December 2010

ASPOG

Adelaide Lantern

Australian Society for Psychosocial Obstetrics & Gynaecology

NEWSLETTER

PRESIDENT'S WELCOME

It was with a sense of renewed vigour and enthusiasm that I assumed the role of ASPOG Presidency at the 36th Annual Scientific Meeting in Melbourne. ASPOG has been through a period of uncertainty in recent years and in 2009-2010 the committee has engaged in serious reflection on ASPOG's successes, capacities and aspirations. The achievements of the society have been many, encapsulated in the theme of the 2010 annual meeting "From Fringe to Forefront". Psychosocial aspects of women's health have moved into the mainstream. But in this success lies the challenge; many specialist professional societies have incorporated psychosocial matters into their goals or created special interest groups that address these needs of their members, creating greater competition in the marketplace of societies and a particular challenge for multidisciplinary societies like ASPOG.

I want to thank the outgoing President Dr Ann Olsson for her tremendous leadership and generosity. At her instigation the Committee held a Strategic Planning day in Melbourne in November 2009. With the assistance of a professional facilitator, we discussed the challenges and opportunities for our small society, identified our priorities and achievable goals and affirmed our commitments to ASPOG's future.

Our shared faith in the need for a society offering stimulating intimate meetings covering the broad scope that ASPOG is known for was vindicated by the success of the Melbourne conference in July.

ASPOG Annual Scientific Meeting 2010

This year's conference program afforded the opportunity both to look back and to profile numerous emerging concerns of the 21st century. We were honoured that Professor Lorraine Dennerstein, founding member of ASPOG, gave the Conference opening address, and thank her for providing in this edition of the newsletter an edited transcript of her talk. Placing Aboriginal interests at the forefront of this year's program was a first for ASPOG.

ASPOG New Researcher Prize 2010

We were glad to see a very high standard of entrants for the ASPOG New Researcher Prize. Congratulations to Dr Amanda Cooklin who was awarded the Prize for her paper entitled "Maternal employment following childbirth: the role of the mother-infant relationship".

Roger Wurm Award

This year we engaged the audience in the difficult task of selecting the overall best paper presented at the conference. The Roger Wurm Award was presented to Dr Paddy Moore and Safina Fergie for their paper entitled "Can you see what I see? Indigenous women and maternity services". The authors conveyed their message in a language beyond speech, using the artistic medium to promote understanding, healing and reflective clinical practice. In doing so they skillfully prepared the ground for the ASPOG's future discussions about indigenous health by offering a way in which everyone can learn to see the world as indigenous women do and reinforcing the urgency of the need to do so.

In this Newsletter we report on the activities of the International Society for Psychosomatic Obstetrics and Gynaecology (ISPOG), with which ASPOG is affiliated, the ISPOG conference held in Venice in October, and introductions to the incoming ISPOG Committee members.

ASPOG Conference 2011

We hope to see you all at our next meeting in Adelaide on 29 - 30 July 2011.

Website

Visit our website for membership renewals, abstracts of past conferences and details of future conferences and office bearers www.aspog.org.au

ASPOG Secretariat

After many years of providing the Secretariat service for ASPOG, Margaret Ettridge has decided to step down at the end of 2010. I am sure all members join me in thanking Margaret for her unfailing loyalty, good humour and dedicated professionalism during her long association with the Society. We will miss her at meetings and wish her well in the future. We warmly welcome our new Secretariat Ms Bianca Scarlett of Scarlett Events. For further details please see the website.

Committee

I sincerely thank the outgoing Committee members A/P Suzanne Abraham and Dr Amanda McBride for their longstanding and loyal support and Dr Chris Bayly for her remarkable contribution, particularly as a member of the 2010 local conference organising committee at The Women's Hospital in Melbourne. The continuing members and I warmly welcome our new committee colleagues, Dr Fiona Haines (Brisbane), Dr Kirsten Black (Sydney) and Dr Susan Carr (Melbourne) and look forward very much to working together.

Heather Rowe

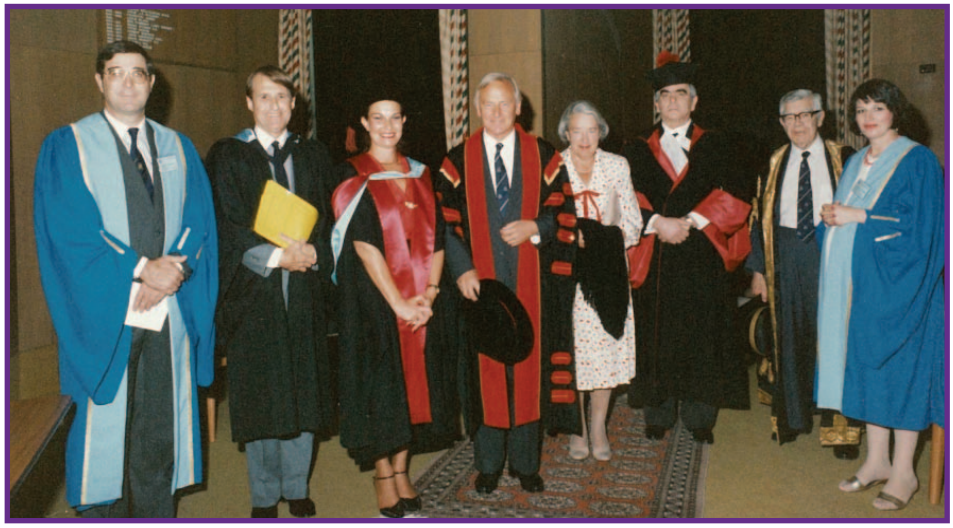
Dr Amanda Cooklin receives the ASPOG New Researcher Prize 2010.

Following is an edited version of the opening address of the ASPOG 2010 conference given by **Professor Lorraine Dennerstein AO MBBS PHD DPM FRANZCP**, The University of Melbourne at the 36th Annual Scientific Meeting, Royal Women's Hospital, Melbourne 30 July 2010.

ASPOG - THE WAY WE WERE

The inaugural meeting of a group of like-minded medical professionals interested in psychosomatic aspects of obstetrics and gynaecology was convened in South Australia in 1972 by Dr Roger Wurm. This was followed in 1975 with a second meeting in Melbourne and the creation of the Australian Society for Psychosomatic Obstetrics and Gynaecology. Lorraine became the first Australian co-editor of the international

society ISPOG's professional Journal of Psychosomatic Obstetrics and Gynecology in 1984, signaling Australia's involvement in the growing international collaboration. Soon after in 1986-ASPOG hosted the ISPOG meeting in Melbourne, and Lorraine was President of ISPOG for the period 1986-1989. In the 1990s the name of the society was changed to the Australian Society for Psychosocial Obstetrics and Gynaecology, reflecting changing perceptions of the meaning of the term "psychosomatic".



Opening Ceremony of ISPOG Congress Melbourne 1986

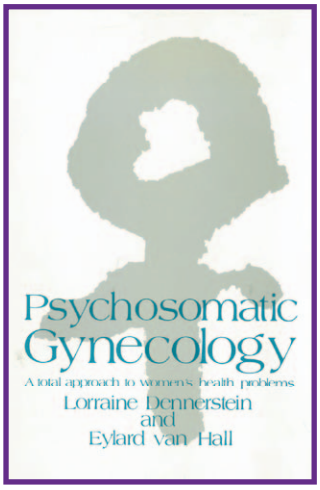
From left Prof O. Petrucco, (unidentified), Dr L.Dennerstein Pesident elect ISPOG, Congress President, Governor of Victoria - Dr D.McCaughey and Mrs J. McCaughey, Prof Lucio Ziccella (president of ISPOG, Prof Wright (Chancellor Uni of Melbourne, Dr Elizabeth Farrell.

Meanings of the term "PSYCHOSOMATIC"

The term "psychosomatic" has been used to describe a narrow group of psychogenically induced disorders, for example asthma, and almost always used with a pejorative edge suggesting that the condition was neurotic or all in the mind. The construct has its origins in the idea of "mind-body unity" articulated first in Egyptian papyrus writings which referred to the supposed influence of the uterus on the mental life of women. It was further elaborated in the Hippocratic era when the "melancholies of menstruation" were described. The term "psychosomatic' was first used in the early 19th century for the mental symptoms of phobias, obsessions and insomnia and the term but almost abandoned by the early 1900s.

During the 19th century Cannon et al mapped anatomical and chemical pathways connecting mental and somatic domains. Pavlov showed how visceral somatic organs could learn to respond and Freud interpreted somatic symptoms as symbolic expressions of unconscious conflicts and further elaborated the concept of target organ vulnerability resulting from infantile trauma. Wolff, Dunbar and Alexander proposed the so-called Specificity theories, whereby specific personality patterns or emotions were linked to specific somatic diseases. For example Alexander (1968) connected rage to problems in the cardiovascular system, dependency to the gastrointestinal tract and discussed in these terms seven chronic diseases of unknown etiology: peptic ulcer, asthma, rheumatoid arthritis, ulcerative colitis, hypertension, neurodermatitis, thyrotoxicosis. Dunbar (1943) also investigated the question of somatic disease of psychic causation as a means to approach the study of illness.

There are important limitations of these uses of "psychosomatic", including the observations that many of the personality patterns could be identified in healthy individuals and that psychotherapy gave inconsistent results in their treatment.



New Approach to "PSYCHOSOMATIC"

This approach was outlined in the book "Psychosomatic Gynecology", by Dennerstein and van Hall, published in 1986. This new approach to diagnosis and management often referred to as a "holistic approach", is distinguished by an understanding of the psychological and social factors in all illness and the manipulation of these factors to aid in prevention and treatment. In this usage, psychosomatic approaches recognise multiple etiological factors and causal networks in all disorders. This new use of psychosomatic eliminates the decision about whether a disorder is organic or psychological and recognizes the dynamic interplay between somatic and mental: all physical illness affects mental wellbeing and psychological illness usually affects physical functioning. Further, psychological and social factors exacerbate or diminish the course of an illness and affect the severity, discomfort and duration.

The object of psychosomatic approach is to understand the patient, the illness and the response by consideration of all factors, biological, psychological and social, enacted through the doctor-patient relationship. Attention is paid to the context and setting with the aim of reducing patient anxiety. Central to this is the doctor patient relationship, the functioning of which is enhanced by reducing barriers to communication availability, appearance, objectivity with doctor and patient as equal participants, enhanced empathy, acceptance and non-judgmental attitude, confidentiality, ethics and recognition of patient's subjective experience. The psychosomatic process starts with reaching an understanding of who is the patient, and what is the problem. It develops through assessing the current environment, distinguishing personality traits from personality disorder, the usual coping strategies (mature, neurotic, immature, psychotic), vulnerabilities and fears, leading to sensitive examination and investigations leading to understanding, or the diagnostic formulation.

ASPOG

The history of ASPOG mirrors to a large extent these changes in the understanding of the role, function and process of psychosocial factors in clinical practice in women's health. Annual congresses have focused on psychosocial aspects of women's health including menstrual cycle related problems, sexual dysfunction and sex therapy, contraception, pregnancy, childbirth and postpartum, infertility and menopause.

ASPOG & ISPOG the last 10 years

In recent years the focus has moved away from individual diseases and dysfunctions to considerations of the psychosocial environments which create vulnerability and risk of physical and emotional distress, including childhood sexual abuse and maltreatment, sexual assault, violence and other trauma, and sociopolitical disadvantage. The sphere of ASPOG's interest which encompasses a life-stage approach to women's health has seen

increasing competition from other national and international societies focusing on single disorders such as AMS, IMS, NAMS, ISSM, ESSM, ISSWSH and the Marce Society and a resulting decline in membership. However ISPOG remains vigorous. Is there still a role for ASPOG? It's up to you!

THE 16TH INTERNATIONAL CONGRESS OF ISPOG 28-30 OCTOBER 2010, VENICE

The congress, held every three years, was hosted by the Italian Society (SIPGO) in the magnificent setting of the Scuola Grande San Giovanni Evangelista (established in 1261) in the heart of the unique city of Venice. Congress Chairman Andrea R. Genazzani reminded the 500 delegates that they traversed four centuries of architecture and art in the Scuola, which had been chosen as the congress venue for its embodiment of the psychosomatic that no modern hotel venue could match. The walls and ceilings of the gracious meeting rooms were adorned with original 17th century frescoes by Tintoretto and Tiepolo, but the scientific program was decidedly 21st century.

As usual the program focused on psychobiological, psychosocial, ethical and cross-cultural aspects of gynaecology and women's health care. This year there was a particular focus on the promotion of education and training in psychosomatics. ISPOG has been active in developing a curriculum for use by the universities and specialist colleges for this purpose (ref 1), and a proposal for a curriculum was discussed during a special symposium. The latest issue of the society's journal JPOG (Journal of Psychosomatic Obstetrics and Gynaecology) features an Editorial proposing a virtual ISPOG academy to use electronic means to share and preserve teaching practice wisdom (ref 2).

ISPOG has continued and increased its focus on the implications of women's experiences of violence and trauma for pregnancy, childbirth, neonatal outcome and clinical practice, but expanded this year to discussions about novel theoretical and practical approaches to addressing concealment of violence and abuse in childhood, in health care and in war. Female genital surgery and caesarean section on demand are two emerging themes flagged for further attention in future ISPOG activities and meetings.

Female genital cosmetic surgery (FGCS)

There has been an increase in the number of women seeking FGCS, particularly labioplasty.

It is thought that media images of the "perfect body" in a globalised media and information society have a negative influence on the self-esteem of women and girls. The main reasons that women give for requesting surgery are feelings of dislike for the appearance of their external genitals, sexual problems and impairment in sports activities, particularly cycling and horse riding. Cooperation with a psychologist is frequently necessary for the assessment of anxiety and depressive symptoms and to exclude body dysmorphic disorder.

The American College of Obstetricians and Gynaecologists drew attention to this problem in 2007 and in June 2008, the Dutch Society of Obstetrics and Gynaecology and the Dutch Society of Plastic Surgery issued a multidisciplinary guideline on 'Counselling and treatment of women with a request for reduction of the labia minora'. Guidelines have also been developed under the Vienna Women's Health Programme and a consensus paper on female genital cosmetic surgery has been prepared. The safety and efficacy of the surgery is not well documented. A point of contention arose in question time when a delegate suggested that FGCS in Europe was equivalent to Female Genital Mutilation (FGM) in Africa. FGM is usually carried out on girls who do not give direct consent.

Caesarean section on demand

The NIH guidelines state that CS on maternal request is not recommended for women who want more than one child, before 39 weeks gestation or because of unavailability of adequate pain relief (ref 3), raising complex questions about the clinical, ethical and legal ramifications, and about patient autonomy and shared decision making. An innovative program of counseling offered to all women who request cesarean section in a maternity setting in Germany has resulted in improved psychological care and half of the women having counseling changing their preference to vaginal birth, most of whom were happy with their decision in retrospect.

The abstracts of the Venice conference are published in the October 2010 issue of JPOG (ref 4).

Several member countries presented country-specific symposia, some in their own language, which showcased the work of their members. Eleven Australians, representing every State, made the trip to Italy to join their international colleagues in this most stimulating forum, which is impressive for a country with so small a population at such a distance.

Some of the Australian delegates: Heather Rowe, Yvonne White, Ann Olsson, Kate Duncan, Bronwyn Williams

ISPOG is an active society with 20 member countries and almost 1000 members.

The incoming ISPOG office bearers are:

President: Dr. Karen Marieke Paarlberg MD,PhD, Gynaecologist, The Netherlands.

General Secretary: Prof Pauline Slade, Psychologist, UK.

President Elect: Dr. Carlos Damonte Khoury, Gynaecologist, Spain

Immediate Past President: Prof. Klaas Wijma, Psychologist, Sweden

Treasurer: Prof. Dr. Beate Wimmer-Puchinger Clinical & Health Psychologist, Austria

The 17th ISPOG meeting will be held in Berlin on 22-25 may 2013.

The conference theme is
"The Brain-The Body-The Society"

Put the date in your diary now!

1. Bitzer J. Teaching Psychosomatic Obstetrics and Gynecology. In: Cockburn J, PawsonME, editors. Psychological Challenges in Obstetrics and Gynecology. London: Springer Verlag; 2007. pp 3– 14.

2. Harry van de Wiel, Paul L. P. Brand, Willibrord Weijmar Schultz, Klaas Wijma. The virtual ISPOG Academy: how E-learning can enrich (our) society Journal of Psychosomatic Obstetrics & Gynecology Sep 2010, Vol. 31, No. 3: 111–112.

3. NIH Consensus and State-of-the-Science Conference Statement on Cesarean Delivery on Maternal Request. NIH Consensus and State-of-the-Science Statements Volume 23, Number 1 March 27–29, 2006. NATIONAL INSTITUTES OF HEALTH Office of the Director. **http://consensus.nih.gov/2006/cesareanstatement.pdf**

4. Abstracts of XVI International Congress of ISPOG Journal of Psychosomatic Obstetrics & Gynecology October 2010 Vol. 31, No. s1.

IN THE LITERATURE BY JACKIE STACY

Two papers reporting work in international settings both highlight the growing recognition of the influence of intimate partner behaviours on women's mental health in the peripartum period, and the question of psychosocial screening in pregnancy that assess exposure to violence.

Title: Prenatal family support, postnatal family support and postpartum depression

Journal: Aust & NZ J of O&G 2010;50: 340-345

Authors: Ri-Hua XIE, Jianzhou YANG,et al

Background: Inadequate social support is an important determinant of postpartum depression (PPD). Social support for pregnant women consists of support from various sources and can be measured at different gestation periods. In the family centered Chinese culture, family support is likely to be one of the most important components in social support.

Aims: The aim of this study was to assess the association of prenatal family support and postnatal family support with PPD.

Methods: A prospective cohort study was conducted between February and September 2007 in Hunan. China. Family support was measured with the Social Support Rating Scale at 30-32 weeks of gestation and again at 2 weeks postpartum. The Chinese version of the Edinburgh Postnatal Depression Scale (EPDS) was administered at 2 weeks postpartum to assess PPD with a cut off score of >13 to diagnose PPD.

Results: A total of 534 pregnant women were included, and among them 103 (19.3%) scored 13 or more in the EPDS. PPD was 19.4% in the lowest tertile versus 18.4% in the highest quartile(adjusted odds ratio:1.04.95% confidence interval 0.60,1.80) for prenatal support from all family members, and PPD was 39.8% in the lowest tertile versus 9.6% in the highest tertile (adjusted odds ratio: 4.4, 95% confidence interval2.3,8.4) for postnatal support from all family members. Among family members, support from the husband had the largest impact on the risk of developing PPD.

Conclusion: Lack of postnatal support family support, especially support from the husband, is an important risk factor of PPD.

Title: Intimate partner violence as a risk factor for postpartum depression among Canadian women in the maternity Experience Survey.

Authors: H. Beydoun et al

Journal: Annals of Epidemiology 2010 Aug. 20 (8) 575-583

Intimate partner violence (IPV) is a worldwide health concern that predominantly affects women of reproductive age. The purpose of this study was to evaluate the effect of exposure to IPV before, during or after pregnancy on postpartum depression in a nationally representative sample of Canadian women.

6421 women participated in a computer assisted telephone interview. Recent experiences with and threats of physical or sexual violence by an intimate partner were examined in relation to postpartum depression assessed with the Edinburgh Postpartum Depression Scale.

The prevalence of postpartum depression was 7.5% (95% C.I. 6.8-8.2) Controlling for confounders, odds of postpartum depression were significantly greater among women who reported partner violence in the past 2 years as opposed to those who did not. (adjusted odds ratio 1.61;95% C.I.1.06-2.45)

Conclusion: IPV is positively associated with postpartum depression among Canadian women. This has implications for health care.

ASPOG WISHES ALL ITS MEMBERS
A SAFE AND HAPPY FESTIVE SEASON AND A FULFILLING AND PRODUCTIVE YEAR IN 2011...

Please see next page for the Invitation to Submit Abstracts for Papers

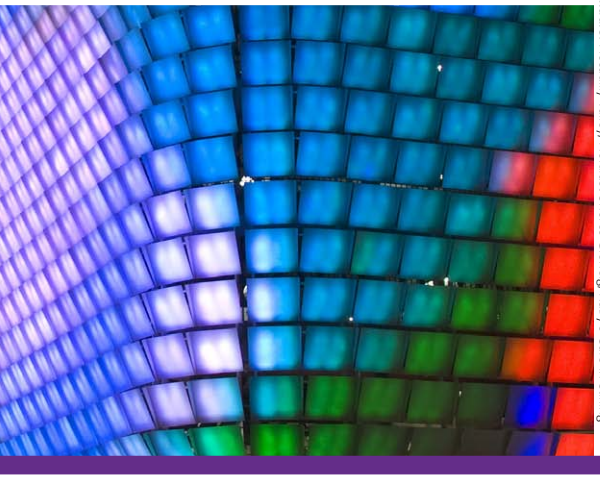
Australian Society for Psychosocial Obstetrics & Gynaecology

ASPOG 2011 ASM

"Shining the Light"

29 - 30 July 2011 Adelaide, South Australia



Main: Adelaide Lantern **Middle:** Piccadilly Valley, Holdfast Shores Glenelg, Ruby's Cafe in Stirling

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, counselling 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 and sometimes offshore. 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.

Invitation to Submit Abstracts for Papers

PLEASE NOTE: All presenters must pay registration fees to attend the Meeting.

ABSTRACT PREPARATION

1. Abstracts must be no more than 300 words.
2. Abstracts should not contain references or figures, however they may contain tables.
3. Please use MS Word 6 (or earlier: if you use a later version, please submit as an RTF file), Arial font size 11. The title is to be left justified, in upper and lower case (not CAPITALS) followed by double spacing, then author/s name/s in upper and lower case followed by organisation and city. The name of the author presenting the paper must be asterisked (see following example): **Title** (Upper and Lower Case - **not CAPITALS**) **Author** (1), **Author** (2), **Author** (3)* **(1)** organisation of author and city (one line per entry) **(2)** organisation of author and city **(3)** organisation of author and city
4. Do not use printing enhancements such as different fonts, italics, underlining, bold text etc, except for italics for non-English words or scientific names where necessary.
5. All abstracts will be printed as submitted, so should be thoroughly checked for spelling and grammar before submitting.
6. State whether eligible for ASPOG New Researcher Prize.
7. Include statement on ethical compliance.

ABSTRACT SUBMISSION

1. Abstracts must be submitted by email (as an attachment in Word)
2. Abstracts sent via fax will not be accepted
3. Please name the e-mail attachments as follows: First author's surname+initials.doc eg Citizen J.doc
4. If you are the first author on more than one abstract, please number the e-mail file as follows: Citizen J1.doc, Citizen J2.doc
5. E-mail your abstract to bianca@scarlettevents.com.au
6. E-mails MUST be received on or before 13 May 2011: you will be emailed an acknowledgment of receipt.

NOTIFICATION OF ACCEPTANCE

1. Authors will be advised by 17 June 2011 whether or not their abstracts have been accepted.
2. Successful abstracts will be published in the Meeting handbook and distributed to delegates at the ASM. Abstracts will be published only if the presenting author is a registered or invited delegate. If authors do not register by the specified date of 15 July 2011, the abstract will not appear in the program and will not be published.
3. Failure to meet the specified deadlines and guidelines may result in exclusion of the abstract from publication.

STATEMENT ON ETHICAL COMPLIANCE

Research involving human participants must be approved by a properly constituted ethics committee (NHMRC, National Statement on Ethical Conduct of Research Involving Humans, 2007). We ask that when submitting the abstract to ASPOG, you include one of the following statements, whichever is applicable:

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

"The submitted abstract does not report on research using human participants".

Statement of Ethical Compliance will not be included in abstract 300 word limit.

PRIZES

ASPOG offers two annual prizes for papers presented at the ASPOG annual meeting.

1. The "ASPOG New Researcher Prize" Applicants will be eligible for this Prize if they are within 5 years of Bachelors, Masters or PhD degree or of obtaining fellowship of a National Clinical College, and present their paper themselves at the meeting.
2. "Roger Wurm Award" Founder of ASPOG 1991 To be awarded for the best scientific presented in person at the annual meeting.