Australian Society for Psychosocial Obstetrics & Gynaecology

38th Annual Scientific Meeting

Everywoman in the 21st Century

3-4 August 2012

The Alfred Centre
Melbourne

Contents

Supported by

BAYER

i-tec MEDICAL PUBLISHING

Geneva Marketing Pty Ltd
Makers of Sylk Natural Personal Lubricant

Welcome
On behalf of the conference organising committee it is my great pleasure to welcome you to the 38th Annual Scientific Meeting of ASPOG. We extend an especially warm welcome to wintry Melbourne if you have come from interstate or overseas and to those of you attending ASPOG for the first time.

The 21st century is a time of rapid social change, alterations in population health, and advances in medical and information technologies. These are reflected in changing patterns of common obstetric and gynaecological problems, which are the inspiration for planning the *Everywoman in the 21st Century* program. Once again, ASPOG is fortunate to have been able to draw together world experts to present up-to-date research and clinical practice in women's health across the life course.

As usual our aim is to create an interdisciplinary forum for clinicians, social and psychological scientists, and medical epidemiologists. We are greatly indebted to our invited speakers, the many people who submitted abstracts, and to our sponsors for making this possible.

We hope you will enjoy two days of stimulating discussions, new ideas, and friendly social interactions.

Heather Rowe
Convenor, on behalf of the Local Organising Committee:
Jacqueline Boyle
Susan Carr
Rhonda Garad
Karin Hammarberg
Maggie Kirkman
Karen Wynter

ASPOG

The Australian Society for Psychosocial Obstetrics and Gynaecology is a multidisciplinary association devoted to furthering 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, counseling and psychosocial aspects of health. The Society welcomes health workers from all disciplines, e.g. medicine, midwifery, nursing, psychology, social work, social sciences, etc.

The Society holds a national congress that moves yearly between states. The topics debated reflect the Society's breadth of interests, including psychosocial aspects of puberty, fertility and infertility, contraception, pregnancy, menopause and men's reproductive health.

The **objectives** of ASPOG are

- To promote the scholarly, scientific and clinical study of the psychosomatic 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 psychosomatic problems affecting women and men during their reproductive years.

Conference Manager

Ms Bianca Scarlett
Scarlett Events
PO Box 169
Parap NT 0804
P: 08 8942 1240
F 08 8942 1230
E: bianca@scarlettevents.com.au

Airport Transfers
A taxi fare between Melbourne Airport and the city is approximately $50. Sky Bus Airport Shuttle (http://www.skybus.com.au/) operates a regular bus service from the airport to major hotels in the city for a cost of $28.00 return trip or $17.00 one way.

Certificates of Attendance and CPD points
If you require a certificate of attendance, please ask the registration desk.

RANZCOG
This meeting has been approved as a RANZCOG approved O&G Meeting and eligible Fellows of this College will earn CPD points for attendance as follows:
Full attendance 14 points (Conference Only)
3 August 2012 7 points
4 August 2012 7 points

ACRRM
This Meeting has been approved with ACRRM for 12 Core Points + 12 Core O&G MOPS Points **for full attendance.**
Points for day attendance as follows:
3 August 2012 7 points
4 August 2012 6 points

RACGP
This Meeting has been allocated 30 category 2 points and eligible fellow of this College will earn CPD Points for attendance as follows:
3 August 2012 15 points
4 August 2012 15 points

Annual General Meeting
ASPOG invites all members to attend the Annual General Meeting. The meeting will be held at 1700 on Friday 3 August in the Lecture Theatre and will conclude at 1730.

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 catering staff to ensure you have the correct meal.

Liability
In case of industrial disruption or other external events causing disruption to the ASM, the Organising Committee of the ASPOG 2012 ASM accepts no responsibility for loss of monies incurred by delegates.

Name Badges / Dinner Tickets
Admission to all sessions is by the official conference name badge. Please wear it at all times throughout the conference. Tickets for the Conference Dinner are located in your registration envelope.

Pharmacy
The nearest Pharmacy is the HealthSmart Pharmacy Alfred, Alfred Hospital, Shop 1, The Alfred, Commercial Rd, Melbourne.

Post Office
The nearest Australia Post Office is located at the Alfred Hospital, Shop 4, 55 Commercial Road, Melbourne.

Presenters
Please bring your PowerPoint presentation with you on a CD or 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. Mr Nishal Mehta our Audio Visual Technician will be available in the conference rooms to assist you at this time.

Registration Desk
Ms Bianca Scarlett, Conference Manager
0417 990 111

The Registration Desk will be located in the foyer outside the Lecture Theatre on level 5. It will be open at the following times:

Friday 3 August 2012	0800 – 1700
Saturday 4 August 2012	0830 – 1700

Social Functions
Conference Dinner
Derek Llewellyn-Jones Oration
This event is an annual highlight of the ASPOG dinner, which will be held at *Quaff* restaurant. A map of the venue is available at the registration desk. We are delighted that this year the oration will be presented by Dr Elizabeth Farrell.

Friday 3 August 2012 *7 for 7.30 pm-11.00pm*
Venue: Quaff
436 Toorak Road, Toorak
Dress: Smart casual
Cost: **$100** per person (not included in full registration)

Farewell Drinks and Presentation of Prizes
Saturday 4 August 2012 *5.00 pm – 5.30 pm*
Venue: Level 5, The Alfred Centre
Cost: Included in full and Saturday registration fees.

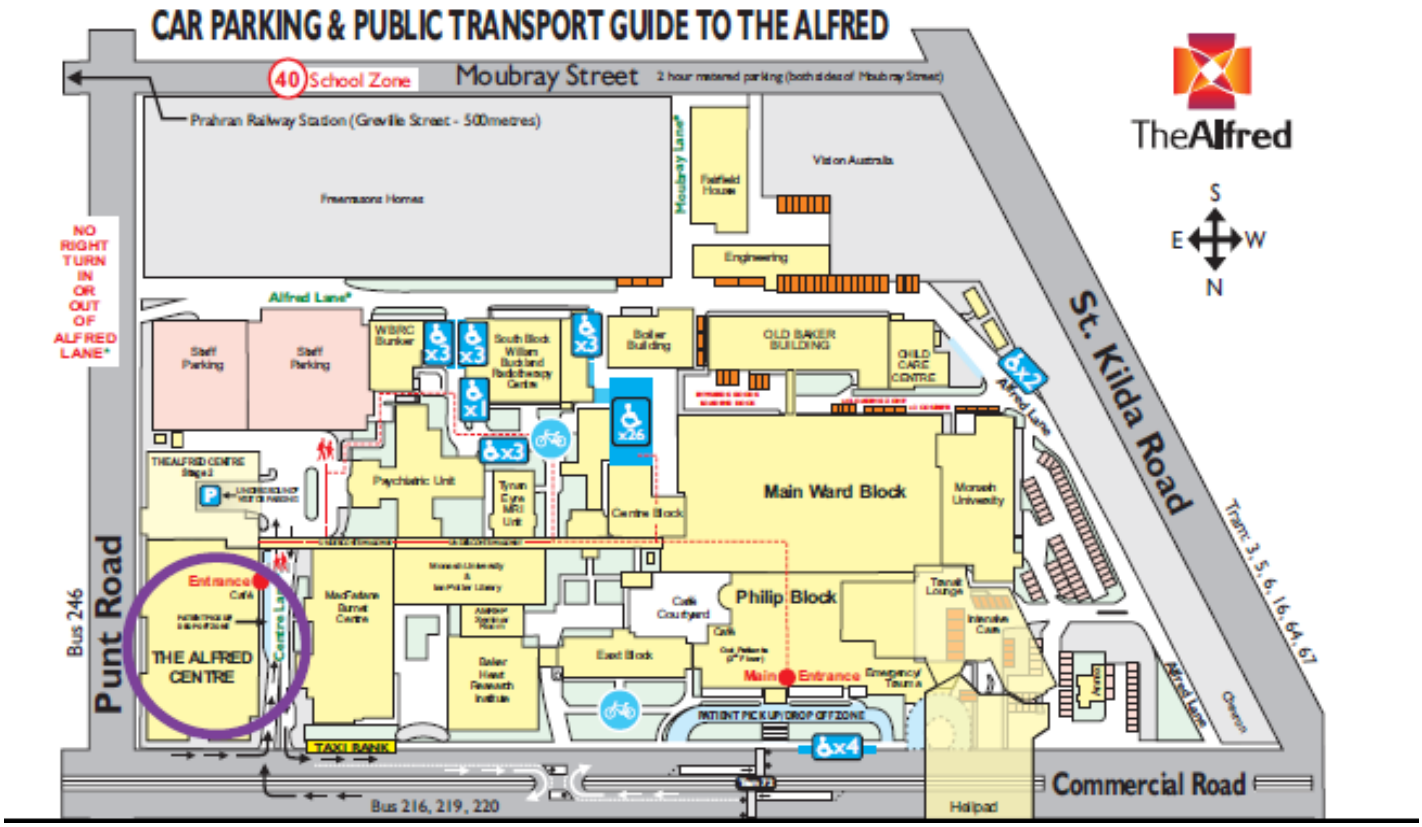
Travel Insurance
Registration fees do not include insurance of any kind. It is strongly recommended that all delegates take out their own travel and medical insurance prior to coming to the Meeting. The Organising Committee and the Secretariat will not take any responsibility for any participant failing to insure. Please seek further information from your travel agent or airline.

Visitor Information Centre
Visitor Information Centres can help you make the most of your time in Melbourne and Victoria.

Federation Square:
Corner Swanston and Flinders streets
Melbourne 3000
(Opposite Flinders Street Station)
Opening hours:
Seven days a week including public holidays: 9am to 6pm

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.

Map



Informal Display

Bayer Pharmaceuticals is a significant player in the pharmaceutical industry, globally and here in Australia and New Zealand. The product portfolio lies across major business units of Women's Healthcare, General Medicine, Specialty Medicine and Diagnostic Imaging. Using new ideas, Pharmaceuticals aims to make a contribution to medical progress and strives to improve the quality of life.

Research and development are key to Bayer's success and, as such, most of today's business activities are based on Bayer's own innovations. Bayer's products and services, numbering over 5,000 to date, are designed to benefit people and improve their quality of life. The company's mission statement is "Bayer: Science For A Better Life".

0845-0900:	Welcome Conference convenor Dr Heather Rowe Conference Opening **Professor Christina Mitchell**, Dean of the Faculty of Medicine, Nursing and Health Sciences, Monash University, VIC	
0900-1030	SESSION 1: DIVERSE LIVES	LECTURE THEATRE
Chair:	Dr Heather Rowe	
0900-0925	A Cluster of Cases of Vulvar Cancer in Young Indigenous Women: Causes and Consequences **Dr Alice Rumbold**, University of Adelaide, SA **Dr Jacqueline Boyle,** Women's Health, Monash University, VIC	
0925-0950	Cultural Competence: The nichelearning.info Portal **Ms Martina MacKay**, Project Officer, Professional Development Department, Royal Australasian College of Surgeons, VIC	
0950-1015	Living with PCOS **Professor Helena Teede**, Women's Health, Monash University, VIC	
1015-1030	Panel Discussion	
1030-1100	**Morning tea**	
1100-1230	SESSION 2: LIFE AFTER BREAST CANCER	LECTURE THEATRE
Chair:	Dr Karen Wynter	
1100-1125	Health and Wellbeing After Breast Cancer: A Cohort Study of >1600 Victorian Women With Their First Diagnosis of Invasive Breast Cancer **Professor Robin Bell**, Women's Health Research Program, Monash University, VIC	
1125-1150	Sexual Adjustment After Breast Cancer **Dr Wendy Vanselow**, Sexual Counsellor The Women's Hospital, VIC	
1150-1215	Fertility and Motherhood After Breast Cancer **Dr Maggie Kirkman**, Jean Hailes Research Unit, School of Public Health and Preventive Medicine, Monash University, VIC	
1215-1230	Panel Discussion	
1230-1330	**Lunch**	
1300-1330	DVD Viewing 25 minutes For abstract please see page 15 *Out of Sync: Dealing with Mismatched Desire* SHine SA	LECTURE THEATRE
1330-1510	SESSION 3A: FREE COMMUNICATIONS	LECTURE THEATRE
Chair:	Dr Jackie Stacy	
1330-1350	Privacy, Confidentiality and Control Fears in Obstetrics Patients About the New Proposed e-health Record System **Quinlivan JA**, Lyons S, Petersen RW	

1350-1410 Recruiting Women for Studies with Sensitive Subject Matter
Watson CJ, Fairley CK, Garland SM, Myers S, Pirotta M

1410-1430 Support Services for Women with Persistent Pelvic Pain
Brooks, TA, Evans S, Dorrian J, Olsson A, Banks S

1430-1450 What are the Psychosocial Implications of Caring for Baby Boomer Women in Friends-With-Benefits Relationships?
Kirkman L

1330-1510	SESSION 3B: FREE COMMUNICATIONS	SEMINAR ROOM 1
Chair:	Dr Fiona Haines	

1330-1350 Assessing Self-efficacy and Self-help Methods in Women With and Without Polycystic Ovary Syndrome.
Kozica SL, Gibson-Helm ME, Teede HJ and Moran LJ

1350-1410 What's Important? Aspects of the Birth Environment that Enhance Women's Sense of Safety
Jones, LE & Whitburn, LY

1410-1430 Fertility Awareness Among Australian Women and Men of Reproductive Age: A Population Based Survey
Hammarberg K, Johnson L, Setter T

1430-1450 Women Exposed to Domestic Violence Default from Colposcopy and Women's Health Clinical Care: A Three Year Cohort Study
Collier RR, Petersen RW and Quinlivan JA

1330-1510	SESSION 3C: FREE COMMUNICATIONS	SEMINAR ROOM 2
Chair:	Dr Kirsten Black	

1330-1350 Women of Reproductive Age with a Chronic Non-communicable Health Condition: What Are Their Childbearing Concerns and Related Information Needs and Preferences?
Holton S, Kirkman M, Rowe H & Fisher J

1350-1410 Design of Two Questionnaires to Assess the Well-being of Women with Type 1 Diabetes During Pregnancy and Postnatally: The PregWellTranT1 and PostWellTranT1
Rasmussen B, Hendrieckx C, Dunning T, Botti M, Jenkins A, Speight J

1410-1430 Chlamydia Screening in 18-39yo Women; Standardly Combining Endocervical Swab Chlamydia PCR with Pap to Increase Screening Rates
Oates D, Cunningham B

1430-1450 Age, Assisted Conception, Antenatal Mental Health, Childbirth and Breastfeeding: Evidence from the Parental Age and Transition to Parenthood Australia (PATPA) Study
Fisher J, Wynter K, Hammarberg K, McBain J , Gibson F, Boivin J, McMahon C

1510-1530 Afternoon tea

1530-1700	SESSION 4: THE PILL, HORMONES AND SEX DURING AND AFTER-REPRODUCTIVE LIFE	LECTURE THEATRE
Chair:	Dr Susan Carr	
1530-1550	The Menstrual Cycle and Hormones After The Pill **Dr Chris Bayly**, The Women's Hospital, VIC	
1550-1610	HIV, STIs and Sexuality in Later Life **Professor Marian Pitts**, Director Australian Research Centre in Sex, Health and Society, La Trobe University, VIC	
1610-1630	Promoting the Sexual Health of Older People **Dr Catherine Barrett**, Research Fellow and Community Liaison Officer, The Australian Research Centre in Sex, Health and Society, & Gay and Lesbian Health Victoria, La Trobe University, VIC	
1630-1650	Mood and Oestrogen **Professor Jayashri Kulkarni**, Director Monash Alfred Psychiatric Research Centre, VIC	
1650-1700	Panel Discussion	
1700-1730	**ASPOG ANNUAL GENERAL MEETING**	
1900 for 1930	**Conference Dinner** **Derek Llewellyn-Jones Oration** In Touch With All Australian Women: From Derek Llewellyn-Jones to Jean Hailes for Women's Health **to be presented by** **Dr Liz Farrell, Surgeon**, Southern Health, Jean Hailes Medical Clinic, VIC	

0900-1030	SESSION 5: BIRTH IN THE 21ST CENTURY	LECTURE THEATRE
Chair:	Ms Rhonda Garad	
0900-0925	A Multidisciplinary Approach to Antenatal Care of Obese Pregnant Women **Dr Christine Tippett AM** Director Maternal Fetal Medicine Monash Medical Centre, VIC	
0925-0950	Caesarean Section in the 21st Century **Dr Michael Rasmussen**, Obstetrician, Melbourne, VIC	
0950-1015	Models of Maternity Care - Birth for Every Australian Woman **Professor Jeremy Oates**, The Women's Hospital, VIC	
1015-1030	Panel Discussion	
1030-1100	**Morning tea**	
1100-1230	SESSION 6: OPTIMISING FERTILITY	LECTURE THEATRE
Chair:	Dr Karin Hammarberg	
1100-1120	Management of Endometriosis **Dr Jim Tsaltas**, Laparoscopic Surgeon Melbourne IVF, VIC	
1120-1140	The Rise and Fall of *Metabolica* **Associate Professor John McBain**, Director, Melbourne IVF, VIC	
1140-1200	Discussing 'Reproductive Life Plans' in General Practice **Professor Danielle Mazza**, Head Department of General Practice, Monash University, VIC	
1200-1220	Educating Oncologists About Fertility Preservation Options Before Cancer Treatment **Ms Kate Bourne**, Senior Community Education Officer, Victorian Assisted Reproductive Treatment Authority, VIC	
1220-1230	Panel Discussion	
1230-1330	**Lunch**	
1330-1500	SESSION 7D: FREE COMMUNICATIONS	SEMINAR ROOM 1
Chair:	Dr Ann Olsson	
1330-1350	What Are Women Worried About? A Qualitative Study Investigating Experiences of Perinatal Anxiety **Rowe H**, Coo Calcagni S, Fisher J	
1350-1410	Access and Uptake of Screening for Fetal Anomalies in Pregnancy in Indigenous Women; Understanding Views of Women and Health Care Providers **Boyle J**, Rumbold AR, Wild K, Maypilama EL,Kildea S, Barclay L	
1410-1430	Appraisal Components of Perinatal Distress **Coo Calcagni S**, Kuppens P, Trinder J, Milgrom J	
1430-1450	An 18-month Audit of Patient Needs, Clinical Outcomes, Attendance, and Service Delivery of Australia's First Dedicated Clinic for Female Genital Mutilation **Tan JL**, Sherburn M, Siu R, Jones M	

1330-1500	SESSION 7E: FREE COMMUNICATIONS	LECTURE THEATRE
Chair:	Dr Tonia Mezzini	

1330-1350 Incidence of Spontaneous Conception Following Live Birth After ART
Wynter K, McMahon C, Hammarberg K, McBain J, Gibson F, Boivin J, Fisher J

1350-1410 Efficacy of Levonorgestrel Intrauterine System (Mirena®) for Treatment of Early Endometrioid Endometrial Cancer
Wong L, Miller RJ

1410-1430 Knowledge, Attitudes and Referral of Lynch Syndrome Patients to Genetic Services: A Qualitative Study
Tan YY, Fitzgerald JL

1430-1450 Associations Between Nulliparous Women's Birth Plans and Perinatal Mental Health
Acton C, Fisher J, Rowe H

1500-1530 Afternoon Tea

1530-1700	SESSION 8: HYPOTHETICAL	LECTURE THEATRE

Trimming Tassie: The Trend to Female Genital Cosmetic Surgery
The hypothetical will explore the growing trend to female genital surgery, bringing together a range of perspectives about why women seek it, why some oppose it and why surgeons perform it. A distinguished panel will ponder the social, emotional, psychosexual and psychological dimensions. The hypothetical will be professionally moderated, challenging and enlightening.

Moderator
Dr Nick Carr, General Practitioner

Panel
Dr Susan Carr, Psychosexual Doctor
Dr Liz Farrell, Surgeon, Southern Health, Jean Hailes Medical Clinic
Dr Maggie Kirkman, Evidence Expert, Monash University
Ms Jessica Malone, Women's Health Victoria
Mr Tim Stitz, Actor
Ms Kylie Trounson, Lawyer and Actor
Ms Ash Walsh, Sex Worker

1700-1730 Farewell Drinks and Presentation of Prizes

A Cluster of Cases of Vulvar Cancer in Young Indigenous Women: Causes and Consequences

Alice R Rumbold[1,2], Jacqueline Boyle[3]
[1]Robinson Institute, The University of Adelaide, Adelaide.
[2]Menzies School of Health Research, Darwin, NT.
[3]School of Public Health and Preventive Medicine, Monash University, Melbourne.

Vulvar cancer is a rare malignancy, accounting for approximately three percent of all gynaecological cancers worldwide. A cluster of cases of vulvar cancer and its precursor vulvar intraepithelial neoplasia (VIN) has been identified in young Indigenous women living in a group of remote communities on the north-east coast of the Northern Territory (NT). In the affected region, between 1996-2005, the age-adjusted incidence rate of vulvar cancer in Indigenous women aged less than 50 years was over 50 times higher than the national Australian rate for the same age group. Similarly, the age-adjusted incidence rate of high-grade VIN for Indigenous women in the region aged less than 50 years was significantly higher than for Indigenous women living elsewhere in the Top End of the NT (national data about VIN incidence are not available).

A program of research investigating the cause of this cancer cluster commenced in 2007, with guidance from an Indigenous reference group comprising of senior Indigenous women from the affected communities. To date the research has focussed on examining the role of human papillomavirus (HPV), as well as possible genetic susceptibility to either the effects of HPV or to another cause of vulvar cancer. Findings of this research will be discussed along with the consequences for women's well being of this rare and often disfiguring cancer.

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

Cultural Competence: The nichelearning.info Portal

Ms Martina MacKay
Royal Australasian College of Surgeons, Melbourne

nichelearning.info is an Aboriginal and Torres Strait Islander Health and Cultural Learning portal designed for health specialists.

The portal is a joint initiative of the Australian specialist medical colleges which provide training and support to clinicians in collaboration with the Australian Indigenous Doctors Association (AIDA) and the National Aboriginal Community Controlled Health Organisation (NACCHO). The medical colleges represent over 30 specialities and have collaborated to create a multi-disciplinary professional development network. The network presents activities and resources from a range of providers to help health professionals develop a deeper understanding of both Aboriginal and Torres Strait Islander health and cultural learning.

nichelearning provides a central information point for health and cultural learning resources and aims to ensure that these educational resources meet the aims and standards of the Committee of Presidents of Medical Colleges (CPMC) National Aboriginal and Torres Strait Islander Medical Specialist Framework.

nichelearning seeks to encourage a multi-disciplinary approach to Aboriginal and Torres Strait Islander health care through easier access to learning activities, engagement with other professionals and the formation of networks and communities of practice.

This Project has been funded by the Department of Health and Ageing under the Rural Health Continuing Education Sub-program (RHCE) Stream One which is managed by the Committee of Presidents of Medical Colleges.

This project is a joint initiative of the Committee of Presidents of Medical Colleges and Department of Health and Ageing and is funded by the Australian Government. Please note that the College is solely responsible for the content of, and views expressed in any material associated with this project, unless otherwise agreed in writing with the Commonwealth.

Living with PCOS

Professor Helena Teede
Professorial Chair Women's Health, Monash University, Director Monash Applied Research, School of Public Health, Monash University, Head Diabetes Southern Health,

Polycystic ovary syndrome (PCOS) affects 12-21% of Australian reproductive-aged women. Indigenous women are at very high risk. Features include anovulation, hyperandrogenism and hirsutism, infertility, obesity, type 2 diabetes and cardiovascular risk factors. As a chronic condition that impacts significantly on the lives on younger women, it also has significant, yet poorly recognised psychological impacts.

Many with PCOS remain undiagnosed, clinical practice is inconsistent, psychological issues and lifestyle management could be improved. The challenges of living with this common condition will be discussed, including the need to deal with demoralisation, low self-esteem and depression that frequently coincides with PCOS and the impact of these on self- management will be considered.

.

Having recognising a major gap in women's health in an effort to improve the recognition, early diagnosis, prevention of complications and optimal clinical and psychological management of PCOS, we have led the first evidence based guidelines in PCOS, targeting consumers, health professionals and policy makers. We have established a national PCOS Australian Alliance of multidisciplinary clinicians (gynaecologists, reproductive endocrinologists, GP's, allied health, mental health), researchers and consumers. In a funded 3 year project we developed PCOS evidence based guidelines, methodology involved 28 systematic reviews and meta analyses, combined with expertise and consumer perspectives as per the NHMRC requirements, with broad stakeholder consultation. Then guidelines, produced by the independent Alliance, were auspiced by Jean Hailes. They are also supported by a comprehensive Jean Hailes national translation program and resources. The key outcomes of the guideline and a broad practical overview of CPOS will be presented.

Health and Wellbeing After Breast Cancer: A Cohort Study of >1600 Victorian Women With Their First Diagnosis of Invasive Breast Cancer

Robin J Bell
Women's Health Program, School of Public Health and Preventive Medicine,
Monash University, Melbourne

Survival for women with breast cancer has improved such that women are now living for extended periods following their diagnosis and initial treatment. The BUPA Health Foundation Health and Wellbeing After Breast Cancer Study is a large prospective cohort study of Victorian women with their first diagnosis of invasive breast cancer. Participants were recruited through the Victorian Cancer Registry between June 2004 and December 2006. Each participant completed an enrolment questionnaire within 12 months of diagnosis and then completed a follow-up questionnaire every 12 months for the following 5 years. Individual pathology data was provided by the Cancer Registry.

The aim of the study was to explore the physical, psychological and socioeconomic consequences of the diagnosis and treatment of invasive breast cancer in a cohort of Victorian women.1683 women were recruited to the study. The women are representative of all Victorian women newly diagnosed with breast cancer in terms of their age, tumour characteristics and location of residence. There has been a high rate of retention of study participants.

The findings to be presented include the psychological general wellbeing of women with breast cancer compared with community controls, self -reported sexual function and body image, beliefs women hold about the cause of their breast cancer and the relationship between those beliefs and the changes they make to their lifestyle after diagnosis. Findings will also be presented about the importance of menopausal symptoms in women being treated for breast cancer.

It is vital for health care providers have a good understanding of the long-term physical and psychological issues faced by women with breast cancer in order to help them achieve an optimal quality of life.

The BUPA Health Foundation Health and Wellbeing After Breast Cancer Study has been approved by both the Human Research Ethics Committee of the Cancer Council of Victoria and the Standing Committee on Ethics in Research involving Humans of Monash University.

Robin Bell is the recipient of a Victorian Cancer Agency Public Health Fellowship.

Sexual Adjustment After Breast Cancer

Dr Wendy Vanselow
Sexual Counsellor The Women's Hospital, VIC

After the initial shock of diagnosis and intensive treatments, many women find themselves distressed and confused by changes to their sexuality and relationships. Through case studies this talk explores the issues raised by women along their cancer journey. The aim is to shed light on strategies to help the individual and couple as well as suggesting ways for better collaboration between sex counselling and oncology

Fertility and Motherhood after Breast Cancer

Maggie Kirkman[1,2], Ingrid Winship[3], Jane Fisher[1,2]
1. The Jean Hailes Research Unit, Monash University
2. Centre for Women's Health, Gender and Society, The University of Melbourne
3. Department of Medicine, The University of Melbourne

Women diagnosed with breast cancer during their reproductive years may receive excellent health care, but the cancer journey is not over when treatment is complete: fertility can be reduced, pregnancy proscribed, and family formation thus compromised after cancer and its treatment. This paper reports on in-depth interviews with 10 women who had been diagnosed with breast cancer during their reproductive years and who were at least one year post-diagnosis. The women were aged from 26 to 45 and had been diagnosed between the ages of 25 and 41. Seven of the women had no children; of these, one was pregnant at the time of interview. Most of the women described a preoccupying sorrow about lost fertility that had not diminished with time. Two women in the terminal stages of their illness emphasised that their greatest loss was motherhood. One woman had given little thought to motherhood, having assumed that it was part of her life course; she articulated what other women felt, whether or not they had children, which was that the elements of choice and control had been taken away by the illness and its treatment. These women reveal not only the significance of fertility and motherhood following treatment for breast cancer but also their diverse needs and experiences. Women spoke of feeling that their concerns about fertility were ignored because they were single and that it was wrongly assumed that they would want to preserve their fertility because they were single. This paper explores the variety of personal experience and meaning, presenting women's insights into the difficult task of managing fertility (and its loss) after a diagnosis of breast cancer.

Statement of Ethical Compliance

The abstract reports on research conducted with human participants with approval from the Human Research Ethics Committee of the University of Melbourne, project number 0932608.

Out of Sync: Dealing with Mismatched Desire

Sarah Martin
SHine SA (Sexual Health information networking and education), Adelaide

In 2011, two Sexual Health Counsellors from SHine SA (Australia) worked with film students from the University of South Australia and paid actors, to develop a DVD.
Produced in response to a perceived gap in resources/ information on the topic, this project was a community and worker 'capacity building' project.

This DVD 'Out of Sync: Dealing with Mismatched Desire' provides preliminary information and support for people experiencing differing sex drives ('libidos') in their relationship.
It follows the stories of three couples with mismatched libidos as they share the steps they took together to address their concerns.

The DVD gives an insight into the range of issues and explores what helped each couple to get started, to reconnect and feel love and hope once again.
Common issues include:
• different needs
• lack of sexual pleasure
• painful intercourse
• effect of new baby on relationship
• ageing and life balance
• erectile and arousal problems

This resource provides a starting point for couples to address their concerns and can be used in conjunction with professional counselling. It can also be used to build worker skills and confidence in addressing sexual desire issues in practice.

To this end we will hold a viewing of this DVD at the ASPOG conference in 2012. A SHine SA Counsellor will be available to answer questions.

SHine SA (Sexual Health information, networking & education) works in partnership with communities and with government, health, education and community agencies to improve the sexual health and wellbeing of South Australians.

The submitted abstract does not use data collected from human participants or patients.

Privacy, Confidentiality and Control Fears in Obstetrics Patients About the New Proposed e-health Record System

Quinlivan JA[1,2*], Lyons S[1,2], Petersen RW[1,3]
1 Joondalup Health Campus, Joondalup, Western Australia
2 University of Notre Dame Australia, Fremantle, Western Australia
3 Edith Cowan University, Joondalup, Western Australia

Objective: The Commonwealth is implementing a $500 million personally controlled "e-health record" program. However, limited data has formally explored Australian patients' opinions. We have formally surveyed consecutive obstetric patients about their preferences for medical record systems.

Methods: A cross sectional study was performed. Institutional ethics approval and trial registration occurred. Participants were consecutive patients attending antenatal clinics at a major metropolitan hospital in Western Australia. Women were interviewed and completed questionnaires.

Results: Of 528 women attending, 474 completed questionnaires (89.8%). The surveyed cohort had high access to computers at home (90.5%), home internet connection (87.1%) and familiarity with utilising computers in daily life (median Likert score 9.0/10). Despite this, half of the cohort preferred hospital held paper records and only one third preferred an e-health record system. A minority preferred hand held records. Compared to hospital held records, respondents felt an e-health record would reduce the risk of lost records ($p<0.0001$) and improve staff communication ($p<0.0001$). However, there were significant concerns about confidentiality and privacy of e-health records ($p<0.0001$) and consumers felt they would lack control compared to hospital held records ($p<0.0001$).

Conclusion: Consumers have significant concerns that e-health records will impact upon their privacy, confidentiality and control. To successfully implement an e-health record system these concerns need to be addressed and benefits clearly defined for consumers.

Recruiting Women for Studies with Sensitive Subject Matter

Cathy J Watson[1], Christopher K Fairley[2] Suzanne M Garland[3], Stephen Myers[4], Marie Pirotta[1]
[1]Department of General Practice, University of Melbourne, Melbourne
[2] School of Population Health, University of Melbourne; Melbourne Sexual Health Centre, Alfred Health, Melbourne
[3] Dept Microbiology Infectious Diseases, Royal Women's Hospital; Department of Obstetrics and Gynaecology University of Melbourne, Melbourne
[4] NatMed-Research, Southern Cross University, Lismore

Introduction: Recruitment for studies has challenges, and recent reports have identified 'study fatigue' as a factor to reduction in volunteers to take part in studies. Recruiting for studies with highly specialised, sensitive or personal subject matter can be even difficult. The authors undertook a study seeking participants who had experienced vulvovaginal candididiasis (VVC, or vaginal thrush) in the previous 12 months, for a randomised controlled trial to compare the vaginal colonisation of candida in women taking garlic tablets or placebo.

Methodology: A number of advertisement strategies were employed. Advertisements were placed at two metropolitan universities and a women's hospital, local and state-wide newspapers, women's gymnasiums, on a social media site, and at a Health Expo. Methods included including paid and unpaid electronic advertising and the use of posters and brochures.

Results: A total of 374 women responded to a call for participants between October 2010 and July 2011. Free electronic advertisement was by far the most cost effective, but paid advertising on social media websites was the least cost effective means of recruitment, at $61.24 per participant. Very few women responded to posters placed in public areas, or to a stand at a Health Expo. Brochures in clinic waiting rooms or in public areas were not found to be cost effective for recruitment. The advertising strategy that resulted in the highest participant response was posters placed on the back of the doors in women's rest rooms, which sourced 47% of participants.

Conclusions: Recruiting for studies on highly sensitive topics may require different strategies than studies on more 'publically acceptable' topics. Flexibility in recruitment as well as creativity may be required to ensure that a sufficient sample size of participants is obtained for studies with sensitive subject matter.

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

Support Services for Women with Persistent Pelvic Pain

Brooks, TA[*,1,2], Evans, S[3], Dorrian, J[1], Olsson, A[4], & Banks, S[1]
1. Centre for Sleep Research, University of South Australia, SA 5001.
2. School of Psychology, The University of Adelaide, SA 5000.
3. Dr Evans' Medical Practice, 38 The Parade, Norwood. SA 5067.
4. Women's Health Centre, Royal Adelaide Hospital, SA 5000.

Elevated levels of depression, anxiety, stress and reduced wellbeing are observed in women with chronic pain conditions, such as persistent pelvic pain (PPP). Despite the known impact this condition has on the lives and mental health of women, there has been no research into the adequacy of the services provided for them. The current study investigated the state of support services for women with PPP. Participants were 21 women with a mean age of 31.81 years, attending a private pelvic pain clinic in Adelaide, South Australia. The participants completed the Depression, Anxiety and Stress Scale (DASS) and the Scale of Positive and Negative Experience (SPANE) general wellbeing scale. Additionally, the women completed a questionnaire which investigated the support services they had accessed in reference to their condition, such as general practitioners, gynaecologists and mental health services. As found previously, ANOVA analyses showed that women with PPP had significantly higher depression ($p<.05$), anxiety ($p<.05$) and stress ($p<.05$) scores on the DASS and lower scores on the SPANE general wellbeing scale ($p<.05$) when compared to published norms. Despite this they did not regularly access mental health support services. This pilot study suggests that women with persistent pelvic pain may not access adequate mental health support services, even though their wellbeing is significantly impacted by the condition. Future research should address why these support services are not being accessed.

This study was approved by the University of South Australia Human Research Ethics Committee.

What are the Psychosocial Implications of Caring for Baby boomer Women in Friends-With-Benefits Relationships?

Linda Kirkman
La Trobe Rural Health School, La Trobe University, Bendigo.

This study explores the experiences of rural baby boomers in friends-with-benefits relationships. A friends-with-benefits relationship is defined as one where people have repeated or ongoing sexual encounters, do not consider themselves to be a couple, but are friends.

Changing social mores, a rise in the divorce rate, and the desire for both intimacy and independence has led to non-traditional relationships becoming more prevalent and accepted across the life span. Baby boomers are not new to pushing the boundaries in sexual relationships, and this qualitative, interpretive descriptive study explores their contemporary experiences. Semi-structured, in-depth interviews with rural baby boomers (born 1946-1965) living in Australia were conducted with participants who had been in a friends-with-benefits relationship in the previous five years.

This paper will report on data from female participants discussing their health care needs in relation to their sexuality and sexual health. These include the effect of living in a rural area, confidentiality, safer sex, sexually transmissible infection testing, and the sexual functioning of older people. Psychosocial implications for clinical care of these women will be addressed.

The submitted abstract reports on research from human participants with approval from the University Human Research Ethics Committee, La Trobe University, UHEC No. 11-078

Assessing Self-efficacy and Self-help Methods in Women With and Without Polycystic Ovary Syndrome

Samantha L Kozica[1], Melanie E Gibson-Helm[1], Helena J Teede[1, 2] and Lisa J Moran[1,3]
[1] School of Public Health & Preventive Medicine, Monash University, Melbourne
[2] Diabetes and Vascular Medicine Unit, Southern Health, Melbourne
[3] The Robinson Institute, The University of Adelaide, Adelaide

Polycystic Ovary Syndrome (PCOS) is a common endocrine disorder in women strongly associated with obesity and psychological dysfunction. It is crucial to assess the contributions that psychological parameters make to obesity and weight management, in order to optimise management of lifestyle related metabolic diseases. This survey based cross-sectional study assessed self-efficacy, health attitudes and beliefs, response to illness and adult health history in women with (n=74) and without PCOS (n=90). Women with PCOS reported less engagement in self-help methods compared to women without PCOS (P=0.003). Women with PCOS reported poorer overall (P<0.001) and recent health history (P=0.02), greater prevalence (P<0.001) and impact of a chronic illness (P<0.001). Of the women with PCOS, 39% (29/74) did not identify themselves as having a chronic illness. There were no significant differences in self-efficacy, health attitudes and beliefs between groups. Significant predictors of self-efficacy were health vigilance (β=0.4, p<0.001), overall health history (β=0.3, p<0.001) and infertility (β=0.2, p=0.010) (r^2=0.25, p<0.001). As PCOS is a chronic condition requiring on-going lifestyle management, women with PCOS should be encouraged to actively engage in their management, to enhance psychological and physical functioning. It is important that women recognise that PCOS is a chronic condition which will affect them across the lifespan, as this may potentially improve motivation to adhere to lifestyle recommendations and regular screening for complications.

Statement of ethical conduct: The submitted abstract reports on research using human participants with approval from an Institutional Human Research Ethics Committee.

What's Important? Aspects of the Birth Environment that Enhance Women's Sense of Safety

Jones, LE[1] & Whitburn, LY[1]
[1] La Trobe University, Bundoora

Aims: To explore women's thoughts regarding aspects of the birthing environment that enhance their sense of safety.

Background: The birth environment can be defined as the space, equipment, people and atmospheric qualities present during labour and birth. Perceived threats related to the birth environment may contribute to a woman's sense of safety and may influence her birth experience including the pain associated with labour.

Method: Twenty women were recruited from two birthing environments within a large birthing hospital in Melbourne, Australia from November 2011 to April 2012. Data was collected via an interview and questionnaires in late pregnancy and again in the month after birth. Thematic analysis was used to analyse interview transcriptions.

Results: Only results from late pregnancy data will be reported on here. Aspects of the birthing environment that enhance women's perception of safety, could be grouped into two categories: physical and cognitive. Physical aspects included the space, people in the space, and self in the space. Cognitive aspects included thoughts/feelings, response to others, and atmosphere. Emergent from the data was the importance women placed on the presence and behaviour of others. The anticipated role of those present included providing advocacy, expertise, reassurance, encouragement, information, empathy, positivity and as an agent to act on the woman's desires. Some evidence indicated that thoughts about birth environment are associated with the birth setting, in this case, family birth centre or birthing suite.

Discussion: Women expect people in their birthing environment to play key roles that enhance her sense of safety. These findings suggest an overriding social need, which arises during momentous or threatening events such as childbirth. This could be argued to be an advantageous evolutionary trait and emphasises the need to look beyond the physiological and psychological aspects of childbirth and attend to the social aspect as well.

Statement regarding ethical compliance: The submitted abstract reports on research or clinical material from human participants or patients with approval from an Institutional Human Research Ethics Committee. This research project has been approved by the Mercy Health Human Research Ethics Committee and the La Trobe University Human Ethics Committee (Project number R11/51).

Fertility Awareness Among Australian Women and Men of Reproductive Age: A Population Based Survey

Karin Hammarberg [1,2] *, Louise Johnson [1], Tracey Setter [1]
[1] Victorian Assisted Reproductive Treatment Authority, Melbourne
[2] Jean Hailes Research Unit, School of Public Health and Preventative Medicine, Monash University, Clayton

There is consistent evidence that increasing age, obesity, and smoking adversely affect fertility and that timing of intercourse to coincide with the fertile window in the menstrual cycle increases chance of conception. The aim of 'Your Fertility', a government funded education campaign, is to improve public awareness of factors that affect fertility and reduce the burden of infertility and need for assisted reproductive technologies to conceive. To explore the extent of fertility awareness among the general public, a telephone survey of a representative sample of Australians of reproductive age was conducted. The study was approved by the Research and Ethics Committee of the State Government of Victoria's Department of Human Services.

A total of 462 interviews were conducted. Only one in four respondents correctly identified that female fertility starts to decline before age 35 while 42% believed this occurs after age 40. One in three correctly stated that male fertility starts to decline before age 45 but 58% thought this occurs after age 50 or that male age does not affect fertility. Overall 59% of respondents recognised female obesity and smoking as having 'a lot of influence' on fertility but fewer believed that male partner obesity (30%) or smoking (36%) have 'a lot of influence' on fertility. Higher proportions of men than women believed that male obesity and smoking have 'no influence at all' on fertility (25% vs 13%, p=.001 and 15% vs 7%, p=0.02 respectively). One third of respondents correctly identified the fertile window in the menstrual cycle.
The knowledge gaps identified in this survey will guide the development of educational materials produced for 'Your Fertility' by the Fertility Coalition, which includes the Victorian Assisted Reproductive Treatment Authority (VARTA), Jean Hailes for Women's Health, Andrology Australia, and the Robinson Institute.

The study was approved by the Research and Ethics Committee of the State Government of Victoria's Department of Human Services.

Women Exposed to Domestic Violence Default from Colposcopy and Women's Health Clinical Care: a Three Year Cohort Study

Rachel R. Collier [1], Rodney W. Petersen [2,3] and Julie A. Quinlivan [1,2]
1. University of Notre Dame Australia, Fremantle, WA, Australia, 2. Ramsay Healthcare Joondalup Health Campus, Joondalup, WA, Australia, 3. Edith Cowan University, Joondalup, WA, Australia

Objective: Domestic violence is common and is associated with poorer healthcare outcomes. However, no causal pathway has been identified to explain this observation. Our hypothesis was that incomplete care may explain poor outcomes.

Methods: A prospective cohort study was performed. Participants were consecutive patients attending colposcopy clinics at a major metropolitan hospital in Australia. Following ascertainment of domestic violence status, appointment outcomes for colposcopy and other women's health services were tracked for a three-year period. Multivariate analysis was undertaken to determine factors associated with default.

Results: Of 581 women approached, consent was obtained from 574 women (99%). Domestic violence status was obtained from 566 women, of whom 187 (33%) had a recent history of exposure. Women exposed to violence were more likely to default from colposcopy once (26.2% vs 7.4%; p<0.0001), twice (11.2% vs 3.2%, p=0.0001), or thrice (10.7% vs 2.4%, p<0.0001). They were more likely to be lost to follow up (8.0% vs 1.1%, P<0.0001).
They were also more likely to be referred to other women's health services (50.3% vs 32.2%, p<0.0001) and to default from attendance at these services once (14.9% vs 3.3%, p=0.005), twice (11.7% vs 0.8%, p=0.001) or thrice (9.6% vs 0%, p=0.0004). They were more likely to be lost to follow up (9.6% vs 0%, p=0.0004) and to rebook appointments (13.8% vs 4.9%, p=0.02).

Conclusion: Domestic violence is a risk factor for default and loss to follow up and this may explain adverse healthcare outcomes. Screening and targeted appointment interventions may improve clinical compliance.

Women of Reproductive Age with a Chronic Non-communicable Health Condition: What are their Childbearing Concerns and Related Information Needs and Preferences?

Holton, Sara[1], Kirkman, Maggie[1], Rowe, Heather[1] & Fisher, Jane[1]
[1] The Jean Hailes Research Unit, Monash University, Melbourne, Australia

Background: Certain chronic health conditions, such as cancer, and their treatments may compromise women's fertility. Some conditions, such as multiple sclerosis, are more likely to affect women of reproductive age; some, such as epilepsy, may be associated with reproductive dysfunction; and some, such as diabetes, adversely affect the health of women and their babies during pregnancy, labour and birth. All have implications for women's future childbearing and fertility management.

Objective: To identify the concerns about childbearing and related information needs and preferences of women with a chronic non-communicable health condition.

Method: A systematic review which followed the PRISMA procedure was undertaken. Relevant social science and medical science databases (Ovid MEDLINE, ProQuest, CINAHL plus) were searched for peer-reviewed, English-language papers, published 1995- 2011, of empirical research using quantitative or qualitative methods.

Results: Of the 552 articles identified, 27 met inclusion criteria and were reviewed. Despite variation in methods, the studies demonstrated consistently that women with a chronic health condition are concerned about childbearing, have questions about the reproductive implications of their condition, and identify a need for relevant information. Nevertheless, many women reported receiving inadequate or no information. Uncertainty about fertility had an adverse effect on women's quality of life. Most research concerned the needs and experiences of women with cancer; there is almost none about other non-communicable conditions.

Conclusion: Women with a chronic non-communicable health condition would benefit from appropriate fertility-related information in order to make informed decisions about childbearing. Further evidence is needed to guide the development of information that meets women's needs and optimises timely and comprehensive preconception planning and perinatal health care. In the meantime, health care providers need to continue to be alert to the individual fertility and information needs of women with a chronic health condition.

Statement on Ethical Compliance: The submitted abstract reports a literature review for which no approval from an institutional ethics committee was required. All the reviewed studies reported ethics committee approval.

Design of Two Questionnaires to Assess the Well-being of Women with Type 1 Diabetes During Pregnancy and Postnatally: The PregWellTranT1 and PostWellTranT1

Bodil Rasmussen[1], Christel Hendrieckx[2,3], Trisha Dunning[4], Mari Botti[5], Alicia Jenkins[6], Jane Speight[2,3].
1. Deakin University, Faculty of Health, Melbourne
2. The Australian Centre for Behavioural Research in Diabetes, Diabetes Australia – Vic, Melbourne
3. Centre for Mental Health and Wellbeing Research, School of Psychology, Deakin University, Geelong
4. Barwon Health - Deakin University, Geelong
5. Epworth HealthCare - Deakin University, Melbourne
6. University of Melbourne, Department of Medicine, Melbourne

Background: Psychological well-being, adjustment, and coping play a crucial role in clinical outcomes of both type 1 diabetes (T1DM) and pregnancy. Life transitions are peak times of major change, which can result in added stresses affecting peoples' problem-solving abilities. Transition to motherhood for women with T1DM involves major challenges with potential for complications accelerated by pregnancy, increased risks of adverse childbirth outcomes, and the anxiety and worries about pregnancy outcomes. Although health professionals are aware of the impact of psychosocial issues in diabetes management and pregnancy outcomes, there are few specific strategies to assist women with diabetes to deal with issues during their transition to motherhood and no way to monitor the specific impact of pregnancy or the postnatal period on the well-being of women with T1DM.

Methods: The design of the PregWellTran1 and PostWellTran1 questionnaires were based on a four-stage process: systematic literature review, item generation (using data from a previously conducted qualitative study), pilot-testing of questionnaires (using cognitive debriefing interviews; (9 women; aged 28-40 years; living in rural, regional and metropolitan Victoria), and questionnaire refinement. Both questionnaires were reviewed by expert clinicians, researchers and representatives from consumer groups.

Results: The literature review and qualitative study identified three main factors impacting on women's pregnancy and postnatal self-care: (1) psychological well-being; (2) social environment; and (3) physical (maternal and fetal) well-being. Two 45-item questionnaires specific to the needs of pregnant and postnatal women with T1DM were developed. Cognitive debriefing revealed additional issues, e.g. postnatal difficulties, particularly in relation to breast-feeding and hypoglycaemia. The questionnaires were well-received by participants and few modifications were needed.

Conclusion: The newly-designed questionnaires provide the important measures of the emotional and social support needs and experiences of women with T1DM during pregnancy and the immediate postnatal period. The questionnaires are now ready for inclusion in a large scale survey to enable psychometric properties to be established.

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

Chlamydia Screening in 18-39yo Women; Standardly Combining Endocervical Swab Chlamydia PCR with Pap to Increase Screening Rates

Davina Oates, Ben Cunningham
King Edward Memorial Hospital, Perth

Chlamydia trachomatis is the most common notifiable disease diagnosed in Australia each year, with over 62,000 new cases diagnosed in 2009 alone. Numerous screening strategies are currently used with mixed efficacy; however the number of new cases continues to increase at a rate of approximately 5% per year. The health care burden of acute infection and its sequelae are considerable. Clearly an additional method of screening needs to be considered. Many strategies currently focus on age-based risk assessment, but are still dependent upon patient initiated contact.

The National Cervical Screening Programme has been in place since 1991, and is well adhered to by women and medical practitioners alike. It has a short screening interval of two years and commences age 18 or two years after first intercourse, which is an ideal target group for Chlamydia screening.

We propose combining the biennial pap smears with an endocervical swab for Chlamydia as a way of reaching more women with little extra effort. By standardly including a PCR swab in the pap kit for women under 40, asymptomatic women might be spared the long term sequelae of a urogenital Chlamydia infection.

We present a model of screening with cost effectiveness studies, suggested management and referral pathways and creation of a centralized database. We propose a trial of a central organisation to encourage its use, review results and coordinate notification of GP's and patients for treatment and tracing.

Ethical Compliance: The submitted abstract reports on published trials conducted on human participants or patients which were approved by an Institutional Human Research Ethics Committee. This is a proposal and no trial is currently being undertaken.

Age, Assisted Conception, Antenatal Mental Health, Childbirth and Breastfeeding: Evidence from the Parental Age and Transition to Parenthood Australia (PATPA) Study

Jane Fisher [1], Karen Wynter[1], Karin Hammarberg[1], John McBain[2] , Frances Gibson[3], Jacky Boivin[4], Catherine McMahon[5]
[1] Jean Hailes Research Unit, School of Public Health and Preventive Medicine, Monash University, Melbourne
[2],Melbourne IVF, Melbourne
[3] Institute of Early Childhood, Macquarie University, Sydney
[4] Psychology Department, Cardiff University, UK,
[5] Centre for Emotional Health, Psychology Department, Macquarie University, Sydney

Aim: Parental Age and the Transition to Parenthood in Australia (PATPA) is a multicentre, controlled prospective study to investigate the separate and combined effects of maternal age and mode of conception on early adjustment to parenthood in women. One aim was to investigate the relationships among these factors, known psychosocial determinants and the establishment and maintenance of exclusive breastfeeding.

Method: Women aged ≤ 30, 31 – 36 and ≥ 37 conceiving spontaneously (SC) or with assisted reproductive technologies (ARTC) were recruited through public and private hospitals in Melbourne and Sydney. In the third trimester of pregnancy, participants completed a structured interview and self-report questionnaire, which included the Edinburgh Depression Scale (EDS). At four months postpartum, follow-up telephone interview and questionnaire assessments included aspects of childbirth and breastfeeding. Factors that were associated in univariate analyses with the outcomes: exclusive breastfeeding on discharge from maternity hospital and four months postpartum were included in logistic regression models.

Results: Participants were 549 primiparous women aged 20 to 51 years, with singleton births; 272 (50%) ARTC. Age was not associated with exclusive breastfeeding at either time. In multivariable analyses controlling for other relevant factors, higher EDS scores in pregnancy (AOR0.94, p=0.008), ARTC (AOR0.542, p=0.003) and having a Caesarean birth (AOR0.642, p=0.039) were associated with lower likelihood of exclusive breastfeeding on discharge from maternity hospital. Reduced odds of exclusive breastfeeding four months postpartum were associated with ARTC (AOR0.59, p=0.02), worse general health in the third trimester of pregnancy (AOR0.80, p=0.02), less satisfaction with maternity hospital lactation advice, (AOR0.75, p=0.042), having a non-professional pre-birth occupation (AOR0.58, p= 0.02) and speaking English as a second language (AOR0.65, p = 0.04).

Conclusion: Depressive symptoms in advanced pregnancy, assisted conception, caesarean birth and poor lactation advice are risk factors for the early introduction of infant formula, especially among women of lower socioeconomic position. These can be readily identified by health professionals and suggest that additional breastfeeding support could be focused on women with these characteristics.

Ethical approval: The PATPA study was approved by the Human Research Ethics Committees of the University of Melbourne, Macquarie University and the participating clinical services.

The Menstrual Cycle and Hormones After the Pill

Dr Chris Bayly
Royal Women's Hospital, Melbourne

In 1961, Anovlar became available on prescription to married women in Australia. Since then research into the menstrual cycle, hormones and pharmaceutical products has led to a much greater understanding of the normal cycle and its control, which among other things supports ways in which women and their partners can maximize or minimize their chances of conception.

Treatments have been developed addressing every level of menstrual cycle control using hypothalamic, pituitary and ovarian hormones. They contribute to options for contraception, ovulation induction, abortion care and relief of menstrual and menopausal symptoms and have been crucial in the development of effective assisted reproduction techniques.

The complex and potent processes of the menstrual cycle and its hormones have their own positive and adverse consequences, as do the treatments arising from them. Each woman's social world and relationships are central to her experience and choices in this area of sexual and reproductive health.

This paper reflects from a clinician's perspective on these changes and their social context.

HIV, STI and Sexuality in Later Life

Marian Pitts
Australian Research Centre in Sex, Health and Society (ARCSHS), La Trobe University, Melbourne

This presentation considers recent epidemiological evidence of a rise in sexually transmitted infections, including HIV, in Australia and in many other countries, among men and women over the age of 40 years. It considers the complex interaction between age, gender and sexuality, through work conducted at ARCSHS.

The evidence is drawn from the first Australian Study of Health and Relationships, (ASHR) conducted in 2002, and the more recent longitudinal study the Australian Longitudinal Study of Health and Relationships (ALSHR) which examines five waves of data drawn from a nationally representative population of men and women aged from 16 to 65 at first interview. These are compared with very recent data from a national study of older Spanish men and women.
These data give us strong evidence for generational differences in sexual practices and behaviours. They also give us indications of changing sexual practices across time.

Data drawn from the HIV Futures cross-sectional study and from an online cohort study of older gay men (LifeTimes) are examined to tease out the effects of ageing on mental and physical well-being and their interplay with sexuality.

Promoting the Sexual Health of Older People

Dr Catherine Barrett
Australian Research Centre in Sex, Health & Society Gay and Lesbian Health Victoria, La Trobe University.

Twenty years ago the sexual health of older people was given little attention. When sexual expression occurred it tended to be labelled as 'inappropriate' and responses were often aimed at eradicating sexual behavior.

Over the past two decades we have witnessed significant shifts in the recognition of older people's sexuality. Most recently, the Federal Minister for Ageing and Mental Health amended the Aged Care Act to include older gay, lesbian, bisexual, transgender and intersex (GLBTI) people as a special needs group. The amendment is welcomed as an opportunity to focus on the needs of older GLBTI people. In addition, the recognition of 'sexual diversity' provides an opportunity to focus on sexuality and ageing more broadly. This paper begins by outlining the social construction of sexuality and ageing. It proposes that myths about asexuality have meant that service providers are not been adequately resourced to promote healthy sexual expression nor address the needs of older GLBTI people. In addition, the paper suggests that perceptions of asexuality have contributed to a delay in preventing the sexual assault of older women. The paper concludes by describing a program of research and education to assist service providers to: respond affirmatively to sexual expression; understand and meet the needs of older GLBTI people; and prevent the sexual assault of older women.

All research projects outlined in this presentation have been approved by the Human Research Ethics Committee at La Trobe University.

Mood and Estrogen

Professor Jayashri Kulkarni
Monash Alfred Psychiatry Research Centre, (The Alfred Hospital, Melbourne and The Central Clinical School, Faculty of Medicine, Nursing and Health sciences, Monash University)

Over their whole lifetime, women experience more mood disorders than men. There is a growing body of evidence suggesting that some women are highly susceptible to reproductive hormone fluctuations resulting in significant mood disorders. Several diagnostic entities describe this relationship including premenstrual dysphoric disorder, perimenopausal depression and postnatal depression. Many women commonly report relapses in psychosis and related disorders, with menopausal and perimenstrual cycle changes. There are also noted mood changes with the use of exogenous steroids such as in the oral contraceptive pill. Some of the proposed mechanisms by which estrogen is thought to precipitate and perpetuate depression is through the impact on the serotonergic system, brain-derived neurotrophic factor and Protein Kinase C

In this presentation, case studies and early results from our clinical trials investigating hormone modulation as a treatment option for women with depression, bipolar affective disorder, mood changes related to the use of the oral contraceptive pill and special consideration of depression related to the menopausal transition will be presented.

In particular, the use of tibolone as a hormone treatment for perimenopausal depression, and the use of the adjunctive Selective Estrogen Receptor Modulator, raloxifene hydrochloride for psychosis will be discussed. Preliminary data for our observational study on the relationship between oral contraceptives and mood suggests that low dose estradiol (20mcg estradiol) contraceptive pills are associated more with depression than the higher dose estradiol pill preparations.

Overall, the concept of using hormone treatments for the treatment of various psychiatric conditions in women is of interest to both clinicians and patients. The challenge remains to find safe, efficacious and appropriate types of hormone treatments and to conduct more research to better understand the role that estrogen plays in maintaining good mental health.

All research trials are conducted with approval from the Alfred Hospital Human Research and Ethics Committee.

A Multidisciplinary Approach to Antenatal Care of Obese Pregnant Women
Dr Christine Tippett
Director Maternal Fetal Medicine, Monash Medical Centre, VIC

Notes:

Caesarean Section in the 21st Century
Dr Michael J Rasmussen
Clinical Director of Gynaecology and Head of Unit. Mercy Hospital for Women
Melbourne Victoria

Caesarean Section in the 21st Century, has become increasingly safe, and increasingly common. In just a few decades we have seen a change in clinical practice, such that today, throughout the western world, almost one 1/3 of all babies are delivered by Caesarean. The reasons behind this dramatic change in practice are complex, and certainly not as simple as often portrayed. Women are not 'requesting caesarean section in great numbers, nor are doctors resorting to surgical delivery as an 'easy' or 'quick' fix. Caesarean delivery has certainly become 'normalized', and its apparent safety has seen it reach almost 'risk equivalence' with vaginal delivery. But how 'normal' is Caesarean delivery, what are the real immediate and long term risks and benefits we should be factoring in to our decision to deliver in the operating theatre. Has Caesarean birth, truly reached a point of 'equivalent risk' with vaginal delivery? What are we missing in our calculations? And as the developing world looks for guidance in the provision of safe maternity care, is there a danger of a high Caesarean birth rate being seen as an integral and required part of modern 'best practice'?

*The submitted abstract does not use data collected from human participants or patients.

Models of Maternity Care - Birth for Every Australian Woman

Jeremy J N Oats
Medical Co-Director Northern Territory Integrated Maternity Services
Chair Victorian Consultative Council on Obstetric and Paediatric Mortality and Morbidity

Within Australian Maternity Services there is a wide range of models of care so comparisons of outcomes both biomedical and social are challenging.

Two models of care COSMOS (Comparing standard maternity care with 'one-to-one' midwifery support) and Alice Springs Hospital Midwifery Group Practice will be discussed. COSMOS resulted in higher rates of normal birth, less admissions to SCN without increasing rates of adverse outcomes. The ASH MGP cares for women across the full spectrum of risk and has high consumer satisfaction and job satisfaction for the midwifery team.

Management of Endometriosis

Jim Tsaltas
President AGES, Head of Gynaecological Endoscopy and Endometriosis Surgery Southern Heath and Monash Medical Centre

I will be talking about the management of Endometriosis particularly in the context of infertility. I will present the evidence for surgery for patients with infertility.

Preceding this I will give a brief overview of Endometriosis. Endometriosis is a chronic condition affecting 5-15% of the female population. It is stated that it may affect up to 30% of females with infertility. The goal standard for diagnosis is Laparoscopy but other modalities are helpful in the diagnosis such as ultrasound and MRI.

The classical symptoms for a patient with Endometriosis are severe period pain, deep dyspareunia, chronic pelvic pain, infertility. The Endometriosis is classified into four stages. Stage 1; Minimal Endometriosis, Stage 2; Mild Endometriosis, Stage 3; Moderate Endometriosis and Stage 4; Severe Endometriosis. I will briefly outline these stages of classification.

The infertile couple is where the couple have been trying to conceive for more than 12 months, if the female partner is under 35 then investigations can occur at 12 months. If the female partner is over 35 then investigations should occur at 6 months. Investigations incur an assessment of fertility, a semen analysis and assessment of the pelvic anatomy including ultrasound and possibly laparoscopy.

I will demonstrate laparoscopic features of endometriosis and some surgical techniques for the removal of Endometriosis.

The Rise and Fall of Metabolica

John McBain and Catharyn J Stern
Melbourne IVF, VIC

Many women of reproductive age are overweight or obese (BMI 25-35) and that is just a fact of life. Given that sedentary jobs are the rule and a well-stocked refrigerator is seldom more than 3 meters away, that is unlikely to change any time soon and might well have already become the accepted norm, amenable to change only in infrequent and temporary circumstances such as assuming a less generous shape for one's wedding day.

The metabolic and cardiovascular effects of morbid and super-morbid obesity are well known but seem a long time away to young women and the reproductive consequences seem scarcely believable with around 5% of all newly and naturally pregnant women having a BMI >40 at their antenatal booking visit.
Nonetheless obese anovulatory women with polycystic ovarian syndrome benefit from lifestyle modification and The Big Girls Group was started more than 15years ago at The Womens' by the authors.to address the fertility needs of these women.

The funding constraints of the public hospital system prevented this group from enrolling more than 30 women a year.The authors brought this concept into the private medical sphere hoping to gain the support of the medical community through referral of obese women and men to Metabolica, a lifestyle modification programme in the East Melbourne medical precinct offering GP, dietician,personal training,exercise physiology,yoga and O&G and Endocrinology specialists.

This concept captured the imagination of the media and was a widely-praised initiative but failed to gain medical support and struggled to compete in the general obese public's mind with quick fix solutions such as The Fatblaster!

The program closed after 3 years as medical and self-referral rates decreased despite print and radio advertising.

Discussing 'Reproductive Life Plans' in General Practice

Professor Danielle Mazza
Head, Department of General Practice, Monash University, Melbourne

Average annual fertility rates in almost all industrialised countries have been below two children per woman for the past 3 decades. Such sustained low fertility can be associated with complex social, economic and population management issues as the population ages. More importantly, the rates may be less an expression of 'what women want when it comes to motherhood and more of a reflection of what women are getting'. A lack of awareness regarding the consequences of delayed childbearing and the inability of reproductive technologies to overcome the 'biological clock' may be contributory factors.

General practitioners are well placed to play a strategic role in the provision of timely, relevant information to help women make informed decisions about their fertility. This should extend beyond the provision of contraception to discussion regarding a 'reproductive life plan" and the promotion of fertility awareness.

Counseling should incorporate three facts that women need to know in order to make informed decisions around their fertility: Some women want to have more children than they are able to have because they postpone childbearing; there can be medical consequences to delaying childbearing and; some women's ideas about their fertility don't match the 'the scientific facts'. Further research is needed to identify the most appropriate ways for GPs to communicate this information.

Educating Oncologists About Fertility Preservation Options Before Cancer Treatment

Kate Bourne[1], Alisha Jackson[2], Lisa Brady[3]
[1]Victorian Assisted Reproductive Treatment Authority, Melbourne
[2]Victorian and Tasmanian Youth Cancer Network, Melbourne
[3]Southern Melbourne Integrated Cancer Service, Melbourne

Aim: Provide education for oncology and haematology health care professionals caring for young people with cancer to raise awareness of the importance of timely fertility preservation discussions with patients.

Method: A structured education program aimed at health professionals' working in the oncology sector was designed to inform participants about the range and efficacy of current and evolving fertility preservation options and the importance of timely discussions and referrals for fertility preservation.

Results: 230 health professionals across Victoria attended 9 education sessions. Participants were from a variety of professional backgrounds. Learning objectives were evaluated and there was an overwhelming positive response with over 70 per cent of participants rating 'excellent' for the overall learning experience. Participants also commented that they had raised awareness about the importance of a timely discussion with patients and ensuring that all fertility discussions were documented. Comprehensive information was also developed and uploaded onto the VARTA and YourFertility websites. The information was designed to educate health professionals and consumers and provided links to local fertility services and available resources.

Conclusion: The education sessions were extremely well received by all health professionals and achieved the aim in raising awareness of the importance of timely fertility preservation discussions with patients. A follow up survey of health professionals and repeat file audit is recommended twelve months following the implementation of the program to measure the effectiveness of the education program. If possible, comparison of referral trends to fertility specialists may also measure the impact of the education program.

It is therefore recommended that fertility preservation is included in regular clinical education programs in all oncology health services to ensure that those working in cancer care remain up to date with current fertility treatments and practice. Continued collaboration between fertility services and oncology services is recommended to encourage ongoing fertility education.

What are Women Worried About? A Qualitative Study Investigating Experiences of Perinatal Anxiety

Rowe H[1] Coo Calcagni S[1,2] Fisher J[1].
1. Jean Hailes Research Unit, School of Public Health and Preventive Medicine, Monash University, Melbourne.
2. Department of Psychology, The University of Melbourne.

Background: Australian health policy and clinical practice emphasise early detection and treatment of perinatal depression. However perinatal anxiety is prevalent, disabling, has adverse maternal and infant consequences and has been less well addressed in research and treatment . The aim of this study was to investigate the sources and nature of anxiety and the preferred forms of assistance for mothers of infants, in order to inform clinical and public health responses.

Methods: The study took place during brief admissions to a private hospital mother-baby unit in metropolitan Melbourne. Participants completed a brief background questionnaire including the Depression, Anxiety and Stress Scales (DASS21) and took part in small group discussions facilitated by the authors. Participants were invited to discuss common worries and fears and their preferred solutions. Discussions were audio-recorded, transcribed and analysed thematically.

Results: Twenty one women agreed to participate, returned a signed consent form and background survey and attended one of four discussion groups. DASS scores showed that 45% of the sample reported anxiety symptoms in the clinical range and 65% were experiencing mild, moderate or severe stress. Participants reported a variety of sources of worry including fetal and infant danger, breastfeeding failure, fear of criticism and inadequacy as a mother, interpersonal conflict with relatives, the unreliability of intuition to inform proper infant care, and the societal expectation for autonomous decision–making even in an environment of conflicting information and uncertain risk. The essential role played in the successful management of anxiety by clinical encounters which provide non-judgemental, empathic support and consistent information was repeatedly emphasised.

Discussion and Conclusions: Primary care and specialist clinicians have an important role in providing reassurance and dispelling common sources of anxiety in women during pregnancy and the postnatal period. Public health campaigns have a responsibility to present accurate, balanced information in neutral language.

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

Access and Uptake of Screening for Fetal Anomalies in Pregnancy in Indigenous Women; Understanding Views of Women and Health Care Providers

Boyle J[1], Rumbold AR,[1,2*] Wild K,[1] Maypilama EL,[1,4]Kildea S,[5] Barclay L.[6]
[1]School of Public Health and preventive medicine, Monash University
[2]Discipline of Obstetrics and Gynaecology, University of Adelaide, Adelaide, SA
[3]Menzies School of Health Research, Charles Darwin University, Darwin, NT
[4]Yalu' Marngithinyaraw, Yolngu Research Centre, Galiwinku, NT
[5]Australian Catholic University and Mater Mothers' Hospital, Brisbane, QLD
[6]Northern Rivers University Department of Rural Health, University of Sydney, Lismore, NSW

Background: National guidelines recommend universal screening for fetal anomalies such as Down's syndrome in pregnancy. Uptake of the screening tests varies around Australia and the Northern Territory has the lowest uptake of screening in Australia for fetal anomalies in pregnancy (17%).

Objective: To investigate the views of Aboriginal women and their health care providers around understanding of procedures for testing for fetal anomalies and the factors that might influence the provision and uptake of these tests in the Northern Territory (NT).

Methods: In-depth interviews were undertaken with health professionals (n=46) and Aboriginal women and men (n=57) in two urban and three remote communities in the NT.

Results: Aboriginal women were generally not aware of the tests available for fetal anomaly screening and wanted more information about the screening and diagnostic tests available. The ambiguity of screening results was recognised as a difficult concept and views of decision-making about screening, diagnostic tests and termination for an abnormality varied amongst women within and between sites. Decision-making was complex and involved an interaction between individual circumstances, available family support and cultural values. Health care providers identified a multitude of barriers to offering screening including: late presentation, establishing accurate gestational age, limited consultation time, language barriers, competing priorities in antenatal care, logistic difficulties of organising testing in remote areas, knowledge and confidence discussing the tests. Additionally some made decisions on offering testing based on their assumptions about the views of the client.

Conclusions: This study found that NT Aboriginal women want more information about these tests and this needs to be recognised and addressed. In addition to overcoming the logistical challenges to providing these tests in remote areas, the complexity involved in decision-making around these tests highlights the need to avoid making assumptions about (a) the choices Aboriginal women might make about these tests, and (b) how cultural values and individual circumstances might affect those choices.

Ethics statement: This study was approved by the Human Research Ethics Committee of Northern Territory Department of Health and Families and Menzies School of Health Research, including its Aboriginal sub-committee.

Appraisal Components of Perinatal Distress

Soledad Coo Calcagni[1], Peter Kuppens[2], John Trinder[1], Jeannette Milgrom[1,3]
1 Department of Psychology, The University of Melbourne, Melbourne, Victoria, Australia
2 Faculty of Psychology and Educational Sciences, Catholic University of Leuven, Leuven, Belgium
3 Parent-Infant Research Institute, Department of Clinical and Health Psychology, Austin Health, Melbourne, Victoria, Australia.

Introduction: Perinatal distress has been widely studied yet, the nature of the specific emotional components that underlie it need further clarification. Appraisal Theory suggests that emotions are triggered by the appraisal of specific situations. The theory describes eight particular appraisals which, when combined, lead to distinct emotional experiences. The application of this model to postnatal distress may contribute to a better understanding of the particular emotional components that shape perinatal distress.

Methods: During the third trimester of pregnancy (Time-1), 122 women completed measures of mood and appraisal. Among these participants, 98 completed the same procedure 7-10 days after delivery (Time-2), and 103 provided equivalent data at 10-12 weeks postpartum (Time-3). Mood scales included the Edinburgh Postnatal Depression Scale and the Depression Anxiety Stress Scale. An Appraisal Scale was developed based on prototypical items as described by Schorr (2001).

Results: Symptoms of stress and depression were correlated with low Problem-focus coping potential (PFCP) and low Emotion-focus coping potential (EFCP) at the three assessments. This was complemented by an association between these symptoms and low Self-Congruence at Time-1 and Time-2, and an association with negative Future Expectancy at Time-3. Likewise, anxiety was related to low EFCP at Time-1 and Time-3, and to low Self-Congruence at Time-3. Regression Analysis revealed Future Expectancy at Time-1 and Time-2 to predict subsequent symptoms of depression, anxiety, and stress; whereas EFCP, PFCP, and Self Agency at Time-1 and Time-2 predicted depressed mood at Time-3.

Discussion: These findings suggest that the perceived ability to cope practically and emotionally with pregnancy and maternal-related issues is a fundamental component of perinatal distress, and highlight the role of unmet expectations and lack of congruence with women's goals and motivations in the occurrence of stress and symptoms of depression in the postpartum period.

Ethics Compliance Statement: This study was conducted according to the ethical guidelines outlined by the North Hospital Ethics Committee.

An 18-Month Audit of Patient Needs, Clinical Outcomes, Attendance, and Service Delivery of Australia's First Dedicated Clinic for Female Genital Mutilation

Jo-Lynn Tan, Margaret Sherburn, Renee Siu & Marie Jones
Royal Women's Hospital, Melbourne

Introduction: The Deinfibulation Clinic at the Royal Women's Hospital is Australia's first dedicated clinic for female genital mutilation (FGM). This multidisciplinary service, supported by midwifery, medical, physiotherapy and mental health clinicians, commenced in 2010.
The precise prevalence and incidence of FGM in Australia, and the current attitudes and beliefs about FGM of Australian immigrants from practising communities, is unknown. Hence, there is little to guide practitioners in their approach to optimising outcomes, or the ideal clinic setup.
This audit aims to review service utilization, clinical and other outcomes to evaluate patient needs, thereby directing improvement strategies and optimising service delivery pertaining to this unique population.
Methods: Patient demographic data, referral source, presenting clinical problem and outcomes were manually extracted from hospital records of patients who attended the clinic from October 2010.
Analysis: Descriptive statistics, Spearman's *rho* and Pearson's correlations analysis were performed.
Results: 56 patients (N=56) attended the clinic. 48.2% (N=27) were born in Somalia, and 19.6% (N=11, N=11) were born in each of Sudan and Ethiopia. 1 patient was Australian born. Patients' ages ranged between 12-74 years, and age of circumcision ranged from 1-16 years. 48.2% (N= 27) of patients could not remember when they were circumcised.
60.7% presented with types 2 and 3 FGM, however 23.3% (N=13) did not have their FGM type recorded.
Reasons for attendance include obstetrical (25%, N=14), sexual dysfunction (17.9%, N=10) and seeking information/advice about FGM (25%, N=14) (table 1).
FGM type, presenting condition, services required and clinical outcomes did not correlate strongly. A strong correlation (r=0.89) was found between patients needing additional medical services and those needing physiotherapy or counselling for sexual dysfunction.
Conclusion: Wide variability existed in referral sources, clinical needs and outcomes. More data is needed to determine true correlations between analysed variables. The results from this audit could provide a base for national data collection.

Table 1 Presenting condition / problem

1. Obstetrical a. Pregnancy, prior to childbirth	25% (N=14)
2. Sexual dysfunction / Sexual intercourse purposes a. Difficulty with sexual penetration b. Dyspareunia c. Vaginismus d. Lack of sensation e. Other symptoms of sexual dysfunction	17.9% (N=10)
3. Medical assessment and treatment a. Removal of labial skin tags and scarring b. Unable to assess pelvic floor muscles for continence issues c. Unable to catheterise during caesarean section d. Difficulty with speculum insertion for IVF treatment e. Pain (unrelated to sexual dysfunction)	8.9% (N=5)
4 Psychosocial / Psychosexual a. Marriage preparation b. Woman asked to be circumcised c. Cosmetic reasons d. Requesting assessment of FGM prior to clitoral restoration surgery in San Francisco	14.3% (N=8)
5 Others a. Information / Advice b. Referral for FGM assessment or deinfibulation c. Inappropriate referral d. Unclear referral reason	25% (N=14)
Did not attend the appointment	8.9% (N=5)
Total	56

The submitted abstract reports on work with quality improvement project approval.

Incidence of Spontaneous Conception Following Live Birth After ART

Karen Wynter[1], Catherine McMahon[2], Karin Hammarberg[1], John McBain[3], Frances Gibson[4], Jacky Boivin[5], Jane Fisher[1]

[1]Jean Hailes Research Unit, School of Public Health & Preventive Medicine, Monash University, Melbourne
[2]Centre for Emotional Health, Psychology Department, Macquarie University, Sydney [3]Melbourne IVF, Melbourne
[4]Institute of Early Childhood, Macquarie University, Sydney
[5]Psychology Department, Cardiff University, Cardiff

Background: Limited evidence exists about spontaneous conception following a live birth conceived by Assisted Reproduction Technologies (ART). We compared the incidence of pregnancies in the 18 - 24 months postpartum in women with a spontaneously conceived (SC) first infant, those with an ART conceived (ART) first infant who had subsequent ART, and those with an ARTC first infant who had no subsequent ART.

Method: 297 ARTC and 295 SC women were recruited through ART clinics and nearby hospitals in Melbourne and Sydney. Women were interviewed in pregnancy and when their first infants were mean age 22.5 months. Information on pregnancies since the birth of the first infant was collected.

Results: Data were available for 198 SC women and 236 ARTC women, 94 (40%) of whom had further ART following the first birth. Unexpected subsequent pregnancies were reported by 10% of SC and 12% of ARTC women. Subsequent conceptions had occurred in 40% of women with SC first infants, 60% of women with ARTC first infants who had subsequent ART and 33% of women with ARTC first infants who had no subsequent ART.

Conclusion: In this study almost a third of women with an ARTC first infant had conceived spontaneously by the time their toddler was 18 – 24 months old. Discussion about contraception is recommended if ARTC women do not wish to have more children, or wish to delay a second pregnancy.

Ethical approval: The PATPA study was approved by the Human Research Ethics Committees of the University of Melbourne, Macquarie University and the participating clinical services.

Efficacy of Levonorgestrel Intrauterine System (Mirena®) for Treatment of Early Endometrioid Endometrial Cancer

Lufee Wong[1,2] and Robert J. Miller[3]
[1]The Queen Elizabeth Hospital, Woodville South, South Australia
[2]Southern Health, Clayton, Victoria
[3]Queen Elizabeth Hospital, Woodville South, South Australia

Objective: High-dose progestins have been demonstrated to be a possible alternative to surgery for treatment of early-stage endometrial cancer (EC). Less is known regarding the Mirena®, a levornogestrel-containing intrauterine device. We evaluated the efficacy and feasibility of using the Mirena® to treat early-stage EC in women at high risk for surgery and young women desiring to preserve fertility.

Methods: We performed a retrospective study at a gynaecological oncology unit between 2006 and 2011 of women with grade 1 endometrioid EC and no imaging evidence of myometrial invasion who received the Mirena® due to American Society of Anesthesiologists (ASA) class III or IV risk for surgery or a desire to preserve their fertility. The main outcome measures were response to treatment, as determined from the histological results of endometrial biopsy, curettage and hysterectomy, and subsequent pregnancies.

Results: Nine patients were identified (median age 60 years [35-88] and median BMI 46 kg/m^2 [22-63]). Eight patients received the Mirena® because of ASA class III or IV; one patient wished to preserve her fertility. Two (22%) patients achieved complete response to treatment with no recurrence. The median time to response was 7 months. Two (22%) patients had partial response with atypical hyperplasia, of which one relapsed to EC. Five (56%) patients failed to respond. This is despite a median duration of treatment of 7 months, which is comparable to that required to achieve a complete response. The patient who desired to preserve fertility achieved a spontaneous conception but had a first trimester miscarriage. One case of Mirena® misplacement was recorded and one patient died during follow-up due to non-cancer related causes. The median follow-up was 8 months (range 3-22).

Conclusions: Intrauterine progesterone does not appear to treat early EC in women at high risk for surgery. More studies are needed to evaluate reproductive outcomes.

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

Knowledge, Attitudes and Referral of Lynch Syndrome Patients to Genetic Services: A Qualitative Study

Yen Y. Tan[1], Lisa J. Fitzgerald[2]
[1]The University of Queensland School of Medicine, Brisbane, Queensland, Australia.
[2]The University of Queensland School of Population Health, Brisbane, Queensland, Australia.

Lynch syndrome is an inherited disorder caused by a mutation in mismatch repair genes in which affected individuals are at higher risk than normal of developing endometrial cancer as well as colon cancer. Current evidence suggests low referral of patients with hereditary cancer syndromes to genetic services. We explored and investigated clinicians' genetic knowledge of Lynch syndrome, attitudes toward genetic services and referral practices in Queensland, Australia, between April 2011 and September 2011. Semi-structured questions were used to generate and guide interviews with clinicians in care of women with endometrial, ovarian or colorectal cancers. Key words and concepts were identified. Data were analyzed using NVivo 9 software. Twenty-eight clinicians including general practitioners, gynecologists, oncologists and gastroenterologists participated. Specific barriers highlighted by the clinicians included lack of knowledge of Lynch syndrome and lack of awareness of availability or accessibility of genetic services. Other potential barriers included the time and costs involved, and clinician factors such as confidence and skills. Our results also demonstrate that family history and patient request are major motivators in genetics referrals. In order to improve clinical management of women diagnosed with hereditary gynaecological cancer, more research is needed to facilitate genetics referral for individuals at increased disease risk.

This study was conducted with approval from the Human Research Ethics Committees of the University of Queensland, Royal Brisbane and Women's Hospital, and Queensland Institute of Medical Research under the Public Health Act.

Associations Between Nulliparous Women's Birth Plans and Perinatal Mental Health

Catherine Acton[1], Jane Fisher[2], Heather Rowe [2]
(1) Centre for Women's Health, Gender and Society, School of Population Health, University of Melbourne, Melbourne
(2) Jean Hailes Research Unit, School of Public Health and Preventative Medicine, Monash University, Melbourne

Background: Expectant parents are often enthusiastic to consider and communicate their preferences with regard to their pending childbirth experiences, but service providers differ in how strongly they encourage the practice of writing birth plans. On one hand, such plans can help pregnant couples feel that they have a sense of control over the processes surrounding childbirth; on the other, they can lead to heightened expectations that may set them up to experience failure and disappointment. The study aimed to explore whether planning for childbirth was associated with aspects of perinatal mental health.

Method: Two hundred and thirteen nulliparous pregnant women were recruited through public and private hospitals in Melbourne, as part of a larger prospective longitudinal study examining the impact of traumatic life events upon perinatal mental health. In the third trimester of pregnancy, participants completed a structured telephone interview, during which they were asked to share any birth plans that they may have developed. These were transcribed, using participants' own language, and later categorised according to level of complexity. Women also completed a range of published, validated measures of fear of childbirth, symptoms of depression and general anxiety, maternal-foetal attachment, and personality traits. Women also completed a structured telephone interview at 6 weeks postpartum, at which time their subjective experience of childbirth, and depressive symptoms were assessed.

Results: Participants were representative of Victorian birthing women in terms of ethnicity, educational level, occupational status, and health insurance status, with an age range of 16 to 48. Birth plans ranged in complexity, degree of thought and planning. A more complex birth plan was associated with lower fear of the prospect of childbirth. A lack of thought regarding birth planning was associated with a more a more 'vulnerable' relational attachment style, and a more negative subjective experience of the birth itself. Birth plan complexity was not associated with symptoms of general anxiety or depression.

Conclusions: Whilst causation cannot be inferred using the current methodology, the results may suggest that birth planning processes are linked to emotional readiness for the birth experience, and a more positive appraisal of birth postnatally. Clinicians may be able to optimise the positive impacts of the birth planning process for parents-to-be.

Ethical Approval: The project reported upon here received approval from the Human Research Ethics Committees of the University of Melbourne and the clinical services involved.

Dr Catherine Barrett
Dr Catherine Barrett is a Research Fellow and Community Liaison Officer with the Australian Research Centre in Sex, Health and Society and Gay and Lesbian Health Victoria at La Trobe University. Catherine currently manages a program of activities promoting the sexual health of older heterosexual and GLBTI people.

Dr Chris Bayly
Chris trained as a gynaecologist in the era of the early IVF births and has worked clinically in the areas of infertility, fertility control, and miscarriage. Following a Master's Degree in Public Health, she has been more involved in management and service development, including the introduction of non-surgical treatments for abortion and miscarriage.

Prof Robin Bell
Professor Robin Bell MB BS PhD MPH FAFPHM is Deputy Director of the Women's Health Research Program at Monash University. She is coordinating a cohort study of over 1600 women with their first diagnosis of invasive breast cancer (currently funded by the BUPA Health Foundation and the Victorian Cancer Agency).

Ms Kate Bourne
Kate has experience as both as an oncology social worker and an infertility counsellor. This unique combination of experience has led to a keen interest in the new field of oncofertility. She worked to develop the COSA clinical guidelines for the preservation of infertility for cancer patients. She is the Chair of the Australian and New Zealand Infertility Counsellors Association and currently works as a Senior Community Education Officer for the Victorian Assisted Reproductive Treatment Authority.

Dr Jacqueline Boyle
Jacqueline Boyle is an obstetrician/gynaecologist combining research as a NHMRC senior fellow at Monash University in Melbourne with a clinical, education and translation role at Jean Hailes for Women's Health and clinical services for specialist outreach in the Northern Territory (NT). Her research has focused on Indigenous women's health and public health, particularly in the NT. Major research topics to date have been in reproductive and sexual health, antenatal care and adolescent health. She is a member of the Indigenous Women's committee of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

Ms Tiffany Brooks
Tiffany Brooks is currently in the process of completing a Master of Psychology (Health) at The University of Adelaide. She has previously completed a pilot study looking at depression, anxiety, stress and wellbeing in women with persistent pelvic pain, as part of her honours research project at the University of South Australia. Tiffany is currently interested in research investigating chronic pain and illness in women and the impact that this has on mental health.

Dr Nick Carr
Nick is a GP in St Kilda, who also works as a writer and broadcaster. He has presented health stories on ABC TV with Jill Singer and George Negus, and on radio with Steve Vizard. Academically, Nick lectures for a variety of organisations, such as the National Prescribing Service, as well as teaching GP registrars and writing for Therapeutic Guidelines. His previous hypotheticals have been on the equally provocative topics of breast feeding and surrogacy. Nick's book – *"What happens now? The essential book for first time fathers."* – is published this year by ACER.

Dr Susan Carr
She was on many committees and was a member of the Ethics Committee of the Royal College of Obstetricians and Gynaecologists, UK.
On moving to Melbourne she took up her present post as head of the Psychosexual Service at the Royal Women's Hospital. She is Immediate Past President of the Sexuality and Sexual Health section of the Royal Society of medicine, UK, and Honorary senior lecturer, University of Glasgow.

Ms Soledad Coo Calcagni
Soledad is completing a PhD at the University of Melbourne and is a research officer at the King Edward Memorial Hospital in Perth, where she is involved in the development of a scale to measure perinatal anxiety. She has a background in clinical psychology and has a strong interest in perinatal mental health, attachment, and mother-infant interactions.

Dr Elizabeth Farrell
Liz is a gynaecologist in private practice, a founding member, acting medical director and consultant gynaecologist at the Jean Hailes Foundation for Women's Health, Head of the Menopause Unit, Monash Medical Centre, Clayton and Immediate Past President, Australasian Menopause Society. (who performs labioplasty only if there is an indication , either physical or psychological.) In 2009 she was awarded an AM for my services to Women's Health.

Professor Jane Fisher
Jane Fisher, an academic clinical and health psychologist is the Jean Hailes Professor of Women's Health in the School of Public Health and Preventive Medicine at Monash University.

Dr Karin Hammarberg
Karin worked as a co-ordinator of IVF programs in Sweden in Australia for 20 years. Since 2000 she has been a Research Fellow investigating psychosocial aspects of infertility and infertility treatment for women and men and health and development of IVF-conceived young adults. She is currently a Research Fellow at Jean Hailes Research Unit, School of Public Health and Preventive Medicine at Monash University and the Senior Research Officer at the Victorian Assisted Reproductive Treatment Authority.

Dr Sara Holton
Dr Sara Holton has a background in psychology, gender studies, and human resource management. Sara's PhD research examined the salient factors in Australian women's childbearing desires, outcomes and expectations. She found that women are not always able to choose when and if they have a child, and that their childbearing outcomes are associated with diverse biological, psychological and social factors. Her current research includes an Australian Research Council funded project on fertility management in contemporary Australia.

Dr Lester Jones
Lester Jones is a lecturer in the Faculty of Health Sciences, La Trobe University and has postgraduate qualifications in 'Teaching and Learning' and 'Pain and Pain Management'. He has authored and co-authored chapters on pain topics for physiotherapy and interdisciplinary texts. His interest in pain drew him to the Mother and Child Health Research Centre, where he completed a research residency. The work he is presenting at ASPOG 2012 is some early findings from an exploration into the complexity of labour pain.

Ms Linda Kirkman
Linda Kirkman is a sexuality educator and researcher, with a strong interest in women's health promotion. She is completing a PhD at the La Trobe Rural Health School, exploring the experience of rural baby boomers in friends-with-benefits relationships. Linda is an avid user of social networks, especially Twitter, which has transformed her PhD experience to include a global community of researchers. When not teaching, studying or staring at her phone, Linda loves to walk, and is proud to have completed the Camino de Santiago in 2009.

Dr Maggie Kirkman
Dr Maggie Kirkman is a Senior Research Fellow at The Jean Hailes Research Unit, Monash University, Melbourne. She is a psychologist whose research has emphasised the investigation of psychosocial aspects of reproduction, including infertility, donor-assisted conception, teenage pregnancy, elective abortion, and breast cancer during the reproductive years, as well as the socially-situated, gendered body.

Ms Smantha Kozica
Samantha is a PhD candidate at Monash University, Women's Public Health Research, School of Public Health and Preventive Medicine. Samantha completed her under graduate degree in Nutrition and Dietetics in 2008 and works in private practice as a clinical dietitian. Since completing an honours degree in 2010 focusing on obesity and lifestyle related diseases in women, she has fostered a passion for a research career in the field of women's public health, specifically the assessment and management of lifestyle related diseases in women.

Prof Jayashri Kulkarni
Professor Jayashri Kulkarni became a Fellow of the Royal Australian and New Zealand College of Psychiatrists in 1989. She commenced her appointment as Professor of Psychiatry, The Alfred and Monash University in 2002. She founded and directs a large psychiatric research centre, the Monash Alfred Psychiatry Research Centre (MAPrc).
The aim of Monash Alfred Psychiatry Research Centre is to develop new treatments, new understanding and new service deliveries for people with mental illness. It is a world leader in the translation of cutting edge neuroscience discoveries into innovative, life-changing treatments for people with mental illness. Jayashri is a passionate advocate of person-focused real world mental health research.

Ms Martina MacKay
Martina MacKay is a Project Officer at the Royal Australasian College of Surgeons, with responsibility for the Network for Indigenous Cultural and Health Education (NICHE) Portal. Martina has a background in administration and project management in the Health, Finance and University sectors. She has a Graduate Certificate in Business (Executive Administration) and a strong interest in quality assurance.

Ms Jessica Malone
Jessica Malone is a Policy Officer at Women's Health Victoria, with responsibility for the sexual and reproductive health priority. Jessica has a background in policy and program development in women's health, aged and disability care, and family services. She is completing a Masters in Public Policy and Management at the University of Melbourne.

Ms Sarah Martin
Sarah Martin has a Psychology Degree, a Post-graduate Social Work Degree and a Masters of Health Science specialising in Sex Therapy. Sarah is a member of the Sexual Health Counselling team which produced this DVD.

Prof Danielle Mazza
Professor Danielle Mazza, MD, MBBS, FRACGP, DRANZCOG, Grad Dip Women's Health, is Head of the Department of General Practice at Monash University and author of "Women's Health in General Practice". She leads a program of translational research focused on improving preventive care and early detection of cancer in general practice through guideline development and implementation.

A/Prof John McBain
Born in Glasgow, John graduated in medicine from Glasgow University, and trained in obstetrics and gynaecology in Scotland. He came to Australia in 1976 to join the group of doctors researching IVF, as part of which he developed programmes that led to safe, successful super-ovulation.
John was President of the Fertility Society of Australia in 1991, and Chairman of Melbourne IVF from 1998 to 2005. He became Head of Reproductive Services -***ART*** at The Women's Hospital in 2002. A true pioneer in the treatment of infertility, he campaigned in the 1990s for de facto couples in Victoria to be able to use IVF, at a time when that was against the law! He also brought landmark action against the Victorian State Government, allowing access to infertility treatment, including IVF, for single women and women in gay relationships.
John's efforts to encourage progress in infertility treatment continue: he is a member of The Low Cost IVF Foundation, which establishes affordable IVF in developing countries; in recognition of his continuing research and academic activities he is also a Principal Fellow in the Department of Obstetrics and Gynaecology, University of Melbourne.

Ms Davina Oates
Dr Davina Oates (MBBS) is a Resident Medical Officer at King Edward Memorial Hospital for Women. She graduated from the University of WA in 2008 and has been interested in sexual health and gynaecology since before starting medical school. She hopes to start Obstetrics and Gynaecology speciality training in 2014. She is an avid traveller, having been to over 40 countries in all 7 continents and speaks Dutch and Spanish.

Prof Jeremy Oats
Graduate of Universities of Adelaide and Nottingham (UK). Current appointments are Chair Victorian Consultative Council on Obstetric and Paediatric Mortality and Morbidity, Medical Co-Director Integrated Maternity Services Northern Territory and Co Chair Expert Advisory Committee National Evidence Based Antenatal Care Guidelines. Principal research interests have centred on diabetes and pregnancy and is a member of the Steering Committee of the HAPO study. He is Co-Editor with Suzanne Abrahams of 7th, 8th and 9th Editions of "Llewellyn Jones Fundamentals of Obstetrics and Gynaecology."

Prof Marian Pitts
Professor Marian Pitts has been Director of the Australian Research Centre in Sex, Health and Society (ARCSHS), La Trobe University, since 2000.
As Director Professor Pitts has been responsible for building and directing a multi-disciplinary team with qualifications and expertise in psychology, anthropology, sociology, public health, health promotion, methodology, epidemiology, education, women's health, consumer advocacy and health policy.
Professor Pitts has been invited to advise State and Federal Ministerial committees related to sexual health and STIs, the World Health Organization in the areas of sex and sexual health, the Ford Foundation, and the New Zealand Ministry of Health.
Professor Pitts contributes to the work of HIV sector community organisations such as the Victorian AIDS Council/Gay Men's Health Centre; People Living with HIV/AIDS Victoria; participates in community forums and co-operative research.

Prof Julie Quinlivan
Julie Quinlivan is a Professor in Obstetrics and Gynaecology, a Senior Member of the Australian Social Security Appeals Tribunal and a Board Member of North Metropolitan Health Service with a $1.3 billion annual budget.
She has held senior administrative roles at the University of Notre Dame Australia being ProVice Chancellor and Executive Dean of Medicine (October 2008 to December 2010), Foundation Dean of Medicine (Sydney) (January 2006 to June 2009) and Foundation Dean of Health (Sydney) (February 2005 to January 2006).
In clinical medicine she has been a Head of Unit in three Australian states and has a career clinical focus on high risk pregnancy and teenage and adolescent medicine.
She has worked in developing several AUSAID maternal and child health program outlines and has been involved in breast feeding and maternal child health guideline development on behalf of not for profit agencies in Timor Leste and chaired the accreditation team for the Fiji School of Medicine for the World Medical Council.
Professor Quinlivan has won two international and five Australian research prizes. Professor Quinlivan has been responsible for establishing five new clinical and research centres in Australia with $50 million in support funding from the Commonwealth through the Health and Hospitals Fund and Department of Health and Aging as well as the NSW Government and private sector.

Dr Bodil Rasmussen
Dr Bodil Rasmussen is a Senior Lecturer in the Faculty of Health, Deakin University. Dr Rasmussen's program of research investigates the impact of changes during life transitions on diabetes self-management and risk management among young adults with Type 1 diabetes. Dr Rasmussen works closely with professional diabetes organisations, specifically Diabetes Australia, Victoria and lead international research in her field of research. Dr Rasmussen is also working in a research team in the Deakin-Epworth Health and Barwon Health partnerships with international research focusing on clinically outcomes to enhance the quality of patient care through evidence-based practice.

Dr Michael Rasmussen
Dr Michael Rasmussen is an Obstetrician and Gynaecologist working in Public and Private practice for 20 years. He is currently Clinical Director of Gynaecology and Head of Unit at the Mercy Hospital for Women in Heidelberg Victoria. He remains interested in the Active Management of Labour, and trained for 3 years at the National Maternity Hospital in Dublin Ireland. He is actively involved in Medical specialist training and is past Chair of the Education and Assessment Committee of the Royal Australian College of Obstetricians and Gynaecologists. His own annual Caesarean section rate, has ranged from 8% to 30%.

Dr Heather Rowe
Dr Heather Rowe is a founding member of the Women's Mental Health Group in the Jean Hailes Research Unit, School of Public Health and Preventive Medicine at Monash University. The goal of her research is to improve the emotional health of women who are pregnant or caring for an infant by translating expert mental health knowledge into accessible resources for women. She has a background in the biological and psychological sciences and health promotion. She positions women's mental health in its social, economic, cultural and political contexts and recognises gender disadvantage as a key determinant. Her research uses social epidemiology and qualitative methods to investigate women's mental health to inform, develop and evaluate well-theorised interventions for the perinatal period.

Dr Alice Rumbold
Dr Rumbold is a perinatal and reproductive epidemiologist, and holds a joint position with the Robinson Institute at the University of Adelaide and the Menzies School of Health Research. Her current research focuses on addressing a cluster of vulvar cancer in young Aboriginal women, as well as understanding the causes and consequences of poor health in pregnancy among Aboriginal and Torres Strait Islander women and other disadvantaged women, with a focus on the quality of antenatal care.

Mr Tim Stitz
Tim is an actor, theatre-maker and producer. He studied at the University of Melbourne and is a graduate of Circle in the Square Theatre School in New York. Tim is currently Executive Producer at Chamber Made Opera. From 2008-2011, Tim was Project Manager on the *TheatreSpace* project, a four-year Australian Research Council project investigating the young audiences of Australia's major state theatre companies and cultural venues (Griffith, Sydney & Melbourne universities in association with thirteen arts industry partners). Tim has worked in various capacities in the arts including positions at the Melbourne School of Creative Arts, Victorian Arts Centre, Pioneer Productions (TV-UK), Auspicious Arts Projects and with John Paxinos & Associates. Tim is Chair of the Green Room Awards Association Independent Theatre Panel and a member of the La Mama Committee of Management.

Ms Jo-Lynn Tan
Jo Tan holds a Masters in Women's Health Physiotherapy and is a senior clinician at The Royal Women's Hospital in Melbourne. She is also the primary physiotherapist for the Well Women's Deinfibulation Clinic, where she initiated a physiotherapy role for the service, targeting physiotherapy treatment particularly at those women with sexual dysfunction. Jo was granted a scholarship in 2010 to work with specialist midwife Comfort Momoh in London, where she gained knowledge about managing women who have experienced female genital mutilation

Ms Yen Tan
Yen Tan is a joint PhD student at the University of Queensland Gynecological Research Centre and the Queensland Institute of Medical Research. She graduated as a Medical Scientist from the State University of New York in 2005 and then completed her clinical epidemiology degree at Utrecht University in the Netherlands. Yen is the primary investigator for the eMBRACE study, which investigates motivators and barriers of referral of patients with Lynch syndrome for genetic counseling and testing. She is committed to improving care transitions for patients and their families with Lynch syndrome.

Prof Helena Teede
Professor Teede is the Professor of Women's Health, Monash University, the Head of Diabetes & Vascular Medicine at Southern Health and Site Director of the School of Public Health and Preventive Medicine – Monash Site.
She is an Endocrinologist in active clinical practice (including at Jean Hailes for Women's Health).

Dr Chirstine Tippett
Dr Tippett is currently, Director of Maternal-Fetal Medicine, Monash Medical Centre Southern Health, Lead Clinician of the Victorian Department of Health Maternity and Newborn Network (MNCN) and Honorary Senior Lecturer, Department of Obstetrics and Gynaecology, Monash University
She established the Maternal Fetal Medicine Unit at Monash Medical centre
and was in private Obstetric practice until June 2011 specialising in the management of high risk pregnancies.
Chris is a past President of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and has been a member of many Boards and Committees. She is currently a member of the Federal Governments Medical Services Advisory Committee (MSAC), a member of the National Specialist International Medical Graduate Committee of the Medical Board of Australia, Vice President of the Australian and New Zealand Stillbirth Alliance, a member of the Victorian Council on Obstetric and Paediatric Mortality and Morbidity, Stillbirth Committee, and a board member of FIGO- The international Federation of Obstetrics and Gynaecology.

She was made a Member of the Order of Australia in 2010 for her contribution to Women's Health

Ms Kylie Trounson
Kylie Trounson is an actor, playwright and lawyer. She trained in acting at the Method Studio in London and the National Theatre Drama School in Melbourne. She studied playwrighting at QUT as part of a Master of Creative Industries. Kylie's film credits include the features 'Exit' and 'Noise'. Her television credits include 'Please Like Me', 'Tangle', 'City Homicide' and 'Underbelly'. She has performed on stage at the Melbourne Theatre Company, Athaneum Theatre, Victorian Arts Centre and La Mama. Kylie's play 'The Man with the September Face' was produced at the Victorian Arts Centre in 2009 and she was resident playwright at Red Stitch Actors Theatre in 2010 - 2011. She is currently developing a new play, 'The Waiting Room', for performance in 2013 in Sydney and Melbourne.

Dr Jim Tsaltas
As well as being a specialist with Melbourne IVF, Jim is Head of the Gynaecological Endoscopy Unit at Monash Medical Centre and Southern Health. He is also currently President of the Australian Gynaecological Endoscopy and Surgery Society (AGES), and immediate past board member of International Society for Gynaecological Endoscopy (ISGE).
Jim's surgical expertise is in advanced endometriosis surgery and advanced laparoscopic surgery. He is a founding member of the ***Endometriosis*** Care Centre of Australia. His main research interests are the impact of severe endometriosis on IVF outcomes, and surgical management of severe endometriosis. Keen to share his knowledge and skills, Jim also teaches advanced laparoscopic surgery to Australian and overseas surgeons. Although he is clearly an authority in his field, he is recommended by patients as very approachable and pleasant to deal with.

Dr Wendy Vanselow
Dr Wendy Vanselow has many years experience in community GP specialising in women's health. She has a PhD in psychiatry for her work on premenstrual mood disorders. For over 10 years she has worked as a psychosexual consultant and counsellor at RWH and is also a consultant in menopause and family planning.

Ms Asha Walsh
Asha Walsh is a BA/BHSc final year student at La Trobe University. She has worked as a sex worker and a safer sex peer educator in the sex industry since 2008.

Ms Cathy Watson
Cathy Watson has a nursing and midwifery background and completed her Masters of Nursing at the University of South Australia. She has worked in both metropolitan and rural settings, cultivating a keen interest in women's health issues. She is currently working as a nurse practitioner at the Royal Women's hospital in Melbourne. Cathy Watson is in the final stages (hopefully) of her PhD candidature. Her thesis investigates the use of garlic in vaginal thrush, and her presentation was inspired by challenges she found recruiting for her randomised controlled trial.

Ms Lufee Wong
Dr Lufee Wong is a Level 5 RANZCOG trainee and Senior O&G Registrar at Monash Medical Centre Clayton. After graduating from Melbourne University in 2004, she trained in O&G in Adelaide before returning to Melbourne this year for her advance training. She is a new mum to a 4 month old baby girl.

Dr Karen Wynter
Karen is a Research Fellow at the Jean Hailes Research Unit, Monash University. Her background is in Psychology and Applied Statistics. For the past 5 years she has been involved in several collaborative research projects which focus on social determinants of postnatal mental health in both women and men. She also has an interest in psychosocial adjustment after Assisted Reproduction.

Name			Organisation	State
Prof	Suzanne	Abraham	University of Sydney	NSW
Ms	Catherine	Acton	University of Melbourne	VIC
Ms	Kate	Allardice	Royal Women's Hospital	VIC
Mrs	Kathryn	Anning	Queensland Health - Darling Downs Health District	QLD
Mr	Pat	Armiento	Bayer Australia Limited	VIC
Prof	Bryanne	Barnett		NSW
Dr	Catherine	Barrett	La Trobe University	VIC
Dr	Bruce	Batagol		VIC
Dr	Chris	Bayly	The Women's Hospital	VIC
Prof	Robin	Bell	Monash University	VIC
Dr	Kirsten	Black	Royal Prince Alfred Hospital	NSW
Ms	Kate	Bourne	Victorian Assisted Reproductive Treatment Authority	VIC
Ms	Jacqueline	Boyle	Monash University	VIC
Miss	Tiffany	Brooks	The University of Adelaide	SA
Dr	Nick	Carr		VIC
Dr	Susan	Carr	Royal Women's Hospital	VIC
Ms	Rachael	Collier	University of Notre Dame	VIC
Ms	Soledad	Coo Calcagni	The University of Melbourne	VIC
Ms	Julie	Dahlitz	Southern Health / Monash Medical Centre	VIC
Ms	Wendy	Dawson	Epworth Freemasons Hospital	VIC
Dr	Kate	Duncan	Cabrini Health & Waverley Private Hospital	VIC
Prof	Sandra	Eades	The Baker IDI Heart & Diabetes Institute	VIC
Dr	Nivine	Farage	NPMC	QLD
Dr	Elizabeth	Farrell	Southern Health	VIC
Prof	Jane	Fisher	Monash University	VIC
Ms	Lucy	Forward	University of SA	SA
Dr	Fiona	Haines		QLD
Dr	Karin	Hammarberg	VARTA	VIC
Dr	Rosalind	Hampton	Keogh Institute for Medical Research	WA
Mrs	Meg	Henderson	Search Biological Laboratories	VIC
Dr	Sara	Holton	Monash University	VIC
Mr	Lester	Jones	La Trobe University	VIC
Ms	Marie	Jones	Royal Women's Hospital	VIC
Dr	Vicki	Jones	Women's Health Central	SA
Ms	Linda	Kirkman	La Trobe University	VIC
Dr	Maggie	Kirkman	Monash Medical Centre	VIC
Dr	Sally	Kogosowski	Brighton Medical Clinic	VIC
Ms	Samantha	Kozica	Monash University	VIC
Prof	Jayashri	Kulkarni	Monash Alfred Psychiatric Research Centre	VIC
Dr	Peter	Lee		VIC
Ms	Matina	MacKay	Royal Australasian College of Surgeons	VIC
Ms	Jessica	Malone	Women's Health Victoria	VIC
Dr	Alex	Marceglia	Royal Women's Hospital	VIC
Ms	Sarah	Martin	SHine SA	SA
Dr	Len	Matthews		VIC

Prof	Danielle	Mazza	Monash University	VIC
A/Prof	John	McBain	Melbourne IVF	VIC
A/Prof	Amanda	McBride	University of Notre Dame	NSW
Dr	Tonia	Mezzini	Adelaide Women's Health Care	SA
Prof	Christina	Mitchell	Monash University	VIC
Ms	Cynthia	Murray	The University of Melbourne	VIC
Dr	Annette	Newson	Barmera Medical Clinic	SA
Mr	Long	Nguyen	Bayer Australia Limited	VIC
Prof	Jeremy	Oats	The Women's Hospital	VIC
Ms	Davina	Oates	King Edward Memorial Hospital	WA
Dr	Ann	Olsson	Royal Adelaide Hospital	SA
Dr	Debbie	Owies	Monash Medical Centre / Women's Hospital	VIC
Prof	Marian	Pitts	La Trobe University	VIC
Dr	Mary	Prendergast		NSW
Prof	Julie	Quinlivan	Ramsay Healthcare	WA
Dr	Bodil	Rasmussen	Ramsay Healthcare	VIC
Dr	Michael	Rasmussen		VIC
Mrs	Bronnie	Roberts	REPROMED	SA
Dr	Heather	Rowe	Monash University	VIC
Dr	Jo-Ann	Silva	Guardian Medical	VIC
Dr	Jacqui	Smith	Office of the Health Services Commissioner	VIC
Dr	Alison	Soerensen	Rockhampton Hospital	WA
Dr	Jackie	Stacy		NSW
Mr	Tim	Stitz		VIC
Ms	Jo-Lynn	Tan	The Royal Women's Hospital	VIC
Ms	Yen	Tan	The University of Queensland	QLD
Prof	Helena	Teede	Monash Medical Centre	VIC
Dr	Christine	Thevathasan		VIC
Dr	Jenny	Thomas		SA
Ms	Lorraine	Thomason	Royal Women's Hospital	VIC
Dr	Christine	Tippett	Monash Medical Centre	VIC
Ms	Kylie	Trounson		VIC
Dr	Jim	Tsaltas		VIC
Dr	Wendy	Vanselow	Royal Women's Hospital	VIC
Ms	Asha	Walsh		VIC
Ms	Cathy	Watson	University of Melbourne	VIC
Ms	Laura	Whitburn	La Trobe University	VIC
Dr	Yvonne	White	Notre Dame Medical School	NSW
Dr	Bronwyn	Williams	Health on Kensington	SA
Ms	Lufee	Wong	Queen Elizabeth Hospital	SA
Dr	Karen	Wynter	Monash University	VIC

Total Delegates: 87