aspog

42nd Annual Scientific Meeting

Hotel Grand Chancellor Hobart, Tasmania Thursday 28 July - 20

Handbook & Abstracts

woman ^{s is an} island

How Life, Lifestyle and Relationships Affect Women's, Health...

> Australian Society for Psychosocial Obstetrics & Gynaecology

www.aspog.org.au



We gratefully acknowledge the support of our sponsor:

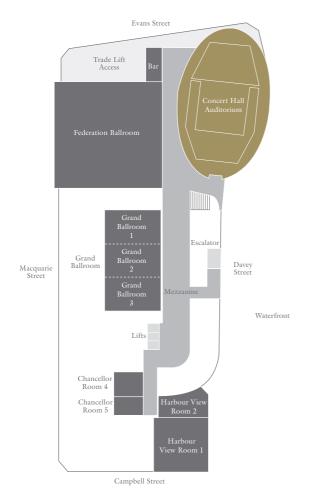


Mi-tec Medical Publishing produces high-quality and extensively peerreviewed patient education publications for 25 colleges, societies and associations in Australia and New Zealand. The objective of the publications is to reduce the medicolegal risk of "failure to inform" by assisting the informed-consent 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.

Floor plan

FIRST FLOOR PLAN – Hotel Grand Chancellor Hobart Federation Concert Hall & Exhibition Centre



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Welcome

This year, for the first time, the Australian Society for Psychosocial Obstetrics and Gynaecology, is holding its annual Scientific meeting in Tasmania, from July 28th-30th in Hobart. The theme of the meeting is 'No woman is an island', and we have a well informed and fascinating programme of talks and discussions on diverse clinical and psychosocial aspects of Women's Health, delivered by experts from a variety of health disciplines.

With an outstanding program, beautiful venue and welcoming atmosphere, we look forward to welcoming you to Hobart and ASPOG 2016.

Susan Carr, President, ASPOG

On behalf of the ASPOG 2016 Organising Committee

Organising Committee

Convenor: A/Prof Susan Carr, University of Melbourne Dr Fiona Haines, Healthy Women Medical Centre, Indooroopilly, Brisbane, QLD Dr Jackie Stacy, Notre Dame University, Sydney, NSW Dr Tonia Mezzini, Sexual Health Physician, Pelvic Pain SA, Adelaide, SA Prof Janette Perz, Director of the Centre for Health Research, Western Sydney University, NSW Prof Jane Ussher, Centre for Health Research, Western Sydney University, NSW

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 relevant disciplines, such as medicine, midwifery, nursing, psychology, social work and the social sciences..

The Society holds a national congress that moves yearly between states. The topics debated reflect the Society's breadth of interests, including the wider psychosocial aspects affecting women and men's general, sexual and reproductive health.

The objectives of ASPOG are

- To promote the scholarly, scientific, clinical teaching and practice 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 and beyond.

Conference Secretariat

For further Conference information please contact:

Lesley Woods or Lara Birchby



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Venue Information

Hotel Grand Chancellor Hobart

1 Davey Street, Hobart Tasmania 7000 T +61 3 6235 4564 F +61 3 6235 4563 http://www.hotelgrandchancellor.com/hobart

Hobart as a convention destination offers visitors a memorable stay. Tasmania's breathtaking scenery and wilderness areas are located not far from Hobart and the Hotel Grand Chancellor, or visitors can spend their leisure time around the city sampling the State's fine cuisine and world-class wines provided in Tasmania's unique temperate climate.

Holding pride of place on Hobart's historic waterfront, The Hotel Grand Chancellor occupies the most picturesque setting in Australia's most beautiful capital city. Breathtaking views, uncompromising service, first class accommodation and restaurants make the hotel Hobart's premier experience.

General Information

Registration Desk

The Registration Desk will be located in the Mezzanine Level, adjacent to Harbour View Room 1 of Hotel Grand Chancellor and will open at the following times during the conference:

Thu 28 July – Menopause Update1100-1400Thu 28 July – ASPOG Conference1400-1730Fri 29 July – ASPOG Conference0730-1700Sat 30 July – ASPOG Conference0730-1300

Annual General Meeting

ASPOG invites all members to attend the Annual General Meeting. The meeting will be held at 1450 on Friday 29th July 2016 in Harbour View Room 1 at the Hotel Grand Chancellor and will conclude at 1530

Airport Transfers

A Hobart bus shuttle service operates between Hobart CBD (Hobart accommodation hotels, motels etc) and Hobart Airport for every arrival/departure. The Hobart bus shuttle service departs outside the terminal after the arrival of every flight. To find out more about the Tasmanian Redline Airporter, visit <u>Tasmania's</u> Redline website.

Tasmanian Redline Airporter: PH. 1300 360 000

Taxis

The Hobart Airport is serviced by a number of taxi firms. The taxi rank is conveniently located right outside the domestic terminal building.

Social Program

Cocktail Party

Thursday 28 July 2016 Time: 1700-1830 Venue: Grand Chancellor Hotel Hobart, Level 1 adjacent to Chancellor Room 4. Included in full registration fee \$65 per person (day delegates and accompanying persons)

Conference Dinner

Friday 29 July 2016 Time: 1930 for 2000-2230 Hotel Grand Chancellor, Harbour View Room 2 Dress: Smart casual Cost: \$125 per person (not included in registration fees)

Derek Llewellyn-Jones Oration 'Psychosomatic O & G----are we there yet ? Dr Jackie Stacy, Past President ASPOG

Banks

Banks are generally open from Monday to Friday from 0930-1500. Automatic Teller Machines (ATMs) are widely available.

Insurance - Personal

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.

Certificates of Attendance and CPD points

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.

Convenience Store

The convenience store stocks magazines, daily newspapers, greeting cards, stationery, basic groceries, drinks, biscuits, ice-creams, toiletries and a selection of gifts. Nearest is either City Convenience Store 37A Elizabeth St, or Woolworths Hobart CBD 44 Argyle St.

CPD

ASPOG

RANZCOG CPD POINTS - program participants can claim 14 CPD points (for full attendance) under the Meeting Attendance Category 28 July - 1 CPD Point 29 July - 8 CPD Point 30 July - 5 CPD Point ACRRM PDP POINTS - ACRRM ID: 6209. 11 Core PDP RACP - Fellows of the RACP who find the content relevant to their scope of practice are eligible to claim it in MyCPD RACGP – 14.5 hours accreditation pending.

CPD

AMS Menopause Essentials Update

RANZCOG CPD POINTS - program participants can claim 4 PD points (for full attendance) under the Meeting Attendance Category.

ACRRM PDP POINTS - ACRRM ID: 5655. 3 Core PDP

RACP - Fellows of the RACP who find the content relevant to their scope of practice are eligible to claim it in MyCPD **RACGP** - Accreditation pending

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 Conference, the Organising Committee of the ASPOG 2016 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 with your nametag.

Parking

The venue has a car park on site and can be accessed via Macquarie Street. Charges below apply: In-house Guest Self parking \$9.00 per day In-house Guest Valet parking \$15.00 per day

Privacy

Personal information, as defined under the national privacy legislation, The Privacy Amendment (Private Sector) Act 2001, will be treated in accordance with the National Privacy Principles and only shared with related or third parties in accordance with those principles.

Pharmacy

The nearest Pharmacy is a Chemist Warehouse, 144 Murray St, Hobart TAS 7000 Open till 2100.

Post Office

The nearest Australia Post Office is Hobart GPO, 9 Elizabeth St, Hobart TAS 7000 T: 131318

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 room to assist you at this time.

Visitor Information

Tasmanian Travel & Information Centre16-20 Davey St, Hobart TAS 7000Ph:03 6238 4222Open:0900-1700Web:www.hobarttravelcentre.com.au

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.

Program at a Glance

Thursday 28th July 2016 - Australasian Menopause Society

1230-1600	Menopause Essentials Update – (separate registration to ASPOG ASM)
	Chair: Karen Magraith
1230	Menopause: what is it
	Prof Bronwyn Stuckey
1315	How to manage menopause
	Dr Jane Elliott
1400	AFTERNOON TEA
1430	Risks and benefits of HRT
	Prof Bronwyn Stuckey,
1515	Troubleshooting HRT, low libido and testosterone
	Dr Jane Elliott
	Prof Bronwyn Stuckey Medical Director, Keogh Institute for Medical Research; Consultant Physician, Department of Endocrinology and Diabetes, Sir Charles Gairdner Hospital; Clinical Professor, School of Medicine and Pharmacology, University of Western Australia
	Dr Jane Elliott General Practitioner, Clinical Senior Lecturer, Obstetrics and Gynaecology, University of Adelaide

ASPOG 42nd ANNUAL SCIENTIFIC MEETING, 2016

1630-1730	Session 1
1630-1640	Welcome to country and conference
1030-1040	Dr Jackie Stacy, Past president ASPOG
1640-1705	Presidential Address
	What is Psychosocial Medicine, and where are we now? A/Prof Susan Carr, President ASPOG
1705-1730	The link between AMS and ASPOG - all about women Dr Ann Olsson, Consultant Gynaecologist and Past President ASPOG, and Dr Jan Batt, Gynaecologist
1730-1830	WELCOME RECEPTION

ASPOG 42nd ANNUAL SCIENTIFIC MEETING, 2016

Friday 29th July 2016

0830-1000	Session 2 Young Persons Mental Health	1300-1430	Session 4 Sex Relationships and
	Chair: Dr Tonia Mezzini		hormones
0830-0850	Parents use of smartphones: does it		Chair: Prof Jane Ussher
	affect young children? Dr Nicky Beamish	1300-1320	Deconstructing/reconstructing PMS, Dr Wendy Vanselow
0850-0910	Mental health issues from a GP perspective <i>Dr Fiona Haines</i>	1320-1340	The woman's view of sexuality and menopause <i>Prof Janette Perz</i>
0910-0930	ldentity and intimacy, a study of young Australians <i>Dr Jaqueline Laughland-Booÿ</i>	1340-1400	Culturally and Linguistically Diverse women's reproductive health: perspectives of women and health
0930-0950	Group exercise for Mental Health Dorothy Gliksman and Dr Jackie		professionals. Alex Hawkey and Zelalem Mengesha
0950-1000	Stacy Panel Discussion	1400-1420	Menstruation and homelessness Amy Dryden
1000-1030		1420-1430	Panel discussion
1000-1030	WORNING TEA	1430-1450	AFTERNOON TEA
1030-1200	Session 3 Gynaecological Cancer	1450-1530	ASPOG Annual General Meeting
	Chair: Prof Janette Perz		Meeting
1030-1050	Renewal - new cervical screening guidelines A/Prof Penny Blomfield	1530-1700	Session 5 Sexual health and Young People
1050-1110	Update on Gynaecological Cancer, Prof Michael Quinn		Chair: Dr Ann Olssen
1110-1130	Slip or slide – which lubricant works best?	1530-1550	Pelvic pain: Beyond Infection Dr Tonia Mezzini
	Prof Martha Hickey	1550-1610	Female athlete triad - Psychosocial
1130-1150	'Sexuality and cancer' – view from inside <i>Prof Jane Ussher</i>		consequences Dr Robert Douglas
1150-1200	Panel discussion	1610-1630	HIV in young women — beyond the
1200-1300			virus Dr Louise Owen
1200-1300	Lonon	1630-1700	Panel discussion and round-up of the day

1900-2230 CONFERENCE DINNER

Derek Llewellyn Jones Oration *Dr Jackie Stacy, Past President ASPOG*

ASPOG 42nd ANNUAL SCIENTIFIC MEETING, 2016

Saturday 30th July 2016

Free CommunicationsChair: Dr Fiona Hainesthe sexual activity after breast can (SAB) study Jennifer Marino0820-0830Case presentation: 5 y o with a 5- month history of vulval pain in the paediatric dermatology clinic, Victoria Harris1030-1040Endocrine treatment-related side effects in breast cancer: genitourinary symptoms, sexuality and quality of life – what are we missing?0830-0840Women's management of recurrent bacterial vaginosis and experience of clinical care - a qualitative study, Jade Bilardi1040-1050Building a 'fertility calculator' to support fertility preservation decisi making in young women with breat cancer, M Peate, presented by Martha Hickey0850-0900Women's experiences of and attitudes towards sexually explicit1050-1100An observational study of birth outcomes of primiparous women in		••••••••••••••••••••••••••••••••••••••		
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Abstracts – Friday

Parents' use of smart phones: Does it affect young children?

Nicola Beamish¹, Jane Fisher¹ and Heather Rowe¹

¹Jean Hailes Research Unit and School of Public Health & Preventive Medicine, Monash University, Melbourne, Australia

Email: njbea1@student.monash.edu

Background

Smartphone use is a rapidly-growing, socially-acceptable interactional habit. Parents commonly use phones while with their infants. While there are anecdotal reports about adverse impacts on children's social/emotional development, safety and wellbeing, little research is available[1]. The aim was to establish experts' opinions on the consequences of parents' use of handheld mobile devices for their young children.

Methods

An exploratory qualitative study using semi-structured interviews with experts in the field of infant mental health, early childhood or interactions between human behaviour and information technology. Interviews were taped and transcribed and data analysed thematically.

Results

All 17 participants described parents' use of smartphones while with their infants as widespread and becoming central to family life. Major themes were: distraction, alterations to attention, shared gaze, responsivity, proto-conversations, body language and modelling of socially defined behaviours; parents' use for self-soothing, reflexivity and social connection; drivers of use relating to cultural, psychosocial, mental health and unique infant/parent factors. Sub themes were: safe doses of parents' screen use; infants' capacity to compete; vulnerable infants; and radiation exposure to wireless networks. There were divergent opinions related to the risk for infants and the infant/parent relationships.

Conclusion

Parents' use of smartphones while with young children is becoming ubiquitous. Expert opinion is that there might be risks, but little theory to understand use as a key factor in infant/parent interactions. Current use will change as devices become wearable and physically/psychologically embedded, allowing devices to monitor infants and mediate early childhood relationships. There was a consistent view that well-theorised observational research is needed urgently to inform clinical guidance and policy.

Key words

Smartphones, infant, parenting

References

1. Beamish N, Fisher J, and Rowe H, *The effects of parents' use of mobile computing devices on the development and behaviour of children: a systematic review.* Unpublished.

Mental Health in General Practice

Dr Fiona Haines

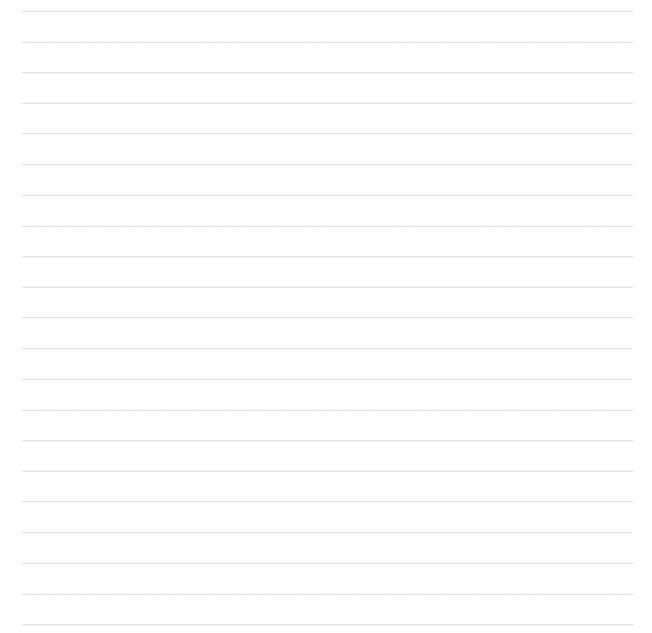
Healthy Women Medical

I am a clinician not a researcher so what I present is what I deal with clinically.

Research is always good to continue to inform one's practice.

For this presentation I searched the data at our practice to try and have a snapshot of who we see with mental health issues and the nature of these issues.

As I work in 15 minute lots for this 40 minute presentation I have divided the time, so a generous young woman talking on video of her experiences dealing with mental health and a researcher Dr Jacqueline Laughland-Booy who can present some current Brisbane research with young people which fortunately appears to back up some of what I see.



Identity and Intimacy: A Qualitative Longitudinal Study of Young Australians

Jacqueline Laughland-Booÿ¹, Zlatko Skrbiš¹, Peter Newcombe²

¹ Monash University, Melbourne

² The University of Queensland, Brisbane

The Social Futures and Life Pathways Project is an ongoing longitudinal study of young people in Queensland. Also known as 'Our Lives', this project commenced in 2006 and follows the social orientations of a single-age cohort of young people as they move from adolescence into adulthood (N = 2158). By combining large-scale survey research with in-depth interviewing, the study is assessing the impact contemporary societal changes are having on young Australian's emerging life pathways.

In this presentation, we report a qualitative longitudinal research strategy that tracked 28 Our Lives participants through the process of identity development within the domain of romantic relationship formation. We highlight their experiences and the strategies they have employed to negotiate any challenges faced. Of particular note, our investigations have identified individuals who wish to explore their identity within this domain, but who have made a conscious decision to adjourn the process because of current circumstantial difficulties. The adaptive and maladaptive consequences of this developmental 'hiatus' are considered.

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

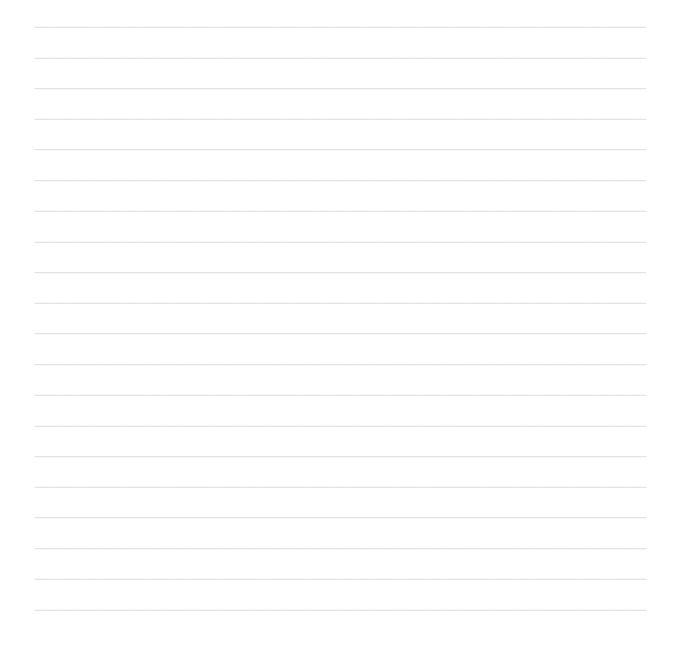
Renewal - New cervical screening guidelines

A/Prof Penny Blomfield

Director of Gynaecological Oncology at the Royal Hobart Hospital

Cervical screening has been extremely effective reducing the incidence and mortality rates of cervical cancer in Australia. With the introduction of vaccination of teenage girls to prevent persistent cervical infection with high risk HPV (HrHPV) subtypes, we are now seeing the prevalence of infections declining. Due to this changing horizon the federal Government decided to review the National Cervical Screening Program and has been persuaded that primary HrHPV testing is a preferable screening strategy as appose to cervical cytology. Cervical HrHPV testing is more sensitive test than cervical cytology, and provides improved protection again invasive cancer allowing less frequent testing (5 yearly screening). HrHPV testing is however less specific that cervical cytology hence reflex cervical cytology will be performed for women with positive test results.

This move will challenge health care providers, laboratories, registries and colposcopists. I will briefly explore some of these challenges.



Update on Gynaecological Cancer

Michael Quinn

Royal Women's Hospital, Melbourne

This presentation will concentrate on some issues which hopefully will be of interest to ASPOG members and will include the topics of exercise, gynaecological cancer prevention and patient reported outcome (PROs).

It is now clear that those who exercise on a regular basis will reduce their risk of an assortment of solid tumours, will tolerate their treatments better if they exercise during their planned treatment programme and finally, those who exercise having been diagnosed with cancer will live longer. The mechanism underlying all of this remains fascinating and yet to be elucidated.

Epithelial ovarian cancer (EOC) is not only substantially reduced by use of the oral contraceptive but also by tubal ligation and by tubal excision; furthermore aspirin provides some protection also. A new study, based on the premise that the majority of EOC arises from the fimbrial end of the tube, based on aspirin administration will be described.

Finally, it is amazing to think that it has taken us so long in the clinical trial world to recognise that asking patients how they feel and what their acceptable limits are when balancing survival with toxicity is critical to assessing new treatments. This approach and some of the inherent difficulties using it will be discussed.

Michael Quinn is currently President Elect of the International Gynaecological Cancer Society and Past Chair of the Gynecological Cancer Intergroup and the Oncology Committee of FIGO.

Page 14

Slip or slide: Which lubricant is best?

Martha Hickey^{1,2}

1. University of Melbourne, Parkville, Victoria

2. Royal Women's Hospital, Parkville, Victoria

Background: Lubricants are widely used by women to reduce discomfort during sexual activity, with a large commercial market. Such discomfort is very common after breast cancer treatment. Vaginal estrogens are effective but commonly avoided due to systemic absorption. No randomized studies have compared lubricants. We aimed to compare efficacy and acceptability of two major types of lubricant, silicone-based and water-based, for discomfort during sexual activity in postmenopausal breast cancer patients.

Methods: Sexually active postmenopausal breast cancer patients used each lubricant for four weeks in a single-centre, randomized, double-blind, AB/BA crossover design. At all visits, participants completed the Fallowfield Sexual Activity Questionnaire (SAQ) and Female Sexual Distress Scale-Revised (FSDS-R). At the second and third visit, participants completed an investigator-designed preference scale and the Female Intervention Efficacy Index. The primary efficacy outcome was total discomfort during sexual activity, measured using the SAQ Discomfort subscale. Acceptability was measured by patient preference and FIEI-reported intention to continue using the products.

Results: Of 38 women analyzed, over 90% experienced clinically significant sexually-related distress at baseline. Water- and silicone-based lubricants did not differ statistically in SAQ-D (difference 0.7, 95% confidence interval (CI) 0-1.4, p=0.06). In a post hoc analysis, pain/discomfort during penetration, a component of the SAQ-D, improved more during silicone-based lubricant use than during water-based (odds ratio 5.4, 95% CI 1.3-22.1, p=0.02). Almost twice as many women preferred silicone-based to water-based lubricant than the converse (n=20, 65%, v. n=11, 35%). 88% continued to experience clinically significant sexually-related distress despite use of either lubricant.

Conclusions: Total sexual discomfort was lower after use of silicone-based lubricant than water-based, but most women continue to experience sexually-related distress.

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

'Sexuality and cancer' - view from inside

Jane Ussher and Janette Perz

Centre for Health Research, Western Sydney University, NSW, Australia

Background

Previous research on cancer and sexuality has focused on physical aspects of sexual dysfunction, neglecting the subjective meaning and consequences of sexual changes. This has led to calls for research on cancer and sexuality to adopt an "integrative" approach, and to examine the ways in which individuals interpret sexual changes, and the subjective consequences of sexual changes.

Method

This study examined the nature and subjective experience and consequences of changes to sexual well-being after cancer, using a combination of quantitative and qualitative analysis. Six hundred and fifty seven people with cancer (535 women, 122 men), across a range of reproductive and non-reproductive cancer types completed a survey and 44 participants (23 women, 21 men) took part in an in-depth interview.

Results

In the survey, sexual frequency, sexual satisfaction and engagement in a range of penetrative and nonpenetrative sexual activities were reported to have reduced after cancer, for both women and men, across reproductive and non-reproductive cancer types. Perceived causes of such changes were physical consequences of cancer treatment, psychological factors, body image concerns and relationship factors. In the interviews, participants took up the following post-cancer subject positions: 'Dys-embodied sexual subjectivity' - characterised by bodily betrayal, sexual loss, lack of acceptance, depression, and anxiety; 'Re-embodied sexual subjectivity' – characterized by greater sexual confidence, acceptance, the exploration of non-coital sexual practices, and increased relational closeness; and 'Oscillating sexual subjectivity' – involving a shift between states of sexual dysembodiment and sexual re-embodiment. The findings point to the importance of focusing on the sexual health of people with cancer and partners across the cancer trajectory.

This research was approved by the Western Sydney University Human Research Ethics Committee (HREC), and four Health authorities HREC committees

The woman's view of sexuality and menopause

Janette Perz and Jane Ussher

Centre for Health Research, School of Medicine, Western Sydney University

Medical discourse has traditionally positioned the menopausal transition as a time of sexual atrophy and loss of femininity, with hormonal replacement as the solution. In contrast, feminist critics have argued that women's experience of sexual embodiment during menopause is culturally and relationally mediated, tied to discursive constructions of aging and sexuality, which are negotiated by women. The aim of this paper is to present a critical examination of women's experiences of sexuality during and after the menopausal transition, drawing on in-depth one-to-one interviews we have conducted with 21 women at midlife, and 39 women who have experienced premature menopause as a consequence of cancer treatment. Theoretical thematic analysis was used to identify three themes across the women's accounts: 'Intrapsychic negotiation of sexual and embodied change'; 'Feeling sexy or frumpy: Body image and the male gaze'; 'Indifference or desire? The relational context of sexuality during menopause'. Through this analysis, we challenge myths and misconceptions about the inevitability of sexual decline at menopause, as well as normalise the embodied changes that some women experience - whether menopause is premature, or occurs at midlife. We argue that sexual difficulties or disinterest reported by women during and after menopause are more strongly associated with psycho-social factors than hormonal status, in particular psychological well-being, relationship context and a woman's negotiation of cultural constructions of sex, aging, and femininity. However, sexuality can continue to be a positive experience for women throughout adult life and into old age, with many menopausal women reporting increased sexual desire and response, as well as re-negotiation of sexual activities in the context of embodied change. This undermines the bio-medical construction of menopause as a time of inevitable sexual atrophy and decay.

Ethics approval for this research was received from the Western Sydney University ethics committee

Culturally and linguistically diverse women's sexual and reproductive health: perspectives of women and healthcare professionals

<u>Alexandra Hawkey¹</u>, <u>Zelalem Mengesha¹</u>, Jane Ussher¹, Janette Perz¹ and Christine Metusela¹

Centre for Health Research, Western Sydney University, New South Wales, Australia

Utilisation of sexual and reproductive health services amongst culturally and linguistically diverse (CALD) women is low, potentially placing women at risk of unwanted health outcomes. Past research has focused on migrant women predominantly from South-East Asian backgrounds and often considers CALD women as a homogenous population, negating variation between cultural groups. The aim of the present paper is to investigate the experiences and constructions of sexual and reproductive health for recent migrant women from CALD communities in Sydney, Australia and Vancouver, Canada. Eightyfour semi-structured interviews and 16 focus groups comprised of 85 participants, were undertaken with women from Afghanistan, Iraq, Somalia, South Sudan, Sudan, Sri Lanka and varying Latina backgrounds. Data was analysed using thematic decomposition, identifying three main themes. In 'Silence, shame and secrecy' participants constructed topics of sexual and reproductive health as being shameful and inappropriate for discussion. In 'Regulating knowledge and behaviour', we explored the implications of limited communication surrounding sexual and reproductive health on women's health knowledge and behaviours. Finally, in 'Resisting cultural norms' we consider how women's constructions and experiences of sexual and reproductive health may have been shaped by migration. Identifying CALD women's experiences and constructions of sexual and reproductive health is essential for the provision of culturally competent medical practice, health promotion and health education.

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

Reproductive health of women who have experienced homelessness

Amy Dryden¹

¹ Centre for Health Research, Western Sydney University, New South Wales

Women comprise approximately 44% of the homeless population within Australia. Although studies conducted in the United States and Canada have indicated that women who experience homelessness have poorer reproductive health outcomes than housed women, little is currently known about the reproductive health practices of this population of women within Australia.

This paper will outline the preliminary findings of an exploratory, mixed-methods study examining the reproductive health experiences of currently and formally homeless women. An online survey and 11 indepth, qualitative interviews were used to explore women's experiences of menstruation; controlling their fertility; and accessing reproductive health care services during periods of homelessness.

Women across categories of homelessness reported difficulty with managing menstruation. Lack of access to affordable menstrual products; limited access to showers; and experiencing period pain were identified as key challenges faced by participants. Participants reported the use of makeshift menstrual products such as toilet paper, newspaper and kitchen sponges, and the use of hormonal contraceptives to prevent and delay menstruation during periods of homelessness. Although contraception was available to, and utilised by, some participants, use was complicated by the theft of items such as condoms and pills; discontinuation of contraception due to undesirable side effects; and the financial cost of continued use of contraception. Women reported both negative and positive experiences when accessing reproductive health services, although concealment of their homeless status was reported by some as a means of avoiding perceived stigma and discrimination from healthcare providers. The findings of the study can be used to inform policy which aims at improving the reproductive health of this population of women.

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

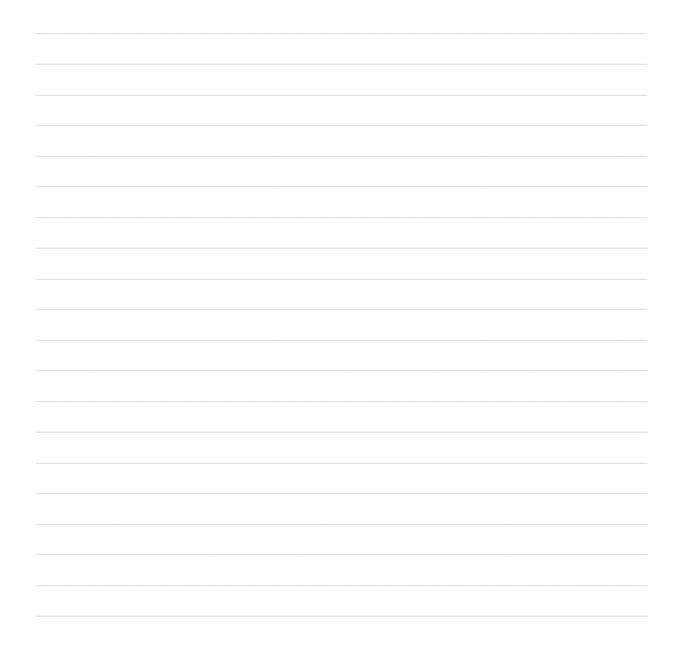
Pelvic Pain: Beyond Infection.

Tonia Mezzini¹

Pelvic Pain 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.



Female athlete triad - Psychosocial consequences

Robert Douglas

Practitioner in Sport and Emergency Medicine

Aside from musculoskeletal injury, it is recognised that the major negative effect of exercise in young women athletes is menstrual disturbance, manifested as oligo- or amenorrhoea. This can present with short-term consequence of decreased fertility, and long-term consequences of a decrease in bone mass and bone mineral density (BMD), with increased risk of osteopaenia and osteoporosis.

These changes are known as 'the female athlete triad' (the 'Triad'), also known as 'Exercise-related female reproductive dysfunction.'

The triad manifests as:

(i) low energy availability; and/or

(ii) menstrual dysfunction; and/or

(iii) low bone mineral density.

Female athletes may exhibit all, or only one or two of these signs and symptoms. An extreme exercise regimen can lead to a reduction of body fat and body weight, which causes the body to undergo adaptations suited to a low energy, or nett negative energy, state. It is this low body energy state that results in a shortening of the luteal phase of the menstrual cycle by inhibiting the production of gonadotropins.

The oral contraceptive pill (OCP) is the most widely utilised form of female sex hormone manipulation. It is not uncommon for young female athletes to present to Sport and General Practitioners requesting the OCP in an effort to regulate, or eliminate, menses. This presentation examines the possible positive and negative effects of such female sex hormone manipulation upon the young female athlete, and concludes that: (i) the OCP has no apparent detrimental effect upon athletic performance; (ii) the OCP may reverse some of the adverse outcomes of the female athlete triad; and (iii) use of the OCP may be advantageous for some female athletes, especially those regularly affected by the negative symptoms of the normal menstrual cycle.

HIV in young women — beyond the virus

Louise Owen

Senior Lecturer, School of Medicine, UTAS Director, Statewide Sexual Halth Service

In her talk "HIV and young women" Louise will briefly review the virology, epidemiology of HIV and current treatment options. She will then covers issues that are specific to women living with HIV, including contraception and pregnancy.



Abstracts - Saturday

5 yo with a 5-month history of vulval pain in the paediatric dermatology clinic

Harris V^1 and Fischer $G^{,2,3}$

¹Department of Dermatology, Royal North Shore Hospital, St Leonards, New South Wales, Australia ²Northern Clinical School, University of Sydney, St Leonards, New South Wales, Australia ³The Centre for Vulvovaginal Health and Paediatric dermatology, Royal North Shore Private Hospital, New South Wales, Australia

A five-year-old girl and mother presented to paediatric dermatology clinic with episodes of vulval pain. The mother described frequent episodic grabbing of vulval area whilst in public. Onset of episodes coincided with commencement of school and the news of the mother's second pregnancy. There was no associated symptoms; rash, discharge, urinary symptoms. No history of scoliosis. The mother repeatedly presented to the GP and trial of various topical treatments include; hydrazole, Sudocream, Dermaid (no improvement).

On examination, there was erythema at the clitoral hood and evidence of secondary eczema due to scratching and commenced Advantan fatty ointment with improvement of rash after 3 weeks and stepped down to hydrocortisone but the mother reported the episodes had become more frequent.

An episode was witnessed during examination whereby the girl holds her clitoral hood and refuses to let go. She was not distressed however her mother became increasingly distressed and demanded the girl to stop. We explained to the mother that this was not due to 'pain' and appeared to be normal sexual behaviour/ discovery for a 5 year old girl.

The mother was displeased with this diagnosis and the lack of pathological explanation for the holding behaviour. She said she would seek second advice and "continue on the health journey with non-Western medical options as Western medicine has failed her." Call to the GP due to concern the young girl would be over investigated. The case was presented to specialist paediatricians and concluded no further measures could be taken by the dermatology team, as the mother's behaviour was not harmful. This is a difficult case and one that raises questions of 'normal sexual behaviour', duty to paediatric patient and duty to report as well as identifying sexual abuse in a paediatric setting.

There are no ethical issues or conflict of interest to disclose from the authors.

The burden of bacterial vaginosis: Women's views, experience and management of recurrent bacterial vaginosis

Jade Bilardi^{1,2,3}, Sandra Walker^{1,3}, Meredith Temple-Smith², Ruth McNair², Julie Mooney-Somers⁴, Clare Bellhouse², Christopher Fairley^{1,3}, Marcus Chen^{1,3}, Catriona Bradshaw^{1,3,5}. ¹Central Clinical School, Monash University, Melbourne.

²Department of General Practice, The University of Melbourne, Melbourne.

³Melbourne Sexual Health Centre, Alfred Health, Melbourne.

⁴Centre for Values, Ethics and the Law in Medicine, The University of Sydney, Sydney.

⁵Melbourne School of Population and Global Health, The University of Melbourne, Melbourne.

Background: Bacterial vaginosis (BV) is the most common vaginal infection affecting women of childbearing age. Symptoms of BV include abnormal vaginal malodour and discharge and recurrence following treatment is common.

Aim: The aim of this study was to explore women's views and experiences of recurrent BV.

Methods: A social constructionist approach was chosen as the framework for the study. Thirty five women of varying sexual orientation participated in semi-structured face to face or telephone interviews.

Results: The majority of women predominantly reported sexual contact triggered the onset of BV and sexual and non-sexual factors precipitated recurrence. Most women reported BV had a moderate to severe impact on their lives, mainly on their self-esteem and sex lives. Women commonly reported BV made them feel embarrassed, ashamed, 'dirty' and very concerned others may detect their malodour and discharge. Women often felt confused about why they were experiencing recurrent BV, frustrated at their lack of control over recurrence and dissatisfied with current treatment regimens and the clinical management of BV. Issues in clinical care included inconsistency in advice, misdiagnosis and inappropriate diagnostic approaches and insensitive or dismissive attitudes. Women's frustrations led most to try their own self-help remedies and lifestyle modifications in an attempt to treat symptoms and prevent recurrences, including well-known risk practices such as douching.

Conclusion: Recurrent BV impacted broadly and significantly on women in this study. In the face of considerable uncertainty about the cause of BV, high rates of recurrence, limited treatment options and often poor clinical management, women are resorting to their own self-help remedies to prevent recurrences, with little effect. Clinical management of BV could be improved through the use of standardised diagnostic approaches, increased sensitivity and understanding of the psychosocial impacts on women's lives, and the provision of evidence based advice about known BV related risk factors.

Ethical compliance: Ethical approval for this study was granted by the Alfred Hospital Ethics Committee, Victoria, Australia, Application Number 318/12 on the 23rd October 2012.

Women's Experiences of and Attitudes Towards Sexually Explicit Images on Social Networking Sites.

Dana Colman (BA, BBehavSc (Psych))¹ & P. J. Matt Tilley, (MPsych)^{1,2} ¹ Department of Sexology, School of Public Health, Curtin University, Perth, Australia ² Collaboration for Evidence, Research and Impact in Public Health, School of Public Health, Faculty of Health Sciences, Curtin University, Perth, Australia.

In recent years, the use of Social Networking Sites (SNS) has significantly increased in popularity; for example, Facebook, Instagram and Tinder. It has been found that a perceived benefit of SNS is the ability to meet potential sexual partners. This study aimed to review and understand heterosexual women's attitudes and experiences towards SNS, when used to meet potential partners, and their responses to the exposure of sexually explicit images. This research study is guided by a phenomenological design and it explored social networking interactions of individuals who are located in Adelaide (Australia), to glean information about the participants' lived experiences and attitudes regarding interactions on SNS.

Ethics approval was sought and obtained from the Curtin University Ethics Committee, approval number: RDHS-04-16.



"From the Mirena back to the Pill..." A longitudinal analysis of the motivators of contraceptive method change among young Australian women

Jacqueline Coombe¹, Melissa L. Harris¹, Deborah Loxton¹

¹Research Centre for Generational Health and Ageing, University of Newcastle, Australia

In Australia, we know little about the motivators of contraceptive method change among young women. This information is necessary to gain a greater understanding of how these women not only negotiate their contraceptive use, but also plan (or not plan) pregnancy. Using three waves of data from the Contraceptive Use, Pregnancy Intention and Decisions (CUPID) Study, this research examined the free text comments from women who reported changing their contraception in response to the question "Have you changed, or started to use contraception in the last 6 months? If yes, please tell us why." We found a complex and cyclic relationship between women's contraceptive use and their day-to-day lives. Unsurprisingly, side effects played an important role in motivating method switching, either as a negative reason to go off a method (e.g. due to irregular bleeding), or a positive reason to go on a method (e.g. to improve acne). Relationship status and sexual orientation also significantly impacted method use, with different types of relationships being associated with certain types of methods. Condoms were often used in new or casual relationships but not in longer-term committed relationships. Interestingly, condoms were also discontinued by many women who reported they reduced their sexual pleasure and enjoyment. Longitudinal analysis revealed pregnancy intention to be a key motivator for contraceptive method change (or stopping all together). These intentions could change quickly, however, sometimes in the space of months. Thus, as the women, their relationships and lifestyles changed, so did their contraceptive use. This research suggests that for many young women, changing contraceptive methods is often a decision made in complex social contexts as a response to personal, lifestyle and relationship factors. Given that contraceptive use is so intricately interwoven with women's health, improved understanding of how women use and change their methods is essential.

Ethics Statement: This study has ethical approval the University of Newcastle, the University of Queensland, Family Planning NSW and the Department of Health ethics committees.

Men's fertility-related knowledge and attitudes, and childbearing desires, expectations and outcomes: findings from the Understanding Fertility Management in Contemporary Australia survey

Holton, Sara¹, <u>Hammarberg, Karin¹</u>, Rowe, Heather¹, Kirkman, Maggie¹, Bayly, Christine², Jordan, Lynne³, McBain, John⁴, McNamee, Kathleen³, Sinnott, Vikki⁵ & Fisher, Jane¹ ¹Jean Hailes Research Unit, 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 Department of Health, Melbourne, Australia

Background: Parenthood is a life goal for most people. Existing research about childbearing focuses mostly on women. Little is known about men's childbearing aspirations and the factors that influence them.

Aim: To investigate fertility-related knowledge and attitudes, and the factors that affect childbearing desires, expectations and outcomes among Australian men of reproductive age.

Methods: A sample of 18-50-year-old men (N=1,104), randomly selected from the Australian Electoral Roll in 2013, completed a self-administered, anonymous questionnaire. Data were weighted to reduce non-response bias. Factors associated with fertility and childbearing were identified in multivariable analyses.

Results: Most respondents (90.0%) wanted at least two children and thought it was acceptable for men older than 50 years to be fathers (61.6%); they underestimated the effect of age on fertility and overestimated the ability of assisted reproductive technology to overcome age-related fertility decline.

Conclusions: Targeted interventions to increase men's knowledge of the limitations of fertility are recommended and may increase the likelihood that men (and women) achieve their reproductive goals.

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.

The Case study is of a Nepalese migrant primip diagnosed with gestational diabetes

Jenny Stokes

Medical Student, University of Notre Dame

Gestational Diabetes is a serious illness that is associated with an increased risk of complications and adverse outcomes for both the mother and baby. Australian management of gestational diabetes is aimed to maintain euglycemia by maintaining regular glucose monitoring, dietary modification, life style changes, exercise, and, when necessary, pharmacotherapy. Adherence to treatment requires rigorous behavioural and self care requirements.

This presentation will explore some of the barriers culture and religion have on migrant mothers to complying with Australian treatment regimes of gestational diabetes by examining a case study of a Nepalese migrant primip diagnosed with gestational diabetes. It aims to address the challenges in supporting migrant mothers to engage in management of their gestatiational diabetes by integrating psychological, psychiatric and social assessment in antenatal women of all cultural backgrounds with diabetes.



Assessing the unmet information needs of women considering egg freezing for non-medical (social) reasons.

<u>Michelle Peate</u>¹, Alice Hucker¹, Nipuni Ratnayake Gamage¹, Sabine Braat¹, John McBain², Jane Fisher³, Franca Agresta², Martha Hickey¹, on behalf of the 'Eggsurance**?**' Study Collaborative Group

- 1. University of Melbourne, Melbourne
- 2. Melbourne IVF, Melbourne
- 3. Monash University, Melbourne

Background/Purpose: There is a growing trend in developed countries for women to delay starting a family until their early 30's or later. This delay can mean that some women miss the opportunity to have children due to age-related infertility. Egg freezing can offer women the option of delaying pregnancy and lower the risk of age-related infertility. However, making choices around egg freezing and family planning is complicated, as health, financial and psychological implications for a procedure with no guarantee of success. Although increasing numbers of women are freezing their eggs, very little is known about their understanding of egg freezing and its potential impact. Nor is it known what information women need in order to make an informed decision. The aim of this study is to investigate the decisional conflict, knowledge of egg freezing, and information needs amongst women considering egg freezing for non-medical reasons.

Methods: 207 women who attended an "eggs in the city" event hosted by Melbourne IVF in 2015 were sent an invitation to participate in an anonymous on-line survey.

Results: This presentation will present preliminary results from this survey.

Conclusions: With increasing access opportunities for non-medical egg freezing, reproductive-aged women who are not in a position to start a family are confronted with difficult decisions about fertility preservation. This presentation will present the results of the first study to comprehensively identify the unmet educational needs of women considering non-medical egg freezing.

*This study has been approved by the Melbourne IVF Health Research Ethics Committee

Women's Experience and Construction of the Abject Body and Embodiment of Sexuality After Cancer

Dr Chloe Parton¹

¹ Centre for Health Research, Western Sydney University, Sydney.

Cancer and cancer treatments can result in significant changes to women's sexual wellbeing. This study examined how women experience and make meaning of changes to their bodies and sexual selves after cancer. Semi-structured interviews were conducted with 16 women with a diagnosis of cancer across age (20-71 years), cancer type and diagnosis stage. Thematic decomposition analysis was conducted on transcripts to identify subject positions women took up in relation to cultural discourses of femininity and sexuality. Women took up a subject position of their bodies as 'Abject', constructing their bodies as abnormal and removed from idealised cultural constructions of femininity. Constructions of bodies as abject also had implications for the way that the women accounted for their experiences of sex. Women positioned themselves as 'Embodying sexuality' in accounts where they managed their bodies during sex to limit risk to their identities as feminine and sexual. The subject position of 'Embodying the absence of sexuality' was taken up in accounts characterised by disruption to sexual practice and identity. Women's accounts of partner responses reinforced their experiences and constructions of sexuality after cancer. Cancer and cancer treatments can be seen to put at risk the adoption of culturally desirable identities of femininity and sexuality. Implications for research and practice will be discussed.

The submitted abstract reports on research material from human participants with approval from Western Sydney University Human Ethics Committee.

The Sex Diaries - Comparisons from the Sexual Activity after Breast Cancer (SAB) Study

Jennifer L. Marino^{1,2} and Martha Hickey^{1,2}

1. University of Melbourne, Parkville, Victoria

2. Royal Women's Hospital, Parkville, Victoria

Background: Discomfort during sexual activity is common after breast cancer. Vaginal estrogens are effective but commonly avoided due to systemic absorption. Despite the large commercial market for vaginal lubricants, no randomized studies have compared products. We aimed to compare efficacy and acceptability of two major types of lubricant, silicone-based and water-based, for discomfort during sexual activity in postmenopausal breast cancer patients.

Methods: In a randomized, double-blind, AB/BA crossover design, participants used each lubricant for four weeks. Participants completed daily sexual activity diaries. For each episode using lubricant, participants reported details of lubricant application and discomfort, as well as highest level of discomfort using a 100-mm visual analogue scale (VAS).

Results: On average, women reported 6.5 sexual episodes during water-based and 7.4 during siliconebased treatment. For nearly all episodes, participants reported using lubricant (Table). Many women experienced vulvar or vaginal discomfort during sexual activity even with lubricant. The average VAS pain score was 28.03 (95% CI 20.34-35.74) per episode during water-based treatment, and 18.56 (95% CI 12.84-24.28; p=0.05) during silicone-based.

Characteristic	• • •	Average proportion of episodes with characteristic, per		
N=38	woman, per treatment % (95% CI)			
	Water-based	Silicone-based		
Vaginal penetration	87.2 (77.9, 96.4)	92.6 (86.9, 98.3)		
Vulvar				
Discomfort	42.0 (27.9, 56.1)	24.8 (13.1, 56.2)		
Burning	19.9 (9.1, 30.8)	12.8 (3.2, 22.4)		
Itching	6.3 (<0.1, 13.0)	1.3 (<0.1, 3.1)		
Bleeding	3.8 (<0.1, 9.7)	1.3 (<0.1, 3.1)		
Tearing	7.2 (<0.1, 14.5)	7.1 (0.1, 14.1)		
Vaginal				
Discomfort	60.2 (46.5, 73.8)	47.1 (34.8, 59.3)		
Burning	35.0 (20.5, 49.5)	24.2 (13.2, 35.2)		
Itching	4.2 (<0.1, 8.5)	1.8 (<0.1, 4.7)		
Bleeding	8.4 (<0.1, 17.0)	0.5 (<0.1, 1.4)		
Tearing	11.9 (1.7, 22.1)	5.8 (<0.1, 12.3)		

Conclusions: All aspects of sexual discomfort measured with episode-based activity diaries were more common with water- than silicone-based lubricant, but no differences reached statistical significance. Sexual discomfort was very common even with lubricant use.

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

Endocrine treatment-related side effects in breast cancer: genitourinary symptoms, sexuality and quality of life – what are we missing?

<u>Mariana S. Sousa</u>^{1,2,3}, Martha Hickey^{4,5}, Michelle Peate^{4,5}, Sherin Jarvis⁶, Michael Friedlander^{1,7}, For the PEGASUS Study Collaborative Group

¹Prince of Wales Clinical School, University of New South Wales Australia, Sydney

²South Western Sydney Local Health District, Centre for Applied Nursing Research, Ingham Institute for Applied Medical Research, Western Sydney University, Sydney

³Family Planning NSW, Sydney

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Background: Genitourinary symptoms, a side-effect of adjuvant endocrine therapy in postmenopausal women with early breast cancer, have an impact on physical and emotional health. Prevalence and severity are often underestimated. This study aimed to document the trajectory of genitourinary symptoms in these women.

Methods: A multi-center prospective questionnaire design was used to measure prevalence and severity of genitourinary symptoms, and their impact on sexual function and quality of life (QoL), in 177 participants before adjuvant endocrine therapy (baseline) and at 6-months.

Results: There was significant increase in prevalence and severity of vaginal and urinary symptoms over time. Urinary symptoms had a negative impact on household tasks, ability to travel and fluid intake. Symptoms caused participants to feel worn out/tired, anxious, and bad about themselves. Partner relationships were challenged through deterioration in sexual function and more sexual symptom bother (since baseline). Worries about the vagina and vaginal symptoms significantly interfered with sex life. Impaired vaginal symptom-related QoL at follow-up was predicted by parity (OR:2.99), severe baseline incontinence (OR:1.12), voiding (OR:1.31) and storage symptoms (OR:1.24). Impaired urinary symptom-related QoL at follow-up by having one or more chronic diseases (OR:4.09), and severe baseline incontinence (OR:1.43).

Conclusions: Genitourinary symptoms are highly prevalent in this group, have a significant impact on QoL and sexual activity, and can be predicted by baseline characteristics. Results can inform clinical practice and lead to early recognition and appropriate symptom management.

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.

Building a 'fertility calculator' to support fertility preservation decision-making in young women with breast cancer.

<u>Michelle Peate¹</u>, Nipuni Ratnayake Gamage¹, Alice Hucker¹, Christobel Saunders², Shanton Chang³, Kate Stern⁴, Alex Gorelik⁵, Martha Hickey¹ on behalf of the FoRECAsT Collaborative Group

- 1. Obstetrics and Gynaecology, University of Melbourne, Melbourne
- 2. School of Surgery, The University of Western Australia, Perth
- 3. Department of Computing and Information Systems, University of Melbourne, Melbourne
- 4. Fertility Preservation Service, Royal Women's Hospital and Melbourne IVF, Melbourne
- 5. Melbourne EpiCentre, University of Melbourne, Melbourne

Background/Purpose: The potential impact of cancer treatments on fertility is a high priority for young breast cancer patients. Whilst there is general information about the potential effects of cancer treatments on fertility, there is no mechanism for obtaining personalised information about likely fertility outcomes. Current "calculators" consider cancer type and treatment, but do not consider this in the context of a woman's fertility prior to cancer treatment.

Methods: The fertility calculator will take into consideration both intrinsic individual fertility-related characteristics, and the likely impact of cancer treatment to produce a risk of infertility.

Results: This presentation will address the gap in current information about fertility prediction after cancer treatment and describe the development of an individualised tool to aid oncologists in providing evidence-based guidance for their patients about the impact of cancer treatment on their fertility.

Conclusions: Accessible and reliable guidance around fertility prediction is a high priority for young breast cancer patients and the oncologists who treat them. There is an unmet need for information which considers both the individual baseline predictors of fertility, as well as the impact of planned treatment. A comprehensive tool that aids oncologist in educating women about fertility will ultimately help patients to decide whether to attempt to preserve their fertility prior to treatment for early breast cancer.

*This stage of the study does not require approval from an Ethics Committee.

An observational study of birth outcomes for primiparous women from countries with a high prevalence of female genital mutilation/cutting

Howarth C^{1,2}, Bayly C¹

¹Royal Women's Hospital, Melbourne ²University of Melbourne, Melbourne

Introduction

Female genital mutilation/cutting (FGMC) is defined by the World Health Organisation (WHO) as "any procedure that intentionally alters or causes injury to the female organs for non-medical purpose". More than 125 million girls and women have undergone FGMC. The practice of FGMC occurs mainly in countries across Africa, the Middle East and Asia. There is little research to date which explores obstetric outcomes for these women.

Methods

Our group conducted a retrospective audit of the obstetric records of primiparous women from countries with a high prevalence of FGMC who attended a large tertiary women's hospital in Melbourne, Australia. We defined "high prevalence" as those countries with rates of FGMC of 80% or greater. We aimed to identify those affected by FGMC and audit their obstetric outcomes.

Findings

We found 61 relevant records over a twelve month period, with low levels of documentation of FGMC overall; however 34% of women had documented FGMC. Of those 21 women the majority had had infibulation (type 3 FGMC); in one third deinfibulation had been undertaken prior to pregnancy and in one third it was done at birth. Only one woman had deinfibulation antenatally. Most women delivered vaginally; 53% had a right mediolateral episiotomy and 11% required deinfibulation at delivery. Of those who delivered vaginally 62% experienced a perineal tear, the majority of which were second degree.

Discussion

Given prevalence estimates it is likely that many more women had a history of FGMC than was noted in their medical records, although a minority required specific intervention for FGMC.

Conclusion

A major challenge is adequately identifying women who may have had FGMC, so that healthcare appropriate to their needs can be planned and delivered. Community practitioners have an important role to play in achieving this.

This retrospective audit was considered by the Royal Women's Hospital Human Research Ethics Committee to meet the National Health and Medical Research Council requirements for quality assurance/audit projects.

The transition from A to Z

Jason Westwater

Child & Adolescent Psychiatrist/Family Therapist

This presentation will address the recognition, assessment and diagnosis of gender dysphoria. The concept of gender identity will be discussed more generally, as well as thinking about the terminology used within this field and good practice guidelines. Treatment aspects will be discussed in addition to thinking about the client's "journey" through a gender service. The roles of the gender specialist will also be presented, within the context of WPATH (World Professional Association Of Transgender Health) guidelines.



Transgender and Gender Diverse Young People in Australia

Kerry Robinson

Western Sydney University

Drawing largely on two Australian research projects funded by the Young and Well Collaborative Research Centre, this presentation provides an overview of the issues facing gender diverse and transgender young people. The findings of the first project (2012-2014), published in a report titled *Growing Up Queer*, is based on the results of an online survey of LGBTIQ young people, aged 16–27 years, completed by 1032 participants. Focus groups were also conducted with LGBTIQ young people, and with staff from a support service for gender and sexuality diverse young people. The second project, currently in its final stages of report writing, explored the experiences of LGBTIQ young people, who have mental health issues, in negotiating medical and other health care services. This second project (2014-2016) also included a national survey completed by 607 LGBTIQ and focus groups with young people. This presentation incorporates a discussion of: how transgender and gender diverse young people reinforce and challenge notions of binary gender (male/female); the consequences of coming out to family and friends; experiences in school and the work-place; issues faced in accessing adequate health services and professionals; and the role of the Internet in their lives. Both projects overwhelming highlighted the serious impact that homophobia, transphobia and heteronormativity can have on the health and wellbeing of young people who are gender diverse or trans.

Parenting Experiences of Transgender Parents in Australia

Rosie Charter – PhD Candidate

Centre for Health Research, Western Sydney University, New South Wales

Since the mid 1990's there has been a growing body of research on lesbian, gay, bisexual and transgender (LGBT) families. Whilst transgender people are cited for inclusion within this research area, they are significantly underrepresented, leading many researchers to assert that trans voices are lost within the broader LGBT framework. In Australia, academic research on transgender (trans) people and their families is particularly limited. Little is known about the experiences of parenting amongst Australian transgender parents, how they experience and negotiate the intersection of their trans and parent identities, and how they experience and foster their own well being in relation to parenting. This paper will outline the preliminary findings of an exploratory, mixed-methods study. An online survey (N=50) and semi-structured interviews (N=30) were conducted with Australian trans parents (12 trans fathers, 18 trans mothers) exploring personal relationships, support systems, experiences of transitioning within the family context and parenting.

Trans parents expressed the need for open and honest communication with children, as well as the importance of helping children develop an age-appropriate vocabulary with which to understand and express gender and transitioning. Negotiating privacy and levels of disclosure was a fundamental issue, and concerns for confidentiality impacted on choices related to family healthcare, education and social interaction. Most parents cited partners as their primary source of support, followed by friends whilst formal support groups and healthcare professionals received mixed or negative responses. Prior to transitioning many of the participants experienced significant mental health issues, such as depression, self-harm and suicidal ideation. However, almost all reported a significant improvement upon 'coming out' and transitioning. The findings of this study can be used to inform community and family health services, medical professionals, and other specialist services that support the health and well-being of transgender parents and their families.

The submitted abstract reports on research or clinical material from human participants or patients with approval from the Western Sydney University Human Research Ethics Committee.

Speaker Bio's

Beamish, Nicky

Dr. Nicola Beamish is a perinatal, infant, child and adolescent psychiatrist and family therapist undertaking a Master of Philosophy by Research with the School of Public Health and Preventative Medicine at Monash University under supervision by Professor Jane Fisher and Dr Heather Rowe. Nicola works part time in clinical practise and has previously undertaken research into an early intervention internet based youth mental health program (Beamish 2011) and a qualitative review of parenting programs. The combination of her clinical work and a curiosity about the way technology use may effect early relationships has led to her current area of inquiry.

Bilardi, Jade

Jade Bilardi is affiliated with the Central Clinical School, Monash University, Melbourne; Department of General Practice, The University of Melbourne, Melbourne, and the Melbourne Sexual Health Centre, Alfred Health, Melbourne.

Blomfield, Penny

Penny Blomfield has been the director of gynaecological oncology at the Royal Hobart Hospital for the last 16 years. Penny trained in the UK, and following her move to Australia in 1994, completed her subspecialty training in Gynaecologic Oncology in 1999. She initially practiced in Melbourne at the Mercy Hospital for Women, and then chose to move to Hobart. Her team are responsible for providing care and advice for women with gynaecological cancers in Tasmania.

In 2007 the University of Tasmania appointed her as a Clinical Associate Professor. Penny achieved a medical doctorate in 1997 from the University of London entitled 'The Primary and Secondary Prevention of Cervical Neoplasia'. Since that time she has been active in research and for many years was a member of the research advisory committee of the Australian and New Zealand Gynaecological Oncology Trials group (ANZGOG).

She is a member of the committee of management of the Australian Society of Colposcopy and Cervical Pathology (ASCCP). She is also currently Chair of the Australian Society of Gynaecological Oncologists.

Colman, Dana

Miss Dana Colman has completed all required coursework for the Masters of Sexology through Curtin University, Perth. She was awarded a Bachelor of Behavioural Science (Psychology) and a Bachelor of Arts from Flinders University, Adelaide in 2009 and 2011. Dana is a committee member of the Society of Australian Sexologists Ltd., Australia's sexological peak body, and holds the position of Secretary South Australian branch. Her research interests include sexual health wellbeing for women.

Charter, Rosie

Rosie Charter (B. Psych, Hons) is a PhD candidate from the Centre for Health Research at Western Sydney University, under the supervision of Professor Jane Ussher and Professor Janette Perz. Rosie has also been employed as a research assistant at WSU for 5 years during which time she has worked on a number of qualitative and quantitative projects. Her current PhD research is examining the parenting experiences of transgender parents in Australia.

Coombe, Jacqueline

Jacqueline Coombe is a second year PhD Candidate at the Research Centre for Generational Health and Ageing, at The University of Newcastle, having previously completed an honours degree in Social Science at the same university. Broadly, her research interests lie within understanding unintended pregnancy and its relationship with contraceptive use, and the implications of both on women's health and wellbeing. More specifically, her PhD thesis is examining the uptake of long-acting reversible contraception in a cohort of young, Australian women. The focus of her work is primarily qualitative, utilising both free text analysis (which she will talk about today) as well as semi-structured interviews.

Douglas, Robert

Robert is a Sport and Emergency Doctor, based in Adelaide. He has extensive experience in the treatment of athletes of all levels of expertise and experience, and his presentation at the conference concerns a condition that is increasingly recognised as a problem in young and active women.

Dryden, Amy

Amy Dryden is a PhD Candidate at the Centre for Health Research, Western Sydney University. She completed her honours degree in psychology in 2013. Her research interests include the sexual and reproductive health of homeless women, and how social and economic inequality impacts health outcomes of marginalised populations in Australia.

Haines, Fiona

Dr Fiona Haines is a graduate of Newcastle University. She has been working in General Practice nearly 30 years and in a sub speciality Women's Health Practice since 2002. Always curious always interested in finding out what makes people tick she loves General Practice even at this specialised level because you never know what the patients will present with each day.

Hammarberg, Karin

Karin is a Registered Nurse with 20 years experience as clinical co-ordinator of IVF programs. She is currently Senior Research Fellow at the Jean Hailes Research Unit at Monash University and Senior Research Officer at the Victorian Assisted Reproductive Treatment Authority.

Harris, Victoria

Dr Victoria Harris is currently the Dermatology Research Fellow at Royal North Shore. She is also currently completing Masters Philosophy (Medicine) at the University of Sydney. Victoria's thesis for Masters examines the impact vulval disease on patients' overall quality of life. Prior to completing her medical studies Victoria completed a Law degree with her honours thesis for law on the topic of the 'legal status of the human embryo.' Victoria has presented as a delegate at the United Nations in NYC in 2013 on the topic of Violence against women.

Hawkey, Alex

Alex Hawkey is a PhD student in her final year at the Centre for Health Research, Western Sydney University. Her PhD is part of a wider project exploring the sexual and reproductive health of migrant and refugee women.

Hickey Martha

Professor Martha Hickey is a reproductive endocrinologist and NHMRC Practitioner Fellow with clinical and research interests in healthy ageing in women and managing menopause. She is Professor and Deputy Head of Department in Obstetrics and Gynaecology at the University of Melbourne and Inaugural Director of The Gynaecological Research Centre, Royal Women's Hospital - Australia's largest clinical and laboratory women's health research program. She developed the first Multidisciplinary Menopause and Cancer Service in 2002 which has now been replicated across Australia and overseas.

Howarth, Calida

Dr Howarth completed a Bachelor of Arts/Science prior to her Doctor of Medicine at the University of Melbourne. Her passion for women's health led her to join Dr Chris Bayly's research team, undertaking an audit of obstetric outcomes in women from countries with a high prevalence of female genital mutilation/cutting (FGMC). Dr Howarth's previous research entitled *"Everything is neatly tucked away" – young women's views on desirable vulval anatomy* was published in *Culture, Health & Sexuality* this year. Dr Howarth is enjoying her residency at the Mercy Hospital for Women in Victoria and aspires to a career in Obstetrics & Gynaecology.

Laughland-Booÿ, Jacqueline

Dr Jacqueline Laughland-Booÿ is a Research Associate with the 'Social Futures and Life Pathways of Young People in Queensland' study in the School of Social Sciences at Monash University. Her research interests include the life trajectories of young people living in Australia and the attitudes of young Australians towards asylum seekers.

Marino, Jennifer

Dr Marino is an epidemiologist in the Department of Obstetrics and Gynaecology at the University of Melbourne and Royal Women's Hospital. After training at the University of Washington and University of California, Berkeley, she joined Adelaide's Robinson Institute in 2008 and moved to Melbourne to work with Professor Hickey in 2011.

Mezzini, Tonia

Dr. Tonia Mezzini is a Sexual Health Physician consulting at Pelvic Pain SA. Tonia has particular interests in men's and women's pelvic pain, women's vulval concerns, menopause and hormonal concerns. During her medical training she worked in a wide variety of sexual health services including: Second Story Youth Health Services, Yarrow Place, Cervix Screen SA, Clinic 275, Adelaide Women's Health Centre, SHine SA and the Women's and Children's Hospital. This has ensured that the breadth of her clinical experience is unique in South Australia. She has an appointment as a Lecturer at the University of Adelaide. Dr Mezzini is also a Board member of the Pelvic Pain Foundation of Australia, a member of the ANZ Vulvovaginal Society, the Australasian Menopause Society and the ANZ Professional Association for Transgender Health. She is a committee member for the Australian Society for Psychosocial Obstetrics and Gynaecology the Society for Australian Sexologists (South Australia).

Owen, Louise

Dr Louise Owen is a Sexual Health Physician and director of statewide sexual health Services in Tasmania. She has been working in the field of HIV since the early 1990s and was the Clinical Director for the Victorian AIDS council medical centre until moving to Tasmania in 2010. In addition to her clinical load, Louise lectures to undergraduate medical students, post graduate public health students and regularly to tertiary and primary care clinicians.

Perz, Janettte

Janette Perz is Professor in, and Director of, the Centre for Health Research at Western Sydney University. She researches in the field of women's health, more specifically, in the areas of reproductive and mental health, with a particular interest in premenstrual experiences and gendered issues in health. She has a demonstrated expertise in research design, quantitative analyses and mixed-methods research.

Quinn, Michael

Professor Quinn is currently President Elect of the International Gynaecological Cancer Society. He is a past chair of the FIGO Oncology Committee and of the Gynaecological Cancer Intergroup. He has more than 300 publications and has served on more than 30 committees over the last 25 years. He is passionate about patient care.

In real life he loves running, mountain climbing, opera and his grandchildren.

Robinson, Kerry

Kerry Robinson is a Professor in Sociology and the leader of the Sexualities and Genders Research group in the School of Social Sciences and Psychology at Western Sydney University, Australia. Her expertise is in the fields of sociology of childhood, diversity and difference, gender and sexuality studies, sexuality education, sexual harassment, and sexual citizenship. She has published widely, including recent books, *Innocence, Knowledge and the construction of childhood: The contradictory relationship between sexuality and censorship in children's contemporary lives* (2013); a co-edited collection, *Rethinking school violence* (Saltmarsh, Robinson & Davies, 2012); and a co-authored book *Diversity and Difference in Early Childhood Education: Issues for Theory and Practice* (Robinson & Jones Diaz, 2006), currently being revised as a second edition (2016).

Sousa, Mariana

Dr Sousa has started her career overseas where she was trained and worked in clinical practice providing outstanding care in obstetrics, gynaecology, breast health and gynaecologic oncology. She has a great breadth of experience in clinical and medical research, particularly in the field of sexuality, menopause and cancer survivorship. She received the UNSW Dean's List Award in recognition of outstanding PhD research in Medicine.

Stacy, Jackie

Jackie has been a specialist obstetrician and gynaecologist in Melbourne for 17 years prior to moving to Sydney in 2009. Since then she has been a lecturer at Notre Dame University Medical School. Her long term interest has been in chronic pelvic pain. She has been a member of ASPOG for about 20 years, serving on the committee for about 12 years.

Stokes, Jenny

I am a 3rd year medical student at the University of Notre Dame, and currently on my Psychiatric rotation at St Vincent's Hospital. My passion for women's health was ignited when I spent a month in Nepal and witnessed gender inequality in both in the health environment and also general society. More specifically, my rotation in obstetrics and gynaecology at Auburn got me very excited about a potential future in this field. Prior to medicine, I lived and worked in Orange NSW as an Emergency nurse. When I'm not studying, I enjoy having chickens, knitting and cooking.

Vaneslow, Wendy

Dr Wendy Vanselow is a medical consultant at the Royal Womens Hospital in the Menopause and PMS, Menopause Symptoms after Cancer, Sexual Counselling and Choices (family planning) clinics. She completed a PhD on premenstrual complaints and has an interest in hormones, mood and sexuality.

Westwater, Jason

Jason Westwater MBChB,M.Fam.Ther,DRCOG,MRCCP,MRCPsych,FRANZCP, is a Child and Adolescent psychiatrist and Family therapist currently working at a government community child and adolescent mental health service in Hobart. Jason has a special interest in gender dysphoria in children, adolescents and adults and has been seeing these clients for the past 13 years. Jason graduated from University of Glasgow, UK, completed specialist psychiatric training in child and adolescent psychiatry and developed a special interest in gender dysphoria during this time. Jason also completed training in general practice, as well as completing training in family therapy at the Bouverie Centre, Melbourne.

ASPOG 2016 Delegate List

First Name	Last Name	Organization	State
Annette	Barratt	GP Liaison THS-southern Region	TAS
Chris Nicky	Bayly Beamish	Royal Women's Hospital	
Jade	Bilardi	Monash University	VIC
Penny	Blomfield	Consultant Gynaecological Oncologist	TAS
Caterina	Bortolot	The Northern Hospital	VIC
Susan	Carr	Royal Womens Hospital, Melbourne	VIC
Rosie	Charter	Western Sydney University	NSW
Lisa	Clarke		TAS
Jill	Collins	Tasmanian Health Organisation Youth Health South	TAS
Dana	Colman	Curtin University	SA
Kirsten	Connan	Tasogs - Tasmanian Obstetrics And Gynaecology Specialists	TAS
Rowena	Conway		SA
Jacqueline	Coombe	Research Centre for Generational Health and Ageing, University of Newcastle	
Emma	Cransberg	Windy Hill Sports & Spinal Physiotherapy	VIC
Robert	Douglas	SportsmedSA	SA
Amy	Dryden	Western Sydney University	NSW
Jane	Elliott	North Adelaide Family Practice	SA
Susan	Fetherston	Mi-tec Medical Publishing	VIC
Meredith	Frearson		SA
Fiona	Haines	Healthy Women Medical	QLD
Karin	Hammarberg	Monash University	VIC
Karen	Harris	Karen A Harris Pty Ltd	
Victoria	Harris	Royal North Shore Hospital	
Alexandra	Hawkey	Western Sydney University	NSW
Martha	Hickey		
Tania	Hingston	TasOGS	TAS
Calida	Howarth		VIC
Adele	Hudson	THS – Gynaeoncology Dept	TAS
Warren	Kennedy		TAS
Marita	Long	Family Planning Tas /general Practice	TAS
Sue	Mallett		
Anikee	Mallis	La Trobe University	VIC
Jennifer	Marino	University Of Melbourne/royal Women's Hospital	VIC
Len	Matthews	Private Practice	VIC
Jennifer	Mayne	Royal Hobart Hospital	TAS
Amanda	McBride	School Of Medicine, Sydney, University Of Notre Dame Australia	NSW
Zelalem	Mengesha	Western Sydney University	NSW
Tonia	Mezzini	Pelvic Pain SA	SA
Paddy	Moore	Royal Women's Hospital Melbourne	VIC
Andrea	Morrow	Royal Women's Hospital	VIC
Amy	Moten	SHine SA	
Kathleen	Mulders		SA
Ann	Olsson		SA
Louise	Owen	Sexual Health Services	TAS
Debbie	Owies	The Womens, Monashhealth	VIC

First Name	Last Name	Organization	State
Chloe	Parton	Western Sydney University	
Michelle	Peate	University of Melbourne	VIC
Janette	Perz	Western Sydney University	NSW
Josephine	Power	Mercy Hospital For Women	
Michael	Quinn	President, Internatioal Gynaecological Society	VIC
Kerry	Robinson	Western Sydney University	NSW
Heather	Rowe	Monash University	VIC
Katherine	Shanley	Barracks Medical	QLD
Jo-ann	Silva	Guardian Medical	VIC
Jackie	Stacy		NSW
Jennifer	Stokes		NSW
Bronwyn	Stuckey	University of Western Australia	WA
Jenny	Thomas		SA
Jane	Ussher	Western Sydney University	NSW
Wendy	Vanselow	Royal Women's Hospital	VIC
Jason	Westwater	Consultant Child and Adolescent Psychiatrist	TAS
Belinda	Wozencroft	GP on Beaufort	WA

