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# The Australasian Marcé Society & Tresillian Family Care Centres VIRTUAL CONFERENCE

## New Paradigms in Parenting, Perinatal Mental Health & Wellbeing

9th & 10th of September 2021



# PROCEEDINGS



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The Royal Australian and New Zealand College of Obstetricians  
and Gynaecologists (RANZCOG)

## Day 1 – Thursday 9<sup>th</sup> of September 2021

### Session 1: Psychosocial aspects of pregnancy

A: The Antenatal Risk Questionnaire - Revised (ANRQ-R):  
Validation and use in an integrated model of  
psychosocial care during pregnancy

**Nicole Reilly, Dusan Hadzi-Pavlovic, Deborah Loxton, Emma Black,  
Victoria Mule, Marie-Paule Austin**

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The Antenatal Risk Questionnaire-Revised (ANRQ-R) is a brief measure that assesses for a broad range of psychosocial factors known to be associated with poorer maternal mental health and parenting outcomes. In this presentation, we will provide an overview of the development of the ANRQ-R and our evaluation of its psychometric properties.

Over 7000 women completed the ANRQ-R at their antenatal booking in appointment. A sub-group of women also completed the ANRQ-R and a diagnostic reference standard (SAGE-SR) in the second (N=1166) and third (N= 957) trimesters and at 3-months postpartum (N=796).

The ANRQ-R was developed in consultation with an expert advisory group. ROC analysis yielded acceptable areas under the curve (AUC) when the ANRQ-R was used to detect current (AUC=0.789-0.798) or predict future (AUC=0.705-0.789) depression or anxiety. Test-retest reliability for the ANRQ-R total score was also good (ICC=0.77).

The ANRQ-R allows health care professionals to routinely identify women at increased risk of poor mental health outcomes, or needing further monitoring or assessment, so that appropriate referral and management options can be offered. A real-world example of how the ANRQ-R has been integrated into a service delivery model and maternity data platform will be discussed.

## B: The psychosocial wellbeing of women who give birth in the Illawarra Shoalhaven Local Health District (ISLHD)

**Bianca Suesse, Nicole Reilly, Victoria Westley-Wise, Jennifer Budd, Brendan McAlister, Judy Mullan, Barbara Atkins, Angela Jones, Carolyn Frohmuller, Jenny Claridge**

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This project describes the psychosocial wellbeing of women who gave birth in the Illawarra Shoalhaven Local Health District.

Participants were a consecutive cohort of women who gave birth in ISLHD maternity facilities between 01 November 2017 and 30 April 2018. Routinely collected depression screening and psychosocial assessment data was drawn from the eMaternity data platform.

During the study period, 1490 women gave birth to 1515 babies in ISLHD. An initial Edinburgh Depression Scale score was recorded for 98% of women, with 5% scoring between 10 to 12 and 4% scoring 13 or more. Completion rates for psychosocial assessment including domestic violence screening were equally high. Approximately 40% of women had at least one risk factor recorded, with the most common reported risk factors being recent life stressors, mental health history, low self-esteem, relationship issues and a history of childhood abuse. Data relating to clustering of risk factors, and patterns of referral to antenatal support services, will also be presented.

ISLHD has achieved very high completion rates of routine depression screening and psychosocial assessment. Findings will be discussed in the context of the current state-wide review of SAFE START and the NSW Health First 2000 Days Framework and Implementation Strategy.

## C: ISLHD Continuing the Conversation: Understanding Postnatal Depression – the need for increased education & support for new mums

**De Haan, K, Bernoth, M & Esler, J**

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This research explored the barriers and facilitators of new mums accessing an online CBT for postnatal depression (PND) in regional and remote areas.

Using a mixed methods approach, interviews and focus groups were conducted with isolated mums, child and family health nurses and managers to explore the possible barriers and facilitators to engagement with online treatments for post-natal depression.

There were several themes that arose including many new mums not recognising the symptoms of PND, not remembering about the e-health treatment option and needing several prompts to connect with it. Stigma, whether perceived or real, was also common as well as a sense of isolation, physically and emotionally, which imposed barriers to accessing help. New mums also felt a sense of stoicism and self-efficacy which made it hard to ask for help, but they were also mindful of wanting significant others e.g. partners to be involved in their treatment and recovery. Mums recognised the need for tailored programs for new dads.

Recommendations were made around education for mums both antenatally and postnatally and further education for clinicians, fathers and other support people. The education and awareness should extend to the community to increase understanding of PND and reduce stigma.

## D: Continuing the Conversation: The role of the clinician in engaging isolated and vulnerable new mums in online and telehealth interventions

**De Haan, K, Bernoth, M & Esler, J**

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This research explored the barriers and facilitators for new mums accessing an e-health intervention. The role of the clinician was investigated in the uptake of an e-health intervention. It was found there is a significant role for clinicians and managers to play to aid the success of online treatments.

Using a mixed methods approach, enablers and barriers were identified through interviews and focus groups with the new mums and clinicians. What emerged was the pivotal role the child and family health nurse played in supporting and encouraging the new mum to access on-line treatment.

The clinicians were able to build the much-needed environment which enhanced the mums' engagement with e-health programs. Clinicians themselves also identified needing their own supports around access to technology, the right devices, internet access and time to be able to explore the online treatments for themselves so that they could then be informed to share the treatment options with the new mums.

Recommendations around the findings are now being implemented into policy and practice. Skills around assessing for risk of postnatal depression and when and how to introduce the topic of e-health interventions were also important.

## Concurrent Session 2: Bereavement & Grief

A: Development and evaluation of a grief-focused online support program for parents following stillbirth and neonatal death: Preliminary findings from a randomised control trial.

**Ann Lancaster, Mater Hospital and University of Queensland, Dr Siobhan Loughnan**

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Care women and families receive following perinatal loss is a major contributor to long-term wellbeing. However, parents face a range of help-seeking barriers which limit access and engagement with bereavement care services, including perceived stigma, time and logistical constraints, out-of-pocket costs, and lack of access to health professionals in rural and remote communities. Delivering support online can offset these barriers and improve coverage across Australia.

The Stillbirth CRE led a national collaboration with bereaved parents to co-develop an online perinatal bereavement support program, 'Living with Loss', to deliver evidence-based practical coping strategies to improve self-management of grief-related symptoms. We aim to compare the efficacy and acceptability of this program with usual care in a randomised control trial. Participants will be recruited across Australia from June 2021 through partnering support organisations (Red Nose, Sands, Bears of Hope and Stillbirth Foundation Australia).

Preliminary results on participant characteristics, adherence, and satisfaction with the program content will be presented. We anticipate parents with higher levels of psychological distress at baseline to experience greater improvements following completion of the program, compared to usual care.

The Living with Loss program offers great potential for enhancing primary care capacity to deliver effective, accessible care for Australian parents following perinatal loss.

## B: Factors contributing to men's grief following pregnancy loss and neonatal death: Further development of an emerging model in an Australian sample

**Kate Louise Obst<sup>1</sup>, Melissa Oxlad<sup>1</sup>, Clemence Due<sup>1</sup>, and Philippa Middleton<sup>2</sup>** <sup>1</sup>School of Psychology, Faculty of Health and Medical Sciences, University of Adelaide <sup>2</sup>Healthy Women and Kids, South Australian Health and Medical Research Institute

**Background** Historically, men's experiences of grief following pregnancy loss and neonatal death have been under-explored in comparison to women. However, investigating men's perspectives is important, given potential gendered differences concerning grief styles, help-seeking and service access. Few studies have comprehensively examined the various individual, interpersonal, community and system/policy-level factors which may contribute to the intensity of grief in bereaved parents, particularly for men.

**Methods** Men ( $N = 228$ ) aged at least 18 years whose partner had experienced an ectopic pregnancy, miscarriage, stillbirth, termination of pregnancy for foetal anomaly, or neonatal death within the last 20 years responded to an online survey exploring their experiences of grief. Multiple linear regression analyses were used to examine the factors associated with men's grief intensity and style.

**Results** Men experienced significant grief across all loss types, with the average score sitting above the minimum cut-off considered to be a high degree of grief. Men's total grief scores were associated with loss history, marital satisfaction, availability of social support, acknowledgement of their grief from family/friends, time spent bonding with the baby during pregnancy, and feeling as though their role of 'supporter' conflicted with their ability to process grief. Factors contributing to grief also differed depending on grief style. Intuitive (emotion-focused) grief was associated with support received from healthcare professionals. Instrumental (activity-focused) grief was associated with time and quality of attachment to the baby during pregnancy, availability of social support, acknowledgement of men's grief from their female partner, supporter role interfering with their grief, and tendencies toward self-reliance.

**Conclusions** Following pregnancy loss and neonatal death, men can experience high levels of grief, requiring acknowledgement and validation from all healthcare professionals, family/friends, community networks and workplaces. Addressing male-specific needs, such as balancing a desire to both support and be supported, requires tailored information and support. Strategies to support men should consider grief styles and draw upon father-inclusive practice recommendations. Further research is required to explore the underlying causal mechanisms of associations found.

**Please note:** This research and abstract has been published in BMC Pregnancy and Childbirth.

**Citation:** Obst, K.L., Oxlad, M., Due, C. et al. Factors contributing to men's grief following pregnancy loss and neonatal death: further development of an emerging model in an Australian sample. BMC Pregnancy Childbirth 21, 29 (2021). <https://doi.org/10.1186/s12884020-03514-6>

## C: Men's experiences and need for targeted support after termination of pregnancy for foetal anomaly: A qualitative study

**Kate Louise Obst<sup>1</sup>, Clemence Due<sup>1</sup>, Melissa Oxlad<sup>1</sup>, and Philippa Middleton<sup>2</sup>** <sup>1</sup>School of Psychology, Faculty of Health and Medical Sciences, University of Adelaide <sup>2</sup>Healthy Women and Kids, South Australian Health and Medical Research Institute

**Aims and objectives** To explore men's experiences of termination of pregnancy for life-limiting foetal anomaly, including how healthcare providers, systems and policies can best support men and their families.

**Background** While there is a sizable body of research and recommendations relating to women's experiences of grief and support needs following a termination of pregnancy for foetal anomaly, very few studies specifically examine men's experiences.

**Methods** Semi-structured interviews were completed with ten Australian men who had experienced termination of pregnancy for life-limiting foetal anomalies with a female partner between six months and 11 years ago. Interviews were completed over the telephone, and data were analysed using thematic analysis. COREQ guidelines were followed.

**Results** Thematic analysis resulted in the identification of three over-arching themes, each with two sub-themes. First, participants described the decision to terminate their pregnancy as the most difficult choice, with two sub-themes detailing 'Challenges of decision-making' and 'Stigma surrounding TOPFA'. Second, participants described that they were Neither patient, nor visitor in the hospital setting, with sub-themes 'Where do men fit?' and 'Dual need to support and be supported'. Finally, meet me where I am described men's need for specific supports, including the sub-themes 'Contact men directly' and 'Tailor support and services'.

**Conclusions** Findings indicated that termination of pregnancy for life-limiting foetal anomaly (TOPFA) is an extremely difficult experience for men, characterised by challenges in decision-making and perceived stigma. Men felt overlooked by current services and indicated that they need specific support to assist with their grief. Expansion of existing infrastructure and future research should acknowledge the central role of fathers and support them in addressing their grief following TOPFA.



## Concurrent Session 3: Early Perinatal Mental Health & Parenting Education

A: Tresillian pre-post interventions study of a post-natal depression group.

**Jane West; Lynne Ryan; Lisiane Latouche**

The evidentiary picture regarding the efficacy of group- work based approaches to postnatal depression and anxiety (PNDA) remains limited. This pre/post intervention study of a group-based psychotherapeutic approach to PNDA, which also includes a Circle of Security Parenting (modified) Intervention Group component is unique and represents the first of its kind in a metropolitan Australian setting.

From 2017-2019, Tresillian recruited 128 mothers who attended an eight week PNDA Group or a twelve week Sequential PNDA+COSP Group. The primary aim of the study was to measure the effectiveness of the group psychotherapy on symptomatology of PNDA. This was measured by the Edinburgh Depression Scale (EPDS), tracked from baseline, to post-course, then 4 week follow-up point or post-COSP (m) Group time point. Quantitative data via EPDS and qualitative data regarding impacts were collected via pre/post PND Group Parent Feedback Forms, with open-ended survey questioning. The partners of group participants were also canvassed regarding group work impact-related perceptions. Some PND Groups were part of a Sequential PND-COSP Groups and the COSP component was offered to couples and run on Saturdays to enable partners to attend. The aim of the Sequential PND+COSP Groups was to develop a shared approach to parenting, regenerating relationships and consolidating emotional recovery. This study provides a unique opportunity to facilitate open dialogue between practitioners, researchers and consumers to further refine current practice. Analysis of data indicates that EPDS scores were significantly lowered post-intervention ( $P < 0.05$ ), confidence scores were significantly raised ( $P = 0.001$ ), and that symptom reductions were maintained at post course and the 4 week follow up point. Subjective feedback from open-ended questioning indicated that the opportunity to share personal experiences and mutual connections were perceived as a key benefit. Comparison between the Sequential PND+COSP (m) approach and the 'standard' PNDA Group approach will be explored as well as the role of fathers.

This study confirms that the Tresillian group work model for PNDA yields real and sustained benefits in reducing PNDA symptoms for the majority of mothers. However, there were few differences between the standard PNDA Group and the Sequential PND+COSP Group, which may have been limited to sample size and higher loss in the latter group.

Research Authors: **Prof Cathrine Fowler; Dr Jessica Appleton; Margaret Booker; Lisiane Latouche; A/Prof Jenny Smit; Prof Greg Fairbrother**

## B: Destination: Parenthood

### **Elly Taylor, Becoming Us**

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Our celebratory “Bon Voyage” culture of parenthood leaves expectant parents with little or preparation for the life changes on the horizon. This oversight may contribute to high rates of parents’ anxiety, depression, and relationship distress. The Becoming Us program aims to holistically prepare expectant couples for the journey ahead.

From 2016 – 2019 over 200 expecting couples attended four Becoming Us two and a half hours antenatal and one postnatal face to face facilitated group sessions through Legacy Hospital in Portland, Oregon, Interrelate Family Relationship Centre, Lismore, Australia and through private providers in Melbourne, Australia and Luxembourg, Europe. Topics included individual coping, couple communication, intimacy, conflict management skills, whole family bonding and accessing supports. Participant evaluations were collected following each session. In 2020, Raven institute of Research evaluated feedback from 42 participants.

Mothers and fathers reported changed expectations, increased focus on their relationship, more awareness of self and partner’s needs and experiences, knowledge of ways to provide mutual support and work as a team. Further, participants reported feeling better prepared for life with baby and knowing when and how to seek additional support.

Supporting individual and couple resilience may help expectant parents to prepare for the challenges of family life and support the mental, emotional and relationship wellbeing of the whole family.

## C: Groups Work – An Analysis of Group Treatment Programs for Families

### **Chris Barnes, Gidget Foundation**

In October 2019, Gidget Foundation Australia (GFA) launched “Gidget Village,” a group treatment program for families experiencing perinatal depression and anxiety (PNDA). Gidget Village is facilitated by GFA clinicians and offers weekly two-hour sessions conducted face-to-face or via telehealth, over eight weeks, for 6-8 clients. The program includes two sessions, to which partners/support people are invited.

Each week of the program covers different topics including attachment, mindfulness-based interventions, couples’ communication, parenthood adjustment, self -esteem and PNDA. The sessions have an educational focus and include strong practical components.

Client evaluations have proven that Gidget Village facilitators develop a positive, supportive partnership, which in turn is shared with the clients, enabling the groups to build trusting relationships and share their experiences. Group feedback reveals that clients have felt that they were listened to and respected by facilitators, found the content informative, and the program helped with confidence in dealing with PNDA.

Clinical analysis of client EPDS and K10+ scores upon completion of the program, shows a clear reduction in client scores, with a mean individual variance in EPDS scores of 3.90 and mean individual variance in K10+ scores of 6.90.

Considering the prevalence, along with the cost of PNDA in Australia being approximately \$877million, it is increasingly important for GFA to facilitate programs that are short term, effective and accessible to parents nationwide

Client evaluations, as well as the consolidated clinical analysis outlined above, show that Gidget Village is an effective and valuable group treatment program for new parents.

Reference: (PWC, 2019, The Cost of Perinatal Depression and Anxiety in Australia)

Christine Barnes – Clinical Team Leader - Gidget Foundation.

## D: Circle of Security Parenting program (COS-P): Results from an Australian effectiveness study.

**Anne-Marie Maxwell<sup>1</sup>, Cathy McMahon<sup>1</sup>, Anna Huber<sup>1</sup>, Rebecca E. Reay<sup>2</sup>, Erinn Hawkins<sup>3</sup>, Bryanne Barnett<sup>4</sup>**

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Circle of Security Parenting (COS-P) is an 8-week group program for parents of babies and young children. Informed by attachment theory, COS-P is widely used across Australia (and indeed internationally) in a range of settings. Nevertheless, there is very little published evidence for the program's effectiveness. Further evidence is urgently needed, particularly regarding the effectiveness of COS-P in complex real-world settings.

This presentation reports results from a controlled effectiveness study conducted across four clinical settings in south-eastern Australia. Participants were 256 parents (of children aged 0 - 72 months) who presented at a participating perinatal mental health service or early parenting support service during the study period. Assessments were undertaken pre- and post-intervention for the treatment group (n = 201) and at comparable times for the waitlist control group (n = 55).

Analysis of data for mothers (89% of sample) indicated that, compared to mothers in the control condition, treatment group mothers reported significantly: (a) improved parental mentalizing and self-efficacy regarding empathy and affection toward the child, (b) reduced caregiving helplessness and hostility toward the child (all measured using a novel composite questionnaire) and (c) reduced depression symptoms (measured using the EPDS), at the end of COS-P treatment. Analyses within the treatment group indicated that mothers with older children reported greatest reductions in caregiving helplessness, and mothers with probable clinical depression pre-intervention reported greatest reductions in hostility and depression symptoms. Exploratory analyses indicated that treatment group fathers showed the same pattern of change as mothers. Clinical implications are discussed.

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## Concurrent Session 4: Service Models

### A: Reducing Stigma: An Integrated Family Friendly Model for Rural Communities.

**Deborah Stockton & Ann De Belin, Tresillian**

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The first years of life are vital to the positive trajectory of the life course and health outcomes of individuals, families, and communities. Families in rural and remote areas face challenges to accessing support for their mental health and wellbeing during those crucial early years. In addition to the known rates of perinatal anxiety and depression, families in rural areas experience higher rates of psychological distress, impacted by geographic isolation, socio-economic disadvantage, and drought.

Tresillian has established 8 Regional Families Care Centres across NSW since 2015, increasing access to support for families experiencing early parenting difficulties with a focus on the early identification of perinatal distress, care navigation support and integrated perinatal mental health response.

High rates of PNDA have been identified, with some centres seeing 33-37% parents reporting clinically significant scores on the EPDS. This presentation will present data demonstrating outcomes including improvements in perinatal mood, parental self-efficacy, and personal agency.

This presentation will describe the holistic Family Care Centre model and implementation learnings and outcomes, breaking down barriers including geographic isolation and stigma, and enabling parents to access help and support early to improve the mental health and wellbeing of children and parents.

## B: Eating Disorders in the Perinatal Period

### **Aleshia Ellis & Dr Emma Brownlow Gold Coast Health**

**Title:** Managing eating disorders in the peripartum with women admitted to a psychiatric mother-baby unit

**Authors:** E. Brownlow<sup>1</sup>, G. Branjerdporn<sup>1</sup>, A. Ellis<sup>1</sup>, S. Roberts<sup>1</sup>

**Affiliations:** <sup>1</sup>Gold Coast Hospital and Health Service

**Introduction:** The postpartum period presents as a particularly high-risk time for the relapse or exacerbation of eating disorders. Eating disorders in postpartum women, when left untreated, contributes to lower quality of life and functioning, as well as impaired infant development. The Lavender Mother-Baby Unit (MBU) provides inpatient treatment to mothers with mental illness, including those with eating disorders.

**Methodology:** A four-phased research programme was conducted consisting of (1) a retrospective audit of women admitted to the MBU identified with an eating disorder; (2) a staff survey to assess knowledge and skills for assessing and treating women with eating disorders; (3) auditing the applicability of the current standardised process as outlined by our health service for assessment and management of adults with disordered eating behaviours in a mother-baby unit; and (4) prospective data collection of disordered eating behaviours using the Eating Disorder Examination Questionnaire.

**Results:** Based on phase one's audit, of 238 women admitted to the MBU, 19 women (7.98%) were identified to have an eating disorder. On average, these women were 27 years old and 5 months postpartum. 66.66% were diagnosed with Anorexia Nervosa (including Atypical) and 36.84% had a primary diagnosis of an eating disorder. Women frequently had comorbid depression (63.16%) or personality disorder (36.84%). 25.00% were treated under the Mental Health Act, and most (66.67%) had previous psychiatric admissions. Women with eating disorders had longer lengths of stay compared to women without eating disorders. Number of admissions with eating disorders was higher in 2020 (during COVID-19 pandemic) compared to 2017-2019.

**Discussion:** Eating disorders is a complex mental illness that requires a coordinated and specialised multidisciplinary approach to management in an MBU. Results and recommendations for the four phases of the research programme will be discussed.

## C: Formative work on an online CBT intervention for Paternal Perinatal Depression & Anxiety.

**Professor Jeanette Milgrom AM, Parent Infant Research Institute, Austin Health, Jennifer Ericksen, Andre Rodrigues, Alan W Gemmill, Jeannette Milgrom**

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Paternal Perinatal Depression and Anxiety (PPDA) affect 10% of fathers with impact not only for themselves but partners, children, and the wider community. Few fathers seek or are offered help.

A systematic literature review was undertaken for Paternal Perinatal Mental Health interventions.

PIRI's evidence-based interventions, MumMoodBooster and Towards Parenthood provided a foundation for development of a specialised intervention, with consumer consultation informing adaptations to the look, feel and content.

The findings from the literature review will be described including a key gap: no interventions for fathers with PPDA.

Insights from men about mental health resources will be presented.

The development of the online CBT intervention will be detailed.

The recruitment, retention and engagement strategies used for the next stage of the project, an RCT of the intervention will be discussed.

The need is well understood for a specialised intervention for Paternal Perinatal Depression and Anxiety (PPDA) however the road to developing this and its translation into practice must be mindfully travelled. Codesign with specific attention to the needs of the end user, together with careful recruitment, retention and engagement strategies is hoped to make this resource acceptable and accessible to men who might choose to engage with it.

## Concurrent Session 5: Peer Support & Consumer Perspectives

### A: A Bundle of Broken Nerves: My Lived Experience with Tocophobia.

#### **Esther Howard**

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Tocophobia (Tokophobia), a specific fear and disgust of pregnancy and childbirth, is important to perinatal mental health clinicians and researchers as it is under-researched and its prevalence may be higher than has been previously reported.

Insightful presentation on tocophobia through an auto-ethnographic lens. Presenting this lived experience, which expresses unique ideas and events, will open up new research pathways in areas that may not have been considered before.

As my background is in literature, I have undertaken research through the lens of philology (the study of the history of written words), which has led me on a spiritual journey and helped me better understand tocophobia. I will discuss my external and internal causes (including trauma suffered), my everyday triggers, and how I manage them. Due to my Autism diagnosis and the questioning of my gender and sexual identity, I started an interesting journey to acquire knowledge on tocophobia that has revealed a pattern that the three occur commonly together. I will also explore my struggle to obtain sterilisation and yet be a loving and tolerant aunty and sister. My story moves through a journey of increasing despair, zigzagging to a plateau of both freedom and self-exile, continuing on a search for answers towards tolerance and acceptance.



## B: Perinatal Peer Support

**Melissa Coates: Eastern Suburbs Perinatal & Infant Mental Health Team,  
Belinda West, Ashleigh Allen**

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The SESLHD PIMH teams have employed the first Perinatal Peer Worker in NSW. The Peer Worker was embedded within their teams with the goal of enhancing their model of care. The Peer Worker used individual work with consumers and delivered a group programme alongside the PIMH clinicians.

Consumer and clinician feedback was gathered at the end of a 6-month pilot project. Co-production principles underpinned this project throughout.

Broad themes indicated meeting the peer worker inspired hope in the PIMH consumers, they also identified the intervention as distinct from the work of the PIMH clinicians. PIMH clinicians found they were more recovery focussed.

This project highlighted the added value to both the clinician and consumers of the service having access to a Peer Worker.

## C: Honesty and Acceptability of Perinatal Depression Screening: a Narrative Literature Review

**Dr Terri Chaitow Royal Hospital for Women/UNSW**

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Clinical practice guidelines recommend routine psychosocial screening in the perinatal period, however unless women engage and disclose, psychosocial risk will not be accurately identified.

English-language studies, published up to May 2021, were identified. Qualitative and quantitative studies were included.

Nineteen published studies met the inclusion criteria. The majority of papers showed high acceptability of perinatal depression screening. One paper showed low acceptability. Honesty varied between 80 – 90%. Several barriers and facilitators to disclosure during screening were identified.

A history of mental health issues and lack of social supports are associated with reduced disclosure at assessment. Facilitators to disclosure during screening include education, provider training, and continuity of care. Barriers include stigma, time pressures, and fears over negative repercussions. Further research is needed to examine the impact of mode of screening on disclosure.

## Concurrent Session 6: Technology & Telehealth

### A: The Sleep Well Baby App: a stepped care approach to supporting parents in the early parenting period

**Melissa Webster, Ann De-Belin & Deborah Stockton**

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Maternal mental health and the maternal-infant relationship can decline when infant regulatory problems disrupt parental sleep. Educational or behavioural support interventions can improve infant sleep and maternal mood. The SleepWellBaby™ smartphone app is a digital sleep program, informed by Tresillian's evidence-based parenting programs, which supports understanding and responding to infant cues and behaviours.

The app utilises a stepped-care approach. Edinburgh Postnatal Depression Scale responses and parental perceptions of infant sleep are collected at program start and daily check-ins. Subsequently, tailored information on parental self-care and resources for further infant and/or parent support are provided.

An independent Social Return on Investment highlighted the impact of the app across a range of domains with evidence demonstrating the app provides a safe soft entry point for parents to normalise and destigmatise help-seeking.

The digital program supports parents in their growing understanding and response to their infant's needs, while providing an accessible and acceptable mode of access to evidence-based information and support. Further research is being undertaken of SleepWellBaby™, which has enrolled over 30,000 infants and their parents, to evaluate the outcomes of this app-delivered early parenting support program.

## B: Providing Families with PlaySteps Program during COVID lockdown

### **Beverley Allan, Tweddle & Liz Dullard**

Paper: Adapting and delivering the virtual PlaySteps program to families with babies and toddlers during lockdown in Victoria

PlaySteps is an 8-week parent and child play-based therapeutic program helping parents to strengthen their relationship and interactions with their child. Parents are provided with the opportunity to play with their baby or toddler whilst learning about their child's communication and behaviour and ways they can respond. In small groups of 6-8 families, they can build social and community support networks. The program has been researched with findings showing an increase in parenting confidence and understanding of child behaviour. Parent's depression, anxiety and stress was significantly decreased. Tweddle was a participant in research of the program and has provided PlaySteps to many families with children 0-4 years.

The 2020/21 COVID pandemic impacted on parents of babies and young children in Victoria when the state went into lockdowns over three time periods and lasting over four months. Families were left socially isolated and without their normal face to face professional and community programs. Tweddle responded by quickly converting many of their programs to Telehealth and virtual delivery. PlaySteps Virtual program commenced in May 2020 with five 8-week virtual programs delivered throughout 2020/21. The 2 facilitators of the program provided an online virtual playgroup with songs, activities and stories, an education component with a weekly theme, and a follow up one on one consultation. Parents were able to discuss how they were feeling, what was happening with their baby or toddler, key learning points and play activities from the play group. Social and professional supports were also discussed, and referrals made as required. All families were provided with a dear zoo board book and ideas for toys and play. Families were encouraged to develop support networks with other families at the group. Many families continued to develop their support networks when the program had ended. All participant families completed an evaluation which provided data on outcomes for parents and children. These results were: parents valuing and looking forward to the program, the importance of professional support during trying and stressful times, increase in parents' confidence and enjoyment in play. All parents valued the one-on-one consultations which provided time to discuss their feelings and parenting concerns.

The conversion of the PlaySteps program to a virtual group, the parents' evaluations and the facilitators reflections and observations will be discussed in the presentation.

## C: National Perinatal Mental Health Check

### **Nicole Highet, COPE**

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Australia's Guideline (2017) recommends universal, routine screening for every pregnant woman and new mother. To support inclusive screening and national data collection, COPE has developed the iCOPE digital screening solution.

Through successful implementation and advocacy, the Commonwealth has committed to a national rollout of iCOPE across all maternity and maternal and child health settings.

This presentation will detail the Program scope and plans for national implementation – including adaptations to telehealth, screening of fathers/partners, and management of family violence assessment and referral pathways.

Australia is the first nation to implement nation-wide digital screening. Implementation, collection of data, and adaptations to meet the needs of healthcare settings, all have significant implications for policy and supporting the delivery of best practice.

## D: Start Talking: Technology and Telehealth

### **Dr Alice Dwyer, Gidget Foundation**

#### **Background**

In April 2018, Gidget Foundation Australia (GFA) launched “Start Talking,” a nationwide telehealth perinatal psychological support program. Start Talking currently provides access to a minimum of ten free telehealth psychological counselling services per calendar year for expectant and new parents (with a baby up to 12-months old) who are experiencing or are at risk of developing, a perinatal mental health disorder. Support is also provided to women and their partners who have experienced pregnancy or birth-related loss or other trauma.

#### **Results**

In 2019 GFA conducted an independent evaluation to compare the effectiveness of telehealth and face-to-face perinatal psychological support programs.

The quantitative review of telehealth clients found a mean reduction in EPDS scores of 7.5 between referral and discharge, and mean reduction in DASS-21 scores of 3.8 (D), 2.5 (A), 5.2 (S) between referral and discharge. All clients (100%) rated the overall GFA experience as excellent, very good or good. Of clients who experienced both telehealth and face-to-face care, 60% thought both were equally effective; 18% preferred telehealth.

#### **Conclusions**

When the clinical EPDS and DASS-21 measures for Start Talking were compared with those from GFA’s face-to-face program, telehealth was found to be an equally effective treatment model.

Demand for GFA telehealth services have grown 139% year-on-year, with 70% of GFA clients still opting for telehealth when given the option.

Birth trauma, inability to drive resulting from surgery, geographic distance, as well limited specialist services particularly in rural and remote areas, means that telehealth meets a much-needed service gap.

## E: Implementation of the MumSpace Health Professional Portal.

**Professor Jeanette Milgrom AM and Andre Rodrigues, Parent Infant Research Institute, Austin Health, Jennifer Ericksen, Charlene Holt, Alan W Gemmill**

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MumSpace provides a stepped-care model of evidence-based resources supporting women's mental health during pregnancy and early parenthood. During COVID a greater reliance on online resources and telehealth has emerged. This and limited access to treatment due to work force demand has transformed consumer expectation and practice.

MumSpace is working to facilitate efficient integration of resources into practice.

Developed an online portal to allow Health Professionals ready access to MumMoodBooster and Mum2bMoodBooster for their patients. Maximising the continuity of care, support and monitoring to women, as they complete the self-directed interventions.

Co-designed and consumer tested with Primary Health Networks

Portal is operational with user information.

Efficient way to monitor patient progress, receive alerts for decline in mood and integrate treatment with usual practice.

A gap in service provision at a time of unprecedented need has been identified. The continued transformation of research into practice produced this portal to support health professionals to integrate online resources into practice especially with current high demand for service.

The choice remains with the woman to involve her health professional to ensure integration and continuity of care.

Further support for health professionals to integrate more MumSpace online resource as an adjunct to their practice is next.

## Concurrent Session 7: Psychobiology

### A: A Case of Mistaken Identity: supporting the family through Post Natal Psychosis

**Melissa Coates, Eastern Suburbs Perinatal & Infant Mental Health Team  
Dr Michelle Smith, Jess Gibbs, Melissa Coates, Dr Michael Connors**

Melissa.coates@health.nsw.gov.au

Case Study following a family's journey through the health system when the mother was experiencing postnatal psychosis. Covering

- Key principles in the treatment of postnatal psychosis
- Modern theory of delusional beliefs
- Managing tensions between supporting infant attachment and safety of the infant in non-specialist Mother Baby Unit settings

Needs of the family in rapid onset, first episode postnatal psychosis

This presentation will demonstrate best practise in responding to postnatal psychosis in a client who experienced both Fregoli and Capgras delusions. The intervention highlights the collaboration required for successful outcomes both within health systems, but with the father, who in this case was literally left holding the baby.

The presentation will also include patient story elements from interviews with the client about her experience following her recovery.



## B: Suicide crises among women in the first 1000 days of motherhood: prevalence and nature of contact with first responders

### **Susan Roberts and Carla Meurk**

Authors: Katherine Moss, Lisa Wittenhagen, Megan Steele, Ed Heffernan

**Background:** Suicidality among women in the first 1000 days of motherhood is a neglected area of research with far reaching impacts on families and communities. Not only is suicide during the peripartum period a leading cause of maternal mortality, but suicidal behaviours among mothers can have detrimental impacts on a child's development and outcomes.

**Aims:** This presentation will deliver findings on the need, demographic characteristics, and nature of contact with first responders and health services for women in the first 1000 days of motherhood who experience suicidality.

**Methods:** Descriptive findings are presented on a cohort of women who were within the first 1000 days of motherhood from conception. This sample was drawn from a study cohort of approximately 70,000 Queenslanders who were the subject of a suicide related call to police or ambulance between 2014 and 2017.

**Findings:** Approximately 2500 women were in the first 1000 days of motherhood at the time of an index suicide-related police or paramedic contact. Across pregnancy and postpartum phases, women had a median age of 26-27 years and 23%-28% of women were of Aboriginal and/or Torres Strait Islander descent. Between 46% and 58% of suicide-related calls to police or ambulance services were identified by a dispatch code that was explicitly suicide related. Of the remainder, the most common dispatch codes were domestic violence or disturbances/disputes (16%-28% of calls to police) or overdose/poisoning (12%-20% of calls to ambulance). A substantial proportion of suicide-related contacts with police or ambulance services (70%-79%) occurred outside of working hours, and approximately two-thirds resulted in a presentation to an emergency department.

**Conclusions:** Findings highlight the extent to which suicidality among these mothers is interwoven with vulnerabilities including substance use and intimate partner violence. Clinical and service implications will be discussed.

## Concurrent Session 8: Parent-Infant Relationships

A: What happens during an intervention with mother-baby dyads & their therapists?

### **Cata Sieverson: Beyond effectiveness**

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Depression is a common disorder during perinatal period and its implications in high psychosocial risk environments have been widely documented. Depressive symptoms lead to several relational difficulties. A mentalization-based therapeutic approach can be useful precisely because of a mentalization deterioration.

Mentalization within psychotherapy has been reported as a mechanism involved in therapeutic change and related to therapy alliance. Process research related to child and parenting therapy and video-feedback intervention is limited. This study aims to study mentalizing within meaningful episodes in a mentalization-informed intervention with video-feedback with mother-baby dyads with depressive symptoms.

Video-feedback sessions will be observed and coded for Generic Change Indicators (GCI) and Mentalization manifestations (M) by at least 2 pairs of trained coders, where the intersubjective content is agreed in a group of coders and researchers with different theoretical backgrounds.

Preliminary results of the observational coding system will be presented. Relevant episodes are expected to contain manifestations of mentalization and related to the use of video-feedback.

Brief and effective therapeutic interventions are needed for the perinatal period, which empower mothers and do not ruin their feelings of self-efficacy. Within psychotherapy several intersubjective processes take place and in depression and relational difficulties treatment these processes are highly relevant.

## B: Cultivating a mindfulness relationship based parenting culture at times of adversity. Why human connection from before birth matters

**Antonella Sanson, Southward-Bond University**

Amid the COVID-19 pandemic we all find ourselves forced into physical isolation. Like every individual, pregnant and new parents are navigating this uncharted terrain. The suffering is deeply felt, and we are reminded of our connection and shared humanity. This is a time of compassion for the pregnant parents. Considerable evidence indicates that their mental health and the quality of the relationship with their unborn baby significantly influence the development and health of the baby in the womb and in later life. In that spirit, Antonella Sansone shares her work integrating primal wisdom and science to create a culture based on mindfulness beginning in the womb and change our Western worldview to promote flourishing, with an awareness of interconnectedness with one another and the natural world beginning in the womb. This culture is responsive to and aligned with our basic human needs and values, and thus to the indigenous ways of knowing, being and doing, and has been cultivated through certain practices for 99% of human history to develop resilience and let go of fear of death and uncertainties about the future and enjoy our ability to truly create a better world. Antonella proposes an innovative prenatal mindfulness relationship-based (PMRB) program and model based on the most ancient practices and mother-preborn communication and connection to support maternal mental health and mother-baby relationship in pregnancy and beyond, with potential benefits for infant/child development and mental health and wellbeing. This new interdisciplinary bio-psychosocial model/program, applied to her research and clinical work, brings together scientific discoveries of interpersonal neuroscience, attachment, epigenetics, anthropology, prenatal and perinatal psychology, and mindfulness, which interestingly resonate with the intuitions of primal wisdom. It is described in her new book '*Cultivating Mindfulness to Raise Children Who Thrive: Why Human Connection Before Birth Matters*' (Routledge, 2021) and being piloted in her awarded PhD in Australia.

## C: A pilot study of an attachment based parenting program

**Kate Baltrosky, Southern Cross University**

Evaluation of a brief attachment-based parenting program: Aware Parenting

An 8-week pilot study evaluated an on-line brief attachment-based parenting program (Aware Parenting) for parents of children aged 2 – 4 years. Thirty-three parents were recruited on-line and through email and were randomly assigned into either the intervention group (n=17) or an active control group (n=16). Primary outcomes were Parent Efficacy and Empowerment Measurement (PEEM) and the parents report of the child's behavior using the Strengths and Difficulties Questionnaire (SDQ). Descriptive statistics found that the intervention group scores for PEEM improved 15 points for the intervention group and parents' report of total difficulties as measured by SDQ decreased 1.4 points. Although not required for a pilot study, an ANOVA, conducted for exploratory reasons, found a statistical difference in PEEM scores between the groups when controlling for baseline measures of the outcome, age of the youngest child and number of children in the family. No significant difference was found between the groups for scores on the SDQ. Findings from this study will be useful in developing the study design, recruitment, screening process, retention, study length, measurement tools and intervention design for a brief attachment-based on-line parenting program in future research.

**Keywords:** attachment-based intervention, Aware Parenting, parental self-efficacy, single-session parent intervention

**Highlights**

- Parents of young children improved in parental self-efficacy and empowerment after participation in an on-line single-session attachment-based parenting program.
- The PEEM was a sensitive measurement tool that may be useful for future Aware Parenting programs.
- The outcome measurements for the PEEM indicate that improving parental self-efficacy and empowerment could be a goal for future Aware Parenting programs.
- Findings from this pilot study indicate a larger clinical trial of the Aware Parenting approach is feasible.
- A single-session on-line may be an effective way to enhance accessibility and engagement in attachment-based parenting interventions.

## D: A mindfulness relationship-based model to support maternal mental health and mother-infant relationships during pregnancy and post-birth

**Antonella Sanson, Southward-Bond University**

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## Concurrent Session 9: COVID-19 Pandemic

### A: Experiences of receiving & providing maternity care during the COVID-19 pandemic in Australia: A five-cohort cross-sectional comparison

**Karen Wynter – School of Nursing and Midwifery, Deakin University (presenter), Zoe Bradfield - School of Nursing, Midwifery and Paramedicine, Curtin University, Yvonne Hauck - School of Nursing, Midwifery and Paramedicine, Curtin University, Vidanka Vasilevski - School of Nursing and Midwifery, Deakin University, Lesley Kuliukas - School of Nursing, Midwifery and Paramedicine, Curtin University, Alyce Wilson - Maternal, Child and Adolescent Health Program, Burnet Institute, Rebecca Szabo - Department of Medical Education and Department of Obstetrics and Gynaecology, The University of Melbourne, Caroline Homer - Maternal, Child and Adolescent Health Program, Burnet Institute, Linda Sweet – School of Nursing and Midwifery, Deakin University**

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The COVID-19 pandemic has radically changed the way health care is delivered. Evidence on the experiences of those receiving or providing maternity care is important to guide practice through this challenging time.

Five key stakeholder cohorts were invited to participate in an anonymous online survey (May-June 2020). Australian women, their partners/support people, midwives, doctors and midwifery students who had received or provided maternity care from March 2020 were recruited via social media.

Altogether 3701 completed surveys were submitted. Anxiety related to COVID-19 was high among all five cohorts. Compared to all other cohorts, women were more likely to indicate concern about their own and their family's health and safety in relation to COVID-19. Midwives, doctors and midwifery students were more likely to be concerned about occupational exposure to COVID-19. Midwifery students and women's partners/support people were more likely to report isolated because of the changes to care provision. Despite concerns about care received or provided not meeting expectations, most respondents were satisfied with the quality of care provided.

This presentation provides a unique exploration and comparison of experiences of receiving and providing maternity care during the COVID-19 pandemic in Australia. Findings are useful to support further service changes and redesign.

## B: How COVID-19 shaped new models of care for a Child and Family Health Nursing Service

### **Jennifer Parker, SESLHD**

Child and Family Health Nurses (CFHN) provide care and support to families with children in their first 5 years to ensure that they have the best possible start in life by supporting their health, wellbeing, capacity and resilience. Evidence supports the critical development windows for this age group, with these window periods continuing to close regardless of external events. In response to the COVID-19 pandemic, an unmet need for safe and timely access to services has been identified to continue to provide care and support to families. SESLHD Child and Family Health Nursing services offer a variety of services to families through home visiting, clinic based care, parenting groups and Family Care Centres. Telehealth, including video conferencing and telephone support, was identified as an effective method to bridge this gap between client demand and provider availability.

To explore the potential benefits and the extent of the use of telehealth services in a Child and Family Health Nursing service between April and September 2020. This will inform new or revised practice guidance and new models of care for the service.

The approach was a case study with three components that involved service data, questionnaire survey results, and the account of the authors' experiences. All mothers who received a telehealth experience between April and September 2020 were provided the opportunity to participate in a survey questionnaire. Quantitative data was collected from electronic Medical Records (eMR) to obtain;

- How many clients received a telehealth consult from April to September 2020
- All infant/child consults from April to September 2020 were compared to the same period of time in 2019.

Ethics approval was gained from SESLHD Human Research Ethics Committee (HREC Reference 2020/ETH01442) and was recommended to be a quality improvement or quality assurance (QA/QI) activity not requiring independent ethics review.

The service conducted 1265 virtual consults from April to September 2020 which included 174 Parent Group sessions. Child and Family Health Nursing service maintained the same number of consultations throughout the pandemic as the previous year for the same period.

The survey was sent to 553 mothers who experienced a telehealth consultation from the period April to September 2020 with 145 respondents (26%).

Survey findings;

- 70% of mothers accessed one of our telehealth services two or more times

- 90% of mothers had no issues accessing the telehealth service
- At least 80% of mothers felt the telehealth experience helped them to make decisions about their needs, their child's needs and their family's needs
- 92% of mothers would likely to very likely recommend telehealth

Identified benefits includes it being safer due to COVID-19, convenient, saved time, ability to network with other parents and accessing professional support. However, 73% would prefer face to face consult over virtual in the absence of a pandemic.

The authors of this paper were all CFHN's working on the team who have also shared their experiences with the implementation as to how they adapted to the changes and what they think is important for future service delivery. Themes that became evident from their reflections include adjustment, connection with families and team support.

Utilising telehealth is an effective and valuable modality that provides safe and timely access to child and family health nursing services for our families. This paper has identified that telehealth comes with it challenges, that involve technical and communication issues, but can still allow connection and peer and professional support for the families we service. Developing and maintaining this relationship with the families remains critical to their future health, wellbeing, capability and resilience. Telehealth and new models of care have therefore been central to responding to COVID-19.

While evidence suggests that telehealth is a valuable modality, it should not be seen as an alternative form of healthcare, but instead should be integrated within existing healthcare services.



## *C: Partner and Support Person Experiences of Receiving Maternity Care during the COVID-19 pandemic in Australia*

**Karen Wynter – School of Nursing and Midwifery, Deakin University (presenter), Zoe Bradfield - School of Nursing, Midwifery and Paramedicine, Curtin University, Yvonne Hauck - School of Nursing, Midwifery and Paramedicine, Curtin University, Vidanka Vasilevski - School of Nursing and Midwifery, Deakin University, Lesley Kuliukas - School of Nursing, Midwifery and Paramedicine, Curtin University, Alyce Wilson - Maternal, Child and Adolescent Health Program, Burnet Institute, Rebecca Szabo - Department of Medical Education and Department of Obstetrics and Gynaecology, The University of Melbourne Caroline Homer - Maternal, Child and Adolescent Health Program, Burnet Institute, Linda Sweet – School of Nursing and Midwifery, Deakin University**

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## Day 2 – Friday 10th of September 2021

### Concurrent Session 10: COVID-19 Pandemic

A: The psychological impact of the pandemic on pregnant women in Australia.

**Lucy Frankham, University of New England**

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The mitigation efforts of COVID-19 have led to significant changes to the delivery of routine healthcare globally. In Australia, the way maternal health services have been delivered since the beginning of the pandemic has also changed. Maternity care and support are known to influence maternal mental health. Understanding the impact of the pandemic on maternal mental health difficulties is important because poor maternal mental health is associated with poorer infant outcomes and can affect the physical, cognitive, social, behavioural and emotional development of children.

One hundred and eighty-eight English speaking pregnant women residing in Australia were recruited using social media advertising between September and November 2020 as part of a larger study. Participants were aged between 19 and 42 ( $M = 31.05$ ,  $SD = 4.68$ ).

Compared with previous Australian prevalence rates of around 7% for antenatal depression, rates in this study were 15.9% overall and 19% for those in Melbourne. Participants were 'a little to moderately' concerned overall and in relation to having their baby. More than half of the women reported changes to their pregnancy healthcare.

Increased vigilance with screening and assessment will be required to identify and support this cohort of mothers who are not coping

## COCOON - Continuing care in COVID-19 Outbreak: A global survey of New, expectant, and bereaved parent experiences

### **Siobhan Loughnan**

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The COVID-19 pandemic has had profound implications for pregnant and postpartum women. The COCOON study led by Stillbirth CRE aims to understand the pandemic's psychosocial impact and explore the experiences of women and their partners, particularly those who experienced a stillbirth or neonatal death.

Online surveys and/or interviews are being administered across 15 countries. Women and their partners who are pregnant or have given birth during the pandemic including those who have experienced a stillbirth or neonatal death are being recruited.

12,000+ parents have been recruited across 8 surveys, including 557 bereaved mothers following stillbirth. Initial findings across 7 countries indicate that most bereaved mothers felt respected by their care providers and were provided opportunities of memory making in most countries. Bereaved mothers from Southern European countries reported higher levels of autopsy, follow-up, and care visits. However, in-person antenatal care visits and partner's presence were adversely affected, and 40% women thought more could be done to identify their baby's cause of death.

Most women reported getting respectful care from their providers. However, more can be done to identify the cause of death and more parents need to be made aware of autopsy, especially in countries with lower-than-average autopsy rates.

## C: Women's Experiences of Receiving Maternity Care during the COVID-19 Pandemic in Australia.

**Dr Alyce N. Wilson, Burnet Institute, Karen Wynter – School of Nursing and Midwifery, Deakin University (presenter), Zoe Bradfield - School of Nursing, Midwifery and Paramedicine, Curtin University, Yvonne Hauck - School of Nursing, Midwifery and Paramedicine, Curtin University, Vidanka Vasilevski - School of Nursing and Midwifery, Deakin University, Lesley Kuliukas - School of Nursing, Midwifery and Paramedicine, Curtin University, Alyce Wilson - Maternal, Child and Adolescent Health Program, Burnet Institute, Rebecca Szabo - Department of Medical Education and Department of Obstetrics and Gynaecology, The University of Melbourne, Caroline Homer - Maternal, Child and Adolescent Health Program, Burnet Institute, Linda Sweet – School of Nursing and Midwifery, Deakin University**

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This presentation provides a unique exploration and comparison of experiences of receiving and providing maternity care during the COVID-19 pandemic in Australia. Findings are useful to support further service changes and redesign.

## Concurrent Session 11: Psychosocial aspects of Pregnancy & Parenting

### A: Evaluation of the Pre-admission Midwife Appointment Program (PMAP) at the Mater Private Hospital.

**Jane Kohlhoff, Sara Cibralic, Sarah Tooke, Rachael Hickinbotham, Catherine Knox, Vijay Roach, Bryanne Barnett AM**

**Background.** In recent years a number of new antenatal psychosocial assessment and depression screening programs have been implemented in Australian private hospitals. At present, however, the experiences of women and health professionals with such programs are largely unknown. **Aim.** This qualitative study explored the perspectives of (i) postnatal women who participated during pregnancy in the Pre-admission midwife appointment program (PMAP)<sup>1</sup> at the Mater Private Hospital in Sydney, and (ii) health professionals who worked in obstetric care at the hospital.

**Methods.** Semi-structured interviews and focus groups were conducted with postnatal women who had attended the PMAP during pregnancy (n=20) and health professionals (n=12). Interviews were transcribed and analysed using thematic analysis.

**Findings.** Analysis of the comments provided by postnatal women revealed five themes: 'increased awareness and support for perinatal mental health issues', 'enhanced quality of care provided at the hospital', 'experience with the midwife impacts perceptions of the program'; 'partners', and 'preparation for the program'. Feedback from health professionals also revealed five themes: 'immediate benefits to women', 'enhanced overall quality of care at the hospital', 'the dilemma of partners attending', 'factors that make the program successful', and 'recommendations for improvement'.

**Discussion.** This study provides useful information, from the perspective of consumers and health professionals, about a psychosocial assessment and depression screening program implemented at an Australian private hospital. It highlights a number of program benefits for pregnant women, their partners, and the hospital, as well as factors facilitating program success.

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<sup>1</sup> Based on the Gidget Foundation Australia Emotional Wellbeing Program

## B: The pre-admission midwife appointment program (PMAP)

**Sarah Tooke - Mater Private Hospital, Jane Kohlhoff, Rachael Hickinbotham, Cathie Knox, Vijay Roach, Bryanne Barnett**

The Pre-admission midwife appointment program (PMAP): Outcomes of an antenatal psychosocial assessment and depression screening program at a private hospital

The Pre-admission midwife appointment program (PMAP) is an antenatal psychosocial assessment and depression screening program at the Mater private hospital in Sydney. The PMAP provides opportunity for a 45-minute appointment with a midwife, in the third trimester of pregnancy. During the appointment, the midwife discusses preferences for the pregnancy, birth and early parenting; assesses previous reproductive experiences if appropriate; screens for current or past mental health disorders in self or family; and assesses psychosocial risk factors (e.g., adverse childhood experiences, family violence, social stress). Relevant information obtained during the PMAP appointment is communicated with treating Obstetricians, attending Midwives, and other relevant clinicians at the hospital through summary reports and a “flagging” system in patient files (to highlight women who were identified with significant risks). Referral pathways ensure that women can be directed towards appropriate support and services, in consultation with the treating obstetrician.

This presentation will describe the program and report results of a recent study in which data was collected from a cohort of women who attended the PMAP (n=488) and then participated in follow-up phone calls at 10-weeks and 9-months postpartum. Results showed that 4.1% of participants had an antenatal Edinburgh Postnatal Depression Scale (EPDS) score >12, and 11.8% had an EPDS score >9. During the PMAP interview, 20.5% of women reported the presence of at least three psychosocial risk factors for perinatal mental ill-health. Following the interviews, 14.1% of women were referred to the obstetric social worker or other psychological support services. At 10 weeks postpartum 93% of women said that they found the interview with the midwife helpful and at 9 months, 96% reported that it had been helpful. At both time points, 98% said that they would recommend the program to others.

## C: Risk and Resiliency in Aboriginal Women's perinatal depression and anxiety screening assessment: Lessons learnt from the Kimberley Mum's Mood Scale (KMMS)

**Emma Carlin, University of Western Australia (Research Fellow UWA, Senior Research Officer KAMS); Kat Ferrari (Project Officer KAMS); Erica Spry (Research Fellow UWA, Research Officer KAMS); Julia Marley (Associate Professor UWA, Principal Research officer KAMS)**

Current screening fails to consider broader cultural safety issues surrounding perinatal care, and more specifically, the language and cultural appropriateness of screening tools. Many Aboriginal women find the Edinburgh Postnatal Depression Scale (EPDS) language complex and confusing, and providers find using it with Aboriginal women challenging. Screening processes need to be acceptable to patients and staff, and seen to be easy to use and helpful, or they are unlikely to be well implemented. The need to consider the language and cultural appropriateness of the tool used was acknowledged in the latest *Clinical practice guidelines: pregnancy care*. The Kimberley Mum's Mood Scale (KMMS) is a locally designed approach to screening Aboriginal women. Part 1 is an adaption of the EPDS. Part 2 is a "yarn" between health professionals and women about contextual or psychosocial factors that are important to the women. Health professionals work with women to identify how they are coping (strengths focus) without minimising risk factors. Validation of the KMMS demonstrated clinical efficacy and high levels of user acceptability. Women identified that "just yarning" was a positive start to understanding and managing their perinatal mental health. An approach such as the KMMS, which values listening (health professional) and talking (woman), is a positive, contemporary and logical next step from the EPDS. We suggest that all women, Aboriginal and non-Aboriginal, would benefit from this approach. Traditional screening practices are not enough, but the next generation of screening tools provides new opportunities for women and their health professionals. This presentation will look at the reasons for developing the KMMS, review the lessons learnt during the validation and implementation of the tool in the Kimberley region, and discuss the translatability of the KMMS for all Aboriginal women in Australia.

Emma Carlin

**Research Fellow** | The Rural Clinical School of Western Australia, The University of Western Australia

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## Concurrent Session 12: Partner Support

A: Plus Paternal: A focus on fathers The case for change across the health system

### **Simon Von Saldern: Healthy male**

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Healthy Male's 'Plus Paternal: A focus on fathers' project examined men's involvement in health services from preconception to early fatherhood and established a strong case for change.

Evidence was gathered through surveys of men and health professionals, literature reviews, consultations and a review of national strategies and guidelines.

There is both a pressing need for change across all levels of the health system, and a strong desire for change amongst men and health professionals.

Non-birthing parents, most commonly men, are poorly engaged by reproductive health services. They are often viewed as secondary to achieving pregnancy and child-rearing – welcome, but not active participants. There is no systematic approach to engage, support or recognise their needs during this critical life transition.

The 'Plus Paternal Case for Change' sets seven goals for change, calling for the collective efforts to challenge traditional stereotypes and to improve the experiences, health and wellbeing of men and families. An increasing number of organisations have endorsed these goals and joined the Plus Paternal Network to progress meaningful change.

Policy, systems and practice-level changes are required to create a more inclusive health system — one that recognises the evolving roles, expectations and needs of both parents.



## B: Birthing Dads

### **Steven Kennedy**

birthingdads@gmail.com

This presentation will discuss the potential supportive impact fathers could have if they themselves are better supported.

Fathers are now at 95% of births, however, they are rarely given any targeted preparation, guidance or support for this role. I will introduce two new resources -The Birthing Dads Advanced Program and Connected Dads-Connected Communities – both projects were developed with the assistance of the PREPARE Foundation and The Fathering Project respectively.

Extensive investigation into the topic of men at birth using academic literature, books, video's, podcasts, social media, and conversations with perinatal experts.

By providing expectant fathers with a few key messages, it may be possible to awaken an untapped resource. This presentation will provide a summary of the information needed by fathers to help them support themselves and their families and realise their full potential.

If we are able to transform the transition to fatherhood, there will be wide ranging social benefits not just in the maternity context.

There is an abundance of research that establishes the clear link between involved fathers and positive family outcomes. There is also clear evidence that paternal involvement in maternity care improves perinatal outcomes. Improved enagement may just improve these outcomes further.

## C: Barriers & enablers to health service among fathers

**Karen Wynter – School of Nursing and Midwifery, Deakin University**

**Jacqui Macdonald, Kayla Mansour – School of Psychology, Deakin University**

**k.wynter@deakin.edu.au**

Engaging fathers in health services has benefits for mothers and infants. The aim was to describe available evidence on barriers and enablers to health service access among fathers.

Systematic reviews were conducted to identify Australian studies and international literature reviews.

Twenty-three Australian studies and 12 international reviews were included. Fathers reported avoiding help-seeking as they experienced pressure to conform to traditional, narrow views of 'masculinity'. Fathers from diverse cultures described conflict between expectations of health service involvement and cultural traditions. Other barriers included a health service-level focus on mothers, and available appointment times conflicting with fathers' work commitments.

Men report being highly motivated to attend health services during the transition to parenthood. Opportunities for engagement include tailoring the content and format of information and support according to men's preferences; 'gateway' consultations in which health professionals encounter fathers incidentally as families seek help for mothers or infants; and strategies informed by 'new masculinities', which include childcare domains traditionally associated with women.

Barriers and enablers included individual, cultural and health service factors. There is a need for innovative strategies, informed by healthy masculinities, to engage fathers in health services, and for high quality evidence of the effectiveness of these strategies.