



## Message from the President

Dear ASPOG members,

Having now had time to reflect on the inspirational meeting held in Darwin in August, the new ASPOG committee are getting down to planning the next meeting in Melbourne, on July 31st / August 1st 2015.

The conference theme is "Womens Health, Sex and Society....are we really Victorian?" As well as looking at the broader psychosocial aspects of Womens health, we plan to have 'state of the art' updates on some of the core important topics such as cervical screening, menopause and the HPV vaccine, delivered by experts in their respective fields. There will be interactive sessions.....with audience input essential.....good for the brain, and also for CPD points!

Some of our members presented a session on Sexuality and Gynaecology Cancer at the recent biennial meeting of the International Gynaecological Cancer Society (IGCS) in Melbourne. The Plenary session of this cutting edge meeting focussed on the 'consumer perspective'.....in reality boosting the concept of healthcare from the point of view of the patient and those close to her, and listening to the patient, not just the dictates of science. This has always been close to the aims of ASPOG, and is a theme we hope to develop at the next meeting.

Our Australian society is now taking a prominent position internationally, with our former president, Heather Rowe installed as the Secretary General of ISPOG; Jackie Stacy, our immediate past president is representing Australia on the ISPOG Scientific Committee of the 18th ISPOG congress to be held in Granada, Spain in May 2016, and I am the Australian representative on the ISPOG



The Presidents of ASPOG

Executive Committee. This is a recognition of the efforts of the ASPOG membership as a whole in keeping the society strong and continuing to push the concept of psychosocial care.

We welcome any ideas, comments....or even criticism from our Members and look forward to hearing from you in the coming months.

With best wishes,  
**Susan Carr**

## Editor's Note

Welcome to the December 2014 ASPOG newsletter. Thank you to all the contributors.

We want more! Anything you are passionate about in the ASPOG field- do drop us a line.

Also any interesting meeting you have attended, any articles, books, or chapters you have recently authored or co-authored- please let me know [jackie@hpo.net.au](mailto:jackie@hpo.net.au)

## ASPOG Conference Darwin 7-9 August 2014

This year marked several firsts (or first in many years) for our organisation. Our annual meeting was held in sunny Darwin for the first time, and we all rejoiced to be warm and welcome in the Territory. Our time there coincided with the Darwin Festival and Aboriginal Art Fair, which added some wonderful artistic balance to the academic proceedings.

In another unusual, and we hope, to be repeated, addition to our programme, the Australian Menopause Society held a half-day update in the morning of 7 August. This was ably presented by Drs Liz Farrell from Melbourne and Jane Elliott from Adelaide. There is always new information and interesting discussion regarding the climacteric, and we are grateful for the expertise shared by our eminent and experienced colleagues.

Our official ASPOG programme began on Thursday afternoon with further presentations regarding related mid-life issues. Dr Tonia Mezzini, STI expert and Director of South Australia's Sexual Health Information Network

reminded us of the hazards of dating again in mid-life in the age of the Internet. One of the very concerning aspects of new relationships for older women is the documented lack of condom use and the fallacious attitude that infection and pregnancy are not a concern for older women. This session was followed by Dr Farrell, who presented another scientific and thought-provoking paper on management of post-menopausal bleeding. Dr Tony Chung from Hong Kong then reviewed the experiences of menopause in Asian women – surprisingly different from those reported in Australia.

Following afternoon tea and sustaining scones, we heard from a quartet of young researchers describing their studies. The first addressed gender determinants of pregnancy and neonatal outcome (the poor boys always come off worst!) and the second: women's experience of thrush precipitated by intercourse (another excuse to say no for us time-poor middle-aged women!). We then heard about the factors of work environments which exacerbate women's menopausal concerns – not as predictable as you might think. The last address of the day outlined the contribution of violence and trauma, especially domestic, to adverse health outcomes in Aboriginal women.

Friday's presentations comprised a broad range of topics, starting with the importance of autonomy for Aboriginal women and communities in optimising health outcomes. Of news to me were the difficulties raised by Aboriginal health workers in reaching or being accepted by different tribal groups thus thwarting the spread of health care. We learned about tokophobia (fear of childbirth), the interesting differences between the coping strategies of third and sixth year medical students with PMS in a Tokyo study, and the correlation of weight and shape dissatisfaction in women in early pregnancy with anxiety, but not with depression. The last morning session covered the distribution of accidental pregnancy in Australia: more than one third of all pregnancies, a high proportion for a developed nation.

Vulval pathology was reviewed in the afternoon, from the perspectives of both Adelaide-based practice and Indigenous women in Darwin, who were also the focus of broader discussions regarding pregnancy

and delivery in the “Top End”. Again, the key significance of autonomy and culturally sensitive service delivery for better health outcomes was clear. The effect of the phrightening phanny photos on our male AV technician was something he said he hoped never again to encounter!

Friday evening saw us leave the Vibe Hotel and venture out to Stokes Hill Wharf for a delicious seafood dinner. The rapid development of the Darwin foreshore to a buzzing, popular place is rewarding to witness – the wharf was full of happy people enjoying their city. The Derek Llewellyn-Jones Oration was delivered by Dr Christine Connors, who has been a Public Health physician and GP in the Territory for 27 years. She gave a fascinating overview of her work among the Larrakia people, accompanied by stunning slides of the beauty of the Top End.

Saturday started alarmingly with our doughty Susan Carr asking us to describe orgasm to the strangers sitting next to us – fortunately this wasn’t enforced! This exercise led in to how difficult it can be to communicate about sex. We then heard about “Yarning On”, a fantastic programme in South Australia enlightening young Aboriginal girls about sex and health.

Adelaide’s own “contraception queen” Meredith Frearson gave us a comprehensive overview of the latest in this vital area. After morning tea we learned about another successful and ongoing project in the Territory – reducing mortality and morbidity of cervical cancer in Indigenous women.

To close the ASPOG conference, Jane Fisher presented a compassionate paper on caring for women with fertility issues after breast cancer.

On Saturday afternoon there was another unusual diversion for ASPOG attendees: the Australian and New Zealand Society of Paediatric and Adolescent Gynaecology held its update, with some great presentations concerning the appearance in younger patients of conditions most of us are much more familiar with in adult gynaecology, including vulval and breast disease and bleeding disorders.

The ANZSPAG sessions concluded with pelvic pain and female genital mutilation, an ongoing concern even in our enlightened part of the world.

So, all in all, we were privileged to be part of a really excellent combined conference, held in a terrific location and beautifully and efficiently planned and executed by the

conference convenors. Particular grateful thanks go to Ann Olsson and her local team, and of course our indefatigable Bianca, of Scarlett Events. We are all looking forward to meeting next year in Melbourne at the Royal Women’s Hospital – we won’t be in sandals and sundresses though – especially not the men!

**Jenny Thomas**

### **ISPOG Granada Conference 19-21 May 2016**

Jackie Stacy is representing Australia on the Scientific Committee for the ISPOG conference in Granada Spain in May 2016.

The conference organising committee has invited all ISPOG member countries to host a symposium at the conference. Having been to the Berlin Conference in 2013 I now understand what this means. Countries plan a session – approximately 1 ½ hours long in which 3 or 4 papers are presented on topics of their choosing. There is usually an overall theme for the symposium but this is not essential.

I am now extending an invitation to any of our readers who might like to have a fabulous holiday in late Spring (May) in the South of Spain in 2016 and come to a very enjoyable and informative conference. Also perhaps you might like to contribute to an Australian symposium and present some of your work, clinical, research, theory, new ideas etc ..!!

Like ASPOG’s, ISPOG conferences are very congenial- not at all like some other large international conference which can be intimidating!

Please write me your thoughts and intentions [jackie@hpo.net.au](mailto:jackie@hpo.net.au)

### **The Changing Face of Chronic Pelvic Pain(CPP)**

In this world of EBM one may become a little scared of expressing an opinion, of exploring a “gut feeling” in relation to a particular condition, of leaning towards ‘the Art of medicine’ rather than “the Science” But can I encourage everyone out there to do just this.

When I became interested in the field of chronic pelvic pain in the early 80s (when there was nothing to offer the laparoscopic negative patient) I felt there had to be a link between excruciating pain, abdominal

tenderness and tender areas in pelvic floor, or abdominal wall muscles (now referred to as trigger points.) Well this is now firmly established in CPP articles. Quaghebeur et al (2014) strongly emphasises “Thorough clinical assessment: the four step plan.” Step IV is entirely devoted to “Extensive clinical assessment of the musculoskeletal system”. Jerome M Weiss from the Pacific Centre for Pelvic pain and Dysfunction excellently presents this in a clear fashion **here**. Steege and Siedhoff (2014) also highlight this including running through the appropriate examination of the patient to include or exclude trigger points.

I would sincerely hope there is no one reading this newsletter who does not include this in their differential diagnosis and exclude it on examining a patient with CPP!

Steege and Siedhoff also recognise every patient is unique and that their condition cannot be separated from their social and psychological context and that these areas will need to be addressed to help the patient on her journey. (Wow!) They also suggest that the CPP may need to be looked at as a disease in itself recognising neuropathic states and the role of neuroplasticity. How good it is the message is getting out there.

Michael D. Birnbaum recognises the dangers in a patient becoming inappropriately labelled depending on which specialist they may be referred to.

**More information can be found [here](#).**

One hopes the blinkers may be taken off of the various medical pelvic specialists and they keep an open mind as to the other organs in the pelvis! Hence the very important role of the primary care physician in referring these patients. Even whether to refer at all to the “main liners” having excluded obvious gynae, urological and gastro pathology apart from seeking help from a pelvic floor physiotherapist and psychologist in unravelling and assisting in “the journey”.

Quaghebauer J, Wyndaele JJ. Chronic pelvic pain syndrome: role of thorough clinical assessment. *Scand.J.Urol* 2014; Sep 25:1-9

Steege JF, Siedhoff MT. Chronic pelvic pain. *Obstet Gynecol* 2014; Sep 124 (3): 616-29

P.S. I wonder if Gynaecologists in Australia will follow their American counterparts and start treating male patients with CPP.

**More information can be found [here](#).**

## The Australian Fathers Study

This study is a longitudinal study of fatherhood starting in pregnancy and culminating in the sixth postnatal week. It is registered on the ACTR. With the ambition to involve 1000 fathers, recruitment is well ahead of target with 250 fathers enrolled in the first year, and data available from the first 200 of these.

Within the study are substudies on aboriginal and torres strait fathers, teenage fathers, fly in fly out fathers and migrant fathers. Data collection on aboriginal and torres strait fathers is complete and two abstracts have gone to PSANZ and hopefully one to ASPOG later this year. The research team involves Professor **Julie Quinlivan** and A/Professor **Rod Petersen** as chief investigators, backed by research assistant Ronnie Highet and four research students who are each focussing on separate substudies.

To keep you enticed here are some early results:

1. The main barrier to antenatal engagement by fathers is working long hours. Fly in fly out is not a barrier as these fathers actually have some flexibility to move work commitments to be available for important pregnancy events where as fathers who work long hours lack this flexibility.
2. The main factor engaging fathers in antenatal care are staff attitudes. Positive staff encounters where the father is included as a valuable member of the clinical consultation improve engagement.

## ASPOG Members Publications

### International Journal of Mental Health Promotion, 2014

Self management of mild to moderate anxiety in women who have recently given birth: development and acceptability of a theoretically sound complex intervention

**Heather J. Rowe**, Soledad Coo Calcagni, Sofia Galgut Janet Michelmore and

**Jane R.W. Fisher**

[heather.rowe@monash.edu](mailto:heather.rowe@monash.edu)

### MJA 201 (7) - 6 October 2014

Factors predicting uptake of long-acting reversible methods of contraception among women presenting for abortion

Philip Goldstone, Yachna H Mehta, Kevin McGeechan, Katherine Francis,

**Kirsten I Black**

[kirsten.black@sydney.edu.au](mailto:kirsten.black@sydney.edu.au)

### WHO publication

A recent publication by the WHO is titled "Prevention and elimination of disrespect and abuse during childbirth"

The publication can be found [here](#).

### Further publications

Front. Oncol., 06 January 2014 | doi: 10.3389/fonc.2013.00325

What factors impact upon a woman's decision to undertake genetic cancer testing?

**Julie A. Quinlivan**, Zain Battikhi and **Rodney W. Petersen**

## News Flash

Many Congratulations to Terri, our Graphic Designer, on giving birth to Billie Rose on October 14th. She did a brilliant job as Billie weighed 4.76kg (10lb 8oz)

(Hope you are doing your pelvic floor exercises!)



# ASPOG

41st Annual Scientific Meeting

Friday 31st July & Saturday 1st August

2015

Royal Women's Hospital, Conference Centre, Melbourne



*Women's Health, Sex and Society.....  
Are We Really Victorian?*



Australian Society for  
Psychosocial Obstetrics  
& Gynaecology

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