# ASPOG SPEAKERS 2009

## DERECK LLEWELLYN JONES ORATION:

### Professor Alastair H MacLennan

Head of Discipline of Obstetrics & Gynaecology,
School of Paediatrics & Reproductive Health,
The Women's and Children's Hospital The University of Adelaide

## OTHER SPEAKERS:

### Associate Professor Garth Alperstein

Head of Evaluation
School of Medicine, Sydney
The University of Notre Dame Australia

### Dr Ross Bathgate

Senior Research Fellow
Florey Neurosciences Institute

### Associate Professor Katy Clark

Head of Palliative Care
School of Medicine, Sydney
The University of Notre Dame Australia

### Professor John Condon

Senior Staff Specialist
Department of Psychiatry
Repatriation General Hospital
Daw Park South Australia

### Professor Simon F. Crowe

Professor of Neuroscience and Clinical Neuropsychology
School of Psychological Science
La Trobe University

### Associate Professor Maria Egan

Head of Aboriginal & Torres Strait Islander Development
School of Medicine, Sydney
The University of Notre Dame Australia

### Dr Robert Lahoud

Clinical Director
IVF Australia

### Professor Rebecca S Mason

Head, Physiology
Bosch Institute
University of Sydney

### Dr Trudie Rombola

General Practitioner
Senior Lecturer
School of Medicine, Sydney
The University of Notre Dame Australia

### Dr Aline Smith

General Practitioner
Senior Lecturer
School of Medicine, Sydney
The University of Notre Dame Australia

# CONFERENCE PROGRAM

| Time | Session | Speaker | Venue |
|---|---|---|---|
| **FRIDAY 31 JULY 2009** | | | |
| **18.00 to 19.00** | **Welcome Drinks & Campus Tours** | | Refectory |
| **19.00 to 22.00** | Conference Dinner<br>Derek Llwellyn Jones Oration:<br>The Ascent of Woman – from Queen Adelaide to Queen Camilla<br>Prof A MacLennan | | The Original Balkan Restaurant<br>Oxford Street<br>Darlinghurst |
| **SATURDAY 1 AUGUST 2009** | | | |
| **08.30 to 09.15** | Why Relaxin? | Dr R Bathgate | Level 2 Lecture Theatre |
| **09.15 to 10.00** | Why Vitamin D? | Prof R Mason | Level 2 Lecture Theatre |
| **10.00 to 10.45** | Why Look for Eating Disorders? | Dr A Smith | Level 2 Lecture Theatre |
| **10.45 to 11.00** | **Morning Tea** | | Refectory |
| **11.00 to 11.45** | Why Aren't I Pregnant? | Dr R Lahoud | Level 2 Lecture Theatre |
| **11.45 to 12.30** | Why the Brain? | Prof S Crowe | Level 2 Lecture Theatre |
| **12.30 to 13.15** | Death by Natural Causes - Poisons, Potions & Placebos | Prof A MacLennan | Level 2 Lecture Theatre |
| **13.15 to 13.45** | **Lunch** | | Refectory |
| **13.45 to 14.45** (3 concurrent Sessions) | 1. Poster Session | TBA | Refectory |
| | 2. Free Communication | 4 Speakers TBA | 401 |
| | 3. Free Communication | 4 Speakers TBA | 402 |
| **14.45 to 16.15** (4 concurrent workshops) | Death & Dying | A/Prof K Clark | 401 |
| | Indigenous Cultural Awareness | A/Prof M Egan | 402 |
| | Communicating with Adolescents | A/Prof G Alperstein | 403 |
| | Introduction to Mentorship | Dr T Rombola | 503 |
| **16.15 to 17.00** | In Summary | Prof J Condon | Level 2 Lecture Theatre |
| **17.00 to 17.30** | Closing Drinks | | Refectory |
| **17.30 to 18.00** | **AGM** | | |
| **SUNDAY 2 AUGUST 2009** | | | |
| **10.00 to 12.00** | **Post Conference Brunch (Optional)** | | Circular Quay |

## *The Australian Society for Psychosocial Obstetrics & Gynaecology*
## 35th Annual Scientific Meeting

1. *Abstract Title:* Australia's response to preventing more than the baby blues

2. Presenting Author: Carol Purtell


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4. Not eligible for new researcher prize
5. No conflict of interest

Abstract

***"Australia's response to preventing more than the baby blues "***


Carol Purtell Reg.N. Masters of Social Science (Counselling)
*beyondblue's* National Manager Perinatal Depression Initiative



Pregnancy and birth is often portrayed as an enjoyable and rewarding time for most new parents – unfortunately this is not the reality for all new parents. About 9% of expecting and 16% of new mothers experience depression[1]. Despite the prevalence and consequences of antenatal and postnatal depression, most women commonly remain unidentified and untreated.

*beyondblue's* program of research[1] into postnatal depression identified the need for national action in key areas to improve perinatal mental health. *beyondblue* based the development of a National Action Plan (NAP)[2] for Perinatal Mental Health on this important research. This National Action Plan achieved a significant funding commitment from the Federal, State and Territory governments ($85 million announced in the 2008-09 Federal Budget) for the implementation of a National Perinatal Depression Initiative (NPDI). The implementation of the NDPI is now underway.

This paper will outline *beyondblue's* role within the NPDI and specifically address the progress made to date, including: newly developed resources and their availability; and the development of *beyondblue* National Clinical Practice Guidelines for Perinatal Depression. It will highlight key areas of action, including: community awareness activities, training and development, and Centre of Excellence and research.


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[1] The *beyondblue* National Postnatal Depression Program Prevention and Early Intervention 2001-2005 Final Report Volume I: National Screening Program

[2] *beyondblue* Perinatal Mental Health National Action Plan 2008-2010 Full Report May 2008

Quality of Life Related to Eating and Exercise During Pregnancy and the Postpartum Period

Stephanie Gill (1)*, Suzanne Abraham (2)
The University of Sydney, Sydney
Obstetrics and Gynaecology, Royal North Shore Hospital, Sydney

Background

Pregnancy is a time of significant change in appearance and energy requirements. Women change their eating and exercise behaviours and attitudes during pregnancy to cope with the demands placed on their bodies but little research has examined how these changes may affect their quality of life

Objectives

To evaluate quality of life (QOL) related to eating and exercise during pregnancy and the post partum period by looking at a global quality of life score as well as specific QOL parameters: eating behaviours; eating disorders; overeating feelings; exercise feelings; psychological feelings; daily living; and acute medical status.

Methods

Online self-report questionnaires were completed for the pre-pregnancy period, then prospectively in each trimester and at three, six, and twelve months post partum, depending on the time of recruitment to the study. Women were separated into three different categories for analysis according to their pre-pregnancy BMI kg/m$^3$: BMI <19.99, BMI between 20 and 22.99, and BMI>23

Results

The pre-pregnancy QOL scores were within the normal range. There were significant changes in quality of life related to eating and exercise during pregnancy and the postpartum period, and significant differences between the BMI groups. There were significant decreases in eating behaviours related to body weight control and exercise during pregnancy. There were also significant differences between all QOL scores and BMI groups except relating to exercise. There was a significant difference in feelings of overeating for the low BMI group during the third trimester and the three months following pregnancy compared to the other BMI groups.

Conclusions

Pregnant women display variations in quality of life in regards to eating and exercise behaviours during pregnancy and the post partum period. Providing information regarding expected changes in eating and exercise behaviours and feelings may help to maintain the highest possible quality of life in this population.

ABSTRACT Title:

Maternal deprivation and displacement of newborn oral tactile imprinting behaviour.

Elsie Mobbs PhD(Syd)

Perinatal & Infant Mental Health Service, Liverpool Hospital, Liverpool NSW.

Hon. Psychologist, The Children's Hospital, RAHC, Westmead NSW.

Across the mammalian spectrum there is evidence of oral tactile imprinting behaviour. When the maternal nipple is unobtainable the newborn displaces the behaviour onto decoys Recorded decoys are (1) on the self, a self body part such as thumb, finger, front or back paw, penis and tail (2) cross-sucking on another in the group or litter which commonly includes sucking on an ear or genitalia, (3) on an inanimate object such as a dummy or swaddling cloth, (4) on a surrogate same-species mother as happens in non-puerperal lactation for a human adopted baby or on a lactating or non-lactating nearby ewe for a newborn lamb, and (5) in cross-species feeding of the newborn Oral tactile imprinting is the best explanation for thumb and dummy sucking as it occurs across the mammalian spectrum. Logical flaws exist in other explanations of thumbsucking: If it were a need to suck then any sucking object would suffice but there is a strong emotional fixation on the object chosen for sucking; If it were normal behaviour then it should occur across all cultures but this is not the case for those cultures where the baby has free access to the breast (Margaret Mead, anthropologist); If it were a learnt behaviour then there would not be the extreme emotional distress when the fixated object is denied; If it were hunger then why would it occur after meals and on thumbs and dummies which do not provide nourishment. Oral tactile imprinting is on part of the mother, the nipple, (a stimulus feature) and precedes attachment behaviour which is on the whole recognised mother. Displacement of the oral tactile imprinting behaviour takes place in the circumstance of mammalian maternal deprivation.

Adolescents Do Not Make Informed Decisions about Prenatal Screening for Chromosomal Abnormalities

Karen Wynter[1]*, Heather Rowe[1], Jane Fisher[1], Julie Quinlivan[2]
[1] Key Centre for Women's Health in Society, School of Population Health, University of Melbourne, Melbourne
[2] School of Medicine, The University of Notre Dame Australia, Sydney

Background: Although the risk of chromosomal fetal abnormalities may be higher for older mothers, all pregnant women including adolescents are routinely offered maternal serum screening in Victoria. The aim of this study was to determine whether adolescents are less likely to make informed choices about undertaking this test than older pregnant women.
Method: A cross-sectional design was used. English-speaking adolescents and adults were recruited at young mothers' clinics and antenatal clinics respectively, before they were offered second trimester maternal screening. A self-report questionnaire was used, including a validated measure of informed choice. This measure includes knowledge and attitudes about the screening, and information about whether or not the screening was undertaken. Logistic regression was used to determine whether age group (adolescent or adult) was a significant predictor of informed choice, controlling for respondents' anxiety and depression.
Results: 165 adolescents and 135 adults completed the self-report knowledge and attitudes components of the informed choice measure. Information about whether or not the women participated in the maternal serum screening was available for 147 adolescents and 85 adults. Twelve percent of the adolescents made informed decisions about having the maternal serum screening, as compared with 37% of adults. Age group was a significant predictor of informed choice: Adults were more than four times more likely to make an informed choice than adolescents ($p<0.001$). This finding has implications for clinicians consulting with pregnant adolescents about maternal serum screening.

Conclusion: Australian women conceiving with ART have more closely scrutinised pregnancies than those conceiving spontaneously and they might be unprepared for the less intense professional support that is available after birth.

# Pregnancy Health Behaviours after Assisted Conception: Evidence from the Parental Age and Transition to Parenting Australia (PATPA) Study

Jane Fisher (1), Karin Hammarberg (1), Catherine McMahon (2), Karen Wynter (1), Frances Gibson (3)

(1) Key Centre for Women's Health in Society, University of Melbourne, Victoria

(2) Psychology Department, Macquarie University, NSW

(3) Institute of Early Childhood, Macquarie University, NSW

Aim: Women who conceive with ART have elevated rates of postpartum admission to residential early parenting services, but this might be attributable to age rather than mode of conception. The aim of PATPA is to investigate the psychological, social and biological determinants of nulliparous women's adjustment to parenthood.

Method: Equal-sized consecutive cohorts of nulliparous pregnant women who have conceived spontaneously or with ART in three age groups ( ≤ 32, 33 – 36, ≥ 37) are assessed at > 28 weeks gestation. Data are collected by structured telephone interviews and self-report postal questionnaires incorporating standardized psychometric measures and addressing reproductive health and psychosocial factors. Pregnancy health behaviours assessed include: choice of health care provision; tests and investigations; hospital admissions; medication use; preferred sources of pregnancy information and self-rated knowledge of childbirth.

Results: Preliminary evidence from the first 214 pregnant women recruited to the study is that in all age groups the 52% who conceived with ART are more likely ($p<0.01$) than the 48% who conceived spontaneously to have consulted specialist obstetricians consulted other medical specialists; had at least four ultrasound scans; a glucose tolerance test and been admitted to hospital with a pregnancy-related condition and less likely to have consulted a mental health professional. Overall they were more satisfied with antenatal care and felt well-prepared for and knowledgeable about childbirth.

**Women's experiences of care, and their concerns and needs following a significant primary postpartum haemorrhage (PPH)**

Jane Thompson[1*], Camille Raynes-Greenow[2], Jane Ford[2], Christine Roberts[2], David Ellwood[3]

1. Women's Hospitals Australasia (WHA), Canberra
2. Kolling Institute of Medical Research, Sydney
3. The Australian National University Medical School, Canberra

**Background and Aims**
There are no studies reported in the literature exploring the experiences of survivors of a potentially life-threatening postpartum hemorrhage (PPH). PPH is increasing worldwide and therefore understanding its impact on women is important. This study describes women's experiences of care, and their concerns and needs following a significant primary postpartum hemorrhage.

**Design and Setting**
A single group multicentred cohort study, with recruitment at the time of birth and follow-up at two and four months postpartum.

**Participants**
206 women with:

- estimated blood loss of ≥1500ml in 24 hours postpartum, or
- peripartum fall in haemoglobin to 7g/dl or less, or
- peripartum fall in haemoglobin of ≥4g/dl.

**Outcome measures**
Quantitative: satisfaction with care and the extent to which informational needs were met.
Qualitative: written responses to open-ended questions covering women's concerns about labour and birth, informational needs and perceptions of care.

**Results**
Across each of the eight dimensions of care assessed, 20-34% of respondents reported less than satisfactory ratings. This was independent of both parity and severity of PPH. 62% of respondents were given adequate information about what to expect of their physical recovery after the PPH while less than half (48%) reported adequate information was provided about their likely emotional recovery. 47% women were unsatisfied with overall care received.
For the qualitative data, four major themes were identified: Adequacy of care (avoidability, lack of information, negative perceptions of health caregivers); Emotional responses to the experience (disappointment; distress at time of birth/ongoing, unmet informational/support needs); Implications for the future (fear of recurrence); Concerns for their baby.

**Conclusions**
In this cohort of women experiencing a significant PPH, we found evidence of disempowerment – lack of access to sufficient information to understand what had happened and, ongoing emotional distress. Women experiencing a PPH may benefit from additional information and support.

behaviour); Psychological Score (measuring confusion around emotions, difficulty in coping, loss of control over feelings, social anxiety, perfectionism); Acute Medical Score (measuring whether medical health was negatively affected by eating or exercise); and Daily Living Score (measuring the affect of eating, exercise and body image concerns on career, social life and relationships). The EAT score was significantly higher for Indian adolescent females, but no differences were found in RSES and OEQ.

Conclusion:

There are differences in eating and exercise behaviours and psychological feelings between Indian and Australian adolescent females but not those feelings specifically associated with clinical Eating Disorders

Growth and Eating Related QOL in Indian and Australian Adolescent Females

Ms Maala Lal*

Prof Suzanne Abraham

Department of Obstetrics & Gynaecology, University of Sydney, Royal North Shore Hospital, NSW 2065, Australia.

Objective:

To examine the cultural differences between adolescent females from Australia and India regarding growth and development, eating disorder related quality of life, eating attitudes, self esteem and exercise.

Methods:

A total of 619 Indian (mean ± S.D, age 14.01 ± 1.43 years) and 739 Australian (mean ± S.D., age 14.23 ± 1.40 years) adolescent females completed the Quality of Life Eating Disorders (QOL ED), Eating Attitudes Test (EAT), Rosenburg Self Esteem Scale (RSES), Obligatory Exercise Questionnaire (OEQ) and growth and development measures: age, BMI, desired BMI and Tanner Stage. Indian girls were recruited from a private co-educational school in Delhi, India and the Australian girls were recruited from a private girls school in Sydney, Australia. Both schools were similar in SES, that is, higher middle class.

Results:

Indians had a higher BMI and greater discrepancy between desired and actual BMI when compared to Australians. Tanner stages, but not age, were significantly different between Australian and Indian adolescent females. These two groups scored differently on the following measures of QOL ED: Eating Behaviour (measuring presence of weight controlling

Growth and Eating Related QOL in Indian and Australian Adolescent Females

Ms Maala Lal

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Please note, we do not wish to apply for ASPOG New Researcher Prize.

Understanding women's views towards the use of acupuncture for women undergoing in vitro fertilisation (IVF), or natural fertility treatment: a qualitative study

Caroline Smith*, Sheryl de Lacey

Centre for Complementary Medicine Research, University of Western Sydney, Sydney
School of Nursing and Midwifery, Flinders University, Adelaide,

Background
There is interest in the use of acupuncture as an adjunct to fertility treatment. This study aimed to examine women's attitudes and beliefs in relation to the use of acupuncture for enhancing fertility or as an adjunct to ART.

Method:
Eight interviews were conducted, six women used acupuncture as an adjunct treatment during assisted fertility and two women used acupuncture to enhance their natural fertility. Interviews examined participant's perspective of acupuncture, its relationship to fertility and the outcome of ART, and their experience of receiving acupuncture. A narrative analysis was undertaken and analysed thematically.

Results:
Participants all expressed confidence in the ability of acupuncture to contribute to their reproductive decision in a positive way. They described acupuncture as an adjunct to pregnancy attempts that was positive since it gave them a sense of control and a strategy for improving their chances. Women were unable to locate acupuncture as a causative factor in a resulting pregnancy, however all women described acupuncture as instrumental in an increased sense of wellbeing, self-confidence, emotional balance and reduced anxiety. All experienced increased resilience. The positive effects of acupuncture emerged as being concerned with the treatment and the role of the acupuncturist.

Conclusion:
Acupuncture is an effective and low intensity procedure for increasing women's resilience in the repetitive and stress-inducing time of pregnancy attempts, with or without medical treatment. The instrumental role of the acupuncture therapist in increasing resilience is a finding that has not emerged in previous studies and has implications for patient management.