

### PRESIDENT'S MESSAGE

In my role as President of ASPOG, I welcome you to our first newsletter of 2018, and would like to update you on recent developments.

Firstly, I would like to thank Susan Carr who has recently decided to step down from her role as past President, after serving as President for three years, and past President for the last six months. Susan played a key role in organising the last three conferences, in Melbourne, Hobart and Brisbane, and led the committee with enthusiasm and wit. She will be sorely missed, but we look forward to seeing her at future ASPOG meetings.

We had a very successful conference in Brisbane in August, and are currently planning our 2018 conference, which is to be held in Parramatta, Sydney, August 2<sup>nd</sup>-4<sup>th</sup>. The call for papers is now open, so do submit a paper if you would like to present on your research or clinical work. We particularly encourage medical students to present a case study, which can be considered for the Suzanne Abrahams prize, valued at \$250.

We have developed a postcard to advertise the 2018 ASPOG conference – do let us know if you would like some postcards to distribute to your colleagues.

We are also pleased to announce the launch of the new ASPOG website, which will make accessing information about the organisation, and submitting conference abstracts, a much easier process. Do give us feedback about the website if you have any. <https://aspog.org.au/>

Finally, we have updated our membership form and are happy to send copies to any members or associates who may know colleagues who are interested in joining. We are keen to continue to expand ASPOG, in order to encourage and facilitate the interdisciplinary work that is our core purpose.

We hope to see you at the conference in 2018, and to your continued involvement in the organization.

Jane M Ussher  
Professor of Women's Health Psychology  
Western Sydney University

### ASPOG NEWS & UPDATES

#### 2018 ASPOG CONFERENCE

Held at Parramatta CBD, Sydney, the theme of the meeting is 'Women's health, life and rights', focusing on diverse psychosocial aspects of women's reproductive health. This will include clinical updates and cutting-edge research across a range of disciplines.

We invite obstetricians, gynecologists, general practitioners, sexual health providers, allied health providers, trainees and women's reproductive health researchers to present and attend the conference.

The provisional program is available on the conference website:

<https://aspog.org.au/current-conference/>

**Conference dates:** 2<sup>nd</sup>-4<sup>th</sup> August 2018.



44TH ANNUAL SCIENTIFIC MEETING

**WOMEN'S  
HEALTH, LIVES & RIGHTS**  
2-4 AUGUST 2018 • SYDNEY AUSTRALIA



#### Call for Abstracts:

We welcome papers on all topics that reflect the interests of the Society, in particular those that fall under the theme for this year's meeting. Please refer to the website for details regarding submission and note that the deadline for receipt is **Friday 27 April 2018**.

#### Awards & prizes:

ASPOG offers three prizes for papers presented at the ASPOG annual meeting; the "ASPOG New Researcher Prize", "Roger Wurm Award", and "The Suzanne Abraham Clinical Presentation Award". Full details can be found on the website.

**Early-Bird Registration Closing Monday 25th June 2018.** Make sure you register before it closes to save on registration rates! Register online [here](#).

Please note that the Australian Menopause Society is offering a pre-conference workshop 'Menopause Essentials Update' to be held at the venue from 10am Thursday 2nd August 2018. Booking is required and cost is additional to ASPOG 2018.

#### Conference Reception

The Conference Reception will be held on Friday night at the venue and is open to all full delegates - opportunity to relax and enjoy the company of colleagues and friends, with food and drink. Additional tickets can be purchased through online registration.

Date: Friday 3rd August 2018

Time: 5.30pm to 8pm

Venue: The Foyer, within the exhibition area

Cost: Included in full conference registrations (Additional tickets are available for \$65.00 per person).

#### ASPOG Membership

Membership online is available through the website and can be also paid when registering for this conference.

#### Register online here

If you have any questions regarding conference registration please contact Lesley Woods at [reg@themeetingpeople.com.au](mailto:reg@themeetingpeople.com.au) - 0418870057

Please take the opportunity to use this email to distribute through your networks and should you require any postcards or membership forms please let us know.

We look forward to seeing you there.

#### For more information:

Visit our website: [www.aspog.org.au](http://www.aspog.org.au)

Email us: [admin@aspog.org.au](mailto:admin@aspog.org.au)

#### We are now on social media!

Follow us on Facebook:

<https://www.facebook.com/groups/1377730518967904/>

And Twitter: @ASPOGau

#### Note from the Editor

We invite contributions from our membership. If you have read or seen something that you think others would be interested in or have a recent publication you would like to share with the ASPOG community please email me by clicking on this [link](#) or at [mpeate@unimelb.edu.au](mailto:mpeate@unimelb.edu.au).

**Contributors:** Jade Bilardi, Tessa Coop, Mariana de Sousa, Marita Long, Jennifer Marino, Michelle Peate, Janette Perz, Jane Ussher

## NEWS FROM ISPOG

### ISPOG Congress 2019, the Netherlands.

As soon as possible, the date and venue for ISPOG 2019 will be announced.

### The Global Alliance for Maternal Mental Health (GAMMH) website to be launched in March 2018

GAMMH is a coalition of international organisations committed to improving the mental health and well-being of women and their children around the world during pregnancy and the first year after birth. The initiative arises from the successful UK campaign 'Maternal Mental Health-Everyone's Business'. GAMMH will also seek to collaborate with other key initiatives including the [1001 Critical Days Initiative \(UK\)](#).

## RESEARCH PARTICIPATION

### Research study on PCOS: Invitation for your participation in one 30-minute telephone interview

PCOS affects 12-21% of reproductive aged women. What are the challenges and uncertainties regarding the diagnosis and management of PCOS? Your views are crucial to generating valuable insights that will improve diagnosis and management for women with PCOS. If you are a gynaecologist or endocrinologist practising in Australia and you see women with PCOS or PCOS-like symptoms, please take part in this important study, conducted by a team of researchers and clinicians from the University of Sydney, University of Adelaide, and Bond University.

The study involves one 30-minute phone interview to explore your views, experiences, and decision making about the diagnosis and management of PCOS. If you are interested in taking part, or have any questions, please [email](mailto:tessa.copp@sydney.edu.au) Tessa Copp (PhD candidate and study coordinator) at [tessa.copp@sydney.edu.au](mailto:tessa.copp@sydney.edu.au) (phone +61 2 9351 7789). We will then contact you via email or phone to discuss the study further with you and arrange a convenient time to be interviewed. For more information, please click on this link to view the [participant information statement](#).

- Tessa Copp

## MEMBER ACHIEVEMENTS

### Study to investigate the impact of cancer in LGBTI communities

A prestigious Australian Research Council (ARC) Linkage Project grant will allow Western Sydney University researchers to gain a better understanding of how cancer is experienced within lesbian, gay, bisexual, transgender and intersex (LGBTI) communities.

Professor Jane Ussher from the University's Translational Health Research Institute (THRI) will be the lead researcher on the 'Out with

*Cancer: LGBTI experiences of cancer survivorship and care*' study.

Professor Ussher says 'Out with Cancer' aims to understand the experiences and concerns of cancer survivors and carers within LGBTI communities.

"Sexual and gender minorities are an underserved population in cancer care," says Professor Ussher.

"LGBTI people are more likely to be single; and less likely to have an intimate partner at home who can offer ongoing care and support. They also tend to have lower levels of family support, and more difficulty in accessing general health care or cancer services."

Cancer diagnosis and treatment can have a significant impact on anyone's emotional wellbeing, sexual health and quality of life. However, existing research suggests that LGBTI communities experience significantly higher levels of psychological distress, depression and anxiety.

Professor Ussher was the lead researcher on the 'Sexual Wellbeing and Quality of Life after Prostate Cancer for Gay and Bisexual Men and their Partners' – the world's largest study of gay and bisexual men's experiences of prostate cancer.

Findings from this study – which was funded by the Prostate Cancer Foundation of Australia (PCFA) – indicate that the gay community is in desperate need of improved health care and psychological support.

124 gay and bisexual men, 225 heterosexual men and 21 male partners participated in the study. The men – recruited predominately within Australia, as well as the United States and the United Kingdom – had all been diagnosed with prostate cancer and were undergoing the final stages of treatment or were in remission.

Professor Ussher says both groups of men – gay, bisexual and heterosexual – reported significant changes to their sexual functioning as a result of their cancer treatment. But it was the gay and bisexual men who experienced significantly higher levels of psychological distress, depression and anxiety, as well as a greater threat to their masculine self-esteem.

"The common forms of treatment for prostate cancer can be very invasive, and can have lasting physical impacts," says Professor Ussher.

"When these treatments result in any loss of sexual functioning, it can significantly impact a gay man's confidence, wellbeing and relationships. Many men describe themselves as 'not feeling whole' or feeling 'cheated' and expressed regret about undergoing cancer treatments."

Professor Ussher says the findings confirm that the LGBTI community are the hidden population in cancer care.

'Out with Cancer' will build upon an existing portfolio of Western Sydney University research into the intersection of cancer and sexuality.

The project, which has received a total of \$639,960 in ARC Linkage funding, aims to ascertain the barriers to delivering cancer communication and care to LGBTI patients with all forms of cancers, and will work to develop tailored support materials specifically for LGBTI survivors and carers.

Professor Ussher will work with a team of researchers from THRI, the School of Medicine and the Social Sciences and Psychology at Western, in partnership with UNSW, Griffith, Monash, La Trobe and Melbourne universities.

Partner organisations will include Cancer Council NSW, Prostate Cancer Foundation, National LGBT Health Alliance, AIDS Councils of NSW, Breast Cancer Network Australia, Sydney Children's Hospital Network and CANTEEN.

- Janette Perz

## WHATS NEW IN...

### ADOLESCENT HEALTH

#### Parent-child relationships impact bonding in the next generation

In the Victorian Intergenerational Health Cohort Study, researchers found that the relationship between teen girls and their parents predicts how those girls parent. Girls who reported, at 16 years, that their mothers were over-controlling or fathers were neglectful later had difficulty bonding with their own infants of ages 2-12 months. For more information: Macdonald JA, Youssef GJ, et al. 2017. [The parental bonds of adolescent girls and next-generation maternal-infant bonding: findings from the Victorian Intergenerational Health Cohort Study](#). Arch Womens Ment Health. Online first.

- Jennifer Marino

#### Adolescent risk taking is not a result of having an 'imbalanced brain'...

A new take on adolescent risk-taking: American neuroscientists contend that lack of experience and a drive to explore make teens do risky things, not an imbalanced brain. For more information click [here](#) and/or read Romer D, Reyna VF, Satterthwaite TD. 2017. [Beyond stereotypes of adolescent risk taking: Placing the adolescent brain in developmental context](#). Developmental Cognitive Neuroscience 27:19-34.

- Jennifer Marino

#### HPV vaccination – towards a cure

The longest follow-up to date has found that prevalence of vaccine-targeted human papillomavirus types has dropped to 1.5% among women aged 18-24, and 1.1% among those 25-35 years old. For more information



read: Machalek DA, Garland SM, et al. [Very Low Prevalence of Vaccine Human Papillomavirus Types Among 18- to 35-Year Old Australian Women 9 Years Following Implementation of Vaccination](#). The Journal of Infectious Diseases.

- Jennifer Marino

### Reproductive coercion

Reproductive coercion is behaviour interfering with a woman's autonomous reproductive decision-making. In a small survey of girls 14-17 years old in US high-poverty neighborhoods, among those who were sexually active, 19% reported reproductive coercion, mostly partners telling them not to use birth control and removing condoms during sex to cause pregnancy. For more information read: Northridge JL, Silver EJ, et al. [Reproductive Coercion in High School-Aged Girls: Associations with Reproductive Health Risk and Intimate Partner Violence](#). J Pediatr Adolesc Gynecol 30:603-8.

- Jennifer Marino

### Member papers:

Skinner SR, **Marino JL**, Rosenthal SL, Cannon J, Doherty DA, Hickey M. 2017. [A prospective cohort study of childhood behaviour problems and adolescent sexual risk-taking: gender matters](#). Sexual Health 14(6):492-501.

## FERTILITY

### A role for GPs in reproductive planning

A survey of 1,215 students at the University of Melbourne (285 male and 930 female) has found that 90% want children at some point in their lives but felt inadequately informed about the factors that influence fertility. Participants welcomed reproductive planning discussions from their GPs. Click [here](#) for more information.

- Michelle Peate

### Cancer & infertility: Biographical disruption and communication with health care professionals

Infertility is a major concern for women with cancer and their partners. This recent study examined the gendered construction and experience of cancer related infertility through a survey of 693 women and 185 men, and in-depth one-to-one interviews with a subsample of 61 women and 17 men. Infertility was identified as providing a 'Threat of Biographical Disruption' which impacted on life course and identity, for both women and men.

Infertility distress was associated with higher psychological distress, and lower quality of life, relationship satisfaction, and acceptance of cancer, for both women and men, across reproductive/non-reproductive cancers, time since diagnosis, relationship context, and age group. Women reported higher infertility distress than men, with childlessness, low

cancer acceptance, and low QOL being predictors of women's distress. Childlessness and low relationship satisfaction were predictors of distress for men.

Women affected by cancer report a need for information about fertility from health care professionals (HCPs), in order to inform decision making and alleviate anxiety. However, there is evidence that many health professionals do not engage in such discussions. In this study, significantly more women (57%, n=373) than men (46%, n=80) reported that they had discussed fertility with a health care professional since diagnosis of cancer. Satisfaction with the discussion was reported by 65 % (n=242) of women and 69 % (n=54) of men. In the interviews and open-ended surveys, participants reported positive and negative experiences of HCP communication.

It is concluded that the fear of infertility following cancer, or knowledge of compromised fertility, can have negative effects on identity and psychological wellbeing for both women and men, serving to create biographical disruption. Women may experience more distress and identity disruption than men. Information about the impact of cancer treatment on fertility needs to be a central component of oncology care. Support from family, partners and health care professionals can also facilitate renegotiation of identity and coping.

For more information please read:

**Ussher JM, Perz J**, The Australian Cancer and Fertility Study Team. [Threat of Biographical Disruption: The Construction and Experience of Infertility Following Cancer for Women and Men](#). BMC Cancer 2018; 18:250.

**Perz J, Ussher JM**, & The Australian Cancer and Fertility Study Team (ACFST). Infertility Related Distress Following Cancer for Women and Men: A Mixed Method Study. Fertility Research and Practice 2018; in press.

**Ussher JM**, Parton, C., & **Perz J**. [Need for information, honesty and respect: patient perspectives on health care professional's communication about cancer and fertility](#). Reproductive Health 2018; 15(1):2.

- Jane Ussher

### Member papers:

Logan S, **Perz J, Ussher J, Peate M**, Anazodo A. [A Systematic Review of Patient Oncofertility Support Needs in Reproductive Cancer Patients aged 14 to 45 years of age](#). Psycho-Oncology. 2017

Logan S, **Perz J, Ussher J, Peate M**, Anazodo A. [Clinician provision of oncofertility support in cancer patients of a reproductive age: A systematic review](#). Psycho-Oncology. 2017

Li N, **Jayasinghe YJ**, Kemertzis M, **Moore P, Peate M**. [Fertility preservation in paediatric and adolescent oncology patients: the](#)

[decision-making process of parents](#). Journal of Adolescent and Young Adult Oncology 2017; 6(2):213-222.

**Peate M**, Smith S, Pye V, Hucker A, Stern K, Stafford L, Oakman C, Chin-Lenn L, Gamage N, Hickey M. [Assessing the usefulness and acceptability of a low health literacy online decision aid about reproductive choices for younger women with breast cancer: The aLLIAnCE pilot study protocol](#). BMC Pilot and Feasibility Studies (2017) 3:31.

## PREGNANCY & MOTHERHOOD

### Closure of Hobart's only specialist gynaecology clinic offering surgical termination of pregnancies.

As a Tasmanian GP passionate about women's health and especially about women having reproductive choice, I am very saddened to see that we have lost our only specialist gynaecology clinic in Hobart where women could access surgical termination of pregnancies. We now have only one private OBGYN in the south who will perform surgical terminations of pregnancy in the private sector in the south of the state - which limits access. With an election on the horizon we can only hope that the politicians see some sense. Please take a few minutes to [read](#) this.

- Marita Long

### Pregnant women lack nutrition knowledge

A [new study reports](#) that many pregnancy women are unnecessarily avoiding safe foods, not taking the right supplements, or eating foods with high-risk of Listeria. The lead author Dr Amelia Lee's top tips for pregnant women:

- Take a supplement that contains folic acid and iodine
- Aim to fill half the plate with a variety of vegetables or salad for extra fibre, folate and vitamin C
- Fruit and about a cup of milk or yoghurt in a nutritious smoothie can help meet folate, vitamin C and calcium needs
- Cooking high Listeria risk foods can make them safer to eat.
- Soft drinks or fatty foods should only be had occasionally to help reduce the chance weight gain.

Click [here](#) for more information

- Michelle Peate

### Women's experience of motherhood while living with a chronic physical health condition

Two recent studies have been published which examine women's experiences of motherhood while living with Multiple Sclerosis (MS). Twenty mothers with a diagnosis of MS took part in semi-structured, in-depth interviews. The women positioned themselves as failing to be 'good' mothers, because of limitations to their mothering, and fear of damaging children

who witnessed their illness. Feelings of failure were reinforced through fear of judgement and burdening others within social interactions. The women re-negotiated their identities as 'good' mothers through strategies to limit the impact of MS on their mothering and by focusing on building their children's emotional resilience. Acknowledging how Western cultural ideals of motherhood influence women's experiences when living with a chronic health condition is important. Health professionals can assist women by acknowledging the embodied impact of chronic health conditions on maternal identity, the coping strategies that women employ to address threat to their identities as 'good' mothers, and supporting communication with children. For more information read:

Parton, C., et al. [Being a mother with multiple sclerosis: Negotiating cultural ideas of mother and child](#). *Feminism & Psychology*, 2017.

Online ahead of print, 1-19.

Parton C, Katz T, [Ussher JM](#). ['Normal' and 'failing' mothers: Women's constructions of maternal subjectivity while living with multiple sclerosis](#). *Health*, 2017. Online ahead of print, 1-17

- [Chloe Parton](#)

### Member Presentations:

Bellhouse C, Temple-Smith M, Watson S, [Bilardi JE](#) (2017). Women's need for increased awareness and acknowledgement of the grief and loss associated with miscarriage. Moderated poster presentation at the 23rd Congress of the World Association for Sexual Health, 28th-31st May, 2017, Clarion Congress Hotel, Prague, Czech Republic.

## SEXUAL HEALTH

### Intimate justice

Working as a GP in a youth sexual health clinic I spend a lot of time talking to young women (it's mainly woman who attend) about healthy relationships as well as how to prevent pregnancies, STI etc. I really enjoyed the concept raised in this [article](#) about "intimate justice" - a woman's right to sexual pleasure. I see a lot of young women who describe their sexual experiences in a similar way to the findings in this research- that is- a good sexual experience equals one that is pain free for the woman but satisfying for the man. I will look forward to being able to build on this understanding of "intimate justice". Click [here](#) for more information.

- [Marita Long](#)

### New test to diagnose the STI *Mycoplasma genitalium*

A new Australian-made test (developed by Speedx) that diagnoses *Mycoplasma genitalium* and identifies if it will be resistant to the front-line antibiotic treatment. This new test is being rolled out across the country. Click [here](#) for more information.

- [Michelle Peate](#)

### Member papers & presentations:

[Marino JL](#), Saunders CM, Hickey M. [Sexual inactivity in partnered female cancer survivors](#). 2017. *Maturitas* 105:89-94.

Fleming K, Cheng Y, Botfield J, [Sousa M](#), Bateson D. [Inclusion of intrauterine device insertion to registered nurses' scope of clinical practice](#). 2018. *Collegian*

[Bilardi JE](#), Walker S, Temple-Smith M, McNair R, Mooney-Somers J, Vodstrcil L, Bellhouse C, Fairley CK, Bradshaw C (2017). Women view key sexual behaviours as the trigger for the onset and recurrence of bacterial vaginosis. Moderated poster presentation at the 23rd Congress of the World Association for Sexual Health, 28th-31st May, 2017, Clarion Congress Hotel, Prague, Czech Republic.

## MENOPAUSE

### Cognitive Behavioural Therapy (CBT) and hypnosis as effective non-hormonal treatments.

A [recent review](#) by Prof Martha Hickey describes the non-hormonal treatments for menopause symptoms. This paper reports that CBT substantially reduces (by about 50%) the impact of symptoms and improves sleep and mood – so may be an effective option for those who would prefer a non-pharmacological treatment. Authors recommend that if there is no improvement in menopausal symptoms after 2-4 weeks of non-hormonal treatments that a different approach should be considered. Click [here](#) for more information

- [Michelle Peate](#)

### Member papers:

[Souza M](#), [Peate M](#), Hickey M, Lewis C, Jarvis S, Willis A, Friedlander M. [Exploring knowledge, attitudes and experience of genitourinary symptoms in women with early breast cancer on adjuvant endocrine therapy](#). *European Journal of Cancer Care*.

[Marino JL](#), McNamara H, Hickey M. 2018. [Managing menopausal symptoms after cancer: an evidence-based approach for primary care](#). *Medical Journal of Australia* 208(3).

Cohen PA, Brennan A, [Marino JL](#), Saunders CM, Hickey M. 2017. [Managing menopausal symptoms after breast cancer – a multidisciplinary approach](#). *Maturitas* 105:4-7.

## RESOURCES

### "The Vulva. Irritation, diagnosis and treatment."

As a GP I keep an eye out for various useful resources for both myself and my patients and I applaud Jean Hailes for their recent publication booklet "The Vulva. Irritation, diagnosis and treatment." It is very user friendly, well laid out and has great

information for women for an area of women's health that has been poorly understood and managed.

I think this is a great book to have displayed in a waiting room and it is also available [online](#).



- [Marita Long](#)

## Biopsychosocial Factors in Obstetrics and Gynaecology

Publisher: Cambridge University Press

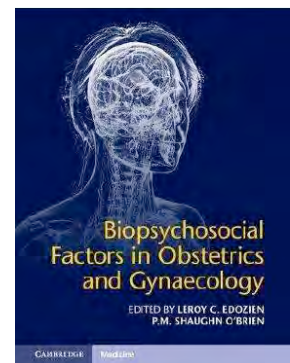
Publication date: August 2017

Online ISBN: 9781316341261

<https://doi.org/10.1017/9781316341261>

This book was planned to inform clinical care and improve the psychological element of women's healthcare. The content covers a wide spectrum of care, including chapters on all the major

subspecialties. There are 41 chapters and the authors are from the UK, Switzerland, Canada, Australia, USA and Uruguay. The two editors, between them, have long-term and broad experience of writing and researching the areas covered in this text.



## CONFERENCES & MEETINGS

[World Congress of Psycho-Oncology](#) and Psychosocial Academy, Hong Kong, 29 October – 2<sup>nd</sup> November 2018: <http://www.ipos2018.com/>

[FIGO XXII World Congress](#), Rio, 14-19 October 2018: <https://figo2018.org/>

[International Marcé Society for Perinatal Mental Health](#), Bangalore (Bengaluru) India, 26-28 September 2018: <http://www.marce2018.com/>

[Safer Families CRE inaugural International Domestic Violence and Health Conference 2018: Sustainable Change in the Health Sector](#), Melbourne, November 21-22, 2018: <https://www.saferfamilies.org.au/idvh-2018/Abstract-Guidelines>  
Enquiries: [simone.gleeson@unimelb.edu.au](mailto:simone.gleeson@unimelb.edu.au)  
Registrations open 27 April 2018.

[And of course don't forget about the ASPOG conference.](#)