45TH ANNUAL SCIENTIFIC MEETING

ACROSS THE LIFECYCLE

1–3 AUGUST 2019 • MELBOURNE AUSTRALIA

ASPOG

HANDBOOK & ABSTRACTS

WE GRATEFULLY ACKNOWLEDGE THE SUPPORT OF OUR SPONSORS AND SUPPORTERS

The **Royal Women's Hospital** (the Women's) is Australia's largest specialist public hospital dedicated to improving the health and wellbeing of women and newborns. With sites in Parkville and Sandringham, the Women's sits within the Melbourne Biomedical Precinct –world leaders in the delivery of outstanding patient care, cutting edge research and discoveries, and training to some of the country's brightest minds. Specifically, the Women's is recognised for its expertise in maternity services and the care of newborn babies, gynaecology, assisted reproduction, women's health and women's cancer services.

Mi-tec Medical Publishing produces high-quality and extensively peer-reviewed patient education for 24 colleges, societies and associations in Australia and New Zealand. The patient education aims to assist the informed-consent process and reduce the risk of "failure to inform". The text and full-colour anatomical illustrations describe the benefits, risks and limitations of surgical procedures and are reviewed by experts in Australia and New Zealand. Mi-tec also publishes normal-anatomy leaflets that provide further opportunities for surgeons, including obstetricians and gynaecologists, to explain procedures to their patients. Mi-tec also funds and engages in a range of community-based, philanthropic projects.www.mitec.com.au

Established in 1970 as the Family Planning Association of South Australia, SHINE SA has expanded beyond traditional family planning services.

Today SHINE SA is a leading not-for-profit provider of primary care services and education for sexual and relationship wellbeing.

SHINE SA's service and education delivery model works to provide sexual health education, early intervention, health promotion, clinical services and therapeutic counselling.

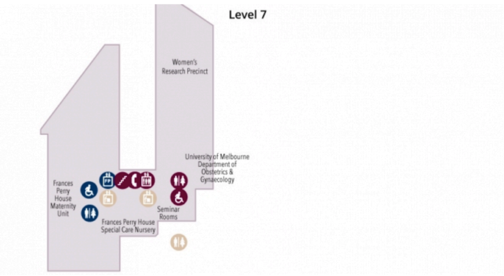
SHINE SA provides nurse-led and medical clinical assessment, treatment and counselling services.

SHINE SA conducts workforce development education for doctors, nurses/midwives, community workers and teachers, and strives to enhance these services through optimising technology.

FLOOR PLAN

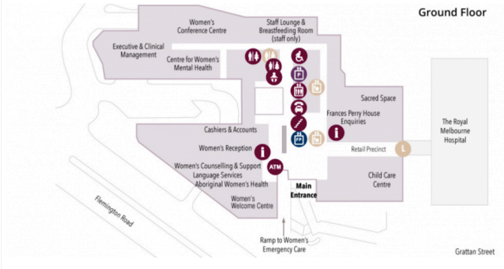
Thursday 1st August – Level 7

Level 7: Women's Research Precinct, Frances Perry House private hospital, University of Melbourne Dept. of Obstetrics & Gynaecology, Public toilets



Friday 2nd – Saturday 3rd August – Level 1

Ground floor: Reception, Women's Welcome Centre, Sacred Space, Badjurr-bulok Wilam, Counselling & Social Support, Consumer Liaison, Retail & food precinct, Public toilets, Payphone



VENUE INFORMATION

The Royal Women's Hospital

20 Flemington Rd, Parkville

Main entrance: Cnr Gratton St & Flemington Road, Parkville

***Nearest Coffee** - Ground floor*

ZOUKI CAFE AND ISABELLA CAFÉ
BOTH OFFER A FULL MENU,
SNACKS AND COFFEE.

WELCOME

On behalf of the ASPOG organising committee, we would like to welcome you to Melbourne for our Annual Scientific Meeting.

As usual we have a rich and varied program, including evidence based and informed professional debate on all aspects of women's health.

Our conference theme this year is ‘Across the Life Cycle’. As a multidisciplinary organisation we view this topic from a range of perspectives. We have an exciting program of invited speakers, as well as free presentations by our membership, eligible for our annual awards.

We hope you enjoy the meeting, participate in the discussions and relax with colleagues and friends

Professor Jane Ussher, Dr Jade Bilardi and Dr Michelle Peate
Co-convenors ASPOG 2019

ORGANISING COMMITTEE

Co Convenors:
Prof Jane Ussher,*THRI, School of Medicine, Western Sydney University, NSW, and*
Dr Jade Bilardi*, Central Clinical School, Monash University, VIC*
Dr Michelle Peate, *Royal Women’s Hospital, University of Melbourne, VIC*

Committee:
Dr Jennifer Marino, *Royal Women’s Hospital, University of Melbourne, VIC*
Dr Mariana S Sousa*, Centre for Applied Nursing Research, Ingham Institute for Applied Medical Research, Western Sydney University, NSW*
Dr Laura Whitburn, *La Trobe University VIC*
Helena Obermair, *Junior Medical Officer, Liverpool Hospital, South West Sydney Local Health District*

CONFERENCE SECRETARIAT

For further information please contact:

Lesley Woods
ASPOG Secretariat
m: +61 (0) 418 870 057
e: admin@aspog.org.au

WIFI

NETWORK: UNIWIRELESS
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1-5 August 2019

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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 and researchers 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.

ANNUAL GENERAL MEETING

ASPOG invites all members to attend the Annual General Meeting. The meeting will be held at 1300 on Friday 2nd August 2019, Level 7 Seminar Room D&E.

Please help yourself to lunch at the Buffet before going to the meeting.

SOCIAL PROGRAM

Welcome Reception with wine and food

Friday 2nd August, 1800-1930
Venue: Ground Floor, Foyer
Included in full registration fee. $65 per person (day delegates and accompanying persons)

DEREK LLEWELLYN-JONES ORATION

Friday 2nd August 1715-1800

Women's Mental Health - The Latest

Prof Jayashri Kulkarni
Director, Monash Alfred Psychiatry Research Centre **(MAPrc)**

CPD

RACGP – This activity has been allocated QI&CPD points: 30 CAT 2 points.

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

RANZCOG CPD POINTS - have been applied for

ACRRM – Points have been applied for.

REGISTRATION DESK

The Registration Desk will be located at Royal Womens Hospital, cnr Gratton St and Flemington Rd:
Thursday - Level 7, Seminar Room D&E
Friday & Saturday – Ground Floor, Conference A, B&C

Thu 1st Aug	– ASPOG Conference	1030-1720
Fri 2nd Aug	– ASPOG Conference	0830-1800
Sat 3rd Aug	– ASPOG Conference	0900-1515

PRESENTERS

Please bring your PowerPoint presentation (16:9) 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.

GENERAL INFORMATION

Airport Transfers
Melbourne Airport is approximately 40mins from the CBD. Taxi is - $65-$80 one way.

Jayride - compare prices for airport transfers: compare options Melbourne-Royal Women's Hospital

Parking
There is an underground car park at the hospital – go to Wilson Parking for weekday rates: Flat rate of $10 on Saturday and Sunday.

Certificates of Attendance
Certificates of attendance will be emailed out at the conclusion of the conference.

Convenience Store, chemist and post
Ground floor of the RWH.

Name Badges
Admission to all sessions is by the official meeting name badge. Please wear it at all times throughout the conference.

Weather
Average temperatures 16°C during the day and overnight of 8°C.

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.

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 Conference. 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.

Liability
In case of industrial disruption or other external events causing disruption to the Conference, the Organising Committee of the ASPOG 2019 ASM accepts no responsibility for loss of monies incurred by delegates.

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.

Visitor Information Centre

Melbourne

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.

ASPOG 45th ANNUAL SCIENTIFIC MEETING, 2019 - Program

Thursday 1st August

0930	**ASPOG Registration opens**	*Room D&E, Level 7*
1030-1040	Welcome Welcome to Country Opening of ASPOG 2019	*ASPOG President, Prof Jane Ussher* *Aunty Diane Kerr* *Sue Matthews, Chief Executive Officer, The Royal Women's Hospital Melbourne*
1040-1230	**Session 1 – Navigating sexual health in youth**	*Chair: Jane Ussher* *Room D&E, Level 7*
1040-1100	The Influence of Sociocultural and Psychological Factors on Consideration of Labiaplasty in Adolescent Girls	*Dr Gemma Sharp*
1100-1120	A pilot study of a free condom distribution program at the University of Melbourne	*Madeleine Lim*
1120-1140	Findings from the Sixth National Survey of Australian Secondary School Students and Sexual Health	*Prof Jayne Lucke*
1140-1200	Sexual risk-taking in Australian adolescents: a research update	*Dr Jen Marino*
1200-1220	Genital examinations; how do medical students learn?	*Dr Siobhan Bourke*
1230-1320	**LUNCH**	
1320-1450	**Session 2 – Sexual and Reproductive Health across the lifespan**	*Chair: Janette Perz* *Room D&E, Level 7*
1320-1340	Researching sexual and reproductive health with women with disability	*Dr Cathy Vaughan*
1340-1400	Does treating male partners of women with Bacterial Vaginosis improve sustained cure? The "STEP UP" randomised controlled trial	*Dr Lenka Vodstrcil/ Rebecca Wigan*
1400-1420	Vulvodynia and recurrent thrush/intersection with pain neuroscience	*Dr Karen Berzins*
1420-1440	Family centred care in paediatric oncofertility	*Dr Yasmin Jayasinghe*
1450-1520	**Afternoon tea**	
1520-1730	**Session 3 – Trauma and Cancer**	*Chair: Michelle Peate* *Room D&E, Level 7*
1520-1540	Seeking Asylum in Australia – the impact of trauma on women and infants	*Prof Louise Newman*
1540-1600	The ROC redefined: optimising sensitivity and specificity to the lived Reality of Cancer	*Prof Sue Walker*
1600-1620	Communicating with Children About Parental Cancer: Development of The Enhancing Parenting in Cancer (EPIC) Intervention - An Innovative and Accessible Resource to Support Parents with Cancer Who Have Young Children	*A/Prof Lesley Stafford*
1620-1700	Intersections of intimate partner violence, unwanted pregnancy and terminations: the prevalence, impact and implications for patient care in Australia	*Prof Angela Taft*
1700-1720	Reproductive Abuse: A huge, hidden problem	*Dr Laura Tarzia*
1830	**Drinks and dinner - Naughtons Hotel, 43 Royal Parade, Parkville** *This is a casual evening for delegates to dine together please check with registration to confirm your booking, user pays.*	

Friday 2nd August

0830-1030	**Session 4 – Sexual and Reproductive Health across the Lifespan**	*Chair: Jen Marino* *Room A, Ground Floor*
0830-0850	Attitudes to sexuality and sexual pain in the older woman. What can we do to help?	*Anita Bir*
0850-0910	Clinical assessment to identify a neuromuscular component to pelvic floor dysfunction	*A/Prof Helena Frawley*
0910-0930	Sex and the Menopausal Woman: Resisting Representations of the Abject Asexual Woman	*Prof Jane Ussher &* *Prof Janette Perz*
0930-0950	Managing menopause symptoms without medication	*Prof Martha Hickey*
0950-1010	Quality care for transgender people in General Practice	*A/Prof Ruth McNair AM*
1020-1050	**Morning tea**	

1050-1240	**Session 5 – Fertility, Pregnancy & Parenting**	*Chair: Jade Bilardi* *Room A, Ground Floor*
1050-1110	Understanding the decision-making needs of women interested in receiving information about elective egg freezing and how we might meet those needs	*Dr Michelle Peate*
1110-1130	Fertility health promotion in action: Your Fertility seven years on	*Dr Karin Hammarberg*
1130-1150	Supporting Transitions, Attachment and Relationships (STAR Mums) - a pilot intervention for at risk primiparas in the transition to parenthood	*Ms Clare Bellhouse*
1150-1210	*'Baggarrook Yurrongi'* (Woman's Journey) Can we make a difference for Aboriginal and Torres Strait Islander mothers and babies through partnerships, collaboration and midwifery continuity of care?	*Prof Helen McLachlan*
1210-1230	Breastfeeding in public: can urban design increase women's comfort?	*A/Prof Lisa Amir*
1240-1330	**LUNCH**	

1300-1330	**ASPOG AGM**	*Room B&C*

1330-1510	**Session 6 – Concurrent sessions**	*Ground Floor*

	Chair: Marita Long **Concurrent A** *Room A*	***Chair: Amy Moten*** **Concurrent B** *Room B&C*
1330-1345	Access to Supportive Oncofertility Care, Fertility-Related Psychological Distress and Reproductive Concerns of Newly Diagnosed Reproductive Age Cancer Patients; A Mixed Method Analysis *Shanna Logan*	The acceptability of the female condom for women in Australia *Clare Boerma*
1345-1400	The psychosocial impact following treatment for gynaecological cancer *Jana Pittman*	Women's use of contraceptive methods: Insights from the ACCORD study *Ridmi Dolamulla*
1400-1415	Exploring the facilitators and barriers to the successful use of an online infertility risk prediction tool (FoRECAsT) for young breast cancer patients: a feasibility study *Zobaida Edib*	Menstrual Needs: What about parents? Exploring the unmet needs of parents of adolescent girls with heavy menstrual bleeding and menstrual pain *Emily Bellis*
1415-1430	What are the barriers to implementing psychosocial assessment in the private sector? *Tanya Connell*	Menstrual Needs: Exploring the unmet needs of adolescent girls with heavy menstrual bleeding and menstrual pain *Anna Li*
1430-1445	Improving access to the delivery of medical abortion in Australian General Practice: What models of care work? *Seema Deb*	Migrant and Refugee Women's Construction and Experiences of Menstrual Bleeding Across the Lifespan *Alex Hawkey*
1445-1500	Health professionals' Views and Experiences of the Renewed Australian Cervical Screening Program: 12 months into the renewal *Rachael Dodd*	They should come forward with the Information": Menopause-related Health Literacy and Health Care Experiences among Vietnamese-born Women in Melbourne, Australia *Karin Stanzel*

1500-1530	**AFTERNOON TEA**

1530-1700 **Session 7 – Concurrent sessions** *Ground Floor*

	Chair: Jane Ussher	***Chair: Laura Whitburn***
	Concurrent A – Pregnancy *Room A*	**Concurrent B – STIs** *Room B&C*
1530-1545	Prevalence and determinants of antibiotic use among women in early pregnancy living in rural Vietnam: an analysis of baseline data from a cluster randomised controlled trial *Renee Zeng*	Patient delivered partner therapy – could this be an option within routine partner management for chlamydia in Australia? *Jane Goller*
1545-1600	A Qualitative Examination of Women's Experiences with Continuous Fetal Monitoring Alongside a Randomised Controlled Trial *Madeleine Benton*	Putting the patient back in patient delivered partner therapy (PDPT): exploring young people's views towards PDPT for chlamydia *Elly Layton*
1600-1615	Enhanced Recovery after Elective Caesarean Section: Women's Experiences Transitioning Home within 24-Hours *Christianna Digenis*	There is such a big emotive element to it, as well as a physical element': general practitioners experiences of managing chlamydia positive patients *Jacqueline Coombe*
1615-1630	Investigating the Effects of Severe Pregnancy Sickness (Hyperemesis Gravidarum) on Quality of Life: Is it being Undertreated? *Emma Lake*	Psychosocial impact of primary HPV testing: 12 months into the renewal of the Australian National Cervical Screening Program *Rachael Dodd*
1630-1645	Using prenatal genetic tests wisely: a qualitative exploration of the potential psychosocial consequences of prenatal genetic screening and diagnostic testing *Shannon McKinn*	The incorporation of HPV self-sampling in the revised Australian National Cervical Screening Program: Experiences and attitudes of General Practitioners in the Central West of NSW *James Grogan and Pragya Goswami*

1700 **Refreshment Break**

1715-1800 **Llewelyn-Jones Oration** ***Chair: Jade Bilardi*** *Room A*

Women's Mental Health - The Latest

Prof Jayashri Kulkarni, Director MAPrc

1800-1930 **Welcome Reception** *Ground Floor Foyer*

Saturday 3rd August

0900-1030	**Session 8 – Fertility and Pregnancy**	*Chair: Meredith Temple-Smith* *Room A, Ground Floor*
0900-0920	Medical abortion services through Medicare	*Dr Kathy McNamee*
0920-0940	Legislating and regulating conscientious objection to abortion: do we have the balance right in Victoria?	*Prof Louise Keogh*
0940-1000	"Just relax and you'll get pregnant" - is there a link between stress and infertility?	*Dr Bill Ledger*
1000-1020	#Empowomant: Empowering women to make clinical decisions	*Dr Shavi Fernando*
1030-1050	**Morning tea**	

1050-1230	**Session 9 – Clinical Cases in Psychosocial Obstetrics & Gynaecology**	*Chair: Janette Perz* *Room A, Ground Floor*
1050-1105	Case Presentation: High Order Multiple Pregnancy in a Recent Migrant	*Jinan Khalil*
1105-1120	Dissociative amnesia in pregnancy: a response to trauma	*Travis Bettison*
1120-1135	The Psychosocial Implications of Recurrent Bacterial Vaginosis	*Rola Akra*
1135-1150	Behind the Veil: Cultural Competence in Women's Health	*Helena Rann*
1150-1205	The maternal psychosocial implications of emergency caesarean hysterectomy	*Helena Obermair*
1205-1220	Psychosocial Impacts of Infertility resulting from Gynaecological Cancer in Young Women	*Jana Pittman*
1220-1310	**LUNCH**	

1310-1430	**Session 10 – Concurrent sessions**	*Ground Floor*
	Chair: Helena Obermair	***Chair: Jade Bilardi***
	Concurrent A *Room A*	**Concurrent B** *Room B&C*
1310-1325	Public attitudes to egg freezing: need for education and policy development *Molly Johnston*	The Provision of Psychosocial Support in Early Pregnancy Assessment Services *Lily Claringbold*
1325-1340	A Community Based Residential Service for New Mothers – Is It Helpful? *Romina Withanage*	Australian general practitioners' views and practices of miscarriage care and the need for further tools and resources *Vellyna Sumarno*
1340-1355	iCOPE: An Innovative Solution to Support Perinatal Mental Health Screening in Line with Best Practice *Nicole Highet*	Provider Viewpoints on Services and Supports for Women Who Have Experienced Early Miscarriage or Termination *Jessica Yang*
1355-1410	Supporting mothers at-risk of postpartum depression to successfully adapt to parenthood: Overview and preliminary results from the UNA Study (Understanding your Newborn and Adapting to parenthood) *Susan Nicolson*	Individualising Support for Patients Identified at Risk of Psychiatric Morbidity in a Recurrent Miscarriage Clinic *Sophie Earle*
1410-1425	Postpartum Inpatient Somatosensory and Mindful Interventions In Mothers With Childhood Trauma History Impacting Infant Bonding *Kristine Mercuri*	Anti-phospholipid syndrome and pregnancy loss after 14+0- 23+6 gestation: retrospective analysis *Rhonda Taleb*

1430-1515	**Session 11 – Sexual and Reproductive Health – Meeting future needs**	***Chair: Wendy Vaneslow*** *Room A, Ground Floor*
1430-1450	Miscarriage Support - Where is it needed?	*Prof Meredith Temple-Smith*
1450-1510	Centre of Research Excellence in Sexual and Reproductive Health for Women: Achieving Better Outcomes through Primary Care (SPHERE CRE)	*Prof Danielle Mazza*
1515	**Prizes, summation & close**	

ASPOG 2020 - more details www.aspog.org.au coming soon

ABSTRACTS – THURSDAY

SESSION 1 – NAVIGATING SEXUAL HEALTH IN YOUTH

The Influence of Sociocultural and Psychological Factors on Consideration of Labiaplasty in Adolescent Girls

Gemma Sharp[1], Abdul-Rahman Hudaib[1], and Jayashri Kulkarni[1]
1 Monash Alfred Psychiatry Research Centre, Monash University, Melbourne

This study investigated the sociocultural and psychological predictors of consideration of labiaplasty using a sociocultural framework. Australian girls (*n*=335) aged 16-17 completed measures of media exposure, peer influence (friend conversations, negative peer comments), pubic hair removal, sexual confidence, self-esteem, internalisation of the genital ideal, genital appearance comparison, genital appearance dissatisfaction, and consideration of labiaplasty. The path analysis model, based on the sociocultural model, showed acceptable level of fit to the data. The effects of media exposure and peer influence on genital appearance dissatisfaction and labiaplasty consideration were indirect through genital ideal internalisation and genital appearance comparison. The effect of self-esteem was also indirect through internalisation and comparison, although self-esteem was a negative predictor. Sexual confidence was a direct negative predictor of genital appearance dissatisfaction and, in turn, labiaplasty consideration. Extent of pubic hair removal was itself predicted by friend conversations and sexual confidence, and this hair removal also led directly to labiaplasty consideration. In conclusion, the sociocultural and psychological factors examined have both direct and indirect effects on labiaplasty consideration. The findings provide targets for genital appearance focused educational interventions in young girls.

A pilot study of a free condom distribution program at the University of Melbourne

MADELEINE LIM[1], JANE HOCKING[2], REBECCA MELDRUM[3], MEREDITH TEMPLE-SMITH[1],
[1]Department of General Practice, The University of Melbourne, Australia, [2]Melbourne School of Population and Global Health, The University of Melbourne, Australia, [3]University Services, The University of Melbourne, Australia
E: madeleine.lim@unimelb.edu.au

As part of the Health Promotion Program at the University of Melbourne, a free condom distribution online program was trialled in September 2018 to promote safer sex practices amongst students. The program model was based on a similar program at Boston University. The effectiveness and feasibility of the program was evaluated. Students who engaged in the four-week pilot were invited to participate in pre- and post- surveys. Questions addressed: contraception use; access to contraception; STI testing, and feedback on the program. Descriptive statistics were used to analyse the data. A total of 173 orders were made online by 166 students, 45.18% (N = 75) of students completed the pre-survey and 46.98% (N = 78) completed the post-survey. Average age of students engaged in the pilot was 22.9 years. Of the 166 students who participated in the program, 59.03% (N = 98) were international students. 85.53% of students said the program made it easier to practise safer sex. Only a small percentage of students reported to have used female condoms (5.26%) and dental dams (6.90%). Overall, the program was well-received by students, with 76% saying the program was excellent and many indicating that they would promote the program to their peers.

Disclaimer: The Condom Fairy Pilot Program at the University of Melbourne received funding from Bupa. Although part of the Stakeholder reference group, Bupa did not exercise any influence over analysis and reporting of data.

Findings from the Sixth National Survey of Australian Secondary School Students and Sexual Health

Professor Jayne Lucke
Professor, Australian Research Centre in Sex, Health and Society, La Trobe University
Honorary Professor, School of Public Health, The University of Queensland

The National Survey of Australian Secondary School Students and Sexual Health is a national survey of young people which has been carried out periodically over the last 25 years in Australia. Funded by the Commonwealth of Australia Department of Health the survey provides valuable data on sexual health knowledge, behaviours and education to inform public health strategies, service provision, prevention programs and health education. The findings are used to guide the work of teachers, youth workers, service providers, health professionals and policy-makers. The Sixth Survey was carried out in 2018 and involved 6,327 young people in Years 10-12 from the Government, Catholic and Independent school systems and from every Australian state and territory. The survey was fully online and anonymous. A diverse and cross-sectional representation of the population of students in Australia was ensured through minimum quota sampling targeting school type, gender, year in school and state/territory. This presentation will outline the results of the sixth survey with particular focus on sexual behaviours, peer norms about condom use and the use of contraception by young people, social media use and student experiences of relationships and sexuality education in schools.

Sexual risk-taking in Australian adolescents: a research update

Author: Jennifer L. Marino[1,2,3]

1. Department of Obstetrics and Gynaecology, Royal Women's Hospital and University of Melbourne, Parkville, Australia
2. Department of Paediatrics, University of Melbourne, Parkville, Australia
3. Murdoch Children's Research Institute, Parkville, Australia

Successful investments in the healthy development of young children are undermined by a relative neglect of adolescent and young adult health (ages 10-24). Adolescence/young adulthood presents a window of opportunity to promote long-term gains in health. Risk-taking behaviour is a normal part of adolescent development: exploration and new experiences can be helpful, encouraging healthy development, or harmful, producing injury, illness or even death. In particular, the onset of sexual activity is a normal stage in the transition to young adulthood, but early onset, sexual activity with multiple partners, and unprotected sex increase risk of a range of adverse outcomes. We will review the most recent data describing sexual behaviour in Australian adolescents, and the data gaps. We will examine, and place into the global context, trends over time, high-risk populations, predictors of risky sexual behaviour, associations with other health risk behaviours, and short- and long-term outcomes.

Ethics statement: I declare that this work complies with the Australian National Statement on Ethical Conduct in Human Research.

Genital examinations; how do medical students learn?

Siobhan Bourke[1,2] *Prudence Holt*[1] *Narelle Bethune*[1] *Katharine Reid*[1]

1 Department of Medical Education, University of Melbourne, Melbourne, Australia, 2 Centre for Excellence in Rural Sexual Health, Department of Rural Health, University of Melbourne, Shepparton, Australia

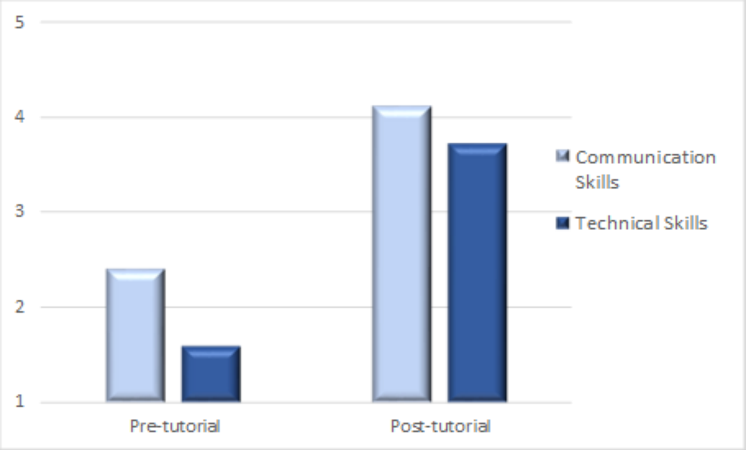
20 years ago, PapScreen Victoria funded a project to teach medical students how to perform better pap tests. The Sensitive Physical Examination Program developed from this project. The Department of Medical Education Doctor of Medicine (MD) year 2 program at The University of Melbourne teaches male and female sensitive examinations and the communication skills required to go with them. This is a unique program for all University of Melbourne Medical Students as well as for other Victorian medical schools that employ our service.

We run three types of tutorials for the medical students

1. Female breast examination and an approach to sensitive history taking
2. Female gynaecological examination
3. Male inguinal hernia, genitals and digital rectal examination

The medical students observe a demonstration of the examinations performed by Clinical Teaching Associates (CTA, who are trained laypeople) and then perform the examination themselves. They perform the examinations with a CTA acting as the patient and another CTA acting as a guide for the safety of both the student and the CTA.

Evaluation of the program has consistently found that students' confidence in their ability to communicate with patients as well as their confidence in their technical skills, increases significantly after completing the tutorial.



Mean medical student confidence rating before and after female CTA tutorial (1 = poor, 5 = very good).

The Sensitive Physical Examination Program is a unique program that equips medical students with the technical and communication skills to perform genital examinations.

SESSION 2 – SEXUAL AND REPRODUCTIVE HEALTH ACROSS THE LIFESPAN

Researching sexual and reproductive health with women with disability

Cathy Vaughan
Melbourne School of Population and Global Health, University of Melbourne

People with disabilities face prejudice and discrimination in interpersonal relationships, in education and employment, in the community, and when trying to use public services including health services. This affects the ability of people with disabilities to realise their rights, reduces access to services, undermines psychosocial wellbeing and can result in disability-based violence. Women with disabilities face particular barriers to realising their rights to sexual and reproductive health (SRH) and parenting. This presentation will outline these barriers, and draw on research about SRH conducted with women with disabilities in Australia and the Philippines to illustrate how disability inclusive approaches to research can generate unique evidence to ensure services are accessible, appropriate and meaningful for women with disabilities.

Does treating male partners of women with Bacterial Vaginosis improve sustained cure? The "STEP UP" randomised controlled trial

Speakers: Dr Lenka Vodstrcil[1,2] and Rebecca Wigan[1-3]

[1]Central Clinical School, Monash University; [2]Melbourne Sexual Health Centre, Alfred Health; [3]Department of General Practice, University of Melbourne

More than 50% of women with Bacterial vaginosis (BV) experience recurrence within 3-6 months of first-line antibiotic treatment. Evidence suggests that reinfection from an untreated sexual partner contributes to BV-recurrence. We are conducting a randomised controlled trial (RCT), called 'STEP UP' to determine if antibiotic treatment of male partners of women with BV improves sustained BV cure compared to the current standard of care (i.e. female-only treatment). As part of the 'STEP UP' RCT, couples are randomised to either dual-partner-treatment or female-only treatment and then followed for 12 weeks to determine BV cure rates. This trial is being conducted at sites in Melbourne and Sydney, and women can self-refer to the trial via our trial website www.bvstepup.org.au. In parallel of trial recruitment, we are conducting a qualitative study of men's attitudes towards BV, how it has affected their relationship, and the associated trial treatment. If the trial is effective, this information will be vital in the successful implementation of dual-partner treatment as part of clinical treatment recommendations. Enrolled men who are willing to talk about their experience are able to consent to an interview. We will present our preliminary findings from these discussions.

Vulvodynia and recurrent thrush/intersection with pain neuroscience

Dr Karen Berzins MBBS DipVen FAChSHM.
Melbourne Sexual Health Centre, Dermatology and Vulval Conditions Clinic at Mercy Hospital for Women in Heidelberg Melbourne

Symptomatic candidiasis affects more than 75% of women at least once in their reproductive years. Localized provoked vulvodynia (LPV) is accepted as a chronic pain condition with no obvious identifiable cause, but can be associated with other conditions. It is estimated to affect up to 16-18% of women at some time in their lives, with or without a history of candidiasis.

Well designed studies in both areas are limited in size and are heterogenous, making therapeutic interventions difficult to evaluate. This presentation will aim to clarify current thought about the relationship of candidiasis to the development of LPV.

Neuroscience findings from research in persistent pain will be discussed.

Family centred care in paediatric oncofertility

Dr Yasmin Jayasinghe (FRANZCOG, PhD)
University of Melbourne and Royal Children's Hospital (RCH)

Australia has one of the highest global incidences of childhood cancer. Advances in care mean that over 80% of affected children survive to adulthood. Treatment causes a dramatic reduction in fertility. Discussing the possibility of preserving a child's future fertility (by collecting eggs, sperm, ovarian or testicular tissue)8 is becoming an important focus of cancer care. But the question of whether or not parents should proceed with fertility preservation is incredibly complex. Importantly, no decision about fertility preservation is absolutely right or wrong, but the impact on the child's future wellbeing can be profound. The difficulty in making this decision becomes clear when we consider that fertility preservation in children is in the early stages of development. There are little safety or efficacy data, leading some clinicians to limit conversations about fertility and to focus on cancer treatment instead. Given the urgent need to begin cancer treatment, parents may have only 24–48 hours to decide if their child will undergo a potentially invasive surgical procedure to preserve fertility. With limited support and information on hand, survivors consistently cite infertility as a major source of psychological trauma, affecting their wellbeing, relationships, and life decisions and making this a critical and growing public health concern. Discussing both the impact of cancer treatment on fertility and the available means to preserve fertility reduces distress among survivors and is now an international standard of care. Paediatric oncofertility programs are rapidly being developed but how to best provide all of the critical information in a timely, effective and ethical manner, is a great challenge.

Legislating and regulating conscientious objection to abortion: do we have the balance right in Victoria?

Louise Keogh | Associate Professor, Health Sociology
Centre for Health Equity, Melbourne School of Population and Global Health, The University of Melbourne

In Victoria, the law regulating abortion included a clause (Section 8) requiring doctors with a conscientious objection to abortion to refer women to another provider who they know does not hold an objection. Our research indicates that conscientious objection as currently practiced in Victoria results in a range of negative consequences for women including delayed access and emotional stress, and that women living in areas where there are fewer providers are disproportionately affected. We also found concerns about institutional objections and complicity claims. In this talk, I will present our recent findings on this topic and the possible options for reducing the harms associated with conscientious objection to abortion in Victoria.

SESSION 3 – TRAUMA AND CANCER

Seeking Asylum in Australia – the impact of trauma on women and infants

Professor Louise Newman AM, BA(Hons) MBBS(Hons) PhD FRANZCP Cert. Child Psych. RANZCP
Director of the Centre for Women's Mental Health at the Royal Women's Hospital and Professor of Psychiatry, University of Melbourne

Women of refugee back ground and those seeking asylum n Australia face specific issues relating to traumatic experiences in their country of origin, vulnerability during their journey to Australia, reproductive health and parenting, Experiences of women held in immigration detention, particularly on Nauru and in remote facilities have been documented to be particularly traumatising with high rates of sexual assault, systemic deficits in reproductive health care and mental health care and specific risks related to pregnancy care, delivery and perinatal period. Parenting an infant in detention is associated with stress and high rates of severe depression. Cases of post-partum psychosis on Nauru have required clinicians to become involved in urgent Court applications for relocation of women to appropriate care on the mainland.

A group of women and infants from Nauru currently in ongoing community detention are being followed at RWH with ongoing chronic depression, parenting issues and post-traumatic stress disorder following a range of experiences in detention. These cases raise issues about the need for gender specific trauma-focussed services and increased integration of mental health and womens health services

The ROC redefined: optimising sensitivity and specificity to the lived Reality of Cancer

Susan Walker
Director of Perinatal Medicine at Mercy Hospital for Women, and is the Shiela Handbury Chair of Maternal Fetal Medicine, University of Melbourne

The performance of screening and diagnostic tests in medicine is determined by their sensitivity and specificity. These performance characteristics are elegantly combined and represented in the Receiving Operator Characteristic (ROC) Curve: the greater the area under the curve, the better the test. Perhaps the ROC curve also has something to teach us about caring for our patients- mapping out with specificity and sensitivity the challenges they face in the lived reality of their illness. As health practitioners, it is our privilege and responsibility to shift the curve, optimising health outcomes while minimising collateral damage.

Communicating with Children About Parental Cancer: Development of The Enhancing Parenting in Cancer (EPIC) Intervention - An Innovative and Accessible Resource to Support Parents with Cancer Who Have Young Children

Lesley Stafford[1,2], Michelle Sinclair[1], Paula Rauch[8], Jane Turner[3], Louise Newman[1,2], Julia Cannell[1], Leslie Gilham[1], Bruce Mann[1,2], Kylie Mason[2,7], Penny Schofield[4,6]and Claire Wakefield[5,9]
[1]Royal Women's Hospital, Australia; [2]University of Melbourne, Australia; [3]University of Queensland, Australia; [4]Swinburne University of Technology, Australia; [5]University of New South Wales, Australia; [6]Peter MacCallum Cancer Centre, Australia; [7]Royal Melbourne Hospital, Australia; [8]Marjorie E. Korff PACT Program, Massachusetts General Hospital, USA; [9]Sydney Children's Hospital, Australia

Background/purpose: Parents with cancer have high rates of distress and their children may experience adverse outcomes, particularly in contexts of poor family communication and parental distress. Few parenting interventions exist and these have extensive infrastructure demands making them unsuitable for routine care. This presentation describes the process of developing a novel, accessible psycho-educational intervention to improve parenting efficacy among cancer patients with young children.

Methods: The intervention was developed using the UK Medical Research Council Framework for complex interventions. Content was guided by attachment and social cognitive theory, a literature review, interviews to determine unmet needs (10 clinicians, 15 parents with cancer), and an iterative development/testing process. The resultant intervention comprises an online audiovisual resource (AVR), question prompt list and follow-up phone call. The AVR conveys psycho-educational content through consumer interviews and evidence-based clinician commentary. The intervention was evaluated for usefulness prior to formal testing.

Results: Sixteen clinicians and 11 parents with cancer evaluated the intervention. All respondents found it informative, easy to understand, and relevant, strongly endorsing the intervention's potential to decrease parental stress/anxiety, increase feelings of control and improve confidence in communicating with children about cancer. Formal feasibility testing is currently underway in a national sample. AVR excerpts will be shown during the presentation.

Conclusions: Our new intervention is targeted and promotes self-management. Empirically and theoretically derived, it translates descriptive evidence into an accessible resource for an unmet clinical need. If feasible, this intervention style may be a template for future interventions in similar populations.

Intersections of intimate partner violence, unwanted pregnancy and terminations: the prevalence, impact and implications for patient care in Australia

Angela Taft
Latrobe University

In 2016 one in four Australian women reported intimate partner violence in their lifetime, the majority of which occurs in the reproductive years 25 to 34 years (ABS 2016. For some women, violence occurs during pregnancy and for some this is experienced the first time. There is emerging evidence of the role reproductive coercion (Price et al, 2019; Tarzia et al 2019) may play. Women abused by an intimate partner are pregnant more frequently, at a younger age and their pregnancy outcomes are more likely to be adverse, including unwanted pregnancies, miscarriages and abortions (WHO 2013). The adversity includes greater likelihood of mental ill health including ante- and postnatal depression, PTSD and an impact on women's parenting (Hooker et al, 2016).

This presentation will present these background data in more detail and explore what the current Australian policy contexts inform any role clinicians could play, a role for clinical settings and organisations and the wider health care system and what resources are there to help them.

Reproductive Abuse: A huge, hidden problem

Laura Tarzia
The University of Melbourne and the Centre for Family Violence Prevention, The Royal Women's Hospital.

Reproductive abuse (otherwise known as reproductive coercion or reproductive control) is defined as deliberate interference in a person's reproductive choices. It includes contraceptive sabotage, pregnancy coercion, and forced abortion, and is most commonly perpetrated against women by a male intimate partner. Studies consistently associate reproductive abuse with poor physical, sexual and mental health. Despite these impacts, little is known about this complex form of violence, and it is likely to be severely under-reported. There is also a dearth of robust evidence to inform responses within the health system, both in Australia and globally. The presentation will draw on a combination of recent Australian quantitative and qualitative studies to explore new ways of thinking about, conceptualising, and responding to reproductive abuse in practice.

ABSTRACTS – FRIDAY

SESSION 4 – SEXUAL AND REPRODUCTIVE HEALTH ACROSS THE LIFESPAN

Sex and the Menopausal Woman: Resisting Representations of the Abject Asexual Woman.

Prof Jane Ussher, Prof Janette Perz,
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.

Attitudes to sexuality and sexual pain in the older woman. What can we do to help?

Anita Bir
***MAPA**, Associate Physiotherapist, B.Physio M.Physio (UniMelb)*

Sexual pain is highly prevalent in older women but arguably under reported. Sexual pain can restrict or even prevent a woman's ability to participate in regular sexual activity. Personal belief systems towards sex along with physiological changes in older women interplay together in the presentation of pelvic pain. Belief systems are built over a lifetime and heavily influenced by the eras that people have lived through.

Pain is a complex phenomenon greatly influenced by physiological and psychosocial factors. Many multi-disciplinary management options exist to help these women and these can be specifically tailored to suit the individual needs of the woman we seek to help. But we must also help make older women aware of this and empower them to seek assistance if they wish.

Pelvic floor muscle assessment to identify a neuromuscular component to pelvic floor dysfunction

Associate Professor Helen Frawley
Women's Health Physiotherapy Research Program, Monash University

This topic will provide an overview of the assessment process (symptoms, signs and investigations) a clinician could undertake to determine if there is a pelvic floor muscle component to the presentation of pelvic floor dysfunction in women (incontinence, pelvic organ prolapse, pelvic pain, sexual dysfunction). The overview will provide levels of assessment that clinicians from different disciplines may undertake, from a screening assessment with onward referral, to a more comprehensive pelvic floor muscle functional assessment. Clinical utility of these assessment processes will be discussed. Together with the history and findings from non-neuromuscular assessment, the pelvic floor muscle assessment findings can inform diagnosis and appropriate treatment.

Managing menopause symptoms without medication

Martha Hickey
Professor of Obstetrics and Gynaecology, University of Melbourne

Menopausal symptoms include vasomotor symptoms (often described as "hot flushes" or "night sweats") and vaginal dryness. Estrogen-containing hormonal therapies are currently the most effective treatments for these symptoms but are contraindicated for some women and avoided by others. This presentation will review the evidence supporting the efficacy of non-pharmacological interventions treatments for vasomotor and vaginal symptoms and provide practical advice on evaluating and managing symptoms without medication.

Learning outcomes for this presentation include understanding the evidence base to support use of non-pharmacological treatments for menopausal symptoms and understanding the clinical situations where these treatments should be offered.

Learning outcomes for this presentation include understanding the evidence base to support use of non-pharmacological treatments for menopausal symptoms and understanding the clinical situations where these treatments should be offered.Quality care for transgender patients in General Practice

Dr Ruth McNair
Department of General Practice, University of Melbourne
E: r.mcnair@unimelb.edu.au

Trans and gender diverse (TGD) people are increasingly presenting to primary care services for both gender affirmation treatments and general care. There are several challenges for service providers, however these can be readily overcome to provide safe and effective quality care for TGD patients. Some of these challenges will be addressed including rapidly changing language and diversity, movement from specialist to generalist TGD care, fertility preservation, cancer prevention and general health promotion. While there can be limited evidence for management practices, there are well regarded international standards of TGD care that most Australian clinicians are following. There are also new Australian consensus guidelines for the care of TGD children and young people. Guidance for strategies for quality care will be outlined using these standards, as well as tips arising from clinical experience.

SESSION 5 – FERTILITY, PREGNANCY & PARENTING

Understanding the decision-making needs of women interested in receiving information about elective egg freezing and how we might meet those needs

Michelle PEATE[1], Sherine SANDHU[1], Sabine BRAAT[2], Audrey POTERIE[2], Raelia LEW[1,3], Franca AGRESTA[3], Jane FISHER[4], William LEDGER[5], Karin HAMMARBERG[4], Devora LIEBERMAN[6], Roger HART[7], and Martha HICKEY[1] on behalf of the Eggsurance? Study Collaborative Group.

[1] *Department of Obstetrics & Gynaecology, Royal Women's Hospital, University of Melbourne, Melbourne, Parkville, Australia,*
[2] *Centre for Epidemiology and Biostatistics, University of Melbourne, Melbourne*
[3] *Reproductive Services Unit, Royal Women's Hospital and Melbourne IVF, Melbourne, Australia,*
[4] *Public Health and Preventive Medicine, Monash University, Melbourne, Australia*
[5] *Obstetrics & Gynaecology, University of New South Wales, Sydney, Australia*
[6] *Genea IVF and Fertility Clinic, Sydney, New South Wales, Australia*
[7] *Fertility Specialists of Western Australia, Western Australia, Australia*

Background: Advances in egg freezing technology mean women now can extend their reproductive lifespan. The decision to freeze requires consideration of many factors, in a climate where it is sold as empowering – making it challenging for many women.

Aim: To explore women's knowledge of and experiences around information on egg freezing, and to pilot test a decision aid (DA).

Methods: Australian women aged 18-45 years interested in receiving egg freezing information were recruited through social media to: (1) complete an online cross-sectional survey and (2) provide feedback on a DA.

Results: (1) Amongst 283 participants there was poor knowledge of the factors around egg freezing success. Most (80%) had high uncertainty, associated with knowledge and decision delay. Better knowledge was predicted by specialist consultation. Decision delay was associated with knowledge and specialist consultation. Most (85%) disliked the term 'social egg freezing'. (2) The DA reduced uncertainty and improved knowledge (n=27). The majority found it acceptable (93%) and would recommend it to others (88%).

Conclusion: Women considering egg freezing need decision support. Consulting a fertility specialist appeared to improve knowledge and ability to decide. The DA may be a useful supplement to clinical discussions. Common egg freezing terminology needs to change.

'Fertility health promotion in action: Your Fertility seven years on'

Karin Hammarberg, RN, BSc, PhD
Senior Research Officer at the Victorian Assisted Reproductive Treatment Authority.

Awareness among people of reproductive age and primary health care and education professionals about the factors that influence fertility and reproductive outcomes is generally low. To improve awareness about the potentially modifiable factors that affect fertility and reproductive outcomes, 'Your Fertility', a fertility health promotion programme funded by the Australian Government, was established in 2011. Since then several studies have been conducted to inform the program's content and dissemination strategies. This presentation will report the findings of these studies and describe the development and evaluation of the reach of the Your Fertility programme in its first seven years.

Supporting Transitions, Attachment and Relationships (STAR Mums) - a pilot intervention for at risk primiparas in the transition to parenthood

Clare Bellhouse
Psychologist, Take Two Berry Street

Experiences in utero and the first three years of life profoundly impact development as neurological and psychological capacities and functioning are being established. The quality of early care and emotional interactions are related to a mother's self-representation as a parent and capacity to accurately read and respond to her infant. Early intervention and prevention of long-term problems is possible if we are able to identify and target women in the antenatal period who are at a high risk of their infants experiencing early relational trauma, due to parental mental health problems such as mood and anxiety disorders, substance abuse issues and/or a history of trauma.

This study is a mixed methods design study incorporating qualitative and quantitative assessments of approximately five groups of five primiparas participating in a five session attachment-based group psychological program. The STAR Mums pilot program focuses on the experience of the transition to parenthood and the developing relationship between the mother and their unborn child. It aims to facilitate the transition to parenthood and support the normal psychological processes that are known to occur in pregnancy to prepare for the relationship with the infant and to reduce risk factors which may negatively impact this relationship.

'Baggarrook Yurrongi' (Woman's Journey)

Can we make a difference for Aboriginal and Torres Strait Islander mothers and babies through partnerships, collaboration and midwifery continuity of care?

Helen L McLachlan,[1] Della A Forster,[1 2] Sue Kildea,[3] Jane Freemantle,[4] Jennifer Browne,[5] Jeremy Oats,[6] Michelle Newton,[1] Marika Jackomos,[7] Jacqueline Watkins,[8] Simone Andy,[5] Sue Jacobs,[2] Ngaree Blow,[9] Karyn Ferguson,[4] Catherine Chamberlain,[1] Susan Donath,[10] Lisa Gold,[11] Jenny Ryan,[2] Fiona McLardie-Hore,[1 2] Pam McCalman, [1 2]

1. La Trobe University, Melbourne. 2. The Royal Women's Hospital, Parkville. 3. Charles Darwin University, Brisbane. 4. University of Melbourne, Shepparton. 5. Victorian Aboriginal Community Controlled Health Organisation, Collingwood. 6. University of Melbourne, Parkville. 7. Mercy Hospital for Women, Heidelberg. 8. Western Health, St Albans. 9. Royal Children's Hospital, Parkville 10. Murdoch Children's Research Institute, Parkville. 11. Deakin University, Burwood.

Numerous government reports and inquiries have recommended that strategies to improve outcomes for Aboriginal and Torres Strait Islander mothers and babies are urgently needed. Caseload midwifery (where women receive continuity of care from a primary midwife through pregnancy, labour, birth and postpartum) is considered to be the 'gold standard' in maternity care, and is associated with improved clinical and psychosocial outcomes. Despite this, few Aboriginal women have access to caseload care.

We are undertaking a large NHMRC funded partnership project which is assessing the research translation capacity of four Victorian maternity services to implement, embed and sustain a caseload model specifically for Aboriginal women (and non-Aboriginal women having Aboriginal babies).

There has been an exponential increase in uptake of caseload at the first sites to proactively offer caseload to Aboriginal women with qualitative data to date showing high levels of satisfaction. A crucial aspect of project success to date has been engagement and collaboration with key Aboriginal community stakeholders. Models such as these can only succeed if they are based on the needs of women and their communities and ongoing consultation and engagement.

Breastfeeding in public: can urban design increase women's comfort?

Associate Professor Lisa Amir, MBBS MMed PhD IBCLC FABM FILCA
Principal Research Fellow at the Judith Lumley Centre, La Trobe University, Australia.

Breastfeeding is a crucial first step in preventative health, but many mothers do not achieve their own breastfeeding goals. Some mothers find it challenging to breastfeed outside the home, and this may contribute to cessation of breastfeeding earlier than planned. To date, breastfeeding women have not been included in most public space designs, such as parks, shopping centres or public buildings. This project explored design features that invite or deter breastfeeding in public.

We conducted interviews and focus groups at Royal Women's Hospital in December 2018 to understand women's experiences when breastfeeding outside the home (n = 28). Specific focus groups included Indigenous families and one for women speaking Amharic, Arabic, Cantonese and Vietnamese. Interviews included women with a range of disabilities.

Many participants reported avoiding breastfeeding in public spaces due to social expectations or physical comfort. Mothers reported that best spaces for breastfeeding were dignified, safe, comfortable, accessible, compatible with their other needs and responsibilities with a high level of amenity. We developed design guidelines showing breastfeeding-friendly shared spaces.

We recommend use of our new design guidelines for public institutions, councils, shopping centres, or other organisations designing or managing shared spaces.

SESSION 6 – CONCURRENT SESSION A

Access to Supportive Oncofertility Care, Fertility-Related Psychological Distress and Reproductive Concerns of Newly Diagnosed Reproductive Age Cancer Patients; A Mixed Method Analysis

Shanna LOGAN,[1-4] Antoinette ANAZODO, [1,3,4] Brigitte GERSTL,[3,] Yifan WANG,[1] Claire WAKEFIELD, [1,5] Richard COHN,[1,3,5] Kate STERN,[6.7] Franca AGRESTA,[6,] Yasmin JAYASINGHE,[7-10] Rebecca DEANS,[1,4,] Eva SEGELOV,[11,12] Robert MCLACHLAN,[12,13] Elizbeth SULLIVAN,[14] William LEDGER[1,4]

[1]School of Women and Children's Health, University of New South Wales, Sydney, Australia.
[2] Fertility and Research Centre, Department of Reproductive Medicine, Royal Hospital for Women, Sydney, Australia
[3]Kids Cancer Centre, Sydney Children's Hospital, Sydney, Australia, [4]Nelune Comprehensive Cancer Centre, Prince of Wales Hospitals, Sydney, Australia, [5] Behavioral Sciences Unit, Kids Cancer Centre, Sydney Children's Hospital, Sydney, Australia, [6]Melbourne IVF, Melbourne, Australia, [7]Royal Women's Hospital, Melbourne, Australia, [8]The Royal Children's Hospital, Parkville, Australia, [9]Department of Obstetrics and Gynaecology, The University of Melbourne, Royal Women's Hospital, Parkville, Australia, [10] Murdoch Children's Research Institute, Parkville, Australia, [11] Monash Health, Melbourne, Australia, [12] Monash University, Melbourne, Australia, [13]Monash IVF, Richmond, Australia, [14]Faculty of Health, University of Technology Sydney, Australia.

Background: Distress is heightened in cancer patients whose fertility is impacted and in those who have not had access to supportive fertility care. Research has yet to investigate psychological distress and reproductive concerns (RC) for newly diagnosed cancer patients who have had access to supportive oncofertility care; compared to members in the community with fertility concerns (controls).

Aim: To assess the fertility care experiences, RC and fertility-related distress in newly diagnosed cancer patients and 12 months later, compared to family members or controls.

Method: A mixed method longitudinal and prospective study design captured information at diagnosis/ baseline (T1) or 12 months post (T2) across three participant groups; (i) cancer patients aged 14-45 years, recruited via the Australasian Oncofertility Registry (T1:n=31 and T2:n=36, with n=18 completing T1 and T2); (ii) their parents or partners (n=10); (iii) and controls (n=50).

Results: At T1 90.3% and T2 97.2% of cancer patients received information about their fertility risk. Patient satisfaction with both verbal and written received information was very high and most referred to a fertility specialist (T1:71%, T2:77%). Cancer patients reported lower RC than controls (T1:p=0.02) and parents/partners (T1:p=0.13). At T2 there was a significant reduction in RC for controls (p=0.01); however, no change in cancer patients. Cancer patients had significantly lower fertility-related distress (T1:p=<.01, T2:p=<0.001), anxiety (T1:p=0.05, T2:p=0.02) and depression at TP2 (T2:p=0.04) than controls. Undergoing fertility preservation was perceived as beneficial for patient's emotional health. Patients who had access to oncofertility care reported low emotional impact of threatened future infertility or reproductive complications.

Conclusion: Oncofertility care is perceived as beneficial by patients and may assist in lowering the emotional burden of potential infertility. Further research is required to define how different models of oncofertility care impact patient's experiences, for those who do or do not undertake fertility preservation.

The Psychosocial Impact Following Treatment for Gynaecological Cancer

Pittman Jana E[1], *Dahlen Hannah*[2], *Hobbs Kim*[3], *Lind Joanne*[1]
[1.] Western Sydney University School of Medicine, Locked Bag 1797, Penrith 2751
[2] School of Nursing & Midwifery, Western Sydney University, Parramatta 2125.
[3.] Department of Social Work/Gynaecological Cancer, Westmead Hospital, 2145.

Background: Gynaecological Cancer is the third most commonly diagnosed cancer in Australian women. With survival rates increasing, it is imperative to explore the long-term psychosocial impact on cancer survivors. This study aims to explore the cancer experience in women less than 45 years old and what support strategies they feel could increase quality of life during the survivorship period.

Methods**:** In-depth semi-structured interviews were conducted via telephone with six women post hysterectomy-oophorectomy for gynaecological cancer. After transcription, thematic analysis was used to analyse the data exploring the 'psychosocial impact'.

Findings: Two major themes emerged. Firstly, 'Living with the aftermath': its subthemes included 'I am still a woman' and 'I can't have children'. None of the women struggled with female identity post-hysterectomy but pain and scarring were problematic. Abrupt surgical menopause and sexual dysfunction were not cited as issues. Infertility featured strongly for three women; the remaining had completed their families. Secondly, 'Being there for me', with subthemes, 'dealing with the shock', the 'impact of gynaecological cancer on relationships' and 'finding modifying buffers'. All women were deeply shocked by their diagnosis at a relatively young age, with few symptoms or warning. Three of the six women dealt with relationship breakdown in the immediate post-treatment period. Whilst short-term counselling around diagnosis was offered, there was no specific infertility or relationship counselling. All referred to using complementary and alternative therapies (CAMs) such as exercise, nutrition and meditation as buffering strategies, but sourced these externally from their medical service.

Conclusion: Gynaecological cancer survivors need improved long-term support strategies, particularly specific to relationships and infertility. The women in this study found using CAMs very beneficial in reducing stress and building resilience. Integrating well studied CAMs like exercise programs, meditation, art therapy and massage into all cancer centres could reduce the psychosocial impact of gynaecological cancer.

Statement on ethical compliance:

This abstract formed part of the Bachelor of Medical Research thesis for Ms Jana Pittman (Medical student Yr5). It has not been submitted elsewhere. Ethics was approved by the Human Research Ethics Committee (HREC) of Westmead hospital (LNR/15/WMEAD/477). The project was carried out according to the National Statement on Ethical Conduct in Human Research (2007). It was completed in 2018

Exploring the facilitators and barriers to the successful use of an online infertility risk prediction tool (FoRECAsT) for young breast cancer patients: a feasibility study

Zobaida Edib[1], *Yasmin Jayasinghe*[1,2,3], *Martha Hickey*[1,2], *Alex Gorelik*[4,5], *Christobel Saunders*[6], *Shanton Chang*[7], *Patrick Pang*[7], *Kate Stern*[8], *the FoRECAsT collaboration and Michelle Peate*[1]
[1]Department of Obstetrics and Gynaecology, University of Melbourne, Melbourne.
[2]The Royal Women's Hospital, Melbourne.
[3]The Royal Children's Hospital, Melbourne.
[4]Department of Medicine (RMH), University of Melbourne, Melbourne.
[5]School of Behavioural & Health Sciences, Australian Catholic University, Melbourne.
[6]School of Surgery, The University of Western Australia, Perth.
[7]School of Computing and Information Systems, University of Melbourne, Melbourne.
[8]Fertility Preservation Service, Royal Women's Hospital and Melbourne IVF, Melbourne.

Background/Purpose: Current tools to predict fertility outcomes after breast cancer treatments are imprecise and do not offer individualised predictions. To address the gap we are developing a novel infertility risk prediction tool (FoRECAsT) for young breast cancer patients. The aim of this study is to explore the feasibility of implementing the FoRECAsT tool including barriers and facilitators for patients and healthcare providers.

Methods: A purposive sample of 15 breast cancer patients, 6 breast surgeons, 11 medical oncologists, 11 fertility specialists and 14 breast care nurses participated in semi-structured in-depth telephone interviews. A constant comparison and thematic analysis were used to analyse the interviews.

Results: Data were categorized into five main themes: interests of using the FoRECAsT tool; user attributes; access and confidentiality; impact on consultation; and anticipated outcomes. Total of fourteen sub-themes emerged from the data. Results suggested a comprehensive tool that aids clinicians in providing a more accurate information about the risk of infertility will ultimately help patients to make a good quality fertility-related decision whether to attempt to preserve their fertility prior to treatment for early breast cancer.

Conclusions: Findings from the study inform the FoRECAsT tool's design, ensuring it is easy to use and understand. Design considerations will include the input of complicated data, roles of clinicians and patients in using the tool and, where and when the tool might be used.

[The study has been approved by the Melbourne Health Human Research Ethics Committee, Australia (HREC number: 2017.163).]

What are the barriers to implementing psychosocial assessment in the private sector?

Tanya Connell, Bryanne Barnett
PhD candidate, University of Sydney

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

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

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

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

Improving access to the delivery of medical abortion in Australian General Practice: What models of care work?

Deb S[1], Subasinghe AK[1], Mazza D[1]
[1] Department of General Practice, Monash University

Context: Medical Termination of Pregnancy (MToP) has had limited integration into Australian general practice. This is despite mifepristone's availability in Australia since 2013, and General Practitioner (GP) MToP provision being effective, safe and acceptable to women. Understanding the models of care instituted by GPs providing MToP can help facilitate increased access for Australian women.

Objective: To describe the models of care used by GP MToP providers that facilitate service delivery

Design: A qualitative-descriptive study involving thematic analysis of semi-structured interviews conducted with GP MToP providers.

Setting: General Practitioners in Australia (excluding South Australia).

Participants: Up to 20 GPs, who provide MToP services in their practices.

Findings: Interviewing and analysis is in progress. The presentation will outline the preliminary results describing the models of care that facilitate GP MToP provision. This is anticipated to include information regarding the personnel involved, appointment scheduling, training undertaken, professional relationships with pharmacists, pathology and radiology providers, billing practices and referral pathways.

Implication(s) for Practice:
The results of this study will inform a framework for increasing GP MToP provision in Australia, which may encourage other GPs to provide MToP services in their own communities.
These findings are a preliminary component of the NHMRC Centre of Research Excellence in Sexual and Reproductive Health (SPHERE)'s body of work to improve MToP delivery and access for Australian women.

Health professionals' Views and Experiences of the Renewed Australian Cervical Screening Program: 12 months into the renewal

Dodd, RH[1]; Obermair, HM[1,2] McCaffery, KJ[1]
[1] Wiser Healthcare, Faculty of Medicine and Health, School of Public Health, University of Sydney, Sydney, NSW, Australia
[2] Liverpool Hospital, South-West Sydney Local Health District, Sydney, NSW, Australia

Recent research has shown that women may be concerned about the changes to the National Cervical Screening Program in December 2017 and health professionals are influential when changes occur or when recommendations are required. Research with health professionals practising in Australia was conducted prior to the renewal of the cervical screening program, but attitudes since its implementation are unknown. This study aimed to explore the attitudes and experiences of health professionals practising in Australia towards the renewed National Cervical Screening Program.

Interviews were conducted with 31 health professionals involved in cervical screening, during November and December 2018. This included general practitioners, obstetricians & gynaecologists, gynaecological oncologists, pathologists and nurses. The interviews were analysed using thematic analysis.

Overall, health professionals had positive attitudes to the renewed cervical screening program. Four main themes emerged from the data: practical system challenges, communication and education, screening outside the guidelines and other collateral. Practical system challenges included increased colposcopy referrals, limited access to the National Cancer Screening Register, complex screening pathways and issues with self-collection. In terms of communication and education, the limited public education was recognised, in addition to challenges with particular age groups of women. Screening outside of the guidelines was exampled by over-referral of symptomatic tests leading to overtreatment and misinformed self-collection. Other collateral was demonstrated through reduced opportunistic screening opportunities due to less frequent primary care presentations, and a potential for further underscreening in those population groups who were already under screened.

Women's understanding and experience of the renewed National Cervical Screening Program will likely depend upon clinicians' ability and willingness to explain the rationale behind the changes, and to respond confidently to patient concerns regarding these changes. It is essential that concerns and challenges identified in this study are addressed with clinicians to improve implementation of this screening program.

This study was approved by The University of Sydney Human Ethics Committee (project number 2018/836).

SESSION 6 – CONCURRENT SESSION B

The acceptability of the female condom for women in Australia

Jessica R Botfield[1], Sarah Fenwick[1], Deborah Bateson[1], Prudence Kidman[1], Jane Estoesta[1], Clare Boerma[1]
[1] Family Planning NSW, Ashfield, Australia

The female condom (also called the internal condom) is the only female-initiated method of protection for both unintended pregnancy and sexually transmissible infections (STIs). However, use is low in Australia and little is known regarding its acceptability. An interventional post-test study is being undertaken to explore this.

As this is an exploratory study, eligibility criteria includes: female, 16 years or over, heterosexually active, and living in NSW. Eligible women are provided with three female condoms, as well as resources and an instructional video. After attempting to use at least one, they are invited to complete an online survey. This explores their views, experiences and factors contributing to the likelihood of them reusing or recommending the female condom to others.

To date, 80 women (M^{age} = 28.5, range = 16-51) have completed the survey. The anticipated final sample is 200. Preliminary analyses reveal most participants were aware of the female condom (79%), however the majority had not previously tried it (86%). Open-ended responses suggested this was due to limited access to female condoms, lack of education about this method, and the view they are visually displeasing. Just over half reported experiencing some difficulty in inserting the female condom. Only 53% of participants watched the instructional video. Overall, 56% stated they would use the female condom again for STI prevention, and 41% would recommend it to others.

Preliminary findings suggest education and health promotion efforts are required to raise awareness about the female condom and its potential benefits, including dual contraceptive and STI protection and greater reproductive control. Clinicians can contribute to raising awareness among clients interested in contraception and/or STI prevention. Similar studies should be considered to ensure representation from a range of perspectives, including men, trans and gender diverse people, and others in the LGBTIQ+ community.

Women's use of contraceptive methods: Insights from the ACCORD study

Dolamulla R[1], Subasinghe AK[1], Mazza D[1]
[1] Department of General Practice, Monash University

Context:

The use of different forms of contraception at particular stages of a woman's reproductive life is not yet widely understood. Analysis of data regarding women's choice of contraceptive methods may assist in providing a framework to general practitioners (GPs) about a woman's contraceptive journey.

Objective:

To investigate the contraceptive histories of women involved in the ACCORd study

Design:

The ‘Australian Contraceptive ChOice pRoject (ACCORd)’ study was a cluster randomised trial which took place between April 2016 and May 2017. Women recruited completed baseline, 6 and 12 month surveys based on the US Contraceptive CHOICE project and adapted for the Australian setting. Questions included past and present contraception, bleeding patterns, side-effects, level of satisfaction and reasons for discontinuation.

Setting:

Melbourne metropolitan GP clinics

Participants:

740 women participants were recruited from 57 GP clinics. Eligible women were aged between 16 – 45 and were sexually active in previous six months (or expecting sexual activity in subsequent six months), required contraception, not pregnant nor planning a pregnancy, spoke proficient English and were interested in discussing contraception with their GP.

Findings:

Data collected from women at baseline, 6 months and 12 months will be analysed.

Implication(s) for Practice:

This quantitative analysis will help characterise the range of contraceptive products used by individual women assisting GPs to provide better contraceptive advice.

Menstrual Needs: What about parents? Exploring the unmet needs of parents of adolescent girls with heavy menstrual bleeding and menstrual pain

Emily Bellis[1], Anna Li[1], Yasmin Jayasinghe[1,2], Jane Girling[1,3], Sonia Grover[2], Jennifer Marino[1,4-6], Michelle Peate[1,6]
[1] *Department of Obstetrics and Gynaecology, The University of Melbourne, The Royal Women’s Hospital, Melbourne*
[2] *Department of Paediatric and Adolescent Gynaecology, The Royal Children's Hospital, Melbourne*
[3] *Department of Anatomy, University of Otago, Dunedin, New Zealand*
[4] *Centre for Adolescent Health, Murdoch Children’s Research Institute, Parkville*
[5] *Department of Paediatrics, The University of Melbourne, Melbourne*
[6] *Shared Senior Author*

Background: Parents of children with chronic conditions are at risk of a lower quality of life, and parental anxiety has been shown to negatively impact their child. Unmet needs research is a useful mechanism to modify and improve care, and consequently improve quality of life. Given the chronic and debilitating nature of heavy menstrual bleeding and pain in adolescents, it is likely that these parents have a high level of unmet need, however this has not previously been explored. This study aimed to explore and identify the unmet needs of parents of adolescents with heavy menstrual bleeding and/or menstrual pain.

Methods: Semi-structured face-to-face interviews were conducted with parents and their daughters attending the gynaecology outpatient clinic at The Royal Children’s Hospital, where daughters had heavy menstrual bleeding and/or menstrual pain. Interview transcripts were analysed using the grounded theory approach, constructing a conceptual framework and generating a set of themes.

Results: Twenty-four parents were interviewed (21 mothers, 2 fathers and 1 grandmother; daughters mean age 14.67 [range 12-18]). Thirteen themes emerged across four areas of need: (1) experiences with healthcare, (2) informational needs, (3) support and acceptance, and (4) financial impacts. Across the interviews, parents identified a need for greater awareness and education among parents and daughters, health professionals and the broader community.

Conclusion: This research confirmed that parents play a significant role in daughters’ menstrual health care and have a series of unmet needs. Strategies and interventions specifically targeting these parents may be warranted.

The submitted abstract reports on research approved by The Royal Children’s Hospital Melbourne Human Research Ethics Committee (38085A).

Menstrual Needs: Exploring the unmet needs of adolescent girls with heavy menstrual bleeding and menstrual pain

Anna Li[1], Emily Bellis[1], Jane E Girling[1,3], Yasmin Jayasinghe[1,2], Sonia Grover[2], Jennifer Marino[1,4-6], Michelle Peate[1,6]
[1] *Department of Obstetrics and Gynaecology, The University of Melbourne, The Royal Women’s Hospital, Melbourne*
[2] *Department of Paediatric and Adolescent Gynaecology, The Royal Children's Hospital, Melbourne*
[3] *Department of Anatomy, University of Otago, Dunedin, New Zealand*
[4] *Centre for Adolescent Health, Murdoch Children’s Research Institute, Parkville*
[5] *Department of Paediatrics, The University of Melbourne, Melbourne*
[6] *Shared Senior Author*

Background: Heavy menstrual bleeding and menstrual pain are among the most common gynaecological conditions in adolescent girls worldwide. Previous health-related quality of life data details the profound impact of these menstrual concerns on physical, psychological and emotional wellbeing, and especially on schooling. ‘Unmet needs’ research has proven to be useful in modifying and optimizing care for patients with chronic illnesses, and consequently improve quality of life. This exploratory qualitative study is the first to identify and examine the unmet needs of adolescent girls who experience heavy menstrual bleeding and/or menstrual pain.

Methods: Adolescent patients attending the gynaecology outpatient clinic at The Royal Children's Hospital in Melbourne, Australia, presenting with heavy menstrual bleeding and/or menstrual pain, were invited to participate in the study. Participants completed a sociodemographic survey, followed by a semi-structured interview. A thematic analysis of qualitative interview data was conducted using the constant comparison technique for grounded theory research.

Results: Thirty participants (12-18 years; mean age: 14.8 ± 1.5 years) completed both survey and interview. Twelve themes were identified, and covered the impact of symptoms, experiences and/or unmet needs of these adolescents. Key themes highlighting experiences and unmet needs related to coordination of healthcare; day-to-day coping; school; and information surrounding menstrual issues. From these themes, seven unmet needs emerged and were organized under three key areas of need: (1) treatment, management and care; (2) improvements in the school environment; and (3) menstrual health as a gendered issue.

Conclusion: Menstrual concerns can have a profound physical and psychosocial impact on adolescents. This study highlights the key areas of need that can be addressed to improve the quality of life and general wellbeing of these girls - through greater awareness, education and support on a community level as well as in the school setting.

The submitted abstract reports on research approved by The Royal Children's Hospital Melbourne Human Research Ethics Committee (38085A).

Migrant and Refugee Women's Construction and Experiences of Menstrual Bleeding Across the Lifespan.

Alexandra HAWKEY[1], Jane USSHER[1], Janette PERZ[1]
[1]Translational Health Research Institute, Western Sydney University, Sydney, Australia

Background: Understanding migrant and refugee women's embodied experiences of menstruation and menstrual change is of particular importance. Migration has the potential to introduce women to new and competing discourses surrounding aspects of their sexual and reproductive health, while at the same time, changing the social, cultural and political context in which this embodiment is lived. However, little is known about how migrant and refugee women negotiate or embody menstruation and menstrual change.

Method: This study examined the construction and experience of menstruation and menstrual change among migrant and refugee women who had settled in Australia or Canada in the last 10 years. Eighty-four individual interviews and 16 focus groups comprising 85 participants were conducted (total n =169), with women aged 18 years and over from Afghanistan, India (Punjab), Iraq, Somalia, South Sudan, Sri-Lanka (Tamil), Sudan and various South American (Latina) backgrounds.

Results: Thematic decomposition identified three discursive themes; menstruation as a signifier of womanhood; menstruation as shameful and silenced and menstruation as purification. These constructions had significant implications for women's positioning and experience of menstruation/menstrual change and embodiment across the lifespan. How women positioned their menstrual bodies also had significant implications for their wider sexual and reproductive health, including help seeking behaviours and the use of contraception.

Conclusion: Migrant and refugee women's constructions of menstruation have implications for women's sexual and reproductive embodiment and health across the lifespan. These findings have a number of practical implications for service providers and sexual and reproductive health educators.

"They should come forward with the Information": Menopause-related Health Literacy and Health Care Experiences among Vietnamese-born Women in Melbourne, Australia

Karin A. Stanzel[1] (Presenting Author), Dr Karin Hammarberg[1], Trang Nguyen[1], Professor Jane Fisher[1]
[1]School of Public Health and Preventive Medicine, Monash University, Level 4/553 St Kilda Road, Melbourne, VIC 3004, Australia;

Australia is a multicultural society in which Vietnam is the fifth most common country of birth. Health literacy has been linked of health outcomes. Limited health literacy is more prevalent among immigrants from non-English speaking background. There is an increased risk of non-communicable diseases after menopause. Health behaviour during the menopausal transition predicts health in later life, but in order to adopt health promoting behaviours adequate health literacy is essential. This qualitative study with Vietnamese-born immigrant women, was conducted in Melbourne, Australia. It explored menopause-related health literacy and experiences with menopause-related health care. Participants viewed menopause as a natural event and obtained most menopause-related information from family and friends. Limited English language proficiency affected their capacity to access, understand, evaluate and use menopause-related health information. They identified their Vietnamese speaking GPs as a reliable source of health information, but 'shyness' prevented them from asking questions and they suggested that GPs need to initiate menopause-related health conversations. Low menopause-related health literacy among Vietnamese-born immigrant women limits their opportunities to access information about and benefit from menopause-related health promoting behaviours. In addition to the practical provision of health information, access to menopause-related health information in relevant community languages is essential to support immigrant women to make well informed menopause-related health decisions.

This study meets the requirements of the 'National Statement on Ethical Conduct in Human Research' and approval was granted by the Monash University Human Research Ethics Committee.

SESSION 7 – CONCURRENT SESSION A - PREGNANCY

Prevalence and determinants of antibiotic use among women in early pregnancy living in rural Vietnam: an analysis of baseline data from a cluster randomised controlled trial

Renee Zeng[1], Thach D Tran[2, 3], Tuan Tran[3], Sarah Hanieh[8], Stanley Luchters[2, 4, 5], David Hipgrave[6,7], Ha Tran[3], Beverley-Ann Biggs[8], Jane Fisher[2]
[1]Faculty of Medicine, Nursing and Health Sciences, Monash University, Melbourne, Victoria, Australia
[2]School of Public Health and Preventive Medicine, Monash University, Melbourne, Victoria Australia
[3]Research and Training Centre for community Development, Hanoi, Vietnam
[4]Centre for International Health, Burnet Institute, Melbourne, Victoria, Australia
[5]International Centre for Reproductive Health, Department of Obstetrics and Gynaecology, Ghent University, Gent, Belgium
[6]New York Headquarters, United Nations Children's Fund, New York City, New York, USA
[7]Melbourne School of Population and Global Health, University of Melbourne, Melbourne, Victoria, Australia
[8]Department of Medicine and Victorian Infectious Diseases Service, Doherty Institute, University of Melbourne, Melbourne, Victoria, Australia

Introduction

Antibiotics are key medicines prescribed in pregnancy, and risks and benefits must be considered. In Vietnam, antibiotics can be purchased without a prescription. This is commonly practised among the general community. However, data are lacking about use in pregnancy. We aimed to describe the prevalence and determinants of antibiotic use among women in early pregnancy living in Ha Nam, a rural province in northern Vietnam.

Methods

This study was nested within an NHMRC-funded study, Learning Clubs to improve women's health and infant's health and development in Vietnam. Eligible women were less than 20-weeks pregnant and living in a study commune. Baseline data were collected through individual structured interviews, including questions about physical health, antibiotic use since conception, mental health and social circumstances. Interviewers were local trained and supervised health researchers.

Results

1245 women contributed data, with 162 women (13%) having taken antibiotics in their current pregnancy, for a median duration of three-days. Almost half had used non-prescription antibiotics. The most common indication was non-specific respiratory symptoms.

Women were more likely to use antibiotics if they had a chronic condition (OR=1.8, P=0.03, 95%CI 1.1-3.0), higher Depression Anxiety and Stress Scale scores (OR=1.01, P=0.006, 95%CI 1.00-1.03), more non-prescribed ultrasounds (OR=1.1, P=0.007, 95%CI 1.0-1.2) and if they believed professional advice should be sought about medication use in pregnancy (OR=2.0, P=0.02, 95%CI 1.1-3.6).

Among non-prescription antibiotic users, there was an association with a shorter length-of-use (p<0.001), being younger (OR=2.1, P=0.032, 95%CI 1.1-4.0) and having respiratory symptoms (OR=3.4, P<0.001, 95%CI 1.7-6.6).

Conclusion

This rigorous population-based investigation of pregnancy-related antibiotic use in rural Vietnam is the first to identify widespread self-medication for non-specific health conditions and associations with poorer emotional wellbeing. The data indicates that in addition to increased health system controls, there is a need for targeted health promotion activities about safe-use of antibiotics during pregnancy in Vietnam.

Ethics

Ethics approval was obtained from Monash University Human Research Ethics Committee (Certificate Number 20160683), Melbourne, Victoria and the Institutional Review Board of the Hanoi School of Public Health (Certificate Number 017-377IDD-YTCC), Hanoi, Vietnam. All participation was voluntary and informed consent was obtained from all women by providing or reading out a plain language information sheet and consent form. Privacy was upheld by identifying participants using coded numbers, with consent forms signed by participants locked and stored separately to the data.

A Qualitative Examination of Women's Experiences with Continuous Fetal Monitoring Alongside a Randomised Controlled Trial.

Madeleine, Benton[1]., Amy, Salter[1]., Bronni, Simpson[2]., Chris, Wilkinson[2]., Turnbull, D[1].
[1] The University of Adelaide, Adelaide Australia
[2]The Women's and Children's Hospital, Adelaide, Australia
madeleine.benton@adelaide.edu.au

Background: Monitoring of the fetal heart rate in labour is standard practice in midwifery and obstetrics in order to ensure fetal wellbeing. Cardiotocography (CTG) is the most common method used for electronic fetal monitoring (EFM) during childbirth. However, it has a high false positive rate and can indicate fetal compromise in cases when it is not present, leading to unnecessary interventions such as caesarean section. In an Australian-first randomised controlled trial (RCT), STan and CTG are being compared with the aim of determining if STan could reduce emergency caesarean sections. Overall, surprisingly little recent research has examined women's experiences in the broad area of EFM and even less has been conducted on STan. Thus, this RCT offered the ideal opportunity to examine women's experiences of two different fetal monitoring technologies. The current study was conducted alongside this RCT and employs qualitative methods to explore women's experiences with both types of monitoring.

Method: Semi-structured individual interviews have been undertaken, guided by an interview schedule. Audio-taped interviews were transcribed verbatim and analysed using thematic analysis.

Results: Preliminary analysis has resulted in the identification of several themes including safety, reassurance, mobility, and discomfort.

Conclusion: The value of using qualitative research within or alongside RCTs is becoming widely acknowledged. Overall, this is the first study to provide insight into women's experiences with STan fetal monitoring and more generally with EFM.

Enhanced Recovery after Elective Caesarean Section: Women's Experiences Transitioning Home within 24-Hours

Cusack L[1,2], Digenis C[1], Schultz T[1], Hobbs M[2], Klaer B[2], Bruening J[2], Kane S[2]
[1]University of Adelaide, Adelaide, Australia
[2]Northern Adelaide Local Health Network, Adelaide, Australia

Background: Within a maternity service in South Australia the 'Enhanced Recovery after Elective Caesarean (EREC)' pathway has been implemented. Enhanced Recovery includes antenatal preparation and improved postnatal care such as encouraging mobility and early cessation of fasting. The EREC pathway includes a 24-hour length of stay (LOS) for women and their babies after elective caesarean section (ESC), and safely transitions maternity care from hospital to home with community midwifery care. While Enhanced Recovery has been implemented in a number of surgical procedures to reduce hospital LOS and to improve patient outcomes it has only recently been considered for ESC. Given this, Enhanced Recovery is not well established or researched in obstetric contexts. Furthermore, women's experiences with reduced LOS post-caesarean is limited particularly within 24-hours. Given the lack of literature specific to Enhanced Recovery after ECS and reduced LOS within 24-hours, a qualitative study is required to better understand women's experiences with the pathway and the associated early transition home.

Methods: N=11 qualitative face-to-face or telephone interviews with women who had experienced the pathway and were discharged 24-hours after ECS were conducted. Thematic analysis was applied for data analysis.

Findings: Three major themes and twelve sub-themes emerged from the data. Major themes identified were women's experience of an enhanced recovery pathway, experiences following arrival at home and support at home. All women interviewed were satisfied with the pathway and home recovery. However, there are a number of aspects of care that are essential to a positive experience. This includes excellent support from social networks, healthcare staff and home midwifery care, well managed pain relief, adequate and timely information including reassurance that if they or their baby were not recovering as expected they could remain in hospital.

Conclusion: This study takes a woman-centred perspective adding to both the literature and practise.

Ethical compliance: This research was approved by the Central Adelaide Local Health Network Human Research Ethics Committee (HREC/15/TQEH/286: Ref No. Q20151221).

Investigating the Effects of Severe Pregnancy Sickness (Hyperemesis Gravidarum) on Quality of Life: Is it being Undertreated?

Emma Louise Lake[1], Teresa Mary Treweek[1], Warren Rich[1] and Pippa Burns[1]
Graduate Medicine, School of Medicine, Faculty of Science, Medicine and Health, University of Wollongong

Background/Aim: Hyperemesis Gravidarum (HG) is severe and intractable vomiting in pregnancy. Internationally reported HG psychosocial sequelae have included moderate to severe depression/anxiety, termination of pregnancy and suicidal ideation. There is currently no published Australian literature investigating HG psychosocial impacts. We aimed to explore the perceptions of HG on quality of life (QOL) and to gauge satisfaction with current treatment in an Australian population.

Methods: Data were obtained from an anonymous online survey promoted through Facebook™ between 28/01/2018 and 09/02/2018. Women with a recent history of HG self-selected to offer their perceptions. The survey questions elicited quantitative and qualitative data. Quantitative results were analysed using Microsoft Excel and qualitative responses analysed using a grounded theory approach.

Results: Two hundred responses were received and analysed. A number of psychosocial sequelae impacting on QOL were reported. These included the impact of HG on: normal living activities (92%), a reduction in family plans (81%) and consideration of termination of pregnancy (75%). Five terminations of pregnancy due to HG were reported. Provider screening for depression/anxiety during treatment was considered likely to have improved QOL in 88% of respondents and 70% believed a weekly phone call from a trained professional would have improved QOL. The three key themes identified were: 1. Emotional trauma and loss of identity, 2. General dissatisfaction with emotional support and treatment provider empathy, 3. Importance of improved education about HG within the medical community

Conclusion: These data are in agreement with findings from international studies that suggest high prevalence of severe psychosocial sequelae in HG and dissatisfaction with current treatment standards. It is suggested that in future, women with HG should be screened for depression/anxiety and receive weekly monitoring phone calls. Further education of the medical community in the management of HG may be warranted.

Ethics: Ethical approval for this study was obtained from the University of Wollongong's Human Research Ethics Committee (2017/429).

Using prenatal genetic tests wisely: a qualitative exploration of the potential psychosocial consequences of prenatal genetic screening and diagnostic testing

Shannon McKinn[1], Ainsley Newson[1], Carissa Bonner[1], Natasha Nassar[2], Antonia Shand[2,3], Lucinda Freeman[4], Sally Wortley[1], Meredith Wilson[5], Kirsten McCaffery[1], Katy Bell[1].
[1]The University of Sydney, Faculty of Medicine and Health, School of Public Health, Sydney
[2]The University of Sydney, Faculty of Medicine and Health, Children's Hospital at Westmead Clinical School
[3]Royal Hospital for Women, Department of Maternal Fetal Medicine, Sydney
[4]Royal North Shore Hospital. Department of Clinical Genetics, Sydney
[5]Department of Clinical Genetics, Children's Hospital at Westmead, Sydney

Background: Non-invasive prenatal genetic screening is being increasingly used by pregnant women in Australia and elsewhere. This screening test analyses cell free DNA in the mother's blood to identify the probability a fetus has one of several common chromosomal aneuploidies, such as trisomies 21, 18, and 13. It can also be used to assess the chance that the fetus has a sex chromosome aneuploidy or other chromosomal anomalies including microdeletions/microduplications. Contemporaneously with increasing uptake of non-invasive prenatal screening, there has also been a transition to newer forms of prenatal genetic diagnostic tests that can detect a wider range of variations. Chromosome microarray analysis (CMA) is now the main diagnostic test used for Australian pregnant women who choose to have further invasive diagnostic testing. Anomalies that may be detected using CMA include copy number variants of unknown significance (VUS), where there may be no fetal phenotype or previous literature to guide interpretation of results. Potential psychosocial consequences from prenatal genetic test results remain largely unexplored.

Objectives: To investigate potential psychosocial consequences from prenatal genetic screening and diagnostic tests.

Methods: We are conducting semi-structured interviews with clinicians (including obstetricians, clinical geneticists, genetic counsellors, general practitioners) who order, interpret and/or discuss results of prenatal genetic tests with women, and with women who have potentially experienced psychosocial consequences as a result of their experience with prenatal genetic tests. Data will be analysed thematically.

Expected Outcomes: Results of the thematic analysis relating to psychological, ethical, social and financial consequences from prenatal genetic screening and diagnostic tests will be presented. We anticipate that consequences will mainly be related to false positive screening tests and over-interpretation of VUS from diagnostic tests. This study will be one of the first worldwide to generate evidence on potentially harmful consequences from prenatal genetic tests already used in current practice.

Ethical statement: This study has received ethical approval from the South East Sydney Local Health District (HREC/18/POWH/560)

SESSION 7 – CONCURRENT SESSION B - STIS

Patient delivered partner therapy – could this be an option within routine partner management for chlamydia in Australia?

Goller JL[1], Coombe J[1], Bourne C[2], Bateson D[3], O'Donnell H[4], Groos A[5], Vaisey A[1], Temple-Smith M[6], McKechnie T[1], Hocking J[1] (on behalf of the MoCCA partnership)
[1]Centre for Epidemiology and Biostatistics, Melbourne School of Population and Global Health, The University of Melbourne
[2]NSW STI Programs Unit, NSW Ministry of Health and Sydney Sexual Health Centre, Sydney Australia
[3]Family Planning NSW, Ashfield, Australia, [4]Victorian Government, Department of Health and Human Services
[5]Communicable Diseases Branch, Queensland Department of Health, [6]Department of General Practice, The University of Melbourne

Background: Notification and treatment of the sexual partners of people diagnosed with a sexually transmissible infection (STI) is a crucial part of STI management and control. Patient delivered partner therapy (PDPT) is a notification method whereby antibiotic treatment is prescribed or provided to the index case for their sexual partner/s without the partner needing a consultation. PDPT has been shown to be effective in expediting time to partner treatment and reducing reinfections. In Australia, PDPT for uncomplicated genital chlamydia infection is not uniformly available and only some jurisdictions have provided guidance for practitioners.

Methods: We reviewed the regulatory and operational environment for PDPT in Australia and consider how PDPT could become a routine partner management option. We conducted semi-structured telephone interviews with 10 representatives across 6 Australian jurisdictions from organisations relevant to chlamydia control or medication regulation and reviewed relevant regulations and guidelines. Data were managed in NVivo 12 and interview transcripts and documents were thematically analysed.

Results: A framework for PDPT via regulations or a clinical guideline to the regulations exists in three jurisdictions (Victoria, New South Wales, Northern Territory). Regulatory change was viewed as necessary for PDPT use in one jurisdiction and, in others, the regulations were 'silent' on PDPT. Establishment of clinical guidance for PDPT within a standard of care was viewed as crucial for PDPT uptake, irrespective of the regulatory framework. Concern regarding antimicrobial stewardship precluded PDPT inclusion in South Australian strategy, something raised in other jurisdictions. Barriers to PDPT were largely procedural (e.g. how to document PDPT) or resource related (e.g. workforce issues).

Conclusions: Clinical guidance for PDPT as part of best practice for partner management is needed while remaining cognisant of relevant regulations and concerns about antimicrobial stewardship. Education and support tools for clinicians and strategies to remove barriers are essential to promote uptake.

Ethics: This research has been approved by The University of Melbourne Ethics Committee (ID: 1852979).

Putting the patient back in patient delivered partner therapy (PDPT): exploring young people's views towards PDPT for chlamydia

Layton E[1], Vaisey A[1], Goller J[1], Coombe J[1], Temple-Smith M[2], Tomnay J[3], Chen M[4,5], Bourne C[6,7], Bateson D[8], Hocking JS[1] on behalf of the MoCCA Partnership
[1]Melbourne School of Population and Global Health, University of Melbourne, Melbourne
[2]Department of General Practice, University of Melbourne, Melbourne
[3]Centre for Excellence in Rural Sexual Health, University of Melbourne, Shepparton
[4]Melbourne Sexual Health Centre, Alfred Health, Melbourne, [5]Monash Central Clinical School, Monash University, Melbourne, [6]NSW STI Programs Unit, NSW Ministry of Health, Sydney, [7]Sydney Sexual Health Centre, Sydney
[8]Family Planning NSW, Ashfield

Partner notification (PN) is a crucial component of chlamydia control. Patient-delivered partner therapy (PDPT) is more effective than patient referral at reducing re-infection for sexually transmitted infections, expedites time to partner treatment and increases likelihood of partner treatment. Despite supportive PDPT legislation and guidance in some Australian states, uptake has been low, and little research has been conducted with young people. Therefore, we aimed to examine the views of young people on PDPT.

The views of 18-30-year-olds towards PDPT were examined using semi-structured telephone interviews. Participants were asked to provide their views from the perspective of both an index patient and partner. Data were analysed thematically.

22 people were interviewed (13 female, 9 male; 12 metropolitan, 10 rural; age range 18–30). All had positive views towards PDPT and thought it should be widely available. Participants were willing to give PDPT to their sexual partners in situations where trust and comfort had been established, regardless of partner type. Protection of their partners' privacy was essential, with participants not wanting to provide their partners' contact details to a doctor without consent. Beyond logistical benefits, participants perceived PDPT as a facilitator to PN conversations by offering partners a potential solution. However, most would consult with a healthcare professional (GP or pharmacist) before taking PDPT medication. When navigating a chlamydia diagnosis, legitimacy of information was viewed as crucial and the most legitimate was deemed to be from health care providers.

Young people would appreciate the option of PDPT for notifying their partners about chlamydia. Even though PDPT is unlikely to fully replace partners' interactions with healthcare providers, it may facilitate PN conversations and provide partners greater choice on how, when and where they are treated. More work is needed to increase awareness of PDPT as a PN option.

This research project has been approved by the Human Research Ethics Committee of The University of Melbourne. Ethics ID: 1852970

'There is such a big emotive element to it, as well as a physical element': general practitioners experiences of managing chlamydia positive patients

Coombe J[1], Goller JL[1], Temple-Smith M[2], Sanci L[2], Bourne C[3,4], Bateson D[5], Vaisey A[1], Hocking J[1] (on behalf of the MoCCA partnership)
[1]Centre for Epidemiology and Biostatistics, Melbourne School of Population and Global Health, The University of Melbourne
[2] Department of General Practice, The University of Melbourne
[3]NSW STI Programs Unit, NSW Ministry of Health, Sydney, Australia
[4]Sydney Sexual Health Centre, Sydney, Australia
[5] Family Planning NSW, Ashfield, Australia

Chlamydia trachomatis is the most commonly diagnosed bacterial sexually transmitted infection (STI) in Australia and most diagnoses are made by general practitioners (GPs). Testing and treatment are essential for chlamydia control, while partner notification and re-testing help prevent re-infection and reduce the risk of complications. This research examines the current practices of GPs in managing chlamydia positive patients, beyond initial testing and treatment of the index case. Nineteen semi-structured interviews with GPs working across NSW and VIC were conducted via telephone during 2019 to explore their experiences of managing chlamydia positive patients. A thematic analysis approach was used to analyse the data. GPs were aware of the importance of chlamydia testing and treatment but how they managed chlamydia positive patients varied. Most GPs were aware of and reported using STI management guidelines, although some were unaware of the resources available to support patients, including partner notification websites. While most GPs engaged in re-testing, the timeframe within which this was conducted varied considerably. GPs noted the importance of establishing a good doctor-patient relationship with their patients to discuss sexual health issues and reported using a positive chlamydia test as an opportunity to talk about safe sex. Some GPs expressed discomfort and difficulty in broaching conversations with patients about sexual activity and relationship issues that arise with a chlamydia infection, particularly if the patient is in a long-term, monogamous relationship. Although the GPs in our study regularly tested for and treated chlamydia infection, there was heterogeneity in their management practices, particularly regarding re-testing and partner notification. GPs identified key barriers to managing patients with a chlamydia infection. Further investigation regarding how best to support GPs in managing chlamydia positive patients, including their access to and use of evidence-based resources regarding chlamydia management, is warranted.

Ethics: *This research has been approved by The University of Melbourne Ethics Committee (ID: 1853183).*

Psychosocial impact of primary HPV testing: 12 months into the renewal of the Australian National Cervical Screening Program

Dodd, RH[1]; Mac, O[1]; McCaffery KJ[1]
[1] Wiser Healthcare, Faculty of Medicine and Health, School of Public Health, University of Sydney, Sydney, NSW, Australia

Women have shown concerns about changes to the National Cervical Screening Program (NCSP) but tend to overlook the change from a two-yearly Pap test to a five-yearly human papillomavirus (HPV) test, which is the basis for many of the changes made to the program. We examined the psychosocial impact of primary HPV test results in women screened under the renewed NCSP.

Women in Australia aged 25 – 74 years who received cervical screening since December 2017 were recruited through a market research company and completed an online survey. Primary outcome measures were anxiety and general distress. Qualitative interviews were conducted with a sample of these women testing HPV+, HPV-, or don't know.

1004 women completed the survey. Most women tested HPV negative (81%), with 6% testing HPV positive; 13% did not know their result. Women testing HPV positive were more anxious (53.03 vs 43.58, $p<0.001$), distressed (3.94 vs 2.52, $p=0.004$), concerned about their test result (8.6 vs 4.88, $p<0.001$), showed greater distress about their test result (7.62 vs 7.05, $p<0.001$) and cancer worry (2.28 vs 1.73, $P<0.001$) than women testing HPV negative. Women testing HPV positive had greater knowledge of HPV (10.54 vs 7.95, $p<0.001$) and HPV testing (2.94 vs 2.09, $p<0.001$) than women testing HPV negative.

Qualitative findings showed women had some understanding that the HPV virus is detected earlier than abnormal cells and that HPV is common. Some women had not been told about the changes when screened, and not all women knew their results. Some women expressed trust in the reasons behind the changes and in their doctor.

Receiving an HPV positive result as part of the revised NCSP significantly raised anxiety, general distress, concern and distress about test results in women. These findings suggest the need to develop ways to mitigate this impact in women receiving HPV positive test results.

This study was approved by The University of Sydney Human Ethics Committee (project number 2018/836).

The incorporation of HPV self-sampling in the revised Australian National Cervical Screening Program: Experiences and attitudes of General Practitioners in the Central West of NSW

Yun Megan Foo[1], Pragya Goswami[1], James Grogin[1], Elizabeth Hargan[1], Meera Thangarajah[1], Sandra Mendel[1], Jannine Bailey[1]
1 Western Sydney University, Sydney

Background

Australia introduced changes to the National Cervical Screening Program (NCSP) in 2017. These changes included an option for a self-collected sample for under- or never screened women. While current studies demonstrate the benefit of this new option, its tangible implementation through the viewpoints of general practitioners and their experiences have not yet been examined in the literature.

Objectives/Aims

The aim of this study was to explore the experiences and attitudes of General Practitioners (GP) in the Central West region of NSW towards the renewed NCSP and the self-sampling option included within.

Research Design

This project is a qualitative study utilising semi-structured interviews focused on General Practitioners in the Central West region of NSW with at least two years' experience in providing cervical screening to their community. Eleven participants were recruited and interviewed.

Results

Four main themes were identified after analysing the data. Firstly, it found that GPs had limited exposure to self-sampling, with approximately half having direct exposure. Despite this, there was strong indication that GPs would offer it to women whose cultural background, sexual history or personal experience with pap smears could invoke anxiety or discomfort, in particular patients of refugee, and Aboriginal or Torres Strait Islander backgrounds. The main benefit of self-sampling identified by GPs was increased participation, however barriers were identified around unclear understanding about logistics for the process, patient eligibility and education, and concerns about the quality of self-collected samples.

Conclusions

GPs generally welcomed the new self-sampling option of the NCSP, being particularly positive about the potential increases in participation rates. Concerns were identified regarding understanding around logistics, patient eligibility and sample quality. Understanding of GP perspectives such as these can help support the roll-out of the NCSP, including identifying logistical changes, education improvements and resource provision, for overall improved patient care.

Ethical Statement: Ethics approval to conduct the study was granted by the Western Sydney University Human Research Ethics Committee, approval number H11327.

LLEWELYN-JONES ORATION

Women's Mental Health - The Latest

Professor Jayashri Kulkarni MBBS, MPM, FRANZCP, PhD, FAHMS
Director, Monash Alfred Psychiatry Research Centre (MAPrc)

Women experience depression, anxiety, PTSD and other mental illnesses more commonly than men. In particular there are specific mental health conditions related to gonadal hormone fluctuations that are female specific. In this talk, Professor Kulkarni will discuss the latest aetiological theories and treatment developments for premenstrual dysphoric disorder, depression related to the oral contraceptive pill and perimenopausal depression.

The role of early life trauma and the brain changes caused in girls/women and the subsequent mental ill health will also be discussed, with treatment options.

ABSTRACTS – SATURDAY

SESSION 8 – FERTILITY AND PREGNANCY

Medical Abortion Services through Medicare

Kathy McNamee
Medical Director of Planning Victoria

Limited data indicates medical abortion is on the increase in Australia. Prescriptions for the combination pack of mifepristone and misoprostol have doubled from 2015 to 2018. There is no Medical Benefits Schedule item number for provision of medication abortion, and it is likely services are billed under general practice professional attendance items. Family Planning Victoria have found providing a bulk billed (no consultation cost) to clients is challenging, due to the considerable amount of non-Medicare billable time spent by nurses on phone consultations and result follow up. In addition, long appointments are booked with doctors and the "no show" rate is considerable.

An outline of the current situation in Victoria and Family Planning Victoria's evolving model of care will be presented.

Just relax and you'll get pregnant" - is there a link between stress and infertility?

Professor William Ledger, MA, DPhil (Oxon) BM, BCh, FRANZCOG, FRCOG, CREI
Head of Discipline, Obstetrics & Gynaecology, Faculty of Medicine, University of New South Wales

Stress is part of modern life, but is blamed for everything from migraine to miscarriage. Excessive stress, such as seen in bereavement, relationship breakup, trauma etc. obviously leads to infertility due to interruption of the hypothalamic-pituitary axis leading to anovulation and amenorrhoea in women, erectile dysfunction in men and loss of libido in both sexes. Such extreme effects of stress are rare and the majority of patients seeking help for infertility report a normal menstrual cycle and a healthy sex life.

Modern investigation of infertility will provide a clinical diagnosis in about 75% of cases. This will often lead to targeted treatment and, in younger patients, a healthy pregnancy. However, a significant minority will be labelled as having "unexplained infertility", a frustrating and stigmatising diagnosis. Couples may still resort to medical interventions such as intrauterine insemination or IVF, but will naturally search for an explanation for their problem. Many will take steps to reduce stress, including taking holiday, reducing working hours or even quitting their job. Many alternative therapies have been reported to reduce levels of stress in those trying to conceive although evidence for efficacy is often of low quality. The question of whether stress contributes to infertility remains unresolved. Evidence from different studies are conflicting without a clear consensus. Much depends on the methodologies used to assess levels of stress and the nature of the comparison group used.

Our own recent studies have used both biochemical and psychometric assessment of stress in women trying to conceive. The novelty of this work hinges on the women having been recruited from pregnancy related websites, reporting themselves as healthy and not having been trying for pregnancy for more than a few months. We were able to reanalyse data collected from an RCT designed to identify any negative effects of home ovulation testing on stress in women seeking to conceive. Not only was no evidence found of such an effect, but those who conceived exhibited similar levels of stress to those who did not. Most studies that examine linkage between stress and infertility are derived from women attending for IVF treatment, and have shown some degree of positive correlation. However, this is a highly selected and highly stressed group and may not be representative of the majority of women and couples who experience delay in conception but with eventual natural conception. Evidence that this much larger group of people are adversely affected by stress is lacking.

#Empowomant: Empowering women to make clinical decisions

Dr Shavi Fernando

Obstetrician and Gynaecologist, Monash Medical Centre in Clayton

In the 21st century, women are becoming more informed about their health. It is essential that healthcare professionals now assume a role of 'educator' and avoid traditional roles and paternalistic approaches, which are more prevalent than one might think. This presentation will discuss some techniques that can be used when a patient chooses a treatment pathway which conflicts with the practitioner's values or recommendations. It will discuss a very simple approach to empowering women to take charge of their health.

SESSION 9 – CLINICAL CASES IN PSYCHOSOCIAL OBSTETRICS & GYNAECOLOGY

High Order Multiple Pregnancy in a Recent Migrant

Dr Jinan Khalil
Liverpool Hospital, Liverpool NSW

Introduction

High-order multiple pregnancy is becoming a major international public health concern, both on a medical and psychosocial level. This case aims to shed light on the significant psychosocial burden of multiple pregnancies.

Clinical Description

Mrs X is a 30 year old G4P1 with a quad-chorionic quad amniotic quadruplet pregnancy. This occurred following IVF in Lebanon with 6 embryos transferred. The quadruplets were morphologically normal with appropriate growth and wellbeing throughout the pregnancy. Mrs X was urgently delivered at 32+4/40 as she developed pre-eclampsia with HELLP syndrome, and obstetric cholestasis. Mrs X has a significant psychosocial history further complicating this pregnancy. This includes;

- Recent migration from Lebanon
- Poor social support
- History of domestic violence
- History of anxiety and depression
- Non-English speaking background
- Homelessness

A multidisciplinary team is involved in the care of Mrs X, and attempts to provide housing are on going.

Discussion

This case highlights the psychosocial burden of high-order multiple pregnancies, particularly in the vulnerable group of new migrants, as seen in the case of Mrs X. The presence of multiple births increases the risk of depression, social stigma, marital disputes, and poor quality of life compared to single births. Such cases should be managed with close involvement of social workers and mental health teams. Patients should also be closely monitored during the postnatal period as they are at higher risk of depression. Psychological counselling should ideally be offered prior to the commencement of IVF. The risk of multiple pregnancy is related to the number of embryos transferred during IVF. Many countries have guidelines limiting the number of embryos transferred, however this remains an issue in some countries, particularly in Lebanon where Mrs X underwent IVF.

Conclusion

Patients with high-order multiple pregnancies require multidisciplinary care and long-term follow up due to the psychosocial risks of such pregnancies.

Ethical Considerations

Informed written and verbal consent was obtained from the patient for this case presentation.

Dissociative amnesia in pregnancy: a response to trauma

Travis Bettison[1], *Phillippa Ramsay*[2,3]
[1] - *Royal North Shore Hospital, Sydney, Australia*
[2] - *Sydney Adventist Hospital, Sydney, Australia*
[3] - *San Ultrasound for Women, Sydney, Australia*

Of all mental health problems, disorders along the psychiatric spectrum can be particularly debilitating for women and their families. Dissociative amnesia describes a psychological disorder which manifests as memory loss relating to an inability to recall personal historical or identity base memories about oneself. Here we present a case of a 27-year-old, G6P1, who experienced onset of acute dissociative amnesia at 28+6 weeks gestation without clear organic cause. To the best of our knowledge this is only the third reported case of dissociative amnesia in the perinatal period.

A 27-year-old, G6P1, experienced onset of acute dissociative amnesia at 28+6 weeks gestation. Up until the onset of this episode, the pregnancy had been progressing normally. The memory loss occurred after viewing a photo of her cousin's new baby, which reportedly triggered memories of her cousin's earlier stillbirth and also personal trauma surrounding the patient's four earlier miscarriages. The patient also had a personal history of trauma in childhood. Initially, the patient's memory loss was only for the most recent 22 months though progressed over the following 48 hours to be a complete global amnesia for her entire life, affecting both event based and autobiographical memories. On initial presentation she was exhaustively investigated for an organic cause. Blood biochemistry, lumbar puncture, CT brain, and an EEG were all normal. Neurological examination was also unremarkable, with no evidence of fluctuating level of consciousness or disorientation. With organic causes excluded she was referred to a psychiatrist in Sydney who made a presumptive diagnosis of dissociative disorder.

The following presentation will further outline the patient's case and subsequent progress as a means of exploring the impact of past trauma and psychological vulnerability in the perinatal period. The presentation will also highlight the importance of appropriate management in acute mental health crises.

Ethical statement: Patient consent was obtained for this vase report and all individuals have been de-identified.

The Psychosocial Implications of Recurrent Bacterial Vaginosis

Akra, Rola [1]
[1] Liverpool Hospital, South-West Sydney Local Health District, Sydney, New South Wales

Bacterial Vaginosis

A case of persistent bacterial vaginosis is reviewed. Its psychosocial impact on physical, mental and sexual health is explored.

Introduction

Bacterial vaginosis is the most common cause of abnormal vaginal discharge in women. It can be transmitted sexually, and causes the profound change from *lactobacillius* dominant to anaerobic bacteria, most commonly *gardnerella vaginalis* dominant. Contact tracing is not required and there is limited evidence to support treatment of male sexual partners.

Method

A 37-year-old female, G5P1, was seen in gynaecology clinic with persistent symptoms of bacterial vaginosis, 2 years after initial diagnosis was made by a GP post social termination of a pregnancy. Swabs were positive for bacterial vaginosis. Partner was never tested nor treated. Investigations were negative for gonorrhoea, chlamydia, and candida and urine MCS was clear.

She had received total of 3 courses of oral metronidazole. Initial partial relief, followed by representation of symptoms. She complains of persistent potent smelling white discharge, itchiness and severe dyspareunia.

Results

Issues identified in this case include the significant impact bacterial vaginosis has had on her physical, emotional and sexual wellbeing. She described her desperation as she tried other non-pharmacological agents including washing 3-4 times a day, drinking apple cider vinegar, applying greek yogurt, coconut oil, herbal supplementation, eating raw garlic, elimination of alcohol and sugar from diet. Dyspareunia had resulted in limiting her sexual interactions with her long-term partner, with the last attempt nine months ago proving too painful. This has put a strain on her relationship, and she often questioned her value as a female partner. Concerns regarding curative rate, and predisposition to more sinister diagnoses of cancer of her pelvic region were implored.

Conclusions

Bacterial vaginosis relapse is not uncommon. Literature suggests prolonged treatment is often necessary. There is no denying the psychosocial impact it has on women. Little evidence for consideration of male treatment in those with relapse exists.

Behind the Veil: Cultural Competence in Women's Health

Helena Rann[1], Alex Ades[2,3], Pavitra Nanayakkara[3]
1. Faculty of Medicine, Nursing and Health Sciences, Monash University, Clayton
2. Department of Obstetrics and Gynaecology, University of Melbourne, Parkville
3. AGORA Specialist Centre, Epworth Hospital, Richmond

Cultural competence, the ability to effectively meet the social, cultural and linguistic needs of patients, is a key focus of modern healthcare delivery. As society becomes more multicultural, the major role of psychosocial factors on health outcomes is becoming increasingly appreciated. A strong foundation of cultural knowledge promotes an understanding and appreciation of values, beliefs and social norms which in turn facilitates delivery of appropriate and effective healthcare using patient-tailored approaches and strategies. Pregnancy, childbirth and early motherhood all have the potential to carry significant psychological morbidity and consequently, care that is poorly aligned with a patients' values and preferences can pose an additional burden, and a risk factor for mental health complications and disengagement with the healthcare system.

The emergency admission of a Muslim woman to the maternity ward is followed to explore the impacts of a failure of cultural competence on her psychological health and subsequent engagement with post-natal care. In time-critical admissions such as this, the patient’s voice can be under appreciated and therefore our patient’s insights are offered as to where and how changes could be made so as to better address her needs. Literature regarding the effectiveness of cultural competency training programs in healthcare institutions is reviewed to assess the impact on patient outcomes.

Ethical compliance: the patient has provided written consent for her case to be used to facilitate discussion on how the system can best use cultural competence to improve outcomes.

The maternal psychosocial implications of emergency caesarean hysterectomy

Obermair, H. M.[1]
1 – Liverpool Hospital, South-West Sydney Local Health District, Sydney, New South Wales

Introduction

Emergency peripartum hysterectomy is an uncommon procedure involving the unplanned surgical removal of the uterus after delivery, usually for life-threatening obstetric haemorrhage. Due to the emergent, unexpected and irreversible nature of the procedure, it understandably has profound psychosocial consequences for the patient and her family.

Methods

A semi-structured interview was conducted with a 31 year old woman two months after emergency Caesarean hysterectomy. The patient underwent an emergency Caesarean section at 29 weeks gestation with twins for the indication of severe antepartum haemorrhage. Intra-operatively, after delivery of the twins, the patient was found to have a morbidly adherent placenta. Bleeding from the placental bed causing severe haemodynamic compromise necessitated the decision for hysterectomy at the time of Caesarean.

Results

Major themes identified in this interview included concerns about infertility, fear of dying and lack of information and understanding. She was concerned about her newborn infants in the neonatal intensive care unit, and spoke at length about a prior wish to have more children and how this desire could no longer be fulfilled. Concerns about her own emotional wellbeing were delayed, and she described initial feelings of ‘numbness’ and an inability to absorb medical information being relayed to her. She discussed the loss of her uterus, and related this to a loss of womanhood and femininity. It was clear that future infertility had a significant emotional impact on her. Fortunately, she was well supported, and reported a closer relationship with her partner due to the difficult circumstances of their twins’ birth. She reported a lack of understanding of the decision to proceed with hysterectomy intra-operatively, and wanted more information about whether other alternatives had been considered prior to opting for hysterectomy.

Conclusions

Emergency peripartum hysterectomy, while uncommon, can have significant psychosocial implications for women. Increased awareness of the implications of this procedure and subsequent provision of psychosocial support post-operatively is essential to best care for and support women with this experience.

Psychosocial Impacts of Infertility resulting from Gynaecological Cancer in Young Women

Pittman, Jana-Emily[1]
1 – School of Medicine, Western Sydney University, Sydney

Cervical cancer can often be diagnosed in women of reproductive age, prior to completing their family. Whilst the physical effects of treatment are relatively well established, the psychosocial impact of infertility has been comparatively less explored.

A semi-structured interview was conducted with a thirty-six-year-old woman, diagnosed with stage IB Grade 3 adenosquamous cervical cancer. She was treated with radical hysterectomy and ovarian transposition, followed by radiation therapy. She was interviewed around her experiences of infertility.

Major themes identified in the interview included being too young for cancer, her failure as a wife and mother to provide a sibling, and the lack of longer-term support. She described being ‘shocked’ when she found out she had cancer, it was a week before her wedding and ‘it happened so quickly, I had no time to process the future’. She grew a ‘deep sadness’ relating to her infertility, that extended to suicidality ‘I actively thought about trying to sabotage myself; then they (husband and son) could go off remarry and have a bigger family’. She and her husband had great concerns around the ‘taboo nature of surrogacy’ and ‘legal issues surrounding adoption’. She briefly discussed her wish for Australia to make uterus transplantation available and the impact this would have. Whilst she believed initially there was good support offered, the impact of her infertility took several years evolve, past the point where she had was offered access to fertility advice or counselling. She felt ‘alone in the fact that there was nothing specific for cervical cancer’, remarking on the abundant support groups (like the McGraw foundation), for breast cancer but limited support and awareness, plus some ‘stigma’ for cervical cancer survivors

Infertility associated to cervical cancer can have significant long-term psychosocial implications for young women. Increased fertility related support needs to extend to long-term services and more public awareness is required.

SESSION 10 – CONCURRENT SESSION A

Public attitudes to egg freezing: need for education and policy development.

Molly Johnston[1], Nadine Richings[1], Sally Catt[1] & Giuliana Fuscaldo[2]
[1]Education Program in Reproduction & Development (EPRD), Department of Obstetrics & Gynaecology, Monash University, Clayton, Australia, [2]University Hospital Geelong, Barwon Health, Australia

Background: Egg freezing (EF) is becoming more accessible with recent interest from companies offering to cover the costs of the procedure for their employees. However public attitudes on EF, and the informational needs and concerns of women are largely unknown in Australia.

Aim: To investigate the factors that are important to people for decision-making around egg freezing.

Method: An online, cross-sectional survey was conducted in Australia between April 2018 and May 2018. The study invited men and women aged between 18 and 60 years to give their views on both medical and non-medical EF. Participants were asked to respond to multiple choice, 5-point Likert scale, and open-ended questions about when EF should be allowed and what factors would influence decisions about access to EF.

Results: A total of 1,127 individuals initiated the survey: 89% female, 10% male and 1% identified as transgender or other. Almost all respondents (98%) supported (*Agree/Strongly Agree*) medical EF and most supported non-medical EF (73%). Success rates of EF (86.6%), the health risks to children conceived from frozen eggs (84.6%) and the cost of the procedure (82.1%) were identified as the most important factors that would influence participants' decision to freeze their eggs. While the majority of participants (68.8%) reported that they would feel comfortable telling friends or family if they were to freeze their eggs, 27.5% of participants said their decision would depend on the person's attitudes. Many participants felt there was a lack of available information on the success rates and risks of EF.

Conclusion: The data collected from this study provides valuable information and insights for health care providers and policy makers. The findings underscore the need for public education on the efficacy of EF, the risks and long-term outcomes.

Ethical approval:

The research study was approved by Monash University Human Research Ethics Committee on the 9th March 2018 (project number 10843).

A Community Based Residential Service for New Mothers – Is It Helpful?

Romina Withanage[1], Margaret Hay[2], Samuel Menahem[2]
[1]University of Melbourne, [2]Monash University, Melbourne

Background: All women deserve a "dwelling space" during their postnatal period after the birth of their infant. This space hopefully provides her an opportunity to be looked after, to be replenished, to rest and to reflect on herself being a new mother before returning home. We explored a volunteer community residential service set up to help new mothers to document their experiences and determine if the outcomes matched their expectations.

Methods: Semi-structured interviews were offered to all women who had utilised this service since its inception. The questionnaire explored their motivations to seek such as service and to learn of their experiences. The interviews were audio recorded, transcribed and a thematic analysis employed.

Results: Over the last 8 years, 12 women, 4 twice, availed themselves of this service, only two being first-time mothers. Reasons given by mothers for utilising this service include recovery from the trauma of childbirth both past and present, physical and emotional, and delaying assuming responsibilities at home. All the women had experienced a "dwelling space" as described above, being mothered, feeling replenished and having time to meaningfully relate to their newborn infant. The ambience of the accommodation and the care they received were above their expectations. All would recommend to other new mothers to avail themselves of this service.

Conclusions: This community based residential service more than met the expectations of those who utilised it. Expansion of such services in the wider community, possibly government funded, may be a very cost-effective way to better meet the needs of postnatal care.

iCOPE: An Innovative Solution to Support Perinatal Mental Health Screening in Line with Best Practice

Highet, N.J.
COPE: Centre of Perinatal Excellence, Melbourne

The Australian Perinatal Mental Health Guideline (*COPE, 2017*) recommends universal routine screening of all pregnant women and new mothers. The Guideline recommends that screening includes the:

1) assessment of known psychosocial risk factors to determine the woman's level of risk with the Antenatal Risk Questionnaire (ANRQ) being the recommended screening tool); and

2) presence of symptoms assessed using Edinburgh Postnatal Depression Scale (EPDS).

To facilitate screening in accordance with best practice whilst meeting all MBS auditing requirements, the Centre of Perinatal Excellence has developed an innovative digital screening platform - iCOPE. Outcome data collected across over 8,000 women has supported the tool's development and expansion across a wide range of public and private maternity and other healthcare settings.

iCOPE enables screening to be implemented in the waiting room or consultation. The average total screening time is four to six minutes. Instant clinical reports detailing screening outcomes are instantly accessible to health professionals and provide 100% accurate screening scores, together with clinical interpretation and clinical guidance in accordance with the 2017 Guideline. Clients can also request a copy of their own tailored reports via email or SMS, together with links to further information and pathways to care. The availability of screening and client reporting in thirteen languages increases the accuracy and accessibility for those from diverse cultural backgrounds. The collection of data in real time enables services to monitor and evaluate screening rates and outcomes.

With the Commonwealth Government's introduction and adaption of Medicare items for perinatal mental health screening (16590, 16522 and 16407), the iCOPE Platform facilitates all screening, reporting and data collection, whilst meeting all national data security and auditing requirements. Numerous studies validate that digital screening using the iCOPE Platform is not only an efficient and effective clinical solution to implementing best practice but also one that is highly cost-effective.

Statement of Ethical Compliance

All acquired data which will be reported on meets ethical compliance requirements for data collection and storage.

Supporting mothers at-risk of postpartum depression to successfully adapt to parenthood: Overview and preliminary results from the UNA Study (Understanding your Newborn and Adapting to parenthood)

Dr Susan Nicolson and Sarah-Pia Carron
Centre for Women's Mental Health, The Royal Women's Hospital, Melbourne

Background:

Postpartum depression (PPD) is the most common complication of childbirth and the most common perinatal psychiatric disorder. PPD not only impacts the mother herself, but can have a devastating impact on the child, the couple and the wider family including infant attachment, and child development. It is an important issue of women's rights to identify families at risk of PPD and offer preventive interventions that are feasible, acceptable and that promote successful adaptation to parenthood.

Attachment based, relationship-focussed interventions have been shown to help vulnerable new parents successfully adapt to the role of parenthood and even brief perinatal interventions can be helpful.

The Newborn Behavioural Observations (NBO) is one such intervention that easily fits in with routine maternity care. It is a brief repeatable session in which practitioner and parent(s) collaboratively draw out, observe and interpret baby's behaviour as signs of regulation, stress and dysregulation. The practitioner thereby provides individualised, infant-responsive care-giving guidance, and emotional support. The NBO builds trust, draws out family difficulties, and enhances timely referrals. It is useful from birth to 3 months. Trained Australian hospital and primary care professionals report positive effects in practice. Internationally, there is evidence of its effectiveness in varied family contexts.

This study is the first to test the NBO in an Australian population of new families with antenatal risk factors for PPD. The study aims to evaluate the effectiveness of the NBO in *enhancing* the mother-infant relationship, and in *decreasing* maternal PPD and stress.

Methods:

Randomised control trial (RCT). Parents were randomised into two groups: usual care or usual care plus three NBO sessions in the first month.

Results and Conclusions:

Results will be presented and preliminary conclusions. Implications for future research and for perinatal care will be discussed.

This research was approved by the Royal Women's Hospital Human Research Ethics Committee (HREC) and the Bendigo Health HREC.

Postpartum Inpatient Somatosensory and Mindful Interventions In Mothers With Childhood Trauma History Impacting Infant Bonding

Kristine Mercuri
Consultant Psychiatrist Werribee Mother Baby Unit and Royal Women's Hospital Melbourne Victoria Australia

The re-emergence of maternal childhood trauma is often an unexpected accompaniment to the birth of a baby. This subgroup of women is overrepresented in perinatal and infant service providers which are not always equipped to deal with the complexity of mother-infant distress or have the necessary resources to stabilise and facilitate appropriate functioning and interactions.

Typically, the mother is triggered by the infant's emotional states and may reject or overidentify with the infants needs and become unable to provide appropriate care. In these situations, the infant experiences a range of confusing maternal emotional interactions and frequent unpredictable miss-attuned communications. The infant is unable to develop a coherent sense of self when not seen by the primary caregiver. In severe cases the infant may withdraw and fail to thrive physically and emotionally.

Inpatient Mother Baby Unit programs to support the mother include trauma informed mindfulness. Tools are employed to work with dysregulated arousal, traumatic flashbacks and dissociation. This seeks to bridge the disconnection between mind and body and improve interoceptive and exteroceptive awareness. A sensory room facilitates inside "knowing" of the body combined with utilising all five senses creating a kinaesthetic body state awareness.

After stabilisation the mother is able to extrapolate the body paradigm to enhance reflective functioning and assess nonverbal communication from the infant using visual cues, vocal rhythms, body posture or behaviours as the infant's body communication. The ultimate goal of this body centred approach is to enhance the quality of the infant attachment. The birth of an infant to a mother who has experienced childhood trauma has the power to transform the mother as sometimes the motivation to work is maximised in the postnatal period.

There are no ethical compliance issues with respect to this presentation Clinical data has been deidentified.

SESSION 10 – CONCURRENT SESSION B

The Provision of Psychosocial Support in Early Pregnancy Assessment Services

Lily Claringbold[1], *Dr. Jade Bilardi*[1,2], *Prof. Meredith Temple-Smith*[1]
Department of General Practice, University of Melbourne, Carlton, Victoria, Australia
Central Clinical School, Monash University, Melbourne, Victoria, Australia

Introduction:

Miscarriage is a common event estimated to affect up to one in four confirmed pregnancies and can result in significant psychological morbidity. Appropriate psychological support at the time of a miscarriage can lead to better psychological outcomes. Early Pregnancy Assessment Services (EPAS) are dedicated outpatient services and are considered the "gold standard" for miscarriage care. Despite best-practice guidelines outlining the psychosocial support EPAS should offer, very little is known about what they provide. The aim of this study was to explore the provision of psychosocial support in EPAS in Australia.

Methods:

31 key-informants were purposively sampled from 13 EPAS and 2 miscarriage support organisations across Australia. A mixed method approach using both audit and semi-structured interviews was conducted to acquire information on clinic structure and operation, and the provision of psychosocial support. Interviews were audio-recorded, transcribed, and thematically analysed.

Results:

There was considerable variability in how EPAS functioned in Australia. Most clinics were run by junior doctors with limited experiences, and many services expressed similar issues regarding provision of psychosocial support. These included a lack of specific and regular training for staff involved in EPAS, and due to time and funding restraints, the physical care of patients took priority over psychological care. Despite these restrictions, all EPAS staff clearly demonstrated a strong commitment to providing best possible patient care within their own clinical setting and acknowledged the need for improved psychosocial support.

Discussion:

This study provides the first exploration of Australia EPAS's provision of psychosocial support. It has shown that health care professionals working in EPAS are dedicated to providing the best possible care to their patients within their clinical setting. Time and funding restrictions were commonly reported as limitations of providing improved psychosocial support.

This project received ethical approval from the Department of General Practice's HEAG at the University of Melbourne (project ID 1851563.3)

Australian general practitioners' views and practices of miscarriage care and the need for further tools and resources.

[1]*Sumarno, VA*, [1]*Temple-Smith, M*, [1,2]*Bilardi, J.*
[1]*Department of General Practice, The University of Melbourne*
[2]*Central Clinical School, Monash University*

Background: Miscarriages can result in significant psychological morbidity. Women frequently report dissatisfaction with healthcare professionals' support following miscarriage. Few guidelines and resources exist particularly for general practitioners (GPs) regarding miscarriage care. This study aims to explore the views and practices of GPs towards miscarriage care, and their need for further tools and resources.

Methods: Eight Victorian GPs with experience in miscarriage management completed semi-structured interviews, either in person or over telephone.

Results:

- GPs viewed miscarriage as a natural aspect of pregnancy. However, most GPs expressed compassion when consulting about miscarriage.
- GPs often refer acute presentations of miscarriage for ultrasound or hospitals (particularly emergency departments).

- GPs implemented individualised approaches to providing emotional and psychological support, depending on varying needs of patients.
- Most GPs reviewed women immediately after miscarriage but did not have a medium- or long-term follow-up system for further miscarriage care.
- GPs focussed on a woman's wellbeing, often viewing the partner's role as support for the woman.
- GPs identified a number of barriers in providing miscarriage care including: time restrictions, discontinuity of care, social and cultural influences, lack of communication from hospitals and lack of general resources and training.
- GPs expressed the need for further resources regarding miscarriage care and available support services.

Conclusions: As current literature suggests, GPs tend to normalise miscarriage. However, GPs acknowledge psychological impacts caused by miscarriage. GPs prefer an individualised approach to supporting patients. Currently, multiple barriers exist within general practice, which preclude improved miscarriage care. Further resources or training may be beneficial in enhancing GPs' care following miscarriage.

Provider Viewpoints on Services and Supports for Women Who Have Experienced Early Miscarriage or Termination

Jessica Yang[1], Sara Filoche[1], Tony Dowell[1]
[1] Department of Obstetrics, Gynaecology and Women's Health, University of Otago, Wellington, New Zealand

Background: International literature suggests that early pregnancy loss or termination of pregnancy can have a lasting effect on mental health, from mental distress to symptoms or diagnoses of post-traumatic stress disorder and anxiety.

Aim: To explore provider viewpoints on the services and support available to women who have experienced an early miscarriage or a termination of pregnancy.

Methods: Interviews were conducted with 10 health providers, and inductive thematic analysis was carried out.

Results: Six overarching themes were identified: determinants of mental health; extent and nature of psychological impact; access; effectiveness of services; limitations and gaps in services; ideas for change or improvement. Early miscarriage and termination were recognised as impacting on mental health in different ways, from emotional reactions such as grief or guilt to associations with psychiatric symptoms and disorders. Our findings also highlight that although follow-up care is offered through a TOP service as currently mandated, uptake is low. Maternal Mental Health services are not able to accommodate these women. Although there are many organisations that do offer services and support, the effectiveness of and access to these have not been assessed.

Conclusion: Care for women who have experienced an early miscarriage or a termination is often fragmented, and there are many barriers to receiving appropriate support. Providers in women's health and mental health need better training and support to manage a pregnancy loss, and system-wide efforts would facilitate this.

Ethics approval was granted by the University of Otago ethics committee along with appropriate locality approval for the District Health Board.

Individualising Support for Patients Identified at Risk of Psychiatric Morbidity in a Recurrent Miscarriage Clinic

Sophie Earle [1], Allan House[1]
1 Leeds Institute of Health Sciences, University of Leeds, Leeds, UK

Introduction: Literature highlights the relationship between psychiatric morbidity and recurrent miscarriage (RCM). In women attending supportive non-pharmacological RCM clinics, rates of miscarriage are lower. Therefore, there is a clinical need to identify patients at greater risk of psychiatric morbidity and to individualise support RCM services provide.

Methods: A qualitative interview study of patients attending an RCM clinic. Patients identified through screening questionnaires (PHQ-9, GAD-7, Core-10) as having features of anxiety or depression were invited to participate in semi-structured interviews exploring existing and desired support. Interviews were transcribed and underwent thematic analysis.

Results: We interviewed 12 patients with features of anxiety or depression. We identified four themes related to women's personal characteristics, influences external to the clinic, influences internal to the clinic and to their psychological well-being. Patients differed in pre-existing support and on desired support, depending upon personal preference, religion, support networks and barriers to support such as accessibility to clinics and limited resources and services available. The RCM clinic itself was a focal area of support to patients and was deemed an area rich in knowledge and specialist-led help – it gave most a sense of progression. The use of ultrasonography at RCM clinics was both of benefit and detriment to psychological well-being, depending on its findings. Pre-existing mental health conditions and prior experiences also affected psychological well-being in some patients.

Conclusion: We have identified and explored key areas of support affecting directly the psychological well-being of patients. Clinicians could enhance the service provided through screening for psychiatric morbidity and with the implementation of a checklist to individualise support tailored to a patient's needs and resources. Potential benefits of such an approach are to improve psychiatric morbidity and subsequently reduce rates of RCM.

Ethical Compliance: Full Hospital Ethics approval and Health Research Authority NHS England approval was granted for the project.

Anti-phospholipid syndrome and pregnancy loss after 14+0- 23+6 gestation: retrospective analysis.

Rhonda Taleb[1], Elizabeth McCarthy[1]
[1]The Mercy Hospital for Women, Melbourne

Mid-trimester pregnancy loss (MTL) is less common than first trimester miscarriage and has been associated with Anti-phospholipid syndrome (APLS): 33% and 27% in two previous studies. In Australia APLS testing is recommended in the investigative protocol developed by the Perinatal Society of Australia and New-Zealand Perinatal-Death Classification (PSANZ-PDC). However this is only applied to stillbirths and guideline adherence may be suboptimal. We suspect many women presenting with MTL are not screened for APLS and may miss out on effective treatment; antiplatelet and anticoagulation. We undertook a retrospective analysis to evaluate the prevalence of APLS in a contemporary cohort of women and assess the need for improved screening protocols.

A single institution, retrospective analysis of 174 women who attended the Mercy Hospital, after January 2012 until December 2016 with pregnancy loss after 14+0 to 23+6 weeks was undertaken. Researchers reviewed medical records and online databases to determine if women were tested for APLS. Early miscarriages were excluded by reviewing ultrasound and pathology reports. Data was collected and managed using Microsoft Excel and analysed using univariate and logistic regression analysis in STATA.

Of the 174 participants, 51% (n=89) were tested for APLS and 49% (n=85) were not. Of those tested 2.2% (n=2) had APLS. There was a significant difference in APLS testing and plural pregnancies (p=0.04). However, there was no significant difference between APLS testing and other associated factors. Overall, 27.1% (n=23) of women were inappropriately not tested for APLS.

The prevalence of APLS in our cohort was lower than previously reported figures. However APLS testing was suboptimal in our cohort with 27.1% of women inappropriately not tested. There is scope for better case ascertainment with defined indications for APLS testing.

The Human Research Ethics Committee Expedite Review Working Party at the Mercy Hospital, Heidelberg, approved the protocol for this study.

SESSION 11 – SEXUAL AND REPRODUCTIVE HEALTH – MEETING FUTURE NEEDS

Miscarriage support: Where is it needed?

Prof Meredith Temple-Smith, Deputy Head, Department of General Practice, University of Melbourne

About 25% of pregnancies end in miscarriage. Although many healthcare professionals consider it a routine, easily managed pregnancy complication, miscarriage often has significant psychological impacts on women and their partners which may be exacerbated by the public silence around this event. Using qualitative and quantitative methods, our research has explored both women's and men's experiences of clinical and social care connected to miscarriage, as well as their perceived needs for psychosocial support. In addition, we have explored the perspectives of hospital-based health practitioners and GPs on the need to provide such support following miscarriage. Our findings suggest there is often a mismatch between the views of those who have been affected by miscarriage, and the views of their health practitioners on what support would be helpful. While health practitioners largely focus on the physical management, those who have been affected by miscarriage also desire acknowledgement of their loss and emotional support. We suggest that this difference in expectations cannot be overcome by clinical guidelines alone, and will highlight some potential solutions.

Centre of Research Excellence in Sexual and Reproductive Health for Women: Achieving Better Outcomes through Primary Care

(SPHERE CRE)

Danielle Mazza, Monash University (Notting Hill Campus)

Despite high standards of health care and the existence of a universal health care system in Australia, there are many examples of poor health outcomes and evidence practice gaps regarding the sexual and reproductive health of Australian women, particularly in relation to preconception care, contraception, and abortion.

This paper will provide an overview of these gaps and of SPHERE, a newly funded NHMRC Centre of Research Excellence whose aim is to improve the quality, safety, and capacity of primary health care services to achieve better outcomes in women's sexual and reproductive health.

SPHERE involves an expert multidisciplinary team of national and international investigators who will (1) research innovative ways of improving the delivery and uptake of preconception care, contraception and medical abortion; (2) examine the effectiveness and feasibility of task sharing by health workers in primary care and evaluate whether this and other new models of care align with patient preferences and are cost effective and; (3) focus on effective translation of research outcomes into policy and practice by engaging health care providers and consumers in all aspects of our research.

This research will help drive a new vision for how general practice and primary care can provide comprehensive, evidence based, quality services and help achieve better health outcomes for women.

SPEAKER BIO'S

Akra, Rola, Liverpool Hospital, South-West Sydney Local Health District, Sydney, New South Wales

Amir, Lisa

Associate Professor Lisa Amir is a general practitioner and lactation consultant. She works in breastfeeding medicine at The Royal Women's Hospital and in private practice. She is a Principal Research Fellow at the Judith Lumley Centre, La Trobe University, Australia, and the Editor-in-Chief of the *International Breastfeeding Journal*.

Bellhouse, Clare

Clare is a psychologist working at Take Two Berry Street with children in the Child Protection system and their families. She is also completing her PhD at the University of Melbourne, Department of Psychiatry, focusing on piloting an intervention for pregnant first-time mothers at risk for difficulties in the transition to parenthood.

Bellis, Emily

Department of Obstetrics and Gynaecology, The University of Melbourne, The Royal Women's Hospital, Melbourne

Benton, Madeleine, The University of Adelaide, Adelaide Australia

Berzins, Karen

Dr Berzins is a Sexual Health Physician who has also had over 20 years' experience in general practice. She works as a consultant at the Melbourne Sexual Health Centre, as well at the Dermatology and Vulval Conditions Clinic at Mercy Hospital for Women in Heidelberg Melbourne. Dr. Berzins' expertise includes chronic vulval dermatoses, recurrent vulvovaginal candidiasis and chronic vulvovaginal pain. She has contributed to several publications in these areas.

Bettison, Travis

Dr. Travis Bettison is a Northern Sydney-based junior doctor who hopes to train in Obs & Gynae in the near future. Having practiced as a psychologist for two years prior to entering medicine, Travis has a particular interest in perinatal mental health issues.

Bir, Anita

B.Physio M.Physio (UniMelb), Associate Physiotherapist, Associate of the Australian College of Physiotherapists, APA Titled Continence & Women's Health Physiotherapist

Boerma, Clare, Family Planning NSW, Ashfield, Australia

Bourke, Siobhan

Dr Siobhan Bourke is a Sexual Health Physician with an interest in education. She has been educating health professionals in matters of Sexual Health for over 17 years. Currently, Siobhan works for the Melbourne University at the Centre for Excellence in Rural Sexual Health producing online learning for rural health practitioners, and as the Director of the Sensitive Physical Examination Program. She also works clinically at CoHealth in Laverton at one of the State Government funded Sexual and Reproductive Health hubs.

Claringbold, Lily

Department of General Practice, University of Melbourne, Carlton, Victoria, Australia

Connell, Tanya, PhD candidate, University of Sydney

Coombe, Jacqueline

Centre for Epidemiology and Biostatistics, Melbourne School of Population and Global Health, The University of Melbourne

Deb, Seema, Department of General Practice, Monash University

Digenis, Christianna, University of Adelaide, Adelaide, Australia

Dodd, Rachael

Rachael is interested in communication around HPV and cancer, cancer screening, overdiagnosis and overtreatment and the psychological impact of cancer. Her current research focuses on public communication of reductions to cancer screening programs, specifically in the case of cervical screening, and the experiences and implications of this for both women and health professionals.

Dolamulla, Ridmi, Department of General Practice, Monash University

Earle, Sophie

Leeds Institute of Health Sciences, University of Leeds, Leeds, UK

Edib, Zobaida, Department of Obstetrics and Gynaecology, University of Melbourne, Melbourne.

Fernando, Shavi

Dr Shavi Fernando is a specialist Obstetrician and Gynaecologist who works publicly at Monash Medical Centre in Clayton. He also practices privately at Jessie McPherson, Cabrini and Waverley Private Hospitals. In addition, he is a Senior lecturer and the Director of Curriculum and Assessment for Women's Health at Monash University. He has two young children and a very understanding wife who is a Rheumatologist.

Frawley, Helena

Associate Professor Helena Frawley is a pelvic floor physiotherapy researcher. She leads the women's health physiotherapy research program at Monash University. Helena completed her PhD at The University of Melbourne in 2008, and gained Fellowship of the Australian College of Physiotherapists in 2011, as a Specialist Continence and Women's Health Physiotherapist.

Goller, Jane

Centre for Epidemiology and Biostatistics, Melbourne School of Population and Global Health, The University of Melbourne

Goswami, Pragya, Western Sydney University, Sydney

Grogan, James, Western Sydney University, Sydney

Hammarberg, Karin

Karin is a Registered Nurse with 20 years' experience as clinical co-ordinator of IVF programs. She completed a PhD in 2006 is now Senior Research Fellow at Monash University and Senior Research Officer at the Victorian Assisted Reproductive Treatment Authority.

Hawkey, Alex (WSU)

Alex Hawkey is an Associate Research Fellow at the Translational Health Research Institute, Western Sydney University. She has recently been awarded her PhD which explored migrant and refugee women's sexual and reproductive health. She has an interest in qualitative research in women's sexual and reproductive health, particularly menstruation, sexuality and fertility

Hickey, Martha

Martha Hickey is Professor of Obstetrics and Gynaecology and Head of the Gynaecology Research Centre at the University of Melbourne and the Royal Women's Hospital, Victoria, Australia. She is also an NHMRC Practitioner Fellow. In her clinical practice she runs the largest public menopause service in Australia and in 2002 established the first multidisciplinary service for managing menopausal symptoms after cancer (MSAC). This service has now been replicated across Australia. She is a Senior Editor for the Cochrane Collaboration Gynaecology and Infertility Group and leads the international COMMA (Core Outcomes in Menopause) initiative. Highett, Nicole

Jayasinghe, Yasmin

Dr Yasmin Jayasinghe (FRANZCOG, PhD) is a Senior Lecturer in the University of Melbourne, and a Paediatric & Adolescent Gynaecologist at the Royal Children's Hospital (RCH). She was awarded an NHMRC Fellowship in 2017, and developed the first Australian oncofertility program for children managed through a paediatric ethical lens.

Johnston, Molly

Education Program in Reproduction & Development (EPRD), Department of Obstetrics & Gynaecology, Monash University, Clayton, Australia

Keogh, Louise

Louise is a health sociologist who researches lay and expert perceptions of risk and health decision-making, particularly in relation to the use of health technology (e.g. contraception, abortion, genetic testing).

Khalil, Jinan, Liverpool Hospital, Liverpool NSW

Kulkarni, Jayashri

Professor Kulkarni founded and directs the Monash Alfred Psychiatry Research Centre (MAPrc), with over 160 staff and students. Jayashri is an expert in women's mental health. Her world first research in hormones and mental health has led to the development of new treatments for women with mental ill health.

Lake, Emma

Graduate Medicine, School of Medicine, Faculty of Science, Medicine and Health, University of Wollongong

Layton, Elly, Melbourne School of Population and Global Health, University of Melbourne, Melbourne

Ledger, Bill

Professor William Ledger is Head of Discipline of Obstetrics and Gynaecology of the Faculty of Medicine at the University of New South Wales, Director of Reproductive Medicine and Senior Staff Specialist at the Royal Hospital for Women, and Chair of the Research and Development Committee and a fertility specialist at IVFAustralia

Li, Anna

Department of Obstetrics and Gynaecology, The University of Melbourne, The Royal Women's Hospital, Melbourne

Lim, Madeleine, Department of General Practice, University of Melbourne

Logan, Shanna

Dr Shanna Logan, D. Psych (Clinical), PhD, Clinical Psychologist | Fertility Counsellor, FUTuRE Fertility Research Team | Kids Cancer Centre | Sydney Children's Hospital, Randwick, Fertility & Research Centre | Royal Hospital for Women, School of Women and Children's Health | Faculty of Medicine | University of New South Wales

Lucke, Jayne

Jayne Lucke is a Professor at the Australian Research Centre in Sex, Health and Society at La Trobe University and Honorary Professor at the University of Queensland's School of Public Health.

Marino, Jennifer (The Royal Women's)

Dr Jennifer Marino is a Research Fellow in the Department of Obstetrics and Gynaecology at the University of Melbourne and Royal Women's Hospital, an Honorary Senior Research Fellow at the Department of Paediatrics at the University of Melbourne, and an Honorary Fellow at the Murdoch Children's Research Institute. She is an epidemiologist who conducts both clinic- and population-based research in women's health. Her clinical work focuses mainly on cancer survivorship, and her population-based research on risk-taking behaviour in adolescents and young adults, with particular emphasis on sexuality and reproductive health in both spheres.

Mazza, Danielle

Professor Danielle Mazza is an Australian leader in implementation research and knowledge translation in the general practice setting. She holds the Chair of General Practice at Monash University where she has been Head of Department since 2010. Over the course of her career, Danielle has made significant, sustained and ongoing contributions as a researcher and educator to advance general practice and primary health care in Australia in the fields of women's sexual and reproductive health, cancer research, and preventive care and as a proponent of evidence based quality improvement through guideline development and implementation.

McKinn, Shannon, The University of Sydney, Faculty of Medicine and Health, School of Public Health, Sydney

McLachlan, Helen

Helen McLachlan is Professor and Discipline Lead (Midwifery) at La Trobe University. Her research interests include Aboriginal maternal and child health, models of care, breastfeeding and postnatal care. She is leading a major NHMRC partnership project which is exploring the implementation of caseload midwifery for Aboriginal women at four Victorian health services.

McNair AM, Ruth

Ruth McNair is an Honorary Associate Professor at the Department of General Practice, University of Melbourne and a GP at Northside Clinic. She has clinical and research interests in LGBT health care and health provider education. She is a member of the Victorian Government LGBTI Taskforce.

McNamee, Kathy

Kathy McNamee is the Medical Director of Planning Victoria. She co-authors “Contraception: an Australian clinical practice handbook” and is an adjunct lecturer in the department of obstetrics and gynaecology at Monash University. She is the clinical lead for provision of medical abortion at Family Planning Victoria

Mercuri, Kristine

Consultant Psychiatrist Werribee Mother Baby Unit and Royal Women’s Hospital Melbourne Victoria Australia

Newman, Louise AM, BA(Hons) MBBS(Hons) PhD FRANZCP Cert. Child Psych. RANZCP

Louise Newman is Director of the RWH Centre for Women’s Mental Health and Professor of Psychiatry at University of Melbourne. She is convenor of the human rights groups Doctors for Justice the Asylum Seeker Advocacy Group. She has worked with women and children seeking asylum for over 20 years has been a Government advisor on mental health needs of asylum seekers.

Nicolson, Susan, Centre for Women’s Mental Health, The Royal Women’s Hospital, Melbourne

Obermair, Helena

Wiser Healthcare, Faculty of Medicine and Health, School of Public Health, University of Sydney, Sydney, NSW, Australia; Liverpool Hospital, South-West Sydney Local Health District, Sydney, NSW, Australia

Peate, Michelle (UMelb)

Dr Michelle Peate is the Program Leader for the Psychosocial Health and Wellbeing Research (emPoWeR) Unit, Department of Obstetrics and Gynaecology, University of Melbourne. A 2011 NSW Young Tall Poppy and 2017 International Psycho-Oncology Society New Investigator Award winner, her goal is to develop evidence-based interventions that improve patient experiences.

Perz, Janette

Janette Perz is the Professor of Health Psychology and Director of the Translational Health Research Institute, Western Sydney University. She researches in the field of reproductive and sexual health with a particular focus on gendered experiences, subjectivity and identity.

Pittman, Jana

Jana is a final year medical student from Western Sydney University, and completing her Masters of Reproductive Medicine at UNSW. She has completed a Bachelor of Medical research in 2018, that focused on the psychosocial impact of gynaecological cancer.

Rann, Helena, Faculty of Medicine, Nursing and Health Sciences, Monash University, Clayton

Sharp, Gemma

Dr Gemma Sharp is an NHMRC Early Career Fellow and Clinical Psychologist at the Monash Alfred Psychiatry Research Centre in Melbourne. For the past six years, the focus of her research and clinical practice has been body image issues, particularly genital body image and cosmetic genital surgery

Stafford, Lesley

Lesley Stafford is Head of Clinical Psychology in the Centre for Women’s Mental Health at the Royal Women’s Hospital and Associate Professor in the School of Psychological Sciences at Melbourne University. Her research interests are broadly in the psychological aspects of cancer and her clinical work is predominantly with women with breast cancer.

Stanzel, Karin

Karin trained as a nurse in Germany before migrating to Australia in 1984. She worked and continued her education in diverse arears of health care including cardiovascular health, community health and midwifery. She is currently completing a PhD with Monash University –- due in December this year.

Sumarno, Vellyna, Department of General Practice, The University of Melbourne

Taft, Angela

Angela Taft is Professor and former Director of the Judith Lumley Centre for mother, infant and family health at La Trobe University. For the last 20 years she has led the centre’s competitively funded programs of research on violence against women and children, and planned parenthood and reproductive rights.

Taleb, Rhonda, The Mercy Hospital for Women, Melbourne

Tarzia, Laura

Dr Laura Tarzia is a sociologist and an ARC DECRA Senior Research Fellow at The University of Melbourne and the Centre for Family Violence Prevention, The Royal Women’s Hospital. Her research focuses on sexual violence against women, in particular intimate partner sexual violence and reproductive abuse.

Temple-Smith, Meredith (UMelb)

Prof Meredith Temple-Smith is Deputy Head, Department of General Practice, University of Melbourne. A mixed methods researcher, her interests centre on sexual and reproductive health. She has published over 100 papers in peer-reviewed journals and has edited or written 5 books on research methods, hepatitis C, adolescent sexuality and sexual health.

Ussher, Jane (WSU)

Jane Ussher is Professor of Women's Health Psychology in The Translational Health Research Institute at Western Sydney University. She is author of over 250 papers and chapters, 12 books, and editor of the Routledge Women and Psychology book series. She is also currently President of ASPOG. Her research is focused on premenstrual syndrome, CALD women's sexual and reproductive health, infertility and cancer, and LGBTI cancer experiences.

Walker, Sue

Sue Walker is Director of Perinatal Medicine at Mercy Hospital for Women, and is the Shiela Handbury Chair of Maternal Fetal Medicine, University of Melbourne. She leads the Victorian Fetal Therapy Service, serves on numerous RANZCOG Committees and teaches at University of Melbourne and University of Papua New Guinea. Her research interests include disorders of fetal growth, stillbirth prevention, pre-eclampsia treatments, and the impact of sleep disordered breathing on obstetric outcomes.

Withanage, Romina

University of Melbourne

Vaughan, Cathy

Dr. Cathy Vaughan is a Senior Lecturer and (Acting) Head of the Gender and Women's Health Unit in the Melbourne School of Population and Global Health, at the University of Melbourne. Dr. Vaughan has experience with a range of participatory research methods, has published extensively on participatory research methodology and on ethical issues arising in participatory research practice. Her research focuses on gendered health inequalities, violence against women, and sexual and reproductive health; primarily working with women with disabilities, migrant and refugee women, and young people, in Australia, Asia and the Pacific.

Vodstrcil, Lenka

Lenka Vodstrcil is an epidemiologist in sexual and reproductive health. Her research focuses on understanding the pathogenesis of bacterial vaginosis (BV) and improving treatment efficacy for BV, chlamydia and *M.genitalium*. She is co-Investigator on an NHMRC grant evaluating the treatment of male partners of women with BV to improve cure.

Wigan, Rebecca

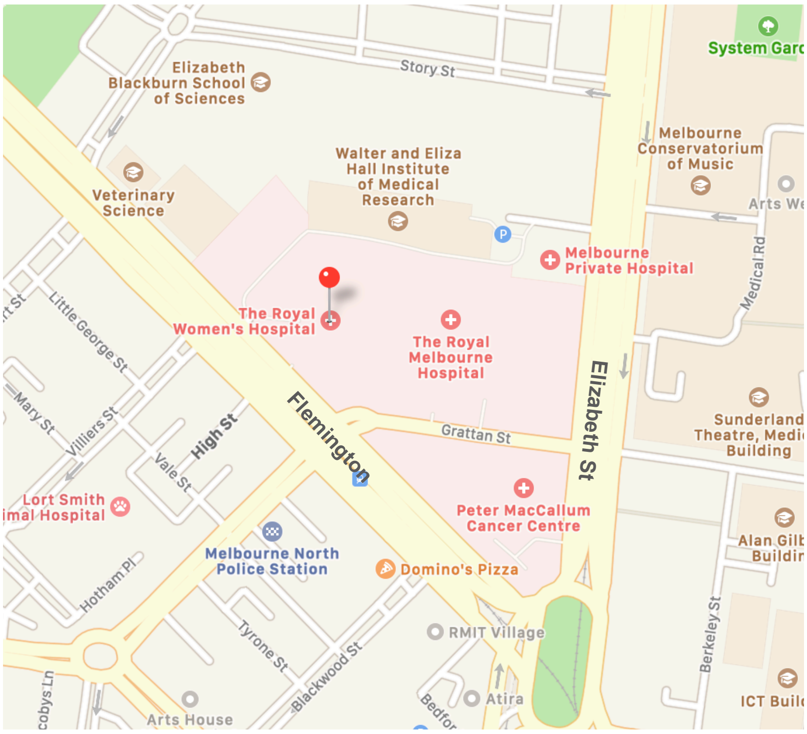
Rebecca Wigan is currently completing a Masters of Public Health at the University of Melbourne. Her research project is a qualitative study of male attitudes towards bacterial vaginosis (BV) and male partner treatment. She is an experienced Sexual Health Research Nurse and clinician at the Melbourne Sexual Health Centre.

Yang, Jessica

Department of Obstetrics, Gynaecology and Women's Health, University of Otago, Wellington, New Zealand

Zeng, Renee

Faculty of Medicine, Nursing
and Health Sciences, Monash University, Melbourne, Victoria, Australia



ASPOG 2019 DELEGATE LIST – *AS PER PRIVACY ACT 2001*

Last Name	First Name	Organization	State
Ahler	Astrid		VIC
Akra	Rola	Liverpool Hospital	NSW
Amir	Lisa	La Trobe University	VIC
Bellhouse	Clare	Take Two Berry St	VIC
Bellis	Emily	University of Melbourne	VIC
Benton	Maddy	University of Adelaide	SA
Berzins	Karen	Mercy Hospital for Women	VIC
Bettison	Travis	Royal North Shore Hospital	NSW
Bilardi	Jade	Monash University	VIC
Bir	Anita	University of Melbourne	VIC
Boerma	Clare	Family Planning NSW	NSW
Bourke	Siobhan	University of Melbourne	VIC
Carron	Sarah-Pia	Royal Women's Hospital	VIC
Claringbold	Lilly	University of Melbourne	VIC
Connell	Tanya	University of Sydney	NSW
Coombe	Jacqueline	The University of Melbourne	VIC
Deb	Seema	Monash University	VIC
Dhillon	Deepali	Royal Women's Hospital	VIC
Digenis	Christianna	University of Adelaide	SA
Dodd	Rachael	University of Sydney	NSW
Dolamulla	Ridmi	Monash University	VIC
Earle	Sophie	University of Leeds	QLD
Edib	Zobaida	University of Melbourne	VIC
Fernando	Shavi	Monash Medical Centre	VIC
Fetherston-Miller	Evie	Mi-Tec Medical Publishing	VIC
Fetherston-Miller	Susan	Mi-Tec Medical Publishing	VIC
Fisher	Jane	Monash University	VIC
Floreani	Jessica	Aware Women's Health	SA
Foo	Megan	University of Sydney	NSW
Frawley	Helena	Monash University	VIC
Gleeson	Simone	Safer Families Centre of Research Excellence	VIC
Goller	Janel	University of Melbourne	VIC
Goswami	Pragya		NSW
Grogin	James	Western Sydney University	NSW
Hammarberg	Karin	Monash University	VIC
Hankey	Helen	HealthEngine	
Hawkey	Alex	University of Western Sydney	NSW
Hickey	Martha	University of Melbourne	VIC
Highet	Nicole	COPE	VIC
Jayasinghe	Yasmin	University of Melbourne	VIC
Johnston	Molly	Monash University	VIC
Kaiser	Marti	Melbourne Sexual Health Centre	VIC
Keogh	Louise	University of Melbourne	VIC
Khalil	Jinan	Liverpool Hospital	NSW
Khaw	Sarah	University of Melbourne	VIC
Kulkarni	Jayashri	MAPrc	VIC
Lake	Emma	University of Wollongong	NSW
Lambert	Jo		
Layton	Elly	University of Melbourne	VIC

Ledger	Bill	University of NSW	VIC
Last Name	**First Name**	**Organization**	**State**
Li	Anna	University of Melbourne	VIC
Lim	Madeleine	University of Melbourne	NSW
Logan	Shanna	University of NSW	NSW
Long	Marita	Whittlesea Medical Clinic	VIC
Lucke	Jayne	La Trobe University	VIC
Marino	Jennifer	University of Melbourne	VIC
Marron	Elizabeth		VIC
Martin	Louise	Royal Darwin Hospital	NT
Mazza	Danielle	Monash University	VIC
McCarthy	Jill	NBMLHD	VIC
McKinn	Shannon	University of Sydney	NSW
McLachlan	Helen	La Trobe University	VIC
McNair	Ruth	University of Melbourne	VIC
McNamee	Kathleen	Planning Victoria	VIC
Mercuri	Kristine	Royal Women's Hospital	VIC
Morgan	Debbie	Canberra Sexual Health Centre	ACT
Moten	Amy	SHINE SA	SA
Newman	Louise	Royal Women's Hospital	VIC
Nicholson	Susan	Royal Women's Hospital	VIC
Obermair	Helena	Liverpool Hospital	NSW
Olsson	Ann	Burnside War Memorial Hospital	SA
Owies	Debbie	Monash Health	VIC
Peate	Michelle	University of Melbourne	VIC
Perz	Janette	Western Sydney University	NSW
Pittman	Jana	Western Sydney University	NSW
Psereckis	Rhea	Women’s Health Education Network	TAS
Quinton	Simone	Ramsey Health Care	VIC
Rann	Helena	Monash University	VIC
Reddrop	Judith	Women’s Wellbeing CLinic	QLD
Rowe	Heather		VIC
Sharp	Gemma	Monash University	VIC
Stacy	Jackie		NSW
Stafford	Lesley	Royal Women's Hospital	VIC
Stanzel	Karin	Monash University	VIC
Sumarno	Vellyna	University of Melbourne	VIC
Taft	Angela	La Trobe University	VIC
Taleb	Rhonda	Mercy Hospital for Women	VIC
Tarzia	Laura	The University of Melbourne	VIC
Temple-Smith	Meredith	University of Melbourne	VIC
Thomas	Jenny	HealthShare	SA
Ussher	Jane	Western Sydney University	NSW
Vanselow	Wendy	Royal Women’s Hospital	VIC
Vaughan	Cathy	University of Melbourne	VIC
Vodstrcil	Lenka	University of Melbourne	VIC
Walker	Susan	Mercy Hospital for Women	VIC
Whitburn	Laura	La Trobe University	VIC
Wigan	Rebecca	Melbourne Sexual Health Centre	VIC
Withanage	Romina	University of Melbourne	VIC
Yang	Jessica	University of Otago	New Zealand

Zeng	Renee	Monash University	VIC