriptions or evaluations of couple-based interventions for PMS have been forthcoming. This is a significant gap in the research and clinical literature, given evidence for relational context of PMS.

This paper will present the results of a randomised controlled trial comparing one-to-one and couple psychological therapy for PMS, in comparison to a wait list control group. 120 women took part in the study, 40 allocated to each condition. Whilst women in all three conditions reported reductions in premenstrual distress and improvements in coping, women in the couple condition reported significantly greater reductions in distress post-intervention. The interpretation and explanation for these findings draws on standardised outcome measures, as well as interviews conducted with women and their partners.

Women's Sexual Wellbeing in The Context of Cancer: Renegotiating Sex Outside of the Coital Imperative

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Changes to sexual wellbeing can be one of the most problematic aspects of women's life post cancer, with the impact lasting for many years after treatment, associated with serious physical and emotional side-effects. However, the primary focus on embodied changes and heterosexual intercourse, described as the 'coital imperative', negates the influence of social and relational constructions of sexuality and illness, and the ways in which the meaning of sex is negotiated by individuals and within relationships. Equally, the sexual needs and concerns of particular groups of women are often ignored: in particular older women, and women who are not in heterosexual relationships.

This presentation will draw on three recently completed research studies to examine changes to women's sexual wellbeing after cancer, as well as strategies of re-negotiation, across cancer type, age-group and sexual orientation. Decreases in sexual frequency, response, and satisfaction were attributed to a range of factors, including tiredness and pain, psychological distress and body image, and medically induced changes such as vaginal dryness, hot flushes, and weight gain. Predominant concerns identified in qualitative analysis were emotional consequences, physical changes, feeling unattractive, reconciliation of self to changes, and impact on partner or relationship.

However, a substantial proportion of women had renegotiated sexual practices, through resisting the coital imperative and developing non-penetrative sexual practices, focusing on intimacy, or redefining 'sex'. These strategies were also advanced in a minimal therapeutic intervention developed within one of the recently completed studies, which was found to be effective in reducing distress, and increasing feelings of self-efficacy in relation to sexual wellbeing.

The findings are of significance to clinicians and support workers, as sexual wellbeing is central to psychological well-being and quality of life, and sexual intimacy has been found to make the experience of cancer more manageable and to assist in the recovery process.

Andrew Buettner
Dr Andrew Buettner is a full time obsetric anaesthetist and has been Director of Anaesthetics at the Royal Women's Hospital Melbourne since 2008. He studied medicine at the University of Melbourne and trained at St Vincent's Hospital and the Alfred and received his FANZCA in 1999. He has undertaken post graduate studies at Monash and Oxford universities in the areas of evidence based medicine and health informatics and has masters degrees in health services management and perioperative medicine.

Jane Chalmers
Jane is a physiotherapist currently completing her PhD at the University of South Australia. Her primary PhD studies aim to investigate differences in the neuroimmune profiles of women with provoked vestibulodnia (PVD) and healthy women. Jane's background research into women with pelvic pain revealed few tools for these women to mark and track their progress, and so as part of her PhD Jane has also developed the Pelvic Pain Impact Questionnaire (PPIQ).

Leonora Chiam
Leonora Chiam obtained her undergraduate medical degree from Monash University in 2014. She undertook her final year elective in Women's Public Health and Indigenous Public Health at the Monash Centre for Health Research and Implementation, School of Public Health and Preventive Medicine, Monash University, Melbourne.

Tanya Connell
Tanya Connell is a Registered Nurse, Midwife, Child and family Health Nurse, Lactation Consultant, Childbirth Educator. She has a Diploma in Applied Science(Nursing), Graduate Diploma in Midwifery, Graduate Certificate in child and family health, Graduate Certificate in Human Lactation, Graduate certificate in childbirth Education, Masters in Adult Education and work and is currently completing a Masters Honours in Science (Research) and is currently completing a PhD. Her professional interests are in midwifery, palliative care, research and education.

Genevieve Dally
Genevieve Dally has worked in the sexual and reproductive health sector for the past decade, in both clinical, education and management roles. Genevieve is a registered nurse with a Master's in Public Health and is currently undertaking a Master's in Business Administration. Genevieve is passionate about sexual rights being human rights and works tirelessly to promote safe, happy, healthy and enjoyable sexual lives for all people.

Lorraine Dennerstein
Professor Dennerstein is a Professor Emeritus at The University of Melbourne, Australia, where she was Foundation Director of the Office for Gender and Health and Professor in the Department of Psychiatry. She established and directed the first academic centre for teaching and research in women's health and also the first inpatient mother-baby psychiatric unit in an obstetrics hospital. Her contribution to women's health was recognised by the award of the Order of Australia in 1994. She has been a consultant to the Commonwealth Secretariat (London), the World Health Organisation, the Global Commission on Women's Health (WHO) and the International Bioethics Committee of UNESCO. For nearly 40 years she has researched the relationship of ovarian steroids to women's mood, symptoms and sexual function during different reproductive phases of life, with a major focus on the menopausal transition. She was founder and chief investigator of the longitudinal Melbourne Women's Midlife Health Project for 17 years. She has been president of national and international medical societies and organised national and international scientific conferences. Publications include 24 books authored/edited and over 440 journal articles/chapters.

Laura Deveson
Laura is a fifth year medical student from the University of Adelaide. She is originally from Melbourne and graduated from Tintern Girls Grammar School in 2009. She has particular clinical interests in psychiatry, women's health and paediatrics.

Anita Elias
Dr Anita Elias is a medical practitioner, with a background in General Practice. She trained in individual, couple and family therapy and has specialised and has worked in Sexual Medicine and Sexual and Relationship Therapy for 18 years. She attained the inaugural Fellowship of the European Board of Sexual Medicine in 2012. She is head of the Sexual Medicine and Therapy Clinic at Monash Medical Centre, and works in the Psychosexual Service at The Women's Hospital, as well as in private practice. She is involved in teaching medical students at Monash and Melbourne Universities, as well as educating health practitioners and the community in sexual issues.

Della Forster
Della Forster is a midwife who has worked in both research and clinical practice for many years. She has a joint appointment as the Professor of Midwifery and Maternity Services Research at the Royal Women's Hospital and La Trobe University, both in Melbourne. Her research includes work on pregnancy, birth, postnatal care and breastfeeding, and often uses a mixed methods approach.

Karen Freilich
Karen Freilich is a fourth year medical student at Monash University and has just completed a BMedSci (Honours) year at the Jean Hailes Research Unit researching contraceptive use and non-use in Australia. Karen was a member of the Australian Medical Students' Association (AMSA) Executive in 2014 and currently has a number of roles in the organisation. She has a keen interest in sexual health, and volunteers for The Nookie Project in sexual health education. Karen is also a passionate about costumes, and runs a DIY costume blog in her spare time.

Susan Garland
Professor Garland is an internationally recognized clinical microbiologist and sexual health physician, with particular expertise in infectious diseases as they pertain to reproductive health and the neonate. Prof Garland, with her team were leaders in the role of patient self-collected genital sampling in the detection by molecular techniques of reproductive tract infections, eg Chlamydia trachomatis, Neisseria gonorrhoeae, Trichomonas vaginalis, herpes simplex virus and human papillomaviruses (HPV). She has been involved in HPV role in cancers precursor lesions, phase 3 clinical trials and more recently, vaccine effectiveness studies. Her laboratory is the Western Pacific Regional reference laboratory of the HPV Labnet, as set up by WHO.

Heather Gilbert
Heather Gilbert works full time as a Senior Clinical Research Nurse at the Monash Alfred Psychiatry research centre (MAPrc), based at the Alfred Hospital in Melbourne, Victoria. She has extensive clinical and research nursing experience in New Zealand, England, Vanuatu and Australia. Heather co-ordinates The National Register of Antipsychotic Medication in Pregnancy (NRAMP), which aims to establish evidence-based guidelines for the safe use of antipsychotic medication during pregnancy. Heather is also a Doctoral Student at Monash University, where she will develop and evaluate a new support service for women with mental illness during pregnancy and post-birth.

Karin Hammarberg
Karin is a Registered Nurse with 20 years experience as clinical co-ordinator of IVF programs. She completed her PhD in 2006 and her main areas of research interests are the psychosocial aspects of infertility and infertility treatment including donor conception and surrogacy; health and development of children born as a result of assisted conception; infertility care in resource-constrained settings; health promotion relating to modifiable factors that affect fertility; the healthcare needs of women diagnosed with breast cancer during pregnancy; and fertility preservation.

Wendy Heywood
Wendy Heywood is a Research Officer at the Australian Research Centre in Sex, Health and Society, La Trobe University. During the past 6 years, she has worked on the NHMRC-funded project the Australian Longitudinal Study of Health and Relationships and the Australian Government Department of Health funded Fifth National Survey of Secondary Students and Sexual Health. In June 2015 Wendy submitted her PhD thesis – Early first sexual intercourse: A critical examination of the relationship between age at first sexual intercourse and later sexual outcomes among Australian men and women – for examination.

Martha Hickey
Martha Hickey is Professor of Obstetrics and Gynaecology at the University of Melbourne (since Feb 2010) and Adjunct Professor of Obstetrics, Gynaecology and Reproductive Sciences at Yale University, CT. She is in active clinical practice with a research expertise in menstrual disorders and menopause.

Sarah Holton
Dr Sara Holton is a Research Fellow at the Jean Hailes Research Unit, Monash University. Sara's research is mainly focused on women's reproductive lives and her current research interests include the childbearing experiences of women with high body mass index, women's childbearing decisions including those of women with a chronic health condition, women's use of long-acting reversible contraception and fertility management in contemporary Australia.

William Leonard
William is Director of Gay and Lesbian Health Victoria and a Research Fellow at the Australian Research Centre in Sex, Health and Society, La Trobe University. He has been a senior lecturer in Politics and Cultural Studies at RMIT and Monash Universities and developed Australian lesbian, gay, bisexual, transgender and intersex (LGBTI) health and wellbeing research, policy and programs. He has published widely in the areas of LGBTI social policy and queer theory, is lead author on *Private Lives 2*, the largest national survey of the health and wellbeing of GLBT Australians, and developed and delivered LGBTI training modules in the health, education and community sectors.

Megan Lim
Megan Lim is based at the Burnet Institute, where she conducts young people's health research and health promotion. She completed her PhD in 2009, conducting a series of work to demonstrate that a mobile phone delivered intervention was effective in promoting sexual health. Megan is currently a Preventive Health Research Fellow of the Australian Department of Health and her current work investigates the interaction between social media and young people's health.

Maggie Kirkman
Maggie is a psychologist whose research is conducted in multi-disciplinary environments. Among other things, she investigates the ways in which people understand and explain the vicissitudes of life, such as infertility, donor-assisted conception, elective abortion, breast cancer during the reproductive years, parent-adolescent communication about sex, and family homelessness. Her current research includes an ARC-funded project aimed at understanding psychosocial aspects of the increasing demand for female genital cosmetic surgery in Australia.

Ruth McNair
Ruth is a general practitioner and Associate Professor at the Department of General Practice, University of Melbourne. She has clinical and research interests in lesbian and bisexual women's health and sexual health, same-sex parenting, health care access, health care provider cultural competence training, and cultural issues related to alcohol and smoking in the LGBT communities. She has been on the Victorian Ministerial Advisory Committee on Gay, Lesbian, Bisexual, Transgender and Intersex Health and Wellbeing from 2000 to 2014. This role included the development of a guide for publicly funded health services on GLBTI inclusive practice. She has also written a guide for GLB sensitive care in general practice that has been endorsed by the Royal Australian College of General Practitioners.

Tonia Mezzini
Dr. Tonia Mezzini is a sexual health physician and the Director of Medical Services at SHine SA. Tonia works in private practice at North Adelaide Family Practice, and Pelvic Pain SA. She is committee member for the Australian Society for Psychosocial Obstetrics and Gynaecology, and the Society for Australian Sexologists (South Australia).

Paddy Moore
Dr Paddy (Patricia) Moore is a gynaecologist holding Fellowship with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). Paddy has a long term interest in young women's sexual and reproductive health and has also worked in these areas in the UK and New Zealand.

Paddy is currently Head of Unit of abortion and family planning services at the Royal Women's Hospital. She also holds a position as a sessional gynaecologist at the Royal Children's Hospital. Paddy is a past chair of and served on the RANZCOG regional committee.

Shan Morrison
Shan Morrison is a Specialist Continence and Women's Health Physiotherapist, fellow of the Australian College of Physiotherapists and has a Post Graduate qualification in Continence and Pelvic Floor Rehabilitation from The University of Melbourne. She has been practicing exclusively in the area of continence and pelvic floor dysfunction for over 20 years. Shan is the director of Women's and Men's Health Physiotherapy, a Victorian private practice with a team of 14 physiotherapists dedicated to the management of pelvic floor dysfunction in men and women. Her particular passion and clinical interest is female and male chronic pelvic pain.

Louise Newman
Louise Newman is the Director of the Centre for Women's Mental Health at the Royal Women's Hospital and Professor of Psychiatry, University of Melbourne. Prior to this appointment she was the Professor of Developmental Psychiatry and Director of the Monash University Centre for Developmental Psychiatry & Psychology. Prior to this she was the Chair of Perinatal and Infant Psychiatry at the University of Newcastle and the previous Director of the New South Wales Institute of Psychiatry. In January 2011 she was appointed as a Member in the General Division of the Order of Australia.
She is a practising infant psychiatrist with expertise in the area of disorders of early parenting and attachment difficulties in infants. She has undertaken research into the issues confronting parents with histories of early trauma and neglect. Her current research focusses on the evaluation of infant-parent interventions in high-risk populations, the concept of parental reflective functioning in mothers with borderline personality disorder and the neurobiology of parenting disturbance. She has published in the areas of infant mental health, attachment disorders trauma, and prevention of child abuse. She is co-author of the textbooks Clinical Skills in Infant Mental Health and Contemporary Approaches in Child and Adolescent Mental Health.
She is the Convenor of the Alliance of Health Professions for Asylum Seekers and Vice-President of Doctors for Refugees. She has been a Government advisor on asylum seeker and refugee mental health and contributed to the development of policy for mental health screening and response to torture survivors. She has been involved in research into the impact of immigration detention on child asylumseekers.

Tricia Ong
Tricia Ong is a PhD Candidate at Deakin University, Melbourne, and a "2015 Endeavour Research Fellow". She is currently undertaking a reproductive health study with adolescent girls who have been trafficked into the sex industry in Nepal. The development of her research topic transpired from working – in an art therapy and women's reproductive health context - with women and girls who had been trafficked for sexual exploitation, in Nepal, in 2011. Her professional qualifications include a Masters of Creative Arts Therapy degree, a Graduate Certificate of Business Management (Project Management), and other women's health certifications.

Janette Perz
Professor Janette Perz, is the Director of the Centre for Health Research at the University of Western Sydney and researches in the field of reproductive and sexual health with a particular focus on gendered experiences, subjectivity and identity. She has undertaken a significant research program in sexual and reproductive health including the experience of premenstrual syndrome (PMS) in heterosexual and lesbian relationships; the development of and evaluation of a couple-based psychological intervention for PMS; sexual wellbeing and reproductive needs in CALD populations; and sexual and psychological wellbeing during menopause and midlife. She has demonstrated expertise in research design and analysis, and mixed-methods research.

Natasha Pritchard
Natasha is a resident in obstetrics and gynaecology working at Monash Health. She has a strong interest in reproductive medicine, and is completing her Masters in this currently. Her current research incorporates both the psychosocial aspects of family planning and new technologies in infertility. Natasha aspires to enter the RANZCOG training program, and hopes her research will enable a more holistic approach to fertility management in the future.

Michael Quinn
Current Appointments:
Professor, Department of Obstetrics and Gynaecology, University of Melbourne
Clinical Director Women's Cancer Research Centre, Royal Women's Hospital Melbourne
Publications List:
253 refereed publications
5 books
12 book chapters
2 Monographs
Committees:
Past-Chair Australian & New Zealand Gynaecologic Oncology Trials Group
Past-Chair Gynecological Cancer Inter-Group
Co-Chair FIGO Oncology Committee
President Elect International Gynaecological Cancer Society

Heather Rowe

Heather Rowe is Senior Research Fellow at Jean Hailes Research Unit, School of Public Health and Preventive Medicine, at Monash University, in Melbourne Australia.
Her background is in the biological and psychological sciences, and health promotion, and she investigates women's reproductive mental health.
Heather is Secretary General of the International Society for Psychosomatic Obstetrics and Gynaecology.

Shona Schadel

Shona is a final year medical student from The University of Sydney with an interest in obstetrics. She completed a Bachelor of Pharmacy at The University of Sydney in 2004, and has worked in both hospital and community pharmacy. She has been involved with the Gidget Foundation Emotional Wellbeing Program at Royal North Shore Hospital as a research volunteer since 2014.

Kate Stern

Kate Stern is Associate Professor of Obstetrics and Gynaecology at the University of Melbourne, Royal Women's Hospital. Kate is the Head of the Endocrine and Metabolic Service at the Royal Women's Hospital, Melbourne and Head of Clinical Research at Melbourne IVF. She is a fertility specialist, gynaecologist and reproductive endocrinologist.
Kate established and still coordinates the Fertility Preservation Service at MIVF and RWH. She set up the Fertility Society of Australia Special Interest Group for medical fertility preservation and also led the COSA group which created the web-based National Fertility Preservation Guidance which gives health providers and patients access to information and resources regarding fertility preservation. Clearly, the clinical and scientific aspects of fertility preservation are Kate's major research interests!

Christine Tippet

Chris is currently, Director of Maternal-Fetal Medicine, Monash Medical Centre Monash Health, Lead Clinician of the Victorian Department of Health Maternity and Newborn Network (MNCN) and Honorary Senior Lecturer, Department of Obstetrics and Gynaecology, Monash University. She established the Maternal Fetal Medicine Unit at Monash Medical Centre and was in private Obstetric practice until June 2011, specialising in the management of high risk pregnancies in particular women with medical problems such as heart disease, diabetes, cystic fibrosis and renal disease. Chris is a past President of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and has been a member of many Boards and Committees. She is a member of the National Specialist International Medical Graduate Committee of the Medical Board of Australia, a member of the Victorian Council on Obstetric and Paediatric Mortality and Morbidity, Stillbirth Committee, and Chairman of the Audit and Finance Committee and board member of FIGO- The International Federation of Obstetrics and Gynaecology. She was made a Member of the Order of Australia in 2010.

Jane Ussher

Jane Ussher is Professor of Women's Health Psychology, at the University of Western Sydney, Australia. She is editor of the Routledge Women and Psychology book series, and author of a number of books, including: 'The Psychology of the Female Body, Women's Madness: Misogyny or Mental Illness? Fantasies of Femininity: Reframing the Boundaries of Sex', 'Managing the Monstrous Feminine: Regulating the Reproductive Body', and 'The Madness of Women: Myth and Experience". Her current research is on sexuality and fertility in the context of cancer, premenstrual distress, and sexuality of culturally and linguistically diverse (CALD) women.

Wendy Vanselow

Dr Wendy Vanselow is a medical consultant in sexual counselling, menopause and PMS, and contraception clinics at RWH.
After a background in clinical and academic general practice she completed a PhD on menstrual cycle mood disorders using a systems theory approach.
She has been working at The Women's since 2001 and is in private practice in Parkville.

Lauren Waycott

Lauren Waycott has a background in public health and health promotion and has extensive experience in health literacy research and the delivery of health promotion activities. Lauren works at Jean Hailes for Women's Health as a Project Officer in the translation department, as well as at Deakin University in academia. She is interested in reducing health inequalities; and the provision of equitable interventions to improve health outcomes in marginalised populations.

Karen Wynter
Karen is a Research Fellow at the Jean Hailes Research Unit, School of Public Health and Preventive Medicine, Monash University. She has a background in applied statistics, psychology, education and public health. Her research combines psychological and public health perspectives, and contributes to improved understanding of the social determinants of perinatal mental health in women and men.

Kate Young
Kate Young is a PhD candidate in the Jean Hailes Research Unit, Monash University, Melbourne, Australia. Kate graduated with honours in psychology in 2011 and is now a researcher with a keen interest in anything and everything to do with women and their lives. She is concerned with identifying and making accessible the social and political factors that accommodate the needs of women so that their full contribution to society may be fostered and recognised. Her specific research interests include medical sociology and history, maternal and infant health promotion and health service delivery, and the use of social media to conduct and promote research.

Name	Organisation	State
Prof Suzanne Abraham	University of Sydney	NSW
Dr Annabel Abrahams	Healthy Women Medical Centre	QLD
Ms Julie Alemis	Sunshine Hospital, Western Health	VIC
Prof Bryanne Barnett	St John of God Health Care	NSW
Dr Laura Biggs	LaTrobe University	VIC
Dr Kirsten Black	University of Sydney	NSW
Dr Andrew Buettner	Royal Women's Hospital	VIC
Mrs Robyn Bydder	4/11 Carramar Ave	VIC
A/Prof Susan Carr	The Royal Women's Hospital	VIC
Ms Lisa Castle	Conceive Naturally	VIC
Mrs Jane Chalmers	University of South Australia	SA
Dr Leonora Chiam	Monash University	VIC
Ms Tanya Connell		NSW
Ms Karen Corban	Royal Women's Hospital	VIC
Ms Vicki Cracknell	Western Health	VIC
Ms Rhian Cramer	Judith Lumley Centre, La Trobe University	VIC
Ms Genevieve Dally	Family Planning NT	NT
Prof Lorraine Dennerstein	University of Melbourne	VIC
Miss Laura Deveson	University of Adelaide	SA
Dr Deepali Dhillon	Royal Women's Hospital	VIC
Dr Kate Duncan	Sumuka Obstetric Group	VIC
Dr Anita Elias	Monash Health & Royal Women's Hospital	VIC
Dr Jane Elliott	North Adelaide Family Practice	SA
Prof Della Forster	Royal Women's Hospital	VIC
Ms Karen Freilich	Jean Hailes Research Unit	VIC
Prof Suzanne Garland	Royal Women's Hospital	VIC
Ms Heather Gilbert	The Alfred Hospital & Monash University	VIC
Dr Judith Glover	RMIT University	VIC
Dr Fiona Haines	Healthy Women Medical Centre	QLD
Dr Karin Hammarberg	Monash University	VIC
Dr Helen Hankey		WA
Dr Wendy Heywood	Australian Research Centre in Sex, Health and Society	VIC
Prof Martha Hickey	University of Melbourne	VIC
Miss Amy Hicks	University of Notre Dame	NSW
Mrs Josephine Hogan		SA
Dr Sara Holton	Monash University	VIC
Dr Raymond Hyslop	Liverpool Hospital	NSW
Dr Susan Jenner	North Adelaide Family Practice	SA
Dr Maggie Kirkman	Monash University	VIC
Dr William Leonard	Gay and Lesbian Health Victoria, La Trobe University	VIC
Dr Megan Lim	Burnett Institute	VIC
Prof Jane Lucke	LaTrobe University	VIC
Ms Anikee Mallis	LaTrobe University	VIC
Dr Janine Manwaring	Mercy Hospital for Women	VIC
Dr Alexandra Marceglia	Royal Women's Hospital	VIC
Dr Len Matthews	Sandringham at the Women's	VIC
A/Prof Amanda McBride	University of Notre Dame	NSW
A/Prof Ruth McNair	University of Melbourne	VIC
Dr Tonia Mezzini	SHine SA	SA
Dr Paddy Moore	Royal Women's Hospital	VIC
Ms Shan Morrison	Women's and Men’s Health Physiotherapy	VIC
Dr Jane Morrow	Australia Catholic University	VIC
Prof Louise Newman	Royal Women's Hospital	VIC
Dr Annette Newson	Barmera Medical Clinic	SA
Dr Ann Olsson		SA
Mrs Tricia Ong	Deakin University	VIC

Name	Organisation	State
Dr Debbie Owies	The Women's / Monash Health	VIC
Dr Diane Palmer	Royal Women's Hospital	VIC
Ms Serena Pellizzeri	Mercy Hospital for Women	VIC
Prof Janette Perz	University of Western Sydney	NSW
Dr Natasha Pritchard	Monash Health	VIC
Prof Michael Quinn	University of Melbourne	VIC
Dr Philippa Ramsay	RPA	NSW
Miss Brenda Rodriguez Lopez	LaTrobe University	VIC
Ms Kylie Ross	Western Health	VIC
Dr Heather Rowe	Monash University	VIC
Ms Sarah Rudd	Women's and Men’s Health Physiotherapy	VIC
Dr Jo-Ann Silva	Guardian Medical	VIC
Dr Jackie Stacy		NSW
A/Prof Kate Stern	Royal Women's Hospital	VIC
Ms Nicola Stockwell	Sydney Adventist Hospital	NSW
Dr Christine Thevathasan		VIC
Prof Christine Tippet	Monash Medical Centre	VIC
Prof Jane Ussher	University of Western Sydney	NSW
Dr Wendy Vanselow	Royal Women's Hospital	VIC
Dr Andrea Walker	Angliss Hospital - Eastern Health	VIC
Ms Deidre Wallis	Queensland Health	QLD
Ms Lauren Waycott	The Jean Hailes Foundation for Women's Health	VIC
Dr Vicki Windholz	Monash University	VIC
Dr Belinda Wozencroft	GP on Beaumort	WA
Dr David Wrede	Royal Women's Hospital	VIC
Dr Karen Wynter	Monash University	VIC
Ms Kate Young	Monash University	VIC
	Total	**84**

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