2013 Marcé Conference

Perinatal mental health: From conception to kindergarten.

Connecting research to clinical practice

Melbourne
11 & 12 October, 2013
Optional Workshops: 10 October

Contents:

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Raphael Centre

We are delighted to welcome you to the 2013 Conference of the Australasian Marcé Society.

The Society is dedicated to the understanding of mental health and illness in relation to childbearing, and our membership includes all professional disciplines with an interest in this field while also encouraging a strong consumer involvement. The Melbourne meeting will offer quality scientific content and lively interaction in iconic Melbourne settings.

There is now significant interest in the mental health of women and their families. It is recognised that this has implications for a healthy start to life with the potential for a longer term impact from pregnancy and the early postpartum on later health and wellbeing. The conference themes will therefore cover the broad yet important period from conception until kindergarten to acknowledge the inter-relationship between maternal and infant mental health and wellbeing.

The clinical and research themes include mental health in pregnancy, postpartum and early childhood. Internationally renowned speakers will address the issues of maternal mental health and treatment in pregnancy and its impact on child development, the inter-play of early infancy care practices and maternal mental health, cultural aspects of perinatal and infant health, paternal perinatal mental health, the prevention of perinatal mental health disorders as well as management of depression and other mental illnesses across the perinatal period, and many other topics.

Dr Megan Galbally, President, Australasian Marcé Society, and Conference Co-Convenor
Dr Gaynor Blankley, Conference Co-Convenor

Convenors

- **Dr Gaynor Blankley** (Consultant Psychiatrist, Perinatal Mental Health, Mercy Hospital for Women)
- **Associate Professor Megan Galbally** (Head of Unit, Consultant Psychiatrist, Perinatal Mental Health, Mercy Hospital for Women)

Organising Committee

- **Professor Anne Buist** (Professor of Women's Mental Health, University of Melbourne, Austin Health and Northpark Private Hospital)
- **Athina Georgiou** (Chief Executive Officer, Queen Elizabeth Centre)
- **Dr Nicole Highet** (Executive Director, Centre of Perinatal Excellence)
- **Belinda Horton** (Chief Executive Officer, PANDA)
- **Dr Sam Margis** (Consultant Perinatal Psychiatrist, NEST Family Wellness Clinic & Masada Private Hospital)
- **Dr Kristine Mercuri** (Consultant Perinatal Psychiatrist, Centre for Women's Mental Health, Royal Women's Hospital)
- **Professor Jeannette Milgrom** (Professor Melbourne School of Psychological Sciences, University of Melbourne; Director, Parent-Infant Research Institute, Austin Health)
- **Barbara Minto** (Parenting Assessment and Skills Development Co-ordinator, Queen Elizabeth Centre)
- **Lisa Oro** (Acting Manager, Maternity and Newborn Clinical Network)
- **Deborah Pidd** (Midwife/Nurse Unit Manager, Outpatients Department, Mercy Hospital for Women)
- **Carol Purtell** (General Manager, Strategic Programs and Partnerships, Centre of Perinatal Excellence)
- **Dr Martien Snellen** (Perinatal Psychiatrist Mercy Hospital for Women)
- **Dr Adaobi Udechuku** (Co-Clinical Director, Consultant Psychiatrist, Raphael Centre Berwick, St John of God Health Care)

Scientific Committee

- **Dr Gaynor Blankley** (Consultant Psychiatrist, Perinatal Mental Health, Mercy Hospital for Women)
- **Associate Professor Megan Galbally** (Head of Unit, Consultant Psychiatrist, Perinatal Mental Health, Mercy Hospital for Women)
- **Professor Jane Fisher (**Professor of Women's Health and the Director of the Jean Hailes Research Unit in the School of Public Health and Preventive Medicine, Monash University)
- **Belinda Horton** (Chief Executive Officer, PANDA)
- **Dr Adaobi Udechuku** (Co-Clinical Director, Consultant Psychiatrist, Raphael Centre Berwick, St John of God Health Care)

Name Badges / Tickets

Admission to all sessions and catering is by the official conference name badge please wear it at all times when at the conference. Tickets are necessary for the optional workshops, and the AstraZeneca breakfast, the conference soirée, the Gidget Foundation / PANDA breakfast and Session 4D (Workshop on Assessment and Treatment of Obsessional Thoughts of Harm to Baby); if you have booked a place, you will find the ticket behind your name tag. Please return any tickets that will not be used to the registration desk as early as possible.

Program Changes

There have been a number of program changes so please check the program in this book carefully. Any last-minute changes will be shown on the notice board at the Registration Desk.

Presenters and Chairs

Presenters using data projectors are asked to load their presentations onto the computer in the room where they will be presenting in a break prior to the presentation and delete it at the end of the session. If you encounter any problems, please ask for help from the AV technician. Presenters are asked to convene at the front of the appropriate room with the Chair of their session a few minutes before the start of their session.

Poster Presenters

Please attach your poster to its board by 5.30pm on Friday and leave your poster up until the end of the conference. Please remain with your poster during breaks whenever possible so that you can discuss the material with interested delegates.

Mobile Phones and Pagers

Please turn these off while in sessions.

Special Dietary Requirements

There will be ample vegetarian options on the main buffet tables for lunches; a separate buffet table will be available at the Hilton for those who have requested other special diets. If you have requested a gluten free diet, please collect your morning teas from the registration desk. At the soirée, delegates with special diets should identify themselves to Windsor staff.

Delegates with Accommodation

Payments made when delegates registered for the conference should be credited to your hotel account; please check that this has been done when you check out. We recommend that you arrange for your luggage to be held by your hotel, rather than bringing it to the conference venue, where storage space is very limited and security cannot be provided.

Social Program

The **Conference Soirée** on Friday 11 October will be held at the Windsor Hotel, 111 Spring Street, Melbourne (a short walk from the Hilton). If you wish, you can join a group in the Hilton lobby at 6.15pm to walk together to the Windsor. Entertainment will be by the Lilium Strings.

Parking

If you have parked in the Hilton car park, please take your parking ticket to the hotel concierge on the ground floor. You will be given a new ticket that reflects the discounted rate for conference delegates.

Breakfast Meetings

AstraZeneca has invited health care professionals to a breakfast on Friday 11 October. Dr Martien Snellen will be speaking on the topic: “How to think about making a risk:benefit analysis when prescribing in pregnancy".

PANDA (Post and Antenatal Depression Association) and the **Gidget Foundation** invite conference delegates to join them at the Conference breakfast in the Ballroom 1 at 7.15am on Saturday 12 October 2013, along with vital Australian consumer organisations From the Heart WA, Sunraysia Postnatal Depression Support Network, Peach Tree Perinatal Wellness and PANDSI.

PANDA’s new Ambassador **Samira El Khafir**, Masterchef Finalist 2013 and mum of two, will share her experience of postnatal depression and the power of recovery through her love of cooking. Her experiences through Masterchef have provided her with the opportunity to encourage people to speak up and receive the assistance they need. “I want to let women and men know this is just a hurdle in life and there is always an out! Mine was through my love of food and the help of loved ones. There is a way out, you just need to open up and accept help.” PANDA provides Helpline and web based services for women, men and their families with perinatal depression and anxiety in Australia. The Gidget Foundation promotes awareness of perinatal anxiety and depression amongst women and their families, health providers and wider community to ensure that women in need receive timely, appropriate and supportive care.

Post and Antenatal Depression Association Inc.

Tickets are required for both breakfasts; if you are not using your ticket, please return it to the Registration Desk. If you do not have a ticket but wish to attend, please check at the Registration Desk in case any tickets are available.

Seats for the breakfast will be released 5 minutes after the scheduled start time; delegates without tickets who still want to attend will then be invited to take any available places.

DISCLAIMER: At the time of printing, all information contained in this brochure is correct; however, the organising committee, its sponsors and its agents cannot be held responsible for any changes to the final structure or content of the programs, or any other general or specific information published in this brochure. In the event of industrial disruption or other unforeseen circumstances that disrupt the running of the conference, the organising committee, its sponsors and its agents accept no responsibility.

The Conference Organiser

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This conference is dedicated to the memory of Jonathan Rampono AM

Jon Rampono Memorial Symposium

Clinical Associate Professor Jon Rampono AM, a much respected colleague and current Past President of the Australasian Marcé Sociaety, will be remembered for his exceptional contribution to Perinatal Mental Health in Australia. He was a generous mentor and colleague to many in the Marcé Society and his research was pioneering in perinatal mental health.

Jon was a dedicated advocate for perinatal mental health services for women in Western Australia. In 2011 his significant contributions were recognised with the MC Cusker Charitable Foundation Award in Excellence in Mental Health and then in 2012 he was appointed as a Member of the Order of Australia in the Queen's Birthday Honors list for recognition of his outstanding services to medicine as a psychiatrist and support for women and newborn children.

Jon's innovative research into both the placental passage of psychotropic medication and its excretion into breastmilk has helped in developing this important area of research and his publications have been highly cited.

Jon has held various positions on the Executive of the Australian Marcé and has been a dedicated member who amongst other things has helped revise the constitution, welcomed greater consumer involvement and ensured the ongoing relevance of the organisation in Australia. As the President in 2011 he hosted one of the most successful Australasian conferences and his legacy for the organisation will be ongoing.

This symposium will honour Jon's memory and significant contribution to the Australasian Marcé Society and Perinatal Mental health.

President of Australasian Marcé, Megan Galbally

The speakers are:

1. ***Leanda Verrier, Paula Chatfield and Sue Sommerville***
   Title: Building a Perinatal Mental Health Service in WA: More Than a Trip to Bunnings
2. ***Anne Buist***
   Title: Jon Rampono: An Inspiration at So Many Levels
3. ***Philip Boyce***
   Title: Jon Rampono: A compassionate researcher and inspirational teacher

9:00 AM - 12:30 PM Optional Workshops 1 and 2

Optional Workshop 1 (Stradbroke Room)

Implementing What Were We Thinking: A Gender-Informed, Evidence-Based Psycho-Educational Package for Prevention of Postnatal Depression and Anxiety in Your Practice (p 73)
Jane Fisher and Heather Rowe

Optional Workshop 2 (Delacombe Room, Chair: Megan Galbally)

Setting Pathways that Support Optimal Mental Health for Mothers and their Children: From Neurons to Neighbourhoods and Beyond (p 75)
Tim Oberlander

10:30 AM – 11:00 AM Morning tea

1:30 PM - 5:00 PM Optional Workshops 3 and 4

Optional Workshop 3 (Stradbroke Room, Chair: Adaobi Udechuku)

Perinatal Men: Engagement and Involvement (Antenatal and Postnatal) (p 73)
John Condon

Optional Workshop 4 (Delacombe Room, Chair: Megan Galbally)

Bedtime and Nighttime Parenting in Infancy: What Defines Competent Parenting? (p 77)
Douglas Teti

3:00 PM – 3:30 PM Afternoon tea

7:15 AM - 8:15 AM AstraZeneca Breakfast Meeting (tickets required) Ballroom 1

8:30 AM - 10:30 AM Opening Plenary Session Ballroom 2/3

Chair: Megan Galbally

8:30am **Welcome**
Megan Galbally

8:50am **Conference Opening**
Kate Carnell AO

9:00am **Keynote Address**
Developmental Outcomes in Children with Prenatal Exposure to Antidepressants: A Tale of the Two's (p 40)
Tim Oberlander

9:45am **Keynote Address**
Working with Aboriginal Families:
Parenting Styles, Communication and Child Rearing Practices (p 31)
Sue Kruske

10:30 AM - 11:00 AM Morning tea

11:00 AM – 12:40 PM Parallel Sessions 1A, 1B, 1C, 1D and 1E

	Session 1A: Psychological Interventions	Session 1B: Screening	Session 1C: Education	Session 1D: Screening, Loss, NPDI	Session 1E: Biology and Pharmacology
Room:	**Ballroom 3**	**Delacombe Room**	**Stradbroke Room**	**La Trobe Room**	**Ballroom 2**
Chair:	**Anne Sved-Williams**	**Anne Buist**	**Leanda Verrier**	**Adaobi Udechuku**	**Jeffrey Cubis**
11:00	Relaxing into Parenting and Baby Makes 3: Strengthening Couples through the Transition to Parenting (p 15) *Emma Baldock*	What Worked and What Didn't in the Implementation of the National Perinatal Depression Initiative - Where to From Here (p 28) *Nicole Highet and Carol Purtell*	Perinatal Mental Health Training for Midwives (p 37) *Maureen Miles and Kay McCauley*	Mixed Blessings: Pregnancy after Perinatal Loss (p 28) *Suzanne Higgins*	Neonatal Outcomes and Infant Neurodevelopment Following Pregnancy Exposure to Antidepressants (p 13) *Marie-Paule Austin, Bettina Christl, Janan C. Karatas, Julee Oei, Debra Kennedy, Parag Mishra, Dusan Hadzi-Pavlovic*
11:20	Mother Nurture Group: Holding the Mother, Holding the Baby (p 16) *Sue Coleson and Lindy Henry*	Adult Separation Anxiety in the Perinatal Period: Prevalence, Correlates and Clinical Implications (p 30) *Jane Kohlhoff, Valsa Eapen and Bryanne Barnett*	How Do You Know You're Making a Difference? Adapting Research Practices to Improve Treatment Outcomes and Service Effectiveness (p 40) *Jennifer Nicholls and Anna Roberts*	Post-Abortion Grief: A Disruptive Maternal Attachment (p 39) *Carolyn Anne Neville*	The National Register of Antipsychotic Medication in Pregnancy (NRAMP): Neonatal outcomes at 12 months (p 32) *Jayashri Kulkarni and Heather Gilbert*
11:40	Minds, Mothers & Music: The Role of Sing & Grow in Enhancing Healthy Relationships Between Parents with Mental Health Issues and Their Children (p 21) *Ann De-Belin, Allison Fuller, Roxanne McLeod and Kate Teggelove*	Screening for Anxiety during Pregnancy: A Comparison of Self-Report Measures (p 35) *Stephen Matthey, Barbara Valenti, Kay Souter, Clodagh Ross-Hamid*	Peak Time of Vulnerability for Depression after Childbirth: are Policy and Service Changes Needed? (p 52) *Hannah Woolhouse, Deirdre Gartland, Stephanie J Brown*	Implementation of National Perinatal Clinical Practice Guidelines: South Australian Experience (p 46) *Tracy Semmler-Booth and Pauline Hall*	Evaluation of the Perinatal Psychotropic Medicines Information Service (PPMIS) (p 33) *Yuan Loke, Hao Vo-Tran, Swee Wong and Tram Nguyen*
12:00	"Hey Mum, I'm looking at you"…….. Utilising Video Feedback in the Home Setting with Mothers with Serious Mental Illness (p 34) *Yvette Mackley and Tram Nguyen*	Social Discourses of Worry and Anxiety in Pregnancy and the Postpartum Period: A Qualitative Investigation (p 45) *Heather Rowe, Soledad Coo Calcagni, Jane Fisher*	Clinical Experiences and Practices of Managing Risks for Maternal Mental Health Problems: A Survey of Victorian Maternal and Child Health Nurses (p 52) *Karen Wynter, Heather Rowe, Joanna Burns, Karene Fairbairn, Jane Fisher*	The Emotional Wellbeing Program: Antenatal Psychosocial Assessment and Depression Screening in a Private Hospital Setting (p 31) *Jane Kohlhoff, Rachael Hickinbotham, Catherine Knox, Deb De Wilde, Carol Himmelhoch, Bryanne Barnett*	From Birth to Bowlby (p 38) *Elsie Mobbs (Deceased) and Tony Mobbs*
12:20	Discussion	Introducing the Perinatal Anxiety Screening Scale (p 47) *Susanne Somerville, Kellie Dedman, Rosemary Hagan, Elizabeth Oxnam, Michelle Wettinger, Shannon Byrne, Soledad Coo, Dorota Doherty, Andrew C Page*	The Perinatal Mental Health Partnership Project (p 53) *Priscilla Yardley and* Carmel Pillinger	A Localised Community Driven Response to Perinatal and Infant Mental Health, Using Contemporary Health Promotion Practices (p 44) *Anna Roberts, Jacinta Ellis, Kristie Ponchard, Leanda Verrier, Miriam Krouzecky, Patsy Molloy, Roslyn West*	The Preconception Needs of Women with Severe Mental Illness: A Pilot Study (p 39) *Thinh Nguyen, Janette Brooks, Jacqueline Frayne, Felice Watt, Jane Fisher*

12:40 PM - 1:30 PM Lunch

1:30 PM - 3:00 PM Parallel Sessions 2A, 2B, 2C, 2D and 2E

Session 2A: **Jon Rampono Memorial Symposium**	**Session 2B:** **Symposium on Prevention of Mental Disorders**	**Session 2C:** **Symposium on Maternal Anxiety**	**Session 2D:** **Workshop on Mindfulness Interventions in Pregnancy**	**Session 2E:** **Workshop on Improving Early Detection of Perinatal Mental Illness**
Delacombe Room	**Ballroom 2**	**Ballroom 3**	**Stradbroke Room**	**La Trobe Room**
Chair: **Megan Galbally**	**Chair:** **Gaynor Blankley**	**Chair:** **Fiona Judd**	**Chair:** **Renae Gibson**	**Chair:** **Nicole Highet**
Building a Perinatal Mental Health Service in WA: More Than a Trip to Bunnings *Leanda Verrier, Paula Chatfield and Sue Sommerville* Jon Rampono: An Inspiration at So Many Levels *Anne Buist* Jon Rampono: A compassionate researcher and inspirational teacher *Philip Boyce* (p 4)	**The Prevention of Mental Disorders in the Perinatal Period (pp 54-56)** ***Andrew Lewis (Convenor)*** What Can We Expect From a Preventative Intervention? Methodological Issues in the Development and Evaluation of Prevention Interventions for the Perinatal Period (p 54) *Andrew J. Lewis, Catherine M. Bailey, Karyn Hart, Megan Galbally* Towards Parenthood - A Public Health Intervention to Prepare for the Changes and Challenges of a New Baby (p 54) *Alan Gemmill, Jeannette Milgrom, Jennifer Ericksen, Charlene Schembri, Christopher Holt, Jessica Ross* Development of a Gender-Informed Psycho-educational Intervention to Prevent Postnatal Depression and Anxiety (p 55) *Jane Fisher and Heather Rowe* A Comprehensive Approach to Implementing a Novel Psycho-educational Intervention to Prevent Anxiety and Depression in Women Who Have Recently Given Birth (p55) *Heather Rowe, Karen Wynter, Joanna Burns and Jane Fisher*	**Maternal Anxiety in Pregnancy and Infant Bio-behavioural Regulation: Preliminary Findings from the PRAMS Study (pp 56-58)** ***Catherine McMahon (Convenor)*** Psychobiological Stress Reactivity in Human Pregnancy (p 57) *Kerry-Ann Grant, Catherine McMahon, Marie-Paule Austin, Ron Rapee, Mike Jones, Jenny Donald* Maternal Anxiety in Pregnancy and Quality of Sleep (p 57) *Karen Solley, Kerry-Ann Grant, Catherine McMahon* Maternal Anxiety in Pregnancy, Infant Temperament, and Infant Negative Affect in Response to the Still Face Procedure at Six Months Postpartum (p 58) *Catherine McMahon, Kerry-Ann Grant, Marie-Paule Austin, Ron Rapee, Mike Jones, Jenny Donald* Discussant: Marie-Paule Austin	Mindfulness Group Interventions in Pregnancy (p 74) *Kristine Mercuri and Ros Powrie*	How to Improve Early Detection of Perinatal Mental Illness and the Importance of Partner Inclusive Practice and Peer Support (p 75) *Deb Spink and Viv Kissane*

3:00 PM - 3:30 PM Afternoon tea

3:30 PM - 5:40 PM Plenary Session Ballroom 2/3

Chair: Megan Galbally

3:30pm **Marcé Lecture 2013**
Patrick and Jack: A Journey from Spring to Autumn (p 17)
John Condon

4:15pm **Panel**
The Role of Consumers in Shaping Perinatal Mental Health Service Delivery and Research: Now and into the Future
Marian Currie, Nicole Highet, Belinda Horton, and Alexandra Jones

5:30pm **Brief presentation from the Soirée sponsor**
St John of God Outreach Services - Reaching Out to Improving Health and Well-being
Anna Roberts

5:40 PM - 6:15 PM Poster Session

- The Use of Preconditioning to Hypoxia for Early Prevention of Future Life Diseases (p 64)
  Simon Basovich
- Resilient Relationships Course: A Pilot Study (p 64)
  Alison Christie and Marian Currie
- Wide Awake Parenting: An Intervention for the Management of Postpartum Fatigue (p 65)
  Melissa Dunning, Rebecca Giallo Amanda Cooklin, Monique Seymour
- The Black Swan and Postnatal Depression: Preventive Talismans and Transformative Garments for 'Bad' Mothers (p 65)
  Danielle Hobbs
- Mothers Need Mothering Too: Long Term Benefits of Short Intensive Perinatal Care (p 66)
  Vanitha Kalra
- Attachment, Loss and Hope: Mothers' and Fathers' Experiences Following Fetal or Early Postnatal Diagnosis of Complex Congenital Heart Disease (p 66)
  Nadine Kasparian, Catherine Deans, Bryanne Barnett, David Winlaw, Edwin Kirk and Gary Sholler
- The CHERISH Study: Examining Parental Responses to Fetal or Postnatal Diagnosis of Complex Congenital Heart Disease and Subsequent Infant Developmental Outcomes (p 67)
  Nadine Kasparian, Dianne Swinsburg, Marie-Paule Austin, Vivette Glover, Bryanne Barnett, Nadia Badawi, Karen Walker, Kerry-Ann Grant, Edwin Kirk, David Winlaw and Gary Sholler
- The Challenges of an Inpatient Unit for Mothers and Babies (p 68)
  Merryn Lee
- Maternal SSRI use and Persistent Pulmonary Hypertension of the Newborn – A Retrospective Study (p 68)
  Yuan Loke, Hao Vo-Tran, Anusha Gopathy and Tram Nguyen
- Postnatal Depression in Malay Women – Prevalence, Early Detection and Intervention (p 69)
  Roshayati Mingoo, Sandy Umboh, Lim Bee Moy, Helen Chen
- Postpartum Bonding – How an Asian Mother with Infant Focus Anxiety and Threatened Rejection Recovers in Therapy (p 70)
  Ngar Yee Poon, Jasmine Yeo, Helen Chen
- Baby Abandonment and Socioeconomic Factors in Malaysia (p 70)
  Salmi Razali, S. Hassan Ahmad, Maggie Kirkman, Jane Fisher
- Effect of Early Mother–Child Contact Immediately after Birth on Delivery Stress State (p 71)
  Yumiko Tateoka, Yoko Katori, Mari Takahashi
- Reducing Childbirth Fear: Effects of a Midwifery-led Psycho-Education Intervention (p 71)
  Jocelyn Toohill, Jennifer Fenwick, Jenny Gamble, Debra K Creedy, Anne Buist, Erika Turkstra, Paul Scuffham, Elsa Lena Ryding, Vivian Jarrett, Anne Sneddon
- Day Six When Motherhood and Madness Collide (p 72)
  Jen Wight

6:30 PM - 8:00 PM Marcé Conference Soirée The Hotel Windsor

Sponsored by St John of God Outreach Services ~ meet in Hilton lobby at 6.15pm to walk to the Windsor

7:15 AM - 8:45 AM Gidget/PANDA Breakfast Meeting Ballroom 1
(tickets required)

9:00 AM - 10:30 AM Plenary Session Ballroom 2/3

Chair: Gaynor Blankley

9:00am **Keynote Address**
Parents, Partners, Personality, but Also Predicaments:
How a Social Model Can Improve Our Understanding of Perinatal Mental Health Problems (p 22)
Jane Fisher

9:45am **Keynote Address**
The Social Environment of Infant Sleep:
Family Distress, Bedtime Parenting, and Infant Development (p 49)
Douglas Teti

10:30 AM - 11:00 AM Morning tea

11:00 AM - 1:00 PM Parallel Sessions 3A, 3B, 3C, 3D and 3E

	Session 3A: Risk Factors	Session 3B: Regional and Indigenous Issues	Session 3C: Screening	Session 3D: Fathers Consumers and Families	Session 3E: Psychological Interventions
Room:	**Ballroom 3**	**La Trobe Room**	**Delacombe Room**	**Stradbroke Room**	**Ballroom 2**
Chair:	**Philip Boyce**	**Jane Fisher**	**Marie-Paule Austin**	**Belinda Horton**	**Jeannette Milgrom**
11:00	Childhood Maltreatment, Lifetime Trauma and Perinatal Mental Health (p 13) *Catherine Acton, Jane Fisher, Heather Rowe*	11:00 Gender-Based Violence and Common Perinatal Mental Disorders Among Women in Rural Vietnam (p 23) *Jane Fisher, Thach Tran, Beverley Biggs, Julie Simpson, Sarah Hanieh, Tuan Tran*	The International Marce Society Position Statement on "Psychosocial Assessment and Depression Screening for women in the perinatal period" 2013 (p 14) *Marie-Paule Austin and the International Marce Position Statement Advisory Committee*	PANDA Home-Start Program (p 25) *Betti Gabriel*	Smoothing the Way to Infant and Child Mental Health Assessment – A Collaborative Approach (p 20) *Connie Cudini and Maria Hutchings*
11:15	Maternal Postpartum Separation Anxiety, Over-protective Parenting and Children's Outcomes: Longitudinal Evidence from an Australian Cohort (p 17) *Amanda R Cooklin, Rebecca Giallo, Fabrizio D'Esposito, Sharinne Crawford, Jan M Nicholson*	11:20 Indigenous Voices of Childbearing: Authentic Expression of Lived Experience Across Four Generations Employing Indigenous Research Methods (p 26) *Lynore K. Geia, Barbara A. Hayes, Kim J. Usher, Jacinta Elston, Kim Foster*	The Structure of Emotional Symptoms in the Postpartum Period: Are They Unique? (p 20) *Nadia K. Cunningham, Philippa M. Brown, Janette Brooks, Andrew C. Page*	Do We Make a Difference? A Dad's Group (p 18) *Christopher Cooper, Renae Gibson, Yvonne Hauck*	Looking Both Ways: An Attachment Based Postnatal Support Program for Mothers Experiencing Depression and Anxiety and Their Infants (p 24) *Caitlin Fraser & Wendy Lauder*
11:30	Anxiety in Early Pregnancy: Prevalence and Contributing Factors (p 18) *Maddalena Cross and Christine Rubertsson*		The Issue of Honesty during Perinatal Screening for Depression and Anxiety (p 24) *Peta Forder, Jane Rich, Sheree Harris, Nicole Reilly, Catherine Chojenta, Marie-Paule Austin, Deborah Loxton*	Fathers' Persistent Depressive Symptoms across the Early Parenting Period: Risk Factors, and Relationship to Parenting and Child Socio-emotional Wellbeing (p 26) *Rebecca Giallo, Fabrizio D'Esposito, Amanda Cooklin, Daniel Christensen, Jan Nicholson*	The Reading Project: Reading into Relationships (p 29) *Susie Ingram*
11:45	Maternal, Infant and Social Outcomes of Women with Substance Use Disorders and Dual Diagnosis in a Perinatal Drug and Alcohol Service (p 22) *Chantal Esnault, Tram Nguyen, Fiona Judd*	11:40 Maternity and Mental Health Service (MHS) – A Collaborative Approach (p 51) *Susan Whatmough and Petite Nathan*	The Relationship between Borderline Personality Disorder and Scores on the Edinburgh Postnatal Depression Scale (p 36) *Stephen Matthey, Margie Stuchbery, Rudi Crncec, Bryanne Barnett*	A Study of the Relationship between Paternal Mental Health, Maternal Factors and Impact on Paternal-Fetal Attachment: A Longitudinal Study (p 29) *Y.W. Koh, C.Y. Chan, A.M. Lee, C.S.K. Tang*	The Circle of Security Parenting Program: 4 Years on Facilitator Reflects on Supporting Caregivers (p 38) *Mary Morgan*
12:00	Maternal Separation Anxiety: Nature, Correlates and Relationship to Mode of Conception (p 27) *Karin Hammarberg, Amanda Cooklin, Heather Rowe, Jane Fisher*	Pilot Study: What Patients Find Most Therapeutic in Perinatal Mental Healthcare (p 41) *Li Lian Ong, Roshayati Mingoo, Jintana Tang, Helen Chen*	Implementation of Universal Perinatal Mental Health Screening in Victorian Maternity Settings (p 41) *Lisa Oro and Maya Rivis*	A Different Kind of Resources Boom? Accessing Fathers' Strengths at an Early Parenting Centre (p 45) *Matthew Roberts, Richard Weld-Blundell, Bridget Robinson, Siglinde Angerer*	The Utility of the Edinburgh Postnatal Depression Scale (EPDS) against a Posttraumatic Stress Symptoms Screening Scale in a Perinatal Mental Health Clinical Population (p 19) *Jeff Cubis, Cathy Ringland, Kelly Mazzer, Rebecca Reay, Kate Carnall, Beverley Raphael*
12:15	Maternal Anxiety across Pregnancy: Prevalence, Pattern and Relations to Postpartum Anxiety (p 32) *Antoinette Marie Lee, Chui Yi Chan, Siu Keung Lam, Chin Peng Lee, Kwok Yin Leung, Yee Woen Koh, Catherine So Kum Tang*	Psychosocial Factors and Postpartum Depression among the Women in Singapore (p 48) *Jintana Tang, Cheng Tuck Seng, Lim Bee Moy, Helen Chen*	Screening for Trauma, Adversity and Posttraumatic Symptoms in a Perinatal Mental Health Clinical Population: Results from an Open Study (p 42) *Rebecca Reay, Cathy Ringland, Kelly Mazzer, Jeffery Cubis, Kate Carnall, Beverley Raphael*	All In: Supporting Fathers in a NICU (p 51) *Olivia Wong, Carl Kuschel, Frances Salo, Fiona Judd*	Whole Family Team Clinical Intervention: Improving Parent-Child Relationships from Conception to Kindergarten in High-Risk Families (p 42) *Natasha Perry and Adrian Dunlop*
12:30	Antenatal Depression: An Artifact of Sleep Disturbance? (p 36) *Rhiannon Mellor and Philip Boyce*	The Effects of Common Perinatal Mental Disorders among Women in Rural Vietnam on Infant Development (p 49) *Thach Duc Tran, Beverley-Ann Biggs, Tuan Tran, Julie Anne Simpson, Sarah Hanieh, Terence Dwyer, Jane Fisher*	The Impact of Mental Health Assessment on Help Seeking During the Perinatal Period: A National Survey of Women in Australia (p 43) *Nicole Reilly, Sheree Harris, Deborah Loxton, Catherine Chojenta, Peta Forder, Jeannette Milgrom, Marie-Paule Austin*	NEST Family Wellness Clinic – The New Frontier of Perinatal Healthcare (p 34) *Samuel Margis and Fran Arcuri*	The Karitane Toddler Clinic (KTC): An Early Intervention Service in South Western Sydney (p 44) *Thelma Roach and Leone Thomson*
12:45	Psycho-social Predictors of Excessive Gestational Weight Gain: Development of a Screening Tool (p p 47) *Helen Skouteris and Matthew Fuller-Tyszkiewicz*	Antenatal Anxiety at the Second Trimester: Risk Factors and Effects on Anxiety and Infant Development at 6-Week Postpartum (p 16) *Chui Yi Chan, Antoinette Marie Lee, Siu Keung Lam, Chin Peng Lee, Kwok Yin Leung, Yee Woen Koh, Catherine So Kum Tang*	Towards Improved Screening for Postpartum Psychological Distress (p 50) *Debbie Tucker and Debra Dunstan*	Discussion	Mentalization and Motherhood (p 48) *Margaret Stuchbery*

1:00 PM - 2:00 PM Lunch

1:30 PM - 2:00 PM Australasian Marcé Society AGM La Trobe Room

2:00 PM - 3:30 PM Parallel Sessions 4A, 4B, 4C, 4D and 4E

Session 4A: Symposium on Models of Parent Infant Interventions	Session 4B: Symposium on Antenatal Mental Health Care	Session 4C: Workshop	Session 4D: Workshop	Session 4E: Workshop
Ballroom 3	**Ballroom 2**	**Delacombe Room**	**La Trobe Room**	**Stradbroke Room**
Chair: Nicole Highet	**Chair: Fiona Judd**	**Chair: Philip Boyce**	**Chair: Sam Margis**	**Chair: Gaynor Blankley**
Models of Parent-Infant Interventions (pp 59-61) ***Jeanette Milgrom (Convenor)*** Mindfulness, Mentalization and Attachment (p 59) *Bronwyn Leigh* Using Attachment and Reflective Functioning with Mentally Ill Mothers in Inpatient Units (p 60) *Anne Buist* What is the Action that Improves The Mother –Infant Interaction of Vulnerable Dyads? (p 60) *Elizabeth Loughlin,' Jennifer Ericksen, Jeannette Milgrom, Charlene Schembri* Designing an Effective Home-visiting Program to Improve Australian Children's Learning and Development: Lessons from Three Literature Reviews (p 61) *Sharon Goldfeld, Myfanwy McDonald, Anna Price, Tim Moor*	**Antenatal Mental Health Care the Women's Way (pp 61-63)** ***Naomi Thomas (Convenor)*** Promoting Attachment in Adolescent Mother-infant Dyads: Preliminary Trial of a Brief, Perinatal Intervention in a Maternity Hospital Setting (p 62) *Susan Nicolson, Fiona Judd, Frances Thomson-Salo* Emotional Wellbeing in Pregnancy and Early Parenthood: Antenatal Group Program for Women with Anxiety and Depression (p 62) *Naomi Thomas, Fiona Judd, Lia Laios, Angela Komiti* *MindBabyBody*: An Antenatal Mindfulness-based Group Intervention for Maternal Psychological Distress (p 63) *Kristine Mercuri and Fiona Judd*	Management of Schizophrenia and Bipolar Disorder in Pregnancy: Pilot Data and Recommendations for Care (p 74) *Megan Galbally, Gaynor Blankley, Josephine Power, Martien Snellen*	**PLEASE NOTE:** Tickets are required for this workshop. Training for Therapists to Improve Understanding, Assessment and Treatment for Peri-natal Women Experiencing Obsessional Ego-Dystonic Thoughts of Harm to Baby (p 75) *Elizabeth Oxnam*	Borderline Personality Disorder in Mothers of Infants and Toddlers (p 76) *Anne Sved Williams, Teresa Girke, Charlotte Tottman, Sharron Hollamby, Ashlesha Bagadia, Rebecca Hill*

3:30 PM - 4:00 PM Afternoon tea

4:00 PM - 5:30 PM Closing Plenary Sessions Ballroom 2/3

Chair: Gaynor Blankley

4:00pm **Panel: Perinatal Mental Health - Where to Now?**
Anne Buist, Andrew Lewis, Anne Manne, Martin Snellen

5:15pm **Closing Comments and Evaluations**
Megan Galbally and Gaynor Blankley

Childhood Maltreatment, Lifetime Trauma and Perinatal Mental Health

- **Catherine Acton[1,2] , Jane Fisher[3] and Heather Rowe[3]**

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Background: Research and clinical practice indicate that women who have experienced sexual abuse in childhood have increased vulnerability to perinatal psychological distress. However, little attention has been paid to the effects of other forms of childhood maltreatment or traumatic experience across the lifespan. The aim of the study was to examine these associations.

Method: A prospective longitudinal study was conducted. Participants were recruited consecutively in public and private maternity hospitals in Melbourne Australia. They completed structured telephone interviews during their third trimester of pregnancy, and at 6 weeks postpartum. Standardised measures assessed childhood maltreatment history, experiences of other traumatic events, and current symptoms of post traumatic stress, depression, general anxiety, and fear of childbirth, as well as a number of established psychosocial risk factors. Postnatally, symptoms of depression and post traumatic stress resulting from childbirth were assessed.

Results: A sample of 213 women was recruited. Childhood intrafamilial emotional abuse and neglect, and physical abuse were more strongly associated with antenatal distress than childhood sexual abuse in this sample. Women who had experienced childhood maltreatment of any nature experienced significantly greater depression, anxiety and fear of childbirth during pregnancy, and depression postpartum than did women who had experienced other types of trauma. This relationship was strongest with general symptoms of anxiety, and was maintained when all other variables were controlled for. Women who had experienced trauma that did not involve interpersonal violence had the lowest levels of perinatal distress of all women, including women with no trauma exposure. However, childhood maltreatment was not associated with the development of post traumatic stress symptoms following childbirth.

Conclusion: Poor early relationships lead to greatest vulnerability for distress during pregnancy, while certain other types of traumatic events may provide opportunities for development of resilience. Exploration of these factors could enhance efficacy of perinatal psychological interventions.

Neonatal Outcomes and Infant Neurodevelopment Following Pregnancy Exposure to Antidepressants

- **Marie-Paule Austin[1, 2,5], Bettina Christl[1,2], Janan C. Karatas[1,2], Julee Oei[3], Debra Kennedy[4], Parag Mishra[3], Dusan Hadzi-Pavlovic[5]**

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Background: Current literature regarding the impact of anti-depressant medication exposure during pregnancy on neonatal outcomes and infant neurodevelopment is equivocal.

Aim: This study compares the neonatal outcomes of infants exposed in pregnancy to antidepressants to non-exposed control infants and assesses their neurodevelopmental outcomes at 18 months.

Method: 40 women using anti-depressant medication during pregnancy and 34 control women were recruited during pregnancy or early postpartum. Obstetric and neonatal outcome data (Apgars, birth

weight, gestation etc) were obtained from hospital records; pregnancy medication history was collected by questionnaire at baseline. Women were administered the Edinburgh Postnatal Depression Scale (EDS) and the major depression and anxiety sections of a diagnostic interview (the MINI) both at baseline and 18 months. Exposed (N = 35) and non-exposed (N=23) infants were administered the Bailey Scales of Infant Development (BSID – III) at 18 months, which measures neurodevelopment across five domains.

Results: Almost 80% of medicated mothers used antidepressants throughout pregnancy. Logistic regression analysis showed that anti-depressant use and pregnancy complication independently increased the risk for newborn care admission (OR=6.3; p=0.09 and OR=5.6; p=0.04 respectively) when controlled for maternal age and EPDS scores at baseline. Most importantly, in-utero anti-depressant exposure was not associated with poorer neurodevelopmental outcomes at 18 months as measured by the BSID-III. Neither low mood (as measured by the EPDS) nor having had a depressive episode since birth were associated with neurodevelopmental outcomes.

Conclusion: We acknowledge that our sample size is small, however the findings suggest that anti-depressant use during pregnancy is associated with higher risk of admission to newborn care independent from pregnancy complications. Our findings also show that pregnancy antidepressant exposure (mostly SSRIs) is not associated with poorer cognitive, motor, or language development outcomes in infants at 18 months. This information is important for clinicians and mothers making key decisions around the use of antidepressants in pregnancy.

The International Marce Society Position Statement on "Psychosocial Assessment and Depression Screening for Women in the Perinatal Period" 2013

- **Marie-Paule Austin and the International Marce Position Statement Advisory Committee**

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The case for undertaking universal psychosocial assessment (including depression screening) of women during the 'perinatal period' has attracted much interest, but also a degree of controversy. The International Marce Society Position Statement on "Psychosocial Assessment and Depression Screening for women in the perinatal period' aims to articulate the arguments contributing to the debate and thus provide guidance to assist decision-making by clinicians, policy makers and health service managers.

The statement was devised by a group of perinatal mental health clinicians with expertise in the fields of public health, mental health, midwifery, policy making & research and in conjunction with consumer representation. These come from across the European, British, North American, Indian & Australasian continents with representation from both emerging and better resourced countries. It has been endorsed by the International Marce Society executive.

The purpose of the Statement on psychosocial assessment and depression screening was:

- To outline the *general principles and concepts involved* in psychosocial assessment and depression screening;
- To outline the *current debate regarding benefits and risks* in this area of practice including the *ethical, cultural and resource implications* of undertaking *universal* assessment in the primary health care setting;
- To provide a document that will assist with *advocacy* for the development of perinatal mental health services in the primary care setting.

The document did *not* set out to make specific recommendations about psychosocial assessment and depression screening (as these will need to be devised locally depending on resources and models of care) nor does it attempt to summarise the vast evidence-base relevant to this debate.

Relaxing into Parenting and Baby Makes 3: Strengthening Couples through the Transition to Parenting

➢ **Emma Baldock**

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Relaxing into Parenting and Baby Makes 3 is a primary health care strengths-based early psycho-social intervention with the broad aim of reducing stress and anxiety in the transition to first time parenting. Qualitative and quantitative outcome measures demonstrated; participants felt increased confidence in managing the stresses of the transition to parenting, enhanced their couple relationship, increased their knowledge of infant cues and infant states, had more knowledge of when and where to seek help and recognised the importance of support in the early parenting period.

The program is conducted in a primary health care setting using a community development approach. The program is underpinned by attachment theory, strengths-based couple's interventions, and practical interventions on infant sleep, massage, and and Mindfulness-based stress reduction and parenting skills to support parent and infant mental health. In addition the program aims to strengthen the social determinants of health through social inclusion and building social capital.

The intervention comprises six prenatal and two postnatal education sessions focusing on:

- Responding to infant cues – infant communication
- Identifying stress and anxiety, and Mindfulness-based stress reduction
- Strengthening relationships and maintaining intimacy
- Infant massage
- Building social networks

Standardised scales are administered to measure the impact of the course. These include Newborn Development Knowledge Questionnaire, Parenting Satisfaction Index, anxiety scores and on completion of the course couples complete a qualitative evaluation questionnaire.

Results identified that overall participants were very or highly satisfied with their parenting roles, had increased their knowledge of newborn development, identified the importance of building their emotional 'bank accounts' as couples and felt the course was worthwhile and had given them valuable additional information regarding their psycho-social health. Participants especially valued the social connections and networks created through attending the course, with couples continuing to meet up to seven years after their course.

Relaxing into Parenting and Baby Makes 3 focuses on strengthening the protective factors which may support parental and infant mental health across the transition to parenting. The course is also an opportunity to identify parents who need additional intervention and for perinatal mental health support.

Antenatal Anxiety at the Second Trimester: Risk Factors and Effects on Anxiety and Infant Development at 6-Week Postpartum

- **Chui Yi Chan[1], Antoinette Marie Lee[1], Siu Keung Lam[2], Chin Peng Lee[2,3], Kwok Yin Leung[4], Yee Woen Koh[1], Catherine So Kum Tang[5]**

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Objective: During the past decades, research attention in the area of reproductive mental health has mainly focused on postpartum depression. Anxiety, however, is also common among pregnant and postpartum women, and could have adverse impact on both mothers and infants. In order to fill the research gaps, the objectives of the present study were to determine the prevalence of antenatal anxiety symptoms and examine the risk factors and effects of anxiety symptoms in mid-pregnancy on postpartum anxiety symptoms and infant development in 6-week postpartum.

Methodology: A prospective longitudinal design with quantitative approach was adopted. A consecutive sample of 840 Chinese pregnant women from three hospitals in Hong Kong was invited to participate in the study and was assessed using standardized instruments on 2 time points: second trimester of pregnancy and 6-week postpartum.

Results: The results showed that 15.5% of pregnant women manifested anxiety symptoms in the second trimester of pregnancy. Pregnant women who were in the lower income group reported significantly higher levels of anxiety symptoms in the second trimester. Unplanned pregnancy, low self esteem, low marital satisfaction and perceived low social support were significant psychosocial risk factors for anxiety symptoms in the second trimester. There was a trend for anxiety symptoms in the second trimester to predict postpartum anxiety (β =.46, t=7.20, p<.001). Women who had higher levels of anxiety symptoms in the second trimester were more likely to report poor infant's health (β =.31, t=4.61, p<.01) and their infants' behavior to be a concern (OR 1.19, 95% CI 1.08-1.31, p<.01).

Discussions: Greater research and clinical attention to antenatal anxiety are needed given that antenatal anxiety is a common problem and has serious impacts on both maternal well-being and infant outcome.

Mother Nurture Group: Holding the Mother, Holding the Baby

- **Sue Coleson[1] and Lindy Henry[2]**

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This presentation will describe a unique approach to prevention and early intervention for perinatal mental health disorders, offering new mothers and their babies an opportunity to negotiate the inevitable and sometimes disturbing emotional adjustments that come with the transition to motherhood in a safe, supportive group setting.

The Mother Nurture Group seeks to create a space for mothers and babies where there is postnatal anxiety or depression or where the dyad is struggling in some way. The group follows a 10 week program providing opportunity for the mothers to share birth experiences, expectations and disappointments, influences on parenting from early life, support systems, self care and nurture. Babies are actively included with space provided for thoughtful observation, and also unstructured quiet times for interaction. We talk about the week from the perspective of the baby and include activities that may promote attachment including massage and a session for rhymes and songs.

The group is a facilitation partnership between Community Midwifery/ Child and Adolescent Community Health and From the Heart, which is a consumer organisation in WA for women who have experienced PND. One of the strengths of the model is the lived experience of Perinatal mental illness which the peer facilitator brings to the group. As she joins with the facilitator in actively listening, reflecting and being with the mothers in their struggles, she offers the possibility of recovery and a healthy future. The therapist brings her expertise in infant mental health and throughout the sessions helps the group keep in mind the experience of the babies. This partnership enables both mother and baby to have a sense of being thought about and understood, providing a kind of nurturing, parental model for mother and baby.

Marcé Lecture 2013:

Patrick and Jack: A Journey from Spring to Autumn

- **John Condon**

Flinders University (South Australia)

This presentation follows the story of Jack and his father Patrick. It commences when Jack is a fetus and Patrick is an expectant father. It ends with Jack as a father and Patrick as a grandfather. Along the way, it examines Patrick's antenatal and postnatal attachment to Jack, as well as the significance of this for Jack's development. Jack's adolescence is complicated by an unplanned (and eventually terminated) pregnancy which impacts on both men. When Jack eventually becomes a father himself, will his style of fathering be different from that he received from Patrick? How will Patrick handle his transition to grandfatherhood?

The material is not anecdotal. The characters are composites based on the mean values from published quantitative research (1985 to 2012) on male attachment, male adolescence and male grandparents at Flinders University (South Australia).

Fluency in Vedic Sanskrit will be helpful in understanding the material presented.

Maternal Postpartum Separation Anxiety, Over-protective Parenting and Children's Outcomes: Longitudinal Evidence from an Australian Cohort

- **Amanda R Cooklin[1], Rebecca Giallo[1], Fabrizio D'Esposito[1,2], Sharinne Crawford[1], Jan M Nicholson[1,2]**

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Background: Moderate anxiety at separating from an infant in the postpartum is a normal and adaptive maternal state believed to underpin bonding and protection of the infant. However, high levels of maternal separation anxiety (MSA) in the post partum may have later deleterious effects on parenting and children's outcomes. This study examined prospectively the relationships between postpartum MSA, over-protective parenting and children's social-emotional well-being at 2-3 years in a representative cohort of Australian children.

Method: Wave 1 (at infant age 0-18 months) and Wave 2 (at age 2-3 years) data from N=3103 mother-child dyads participating in the Longitudinal Study of Australian Children (Infant Cohort) were analysed using structural equation modelling. Postpartum maternal separation anxiety (adapted from Hock et al., 1989), postpartum psychological distress (Kessler-6), over-protective parenting (adapted from Bayer et al., 2006) and children's socio-emotional functioning (BITSEA, Carter et al., 2003) were included in the model. Socio-demographic characteristics were included as potential moderator variables.

Results: The overall model was a good fit to the data, explaining 24% of variance in children's social-emotional well-being at age 2-3. Maternal separation anxiety was a stronger predictor of over-protective

parenting at 2-3 years (*ß* = 0.49, p<0.001) than postpartum psychological distress (*ß* = 0.07, p<0.01). Higher postpartum maternal separation anxiety was associated with more over-protective parenting behaviours which in turn were associated with poorer child socio-emotional functioning at age 2-3 years.

Conclusions: Findings suggest women with high postpartum maternal separation anxiety may sustain this heightened vigilance across the first years following birth, promoting over-protective behaviours, and resulting in increased behaviour problems in their children. Early postpartum support for women vulnerable to these early parenting difficulties may prevent the establishment of a repertoire of parenting behaviours that includes unnecessarily high monitoring and anxiety about separation.

Do We Make a Difference? A Dad's group

- **Christopher Cooper [1], Renae Gibson[2], Yvonne Hauck[3]**

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The perinatal period is a time of heightened anxiety for all new parents. Previous studies have indicated a greater feeling of inclusion from new fathers when services are not just directed towards the female clients. Men are expected to attend and support their partner across the childbearing period. Growing research is suggesting that although men are expected to attend the births of their children; they feel unsure of their position and the vital roles they play. How are midwives involved in parent education addressing the needs of men on the journey to being a new parent?

A study is currently underway to assess parent education at the only maternity tertiary hospital in Western Australia. The study focuses on two midwifery led models of care offered to low/medium risk women, accessed through the 'home like' birth centre setting and the tertiary hospital labour and birth suite. Both models offer team workloads where there are a small number of midwives in each team and the same midwives see the women for antenatal appointments and classes, intrapartum and postpartum care.

The study will evaluate the effectiveness of a dad's only education session facilitated by a male midwife by measuring anxiety and stress levels before and after the session plus at six weeks following the birth. Parents will be also invited to share their perceptions of the information offered at parent education classes. A comparison group will also be followed who receive the usual education.

The focus of this presentation is to share the experiences and challenges of one male midwife involved in developing the dad's only session in collaboration with midwifery researchers and colleagues at the WA Perinatal Mental Health Unit.

Anxiety in Early Pregnancy: Prevalence and Contributing Factors

- **Maddalena Cross[1] and Christine Rubertsson[2]**

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Antenatal anxiety symptoms are not only a health problem for the expectant mother. Research has found that maternal anxiety may also have an impact on the developing baby. Therefore, it is important to estimate the prevalence of maternal anxiety and any factors of direct association.
The current study aims to estimate the prevalence of anxiety symptoms during the first trimester of pregnancy and to identify associated risk factors. Secondly, to investigate other factors associated with anxiety during early pregnancy including fear of childbirth and a preference for caesarean section.

In a population based community sample of 1,175 pregnant women, 916 women (78 %) answered one questionnaire in the first trimester (gestation week 8-12) of pregnancy and a second one in gestational week 32-36. Anxiety symptoms were investigated using the Hospital Anxiety Depression Scale HADS-A. In addition, lifestyle, pregnancy and other mental health conditions were investigated.

Prevalence of anxiety symptoms, HADS-A scores = 8 during pregnancy, was estimated at 15.6 percent in early pregnancy. A self-reported history of depression (OR: 3.8, CI: 1.1-2.5) and anxiety (OR:5.2, CI:3.5-7.9) increased the risk of presenting with anxiety symptoms during pregnancy. In addition, self reported history of an eating disorder (OR: 2.7, CI: 1.7 - 4.5) also increased the risk of presenting with anxiety symptoms during pregnancy. Anxiety symptoms during pregnancy increased the rate of fear of birth (OR: 3.0, CI: 1.9-4.7) and a preference for caesarean section (OR: 1.7, CI: 1.0-2.8). The contribution of a number of predictor variables on developing anxiety was investigated. Having a history of anxiety makes the largest unique contribution to the relationship with anxiety during early pregnancy (ß = .171, p < .001). Age (ß = .138, p < .001), feelings about the approaching birth (ß = .130, p =.006) and fear of birth (ß = .121, p < .01) all make statistically significant, unique and meaningful contributions to the impact of anxiety during early pregnancy.

Caregivers should pay careful attention to history of mental illness to be able to identify women with symptoms of anxiety during early pregnancy. When presenting with symptoms of anxiety optimal care planning, and if necessary, referral to specialist is needed.

The Utility of the Edinburgh Postnatal Depression Scale (EPDS) against a Posttraumatic Stress Symptoms Screening Scale in a Perinatal Mental Health Clinical Population

- **Jeff Cubis[1,2],Cathy Ringland[2], Kelly Mazzer[2], Rebecca Reay[1] Kate Carnall[2], Beverley Raphael[1]**

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Aims: Posttraumatic stress symptoms (PTSS) and disorder (PTSD) can be comorbid with depression in perinatal women and may have an independent effect on subsequent negative outcomes during motherhood. Screening for PTSS is being used to identify at risk women, however these symptoms may reflect only the presence of depression and anxiety because of the overlap of symptoms at this time in this population. The Edinburgh Postnatal Depression Scale (EDPS) is universally used as a screening instrument for the identification of caseness and has two underlying factors reported as “depression” and “anxiety”. The EPDS therefore may be able to detect cases with PTSS in this population. The utility of the EPDS in this regard is considered from the literature and through an analysis of data from perinatal mental health clinic attendees.

Methods: Mothers who attended a perinatal mental health consultation service completed a brief questionnaire designed to measure PTSS. Mothers also completed the Edinburgh Postnatal Depression Scale (10 items) at the same time. The relationships between both these instruments items were explored.

Results: The EDPS would seem to detect many of the women with PTSS, because of the loading for depression and anxiety in the PTSS brief screening scale used. This trauma scale did also produce 2 other factors: suicidal/hopelessness and anxiety/hyperarousal which complemented the EPDS.

Conclusions:. Further investigation is required to clarify this relationship in this population, but the EPDS seems to have some utility to identify women with posttraumatic stress symptoms as cases.

Smoothing the Way to Infant and Child Mental Health Assessment – A Collaborative Approach

- **Connie Cudini and Maria Hutchings**

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A collaborative partnership between the maternal and child health nurses (MCHN) of the municipalities of Wodonga and Wangaratta and practitioners from the North East Child and Adolescent Mental Health Service (NECAMHS) has led to an innovative program aimed at enhancing the mental health assessment process for infants and young children.

The monthly infant mental health clinic provides hour long consultation/observation sessions attended by the children and their carers, the maternal child health nurse and two mental health clinicians.

This program capitalises on the interest in mental health expressed by the MCHN's and the rapport developed between the MCHN's and their clients. Parents have been more comfortable and less anxious when it is suggested they attend an assessment session which is based at a maternal and child health centre and also attended by their own MCHN.

Following the assessment session the clinician presents written and verbal feedback to both the parent and the MCHN. This feedback is used to support any referral to intervention services, allied health or medical practitioners and may also form a basis for planning with childcare and preschool services. The involvement of the MCHN allows for ongoing monitoring of progress.
Results of evaluation questionnaires completed by the families and the nurses at the time of consultation indicate that both MCHN's and parents have been overwhelmingly satisfied with these consultations. MCHN's also report enhanced understanding of infant and child mental health and increased capacity to recognise and respond to the mental health needs of their clients.

The Structure of Emotional Symptoms in the Postpartum Period: Are They Unique?

- **Nadia K. Cunningham[1], Philippa M. Brown[2], Janette Brooks[3], Andrew C. Page[1]**

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In perinatal mental health there is ongoing disagreement as to whether postpartum emotional disorders (including anxiety and depression) are unique in their aetiology and clinical presentation. If the aetiology is unique, then the underlying structure of emotional symptoms should be different in a postpartum sample. We examined the factor structure of the Depression Anxiety Stress Scales (DASS; Lovibond and Lovibond, 1995b) in a sample of postpartum women admitted to a psychiatric Mother and Baby Unit (MBU) in Western Australia. The DASS and several other self report measures were completed by 527 women at admission and discharge from the MBU. Reliability and validity of the DASS were examined, and confirmatory factor analysis evaluated the fit of a series of models of the DASS. The DASS appeared to have sound reliability and validity in the MBU sample. The optimal fitting factor solution for the DASS was a revised three-factor model previously supported in studies of other clinical and non-clinical populations. Moreover, the same factor structure was obtained at both admission and discharge. These results suggest that postpartum emotional symptoms have the same factor structure previously observed in non-postpartum populations, which is consistent with the view that postpartum emotional disorders are similar to those occurring at other times. The DASS also appears to be a suitable measure of emotional distress in the postpartum period.

Minds, Mothers & Music: The Role of Sing & Grow in Enhancing Healthy Relationships between Parents with Mental Health Issues and Their Children

- **Ann De-Belin[1], Allison Fuller[2], Roxanne McLeod[2,3] and Kate Teggelove[2]**

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Sing & Grow, a music therapy project working across Australia and the UK with children aged under 4 and their families who present with complex needs, is producing evidence of increasingly positive health outcomes for families where mothers are experiencing perinatal mood disorders.

Parental mental health is universally acknowledged as one of the key determinants for healthy development in infants (Murray & Cooper 2003). *Sing & Grow* recognizes that when a parent is experiencing depression and/ or anxiety their relationship with their infant is more likely to experience difficulties. Guided-interaction offered in a safe, non-threatening and fun musical environment, assists parents presenting with such mood disorders to develop skills of responsiveness that help strengthen attachment bonds, contributing to better emotional regulation and less behaviour problems in young children (Murray 2009).

The clinical work presented in this paper describes the experience of 9 families who attended a 10 week *Sing & Grow* program co-led by a registered music therapist and the director of nursing at the host facility. Improved health of participants was observed over the 10 weeks evidenced by an increase in pleasurable interactions (e.g.: greater parental responsiveness and attention, and more instances of positive verbal and non-verbal communication between parent and child). Increased use of musical play at home between sessions also indicated heightened parental mood along with the transfer and consolidation of newly learnt parenting skills and a growth in confidence.

Outcomes for families from this focus case study will be shown to be congruent with *Sing & Grow* Main Study external evaluation results where participating parents experienced positive changes in parenting behaviours with evidence of a reduction in parent mental health symptoms (Nicholson et al 2008).

The presentation of this group case study and findings from *Sing & Grow* overall contribute to the current literature and knowledge on Music Therapy in the family context and Music Therapy to improve mental health outcomes. Families have given consent to have their experiences shared and we thank them for their openness and participation.

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Maternal, Infant and Social Outcomes of Women with Substance Use Disorders and Dual Diagnosis in a Perinatal Drug and Alcohol Service

- **Chantal Esnault[1], Tram Nguyen[2], and Fiona Judd[2,3]**

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Background: Substance use disorders are frequent and often occur in women of reproductive age. Dual diagnosis, the co-occurrence of substance use disorders and psychiatric disorders is common. To date, there is little published data on women with dual diagnosis during the perinatal period.

Aim: To examine the maternal, infant and social outcomes of women with either substance use disorders or with dual diagnosis, who have attended a specialist multidisciplinary perinatal alcohol and drug service.

Method: A retrospective chart review of a sample of mother-infant pairs was undertaken. Data were collected from the hospital clinical files and electronic clinical and administrative databases.

Results: Fifty mother-infant pairs were included in the study. 24 had a current dual diagnosis and 26 had a current substance use disorder only. More than three quarters had antenatal complications including spontaneous abortion and foetal death in-utero. Eight infants were born <37 weeks and two born at term were <2500grams. Nearly half the infants required admission to special care nursery. Notifications to child protection services were made in half of all the cases. There were more notifications for the dual diagnosis group and longer nursery admissions; however, these differences were not statistically significant.

Conclusion: Psychiatric co-morbidity, both past and current, is common in women with substance use disorders. Even with assertive treatment in a specialist multidisciplinary clinic, the maternal, infant and social outcomes are worse for women with substance use disorders and their infants. Women with dual diagnosis faired slightly worse; however, the poor outcomes in this population appear to be driven by the substance use rather than the psychiatric disorder.

Keynote Address

Parents, Partners, Personality, but also Predicaments: How a Social Model Can Improve Our Understanding of Perinatal Mental Health Problems

- **Jane Fisher**

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In 1991 eminent Australian researchers Professors Philip Boyce, Ian Hickie and Gordon Parker published data of the associations among recalled parental care, perception of the relationship with the intimate partner, personality characteristics, and women's symptoms of postpartum depression. In total parents, partners and personality explained about 20% of the variance in depression scores, suggesting that other unascertained aspects of women's lives were relevant to their psychological functioning.

The World Health Organization's Commission on the Social Determinants of Health was established in 2005 to review knowledge about the factors that underpin 'gross inequalities' in health, including the prevalence of mental health problems between and within countries. It concluded that social determinants, including structural factors and the circumstances in which people live and work, exert a predominant role in governing health. Although there are inequalities in the availability of data, there is growing evidence of major international disparities in the prevalence of symptoms of perinatal depressive or anxious psychological states among women. In low- and lower-middle income countries, the weighted mean prevalence estimates among women who are pregnant (15.6% (95% CI: 15.4–15.9) or have recently

given birth 19.8% (95% CI: 19.5–20.0) are significantly greater than in high-income settings and the main risks are social factors beyond individual control.

In addition to consideration of psychological factors, these data indicate that there is an imperative to take women's predicaments into account. The risks associated with low socioeconomic position, income insecurity and inadequate housing; exposure to childhood maltreatment, re-victimisation and intimate partner violence; gender-based stereotypes about roles and responsibilities and lack of recognition of unpaid work; are invisible if not ascertained. A comprehensive approach to practice, policy, programs and evidence-generation requires consideration of the social determinants of perinatal mental health problems in order to be just and effective.

Gender-Based Violence and Common Perinatal Mental Disorders Among Women in Rural Vietnam

- **Jane Fisher[1], Thach Tran[1,2,4], Beverley Biggs[3], Julie Simpson[2], Sarah Hanieh[3], Tuan Tran[4]**

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Background: Gender-based violence has been neglected in investigations of the determinants of common perinatal mental disorders (CPMD) in women. This study aimed to establish the prevalence of lifetime and perinatal experiences of intimate partner violence (IPV), and to investigate the relationship between exposure to IPV CPMD symptoms among women in rural Vietnam.

Methods: All women who are 10 – 20 weeks pregnant and living in one of 50 randomly selected communes in Hanam, a rural northern province were eligible to participate in a community-based prospective investigation. They were assessed in structured individual interviews in early (Wave 1) and late (Wave 2) pregnancy and at two (Wave 3) and six months (Wave 4) after childbirth. Lifetime experience of IPV was assessed at Wave 1 and perinatal experiences at Waves 2 and 4 using the WHO Women's Health and Domestic Violence questionnaire. Symptoms of CPMD were ascertained by the Edinburgh Postnatal Depression Scale–Vietnam Validation.

Results: In total 497/523 (97%) eligible women were recruited, with 91% retained at Wave 4. Participants were aged on average 26 (4.8) years and all were married. Overall, 27.3% had experienced lifetime IPV: 15.2% emotional abuse and 19.0% physical and 6.7% sexual violence. In the perinatal period, 3.8% reported physical violence during pregnancy and 5.9% any violence in the first six months postpartum. After adjustment for other risk factors lifetime IPV was associated with increased risk of antenatal (AOR 2.5, 95% CI 1.4 to 4.7) and postnatal (AOR 3.1 95% CI 1.7 to 6.1) CMD.

Conclusions: Despite recent laws making domestic violence a crime in Vietnam, lifetime experience of IPV remains prevalent among young women in this setting. It constitutes a clear risk factor for CPMD. In order to improve the perinatal mental health of women in rural Vietnam community-based violence reduction strategies are essential.

The Issue of Honesty during Perinatal Screening for Depression and Anxiety

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Aims: To evaluate the degree of honesty women utilize when questioned about emotional wellbeing during the perinatal period and to examine the reasons why women may not always respond honestly.

Methods: In 2011, 1811 women aged 33-38 years old responded to a perinatal substudy invitation from the ALSWH. The mailed self-report questionnaire asked participants if they were comfortable being asked questions about emotional issues by their health practitioner and whether they had answered these questions honestly. Participants who indicated that they were not always honest were asked to provide reasons. Associations between honesty, comfortability and self-reported perinatal depression, anxiety and stress were analyzed. The qualitative data were thematically analysed.

Results: More than one-third of the women (36%) indicated that they felt some discomfort when questioned about their emotional wellbeing during the perinatal period. Around 19% indicated they had not always been honest when responding to these questions. Participants were more likely to answer honestly if they felt comfortable being asked about emotional issues ($p<0.001$). Women who were not always honest had a higher prevalence of mental health issues than women who were always honest ($p<0.001$). Thematic analysis indicated that reasons for not being honest reflected four main themes: normalizing/self-awareness of the issues; self-judgement; fear/concern about interventions; and lack of trust.

Conclusion: Despite advances in perinatal mental health screening, current findings reveal a serious impediment to effective healthcare, with one in five women indicating that they had not always responded to screening questions honestly, with those most at risk of needing mental healthcare being those least likely to respond honestly. Reasons for not responding honestly were largely fear-based, suggesting underlying anxiety might be driving these responses. Taking the time to build trust and create a comfortable rapport with women in the perinatal period may encourage honest responses.

Looking Both Ways: An Attachment Based Postnatal Support Program for Mothers Experiencing Depression and Anxiety and Their Infants

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Perinatal depression and anxiety are common, however for many women these conditions are brief and resolve spontaneously. Research has identified however, that for a significant subgroup however, the course of illness is more chronic, leading to adverse outcomes for mothers, their infants and the parent child relationship. A key factor for both women and infants affected by maternal depression is the quality of their attachment relationships. Women who experience recurring and remitting course of PND are significantly more likely to have an insecure state of mind regarding attachment, further their infants are also more likely to classified insecure, compared with community samples.

This presentation will describe the *Moving Forward* program, a treatment program for women at-risk of, or experiencing mild to moderate postnatal depression and anxiety, and their infants at Bendigo Health. The *Moving Forward* program draws upon attachment theory in order to address both women's own state of mind regarding attachment, and foster secure mother-infant attachment relationships. The ten week group

program is divided into two parts. The first phase of the program focuses on creating a 'secure base' from which participants can explore their own experiences of close relationships, both current and past. During this phase of the program cognitive and behavioural strategies, mentalising and self soothing techniques are taught. During the final part of the program the Circles of Security Parenting Education Program is delivered. In this phase of the program women can continue to develop insights into their own experiences, but importantly focus on building a healthy relationship with their children.

The characteristics of participants in this program highlights that close relationships are a considerable source of stress for this group of mothers. Participants experience difficulties in their relationship with children, romantic partners and immediate family. Participation in the program has been associated with clinically significant improvements in depression, stress and anxiety (measured by DAS-21 and EPNDS), and a trend toward enhanced parent-infant security.

PANDA Home-Start Program

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PANDA has been providing counselling, referral and support helpline services for Australian women, men and their families living with perinatal depression for over 25 years. Much knowledge and wisdom has been gained about what is important for recovery from perinatal depression but also the building of strong, healthy families.

Perinatal depression occurs at the time of pregnancy and in the early years after the birth of a baby. These are significant mental illnesses that cause significant disruption to the journey into parenthood for both the new mother and father, placing stress on developing family relationships and a threat to the healthy beginnings for children. Women and their partners need early access to high quality interventions and services. Equally as important for recovery is access to support and mentoring for the new parents to build their confidence and resilience as parents, the key to sustainable recovery.

In line with PANDA's peer support model on the National Perinatal Depression Helpline, PANDA has established a volunteer home visiting program based on the Home-Start Program (UK). Working with parents with mild to moderate perinatal depression, the trained Home-Start volunteer is matched with a family for weekly visits to assist them to overcome the impact of their transitional difficulties or depression and anxiety. This includes befriending, helping with practical tasks, supporting the parent's relationship with their child(ren) and linking families into community services. The volunteer, who is usually a parent and may have experienced perinatal depression, acts as a mentor and friend to the family and strong, lasting relationships are often formed.

This paper reports on the progress of PANDA's Home-Start Program as well as preliminary findings of the ongoing evaluation of the benefits of the program for parents living with perinatal depression. A number of case examples will be used to highlight the benefits of the program.

Indigenous Voices of Childbearing: Authentic Expression of Lived Experience Across Four Generations Employing Indigenous Research Methods

- **Lynore K. Geia [1], Barbara A. Hayes [1], Kim J. Usher [2], Jacinta Elston [3], Kim Foster [4]**

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Indigenous voices are silenced by the legacy of colonizing forces which negatively affect social wellbeing and health across generations. Recently, **Indigenous research methods have enabled these voices to be heard.** On Palm Island sixty five kilometers off the coast of Australia, the childrearing lived experience of four generations has been expressed with clarity and authenticity in storytelling, documented through the development of a local Indigenous research method of **Critical Murri Consciousness** which emerged from immersion of the first author's lived experience from being born and raised on Palm Island - a government forced settlement from 1918 of over forty different Aboriginal language groups. Critical Murri Consciousness now provides a bridge between established western Narrative Inquiry and Dadirri. **Dadirri is particular to Australia's Indigenous people's ways of knowing and being** with deep tensile connection to land and people.

This **Indigenous research method, revealed underlying childrearing strengths,** previously often unrecognised by the people themselves, and unacknowledged by government services. These childrearing strengths will form the basis of policy to re-direct services for women and children on Palm Island so that they can make the journey from conception to kindergarten in cultural safety towards a healthy future. In addition, **the people trusted the method** because of its natural and spiritual connection with their Aboriginality and their shared lived experience with the first author.

Employing **this Indigenous research method has heightened the equity of access** to appropriate culturally sensitive childrearing polices for the Palm Island people.

Fathers' Persistent Depressive Symptoms across the Early Parenting Period: Risk Factors, and Relationship to Parenting and Child Socio-emotional Wellbeing

- **Rebecca Giallo[1,2], Fabrizio D'Esposito[1], Amanda Cooklin[1], Daniel Christensen[3], and Jan M. Nicholson[1,2]**

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Background: One in ten fathers report depressive symptoms in the first year after having a baby. However, little is known about the course of depressive symptoms and associated risk factors beyond the postnatal period. Using data from a nationally representative sample of Australian fathers, the aims of the study were to: (a) report on the course of fathers' depressive when their children were aged 3-12 months, 2-3 years, 4-5 years, and 6-7 years; (b) identify distinct trajectories of symptoms over time, (c) identify risk factors for persistent symptoms, and (d) assess relationships between persistent symptoms, parenting and child socio-emotional wellbeing at age 6-7 years.

Methods: Data from 2470 fathers participating in the Longitudinal Study of Australian Children were analysed. Latent growth analysis was used to assess depressive symptoms over time.

Results: For the overall sample, depressive symptoms were highest in first postnatal year and then decreased over time. Two distinct trajectories were identified. The majority of fathers (92%) reported moderate depressive symptoms in the first postnatal year and these decreased over time, whilst 8% of

fathers reported high depressive symptoms during the first postnatal year and these increased over time. Risk factors for persistent symptoms were poor relationship quality, low job quality, poor maternal mental health, and low parental self-efficacy. Fathers reporting persistent symptoms reported higher parenting hostility and lower consistency than fathers experiencing few depressive symptoms. Children of fathers with persistent symptoms had more socio-emotional and behavioural problems than children of fathers reporting few depressive symptoms.

Conclusion: These findings highlight the existence of a group of fathers who experience persistent depressive symptoms over the early parenting years, affecting relationships with their children and their children's adjustment. Timely interventions to address the difficulties experienced by these men are important for promoting long-term outcomes for fathers and their children.

Maternal Separation Anxiety: Nature, Correlates and Relationship to Mode of Conception

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Background: Women who conceive with assisted reproductive technologies (ARTC) have worse breastfeeding outcomes and a more than three-fold increased risk of hospital admission for early parenting difficulties than women who conceive spontaneously (SC). Predictors of these adverse outcomes include higher anxiety in late pregnancy and lower mood and maternal confidence postpartum. However, it is not known whether maternal separation anxiety (MSA) is experienced differently among women who have or have not conceived with ART.

Method: Primiparous women were recruited during pregnancy in public and private maternity services in Melbourne to parallel studies (n= 129 SC and 88 ARTC). Data sources were self-report questionnaires which included: study-specific items assessing sociodemographic characteristics and postpartum workforce participation; and standardized measures of antenatal and postnatal mood, quality of intimate partner relationship, antenatal and postnatal attachment, and maternal separation anxiety. The relative contributions of these factors, the age of the baby and mode of conception to levels of MSA were tested in multivariable linear regression analyses.

Results: The model explained 25% of the variance in MSA scores. Maternal age, education, occupation, and health insurance status; mode of conception; age of infant; pregnancy and postpartum mood; the quality of the intimate partner relationship; and antenatal attachment to the foetus were not significantly associated with maternal separation anxiety. When these were controlled, higher MSA scores (indicating more anxiety) were associated with not participating in paid employment in the postpartum and more intense emotional attachment to the infant.

Conclusions: ARTC was not associated with MSA. Early parenting difficulties observed after ART appear not to be related to mothers' concerns about being separated from the baby. They might reflect difficulties in establishing a confident maternal identity. The findings contribute further evidence that social circumstances interact with personal characteristics in the development of mother-infant relationship, irrespective of mode of conception.

Mixed Blessings: Pregnancy after Perinatal Loss

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The St John of God Raphael Centre, Geelong is a community based Perinatal and Infant Mental Health Service which provides a range of services to families during their pregnancy and up to 2 years after the birth. We aim to support distressed women, men and their families to regain their mental health, to develop skills to aid recovery and reduce the risk of relapse in the future. Very often women are referred for support during a subsequent pregnancy after having experienced a perinatal loss. At other times the perinatal loss is disclosed during assessment when the presenting issues might revolve around depression or anxiety. Geelong Raphael accepts self referred clients as well as referrals from other health professionals and family support agencies.

This presentation will discuss grief as a normative response to perinatal loss and how it may present during a subsequent pregnancy. Reference to studies with bereaved perinatal clients and impacts during another pregnancy as well as possible impacts on children born after perinatal loss will be shared. With a subsequent pregnancy grief is likely to be amplified or re-emerge and potentially complicate the psychological adjustment a pregnant woman might be expected to experience. Joann O'Leary and colleagues report that it is 'impossible to have another experience of perinatal care without stimulating memories of past painful loss'.

John Condon's work with pre-natal attachment has identified a degree of avoidance behaviour in a pregnancy following a perinatal loss. Together with other authors he suggests this may be a coping mechanism as parents prepare for another loss. Such parents unfortunately know that babies do die and this has an impact on their 'autobiographical narrative coherence'.

Practice-based evidence will be shared in this presentation along with some clinical 'take-aways' to assist professionals in working with bereaved, pregnant clients. Strategies used in counselling this group of clients will augment this presentation along with clients feedback about what they find helpful during their counselling.

What Worked and What Didn't in the Implementation of the National Perinatal Depression Initiative - Where to From Here

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Australia has become a world leader in perinatal mental health with significant advances made over the past decade. It is the only country providing universal screening for women for depression and anxiety during the perinatal period.

Identification by *beyondblue* of the high rate of depression in the perinatal period led to the development of the *beyondblue* National Action Plan which provided a framework for the translation of research into practice. This led to the National Perinatal Depression Initiative (NPDI) funded by all governments. The five year Initiative 2008-2013 provided a national approach to promotion, prevention, early intervention and treatment through routine screening and services for those women at risk of, or experiencing perinatal mental health disorders.

As we move forward into the next phase of the NPDI (2013-2017) it is timely to evaluate progress undertaken to date and to identify possible future opportunities.

This paper will provide a synopsis of activity under the key objectives of the NPDI and discuss the way forward under the next phase of the NPDI to ensure Australia remains a world leader.

The Reading Project: Reading into Relationships

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At Karitane we are interested in the impact of reading on the baby–caregiver relationship. This includes the contribution of reading to social & emotional wellbeing. Reading with children from birth is probably the single most important activity in developing a child's future ability to read and write. Many professionals already have a close and trusting working relationship with families. Child & Family Health Professionals are best placed to deliver the message about the importance of reading (Lets Read, Aust Govt 2013; www.letsread.com.au).

A Let's Read Cluster Randomised Controlled Trial (RCT) was conducted to determine whether a population-based primary care literacy promotion intervention during the first two years of life improves literacy by age four. Key findings of the RCT included firstly suggesting a higher and broader intensity delivery method may prove more beneficial. There is an opportunity for Child and Family Health Nurses to provide higher quality & higher intensity activities in a way that engages families & emphasises the role of parents in promoting development. Secondly literacy interventions are most beneficial with low- literacy families (Lets Read, Aust Govt 2013; www.letsread.com.au).

In 2013, Karitane commenced a Quality Activity surveying first time parents' reading habits with babies under one year of age at Randwick and Liverpool Parenting Centres. I wish to present the findings and the idea of how reading is important for relationships between babies and caregivers especially when there is a perinatal mood disorder. 43 mothers participated in the survey. The average maternal age was 33yrs and average baby age was 5mths, a few key findings include: 72% said that they read to their baby, 14% of whom said that they started reading when the child was in the womb, 70% started within the first 3 months of the baby's life, and 16% started between 4 and 8 months of age. Qualitative feedback from parents and implications for Child & Family and Parenting Services will be discussed.

A Study of the Relationship between Paternal Mental Health, Maternal Factors and Impact on Paternal-Fetal Attachment: A Longitudinal Study

- **Y.W. Koh [1], C.Y. Chui[1], A.M. Lee[1], C.S.K. Tang[2]**

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The present study aims at determining the prevalence of paternal mental health problems including paternal anxiety, depression, perceived stress, psychosomatic symptoms and fatigue and identifying risk factors across early pregnancy, late pregnancy and six week postpartum in Hong Kong and to fill the gap on the impact of paternal mental health problems on paternal-fetal attachment.

622 expectant fathers were recruited from regional hospitals in early pregnancy and were followed up at 36 gestational weeks and six weeks postpartum. Risk factors examined included demographic (age, family income and education level), psychosocial (unplanned pregnancy, marital dissatisfaction, poor self-esteem, poor social support, work family conflict) and maternal-related (partners' depression and anxiety) risk factors. The risk factors, the outcome variables including paternal anxiety, depression, perceived stress, psychosomatic symptoms, fatigue and paternal-fetal attachment were assessed using standardized and validated psychological instruments.

Findings showed that a significant proportion of expectant fathers manifested anxiety, and depressive symptoms, high level of perceived stress, psychosomatic symptoms and fatigue during the perinatal period. Low family income was associated with paternal psychological distress including anxiety, depression and perceived stress and higher occurrence of psychosomatic symptoms.Psychosocial risk

factors were consistently associated with poor mental health outcomes in different time points. Unplanned pregnancy predicted higher level of paternal depression in late pregnancy and perceived stress in early pregnancy. Maternal depression and anxiety were predictors of paternal psychological distress, psychosomatic symptoms and fatigue severity. Findings also showed that paternal mental health problems had a detrimental effect on paternal-fetal bonding across perinatal periods.

The present study indicates that paternal mental health problems is highly prevalent and Is related to maternal well-being and paternal-fetal attachments and therefore needs greater research and clinical attention. The results contributed to the theoretical understanding of risk factors, paternal mental health and paternal fetal attachment and have important implications for the design of clinical strategies against these clinical problems.

Adult Separation Anxiety in the Perinatal Period: Prevalence, Correlates and Clinical Implications

- **Jane Kohlhoff[1], Valsamma Eapen[2], Bryanne Barnett [1,3]**

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Separation anxiety disorder (SAD) is characterized by severe anxiety focused on the safety, well-being and proximity of close attachment figures. Although commonly viewed as a disorder of childhood, adult separation anxiety disorder (ASAD) has also been documented. Given the known prevalence of perinatal anxiety, along with the highly interpersonal (and thus attachment-system activating) nature of pregnancy and the early parenting experience, it is conceivable that vulnerable women may be susceptible to fears about separation during this time. For some this may manifest as anxiety about separating from the infant, but for others, fears may relate to separation from adult attachment figures such as the partner, close friends and family members.

This presentation will report results of two studies that examined ASAD in the perinatal period. The first was a prospective longitudinal study of women during pregnancy and up to 8 weeks postpartum, examining associations between ASAD, adult attachment and maternal oxytocin release in response to infant contact and separation experiences. Results showed the prevalence of clinically significant ASAD symptoms in pregnancy to be high (25%) and to be relatively stable across the two assessment points. Preliminary data analysis suggests an association between ASAD and elevated levels of oxytocin in response to separation.

The second study examined ASAD in a sample of 83 new mothers experiencing early parenting difficulties. Results showed the prevalence of ASAD symptoms in this sample to also be high (35%). Also, women with ASAD were, on average, more likely to be diagnosed with depression and anxiety disorders, more likely to report aversive parenting experiences during childhood and adult attachment style insecurity. ASAD was predicted by adult attachment anxiety and unsettled infant behaviour, and the relation between adverse parenting in childhood and ASAD was mediated by adult attachment insecurity.

Clinical implications and directions for future research will be discussed.

The Emotional Wellbeing Program: Antenatal Psychosocial Assessment and Depression Screening in a Private Hospital Setting

- **Jane Kohlhoff[1,2], Rachael Hickinbotham[1,3], Catherine Knox[1], Deb De Wilde[3], Carol Himmelhoch[3], Bryanne Barnett[1,2]**

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Given the well documented prevalence and negative impacts of perinatal mood disorders, the importance of early identification and intervention is clear. Routine antenatal psychosocial assessment and depression screening has been implemented in many public hospitals around NSW and Australia, but few private hospitals have followed suit. With a significant proportion of Australian women choosing the private model of obstetric care, many miss out on the support and treatment that they require at this important time.

In 2009 the Gidget Foundation proposed initiating antenatal psychosocial assessment and depression screening within the Maternity department of North Shore Private Hospital, Sydney. A pilot program, involving administration of the EPDS and psychosocial questions to a small proportion of women, was initially conducted with the aim of building an acceptable and feasible model of care that worked well for women, consultants, screening midwives and staff. Since 2011 this model of care has been offered to all women at North Shore Private Hospital and is known as The Emotional Wellbeing Program.

Since the introduction of the program, over 1500 women have participated, approximately 16% who scored over the threshold for minor depression on the EPDS, and many others who were identified with psychosocial risks. Qualitative feedback about the program has been positive, with many women highlighting the benefits of meeting with a midwife to discuss and reflect on their pregnancy and emotional wellbeing. The Emotional Wellbeing Program at North Shore Private Hospital has been associated with a range of successes and challenges, many of which will be of interest to health care practitioners and services across Australia.

Keynote Address

Working with Aboriginal Families: Parenting Styles, Communication and Child Rearing Practices

- **Sue Kruske**

Queensland Centre for Mothers and Babies

Working with Aboriginal parents and families is challenging for many non-Aboriginal staff. Differences in worldview and cultural influences on health and well being is significant. In this presentation Sue Kruske combines her experience working as a midwife and child health nurse in Aboriginal communities over the past 20 years with the results of a research project undertaken in 2010 where a group of mother-infant dyads were followed from birth up to 1 year of age. An outline of the key findings around child rearing practices, communication styles and decision making will be presented. Increased awareness of these behaviours and beliefs by non Aboriginal professionals should lead to more effective health and other mainstream service programs.

The National Register of Antipsychotic Medication in Pregnancy (NRAMP): Neonatal Outcomes at 12 months

- **Jayashri Kulkarni and Heather Gilbert**

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Background: It is essential to evaluate the safety of antipsychotic medication use during pregnancy, to gain a better understanding of the risk/benefit analysis and to ensure healthy outcomes for mother and baby, however current data on the effect of these medications are limited.

Objectives: The National Register of Antipsychotic Medication in Pregnancy (NRAMP) will provide a better understanding of antipsychotic medication use during pregnancy, with the development of evidence-based guidelines which will assist clinicians in making informed decisions for improved treatment options and encourage safer outcomes for mother and baby.

Methods: NRAMP is an Australia-wide, observational research study involving women of child-bearing age who take antipsychotic medication during pregnancy. Information gathered antenatally and postnatally includes maternal demographic, social, medical, psychiatric, medication and obstetric history, fetal/infant development and information on the general health, wellbeing and progress for mother and baby in the first 12 months.

Results: NRAMP is current and ongoing; a snapshot of observations will be presented on neonatal outcomes, including respiratory distress, neonatal abstinence syndrome NICU/SCN admissions and levels of functioning at 12 months.

Conclusions: In the absence of clinical trials, which are the gold standard for medication safety research, but are unlikely given ethical considerations, we must rely on observational studies. Data collected by this method can be a useful source of evidence-based information, providing strategies for achieving and maintaining optimum maternal mental health with minimal risk to the fetus. The targeted development of evidence-based clinical guidelines will expand our knowledge, understanding and care plan options for babies of mothers who take antipsychotic medication during pregnancy. This includes fetal/neonatal development and outcomes, treatment options, sequelae and follow up where necessary and the opportunity to gain an improved understanding of these concerns as we provide for healthy mothers, babies, families and communities, both now and in the future.

Maternal Anxiety across Pregnancy: Prevalence, Pattern and Relations to Postpartum Anxiety

- **Antoinette Marie Lee[1], Chui Yi Chan[1], Siu Keung Lam[2], Chin Peng Lee[2,3], Kwok Yin Leung[4], Yee Woen Koh[1], Catherine So Kum Tang[5]**

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Objective: Accumulating evidence suggests that pregnancy does not protect women from mental illness. Over the past decades, however, much less research attention in the area of reproductive mental health has been given to anxiety symptoms among pregnant women. The aims of the present study were to determine the prevalence of antenatal anxiety symptoms across different trimesters of pregnancy and examine the effects of antenatal anxiety symptoms on anxiety symptoms in 6-week postpartum.

Methodology: A prospective longitudinal design was adopted. A consecutive sample of 1470 Chinese pregnant women from three regional hospitals in Hong Kong was invited to participate in the study. They were assessed using standardized instruments on 4 time points: first trimester, second trimester and third trimester of pregnancy and 6-week postpartum.

Results: The prevalence of antenatal anxiety was characterized by a U-shaped curve. The prevalence of anxiety was 17.7% in the first trimester. The rate significantly dropped to 15.5 % in the second trimester but increased significantly again to 16.2% in the third trimester. ANCOVA was used to examine the differences among the groups according to the numbers of trimesters in which pregnant women reported elevated levels of antenatal anxiety symptoms with respect to prevalence of postpartum anxiety symptoms, after adjusting for the effects of potential confounders. The difference was significant (F = 3.74, $p<.05$). Post hoc LSD analysis indicated that pregnant women who had elevated levels of anxiety symptoms in all three trimesters reported significantly higher levels of postpartum anxiety symptoms than those who had elevated levels of anxiety in one or two trimesters, and those who did not have elevated anxiety in any trimesters.

Discussions: Antenatal anxiety shows a changing course across pregnancy. However, women who had higher levels of anxiety symptoms persistently during the entire antenatal period reported significantly higher levels of postpartum anxiety. These results provide clinical direction suggesting that screening for antenatal anxiety is recommended to be done at antenatal clinic throughout the pregnancy.

Evaluation of the Perinatal Psychotropic Medicines Information Service (PPMIS)

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Background: The prevalence of mental illness in the perinatal period for women is high. Many patients and healthcare professionals are hesitant to either commence or continue psychotropic medicines during the perinatal period due to concerns about the potential risks, particularly to the unborn child. The Perinatal Psychotropic Medicines Information Service (PPMIS) was launched in 2010. It is funded by the Department of Health for the provision of perinatal medicines information to health professionals via a website and a dedicated telephone line.

Aim: This audit aims to determine the usage and satisfaction of clinicians accessing this service.

Method: Google analytic® was employed to analyse website traffic, and a voluntary survey placed on the website to capture feedback. Information on the level of satisfaction by the healthcare professionals and suggestions on how the service could be improved was elicited via a telephone survey of health professionals who accessed the PPMIS referral service.

Results: In the past 8 months, there have been 4237 visits to the website and in total 44 website surveys completed, with a satisfaction rate of over 90%. There have been 275 calls to the PPMIS telephone line for pharmacist consultation, 13 calls were referred to a perinatal psychiatrist for further consultation. Most of these enquiries were from doctors, either psychiatrists or general practitioners and with a smaller percentage from maternal and child health nurses. All telephone survey respondents were satisfied with the service provided and the information supplied helped to guide the clinician with their decision making process.

Most website visitors were either from Melbourne or Sydney. The most frequently viewed medicine profile was Sertraline and the average duration of visit was about 3 minutes.

Conclusion: The high satisfaction rate of the service demonstrates that this is a valuable service, but there is a need to increase awareness to optimise the value of this resource.

"Hey Mum, I'm looking at you"……..
Utilising Video Feedback in the Home Setting with Mothers with Serious Mental Illness

- **Yvette Mackley and Tram Nguyen**

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Background: At an outer metropolitan perinatal psychiatric service, a pilot therapeutic intervention was carried out which utilised video recording and feedback of a mother-infant relationship in the home setting. This is a case study of a young mother with a diagnosis of post-traumatic stress disorder, major depression and reported poor bonding with her baby. There was objective evidence of a significantly disturbed mother-baby relationship. A time-limited intervention of home visits were offered and video was considered as a possible medium to assist maximising the use of the sessions.

Objectives: To support and promote the mother-infant relationship and enhance the reflective capacity of a mother with serious mental illness by means of video feedback to the mother. Further to evaluate the effectiveness of this medium in improving the mother-infant relationship in a home setting.

Key messages: Reflective function is often impaired in mothers with a serious mental illness, with an accompanying risk of a disrupted relationship with their baby. This case, to be illustrated by video footage, highlights an infant looking to her mother, but the mother being unable to "see" her baby, or reflect on her own behaviour and how this may impact her infant. The use of video enabled this mother to reflect on her own world and the infant's internal world of thoughts, feelings and experiences, resulting in an immediate improvement in the mother-infant-relationship.

Conclusion: The positive outcome of the pilot provided preliminary evidence for the effectiveness of utilising video as a medium in a home-based, limited-session mother-infant relationship therapy.

NEST Family Wellness Clinic – The New Frontier of Perinatal Healthcare

- **Samuel Margis and Fran Arcuri**

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Background: NEST Family Wellness Clinic is a unique perinatal health clinic born out of frustration with existing health services that address the physical and mental health needs of women and their families during the reproductive period and beyond. Previously services were criticized for being impersonal, fragmented, limited and inaccessible.

Objective: To bring together multiple disciplines within one location to make physical and mental health care more accessible for families and expecting families. To create more efficient, effective, informed and affordable perinatal health care.

Method: Two Perinatal Psychiatrists and a GP experienced in mental health, women's health and children's health developed a centre with these objectives. Emphasis on perinatal mental health was highlighted by the particular leanings of the three founding clinicians. The skeleton of the project involved establishing a physical space, assembly of suitable clinicians and services, development of procedures and protocols to provide structured health care delivery, and formation of synergies with established perinatal health care providers.

Results: In 3 years, a great deal has been achieved. Negotiating political, legal and community barriers was challenging. Following which, building modifications suitable for an operational medical centre were required. This alone was a 2 year project before NEST finally opened its doors in July 2012.

In the 12 months since opening, NEST has seen a multitude of patients at all stages of the perinatal spectrum from conception through to childhood and beyond. Our patients have seen a variety of clinicians including GPs, Psychiatrists, Psychologists, Paediatricians, Obstetricians, Physiotherapists and Nurses within the one centre, often during the one visit.

Conclusion: As a result of these endeavours, NEST is achieving its original objectives. It has established a cohesive, efficient and effective multidisciplinary perinatal health service that addresses the physical and mental health needs of families and families-to-be.

Screening for Anxiety during Pregnancy: A Comparison of Self-Report Measures

- **Stephen Matthey[1,2], Barbara Valenti[3], Kay Souter[2,4], Clodagh Ross-Hamid[5]**

(acknowledgements: Dr. P. Gremigni[3], Dr. F Agostini[3]; Dr. M. Bernoth[4], Dr. J. Malcolm[5])

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Background: Researchers have called for women to be screened for anxiety during the perinatal period, in addition to screening for depression. This study aimed to investigate the performances of various self-report anxiety measures administered during the early second-trimester of pregnancy to English-speaking women.

Method: Four self-report measures of anxiety, and one generic mood question, were tested in women presenting to a public hospital for their antenatal booking-in visit (~14 weeks gestation). Two were general measures of anxiety: the Hospital Anxiety and Depression Scale-Anxiety subscale (HADS-A: Zigmond & Snaith, 1983), and the Edinburgh Depression Scale-Anxiety subscale (EDS-3A: Cox et al., 1987; Matthey, 2008); and two were pregnancy-specific measures: the Pregnancy-Related Anxiety Questionnaire-Revised (PRAQ-R: Huizink et al., 2002), and the Pregnancy Related Thoughts questionnaire (PRT: originally the PRAQ: Rini et al., 1999). The Matthey Generic Mood Question (MGMQ: Matthey et al., 2013) was “In the last 2 weeks have you felt very stressed, anxious or unhappy, or found it difficult to cope, for some of the time?”.

Between 132 and 389 women completed these measures. Approximately two weeks later these women were interviewed on the phone, completing the same measures as well as having a diagnostic interview (MINI: Sheehan et al., 1998) for depressive and anxiety disorders using DSM-IV classification.

Results: Concordance analyses show that general measures of anxiety miss many women with pregnancy-specfic anxiety, and vice-versa. DSM classification also misses most women scoring as anxious on these measures. The MGMQ performs best, detecting between 58% and 87% of women scoring ‘high’ on the other measures.

Conclusion: Services wishing to screen pregnant women not just for depressive mood, but also for anxious mood, should consider using the MGMQ. It is brief, with one follow-up question, and can be easily implemented without creating excessive work or time issues for staff.

The Relationship between Borderline Personality Disorder and Scores on the Edinburgh Postnatal Depression Scale

- **Stephen Matthey[1,2,3], Margie Stuchbery[4], Rudi Crncec[2,3], Bryanne Barnett[4]**

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Background: Anecdotally some clinicians have the view that there is a reasonable likelihood that if a woman scores very high on the Edinburgh Postnatal Depression Scale (EPDS: eg, 21 or more), then she is likely to also have Borderline Personality Disorder (BPD). This view has also been expressed by beyondblue, who state that research indicates that "very high EPDS scores may suggest a woman in crisis or a personality disorder…" (EPDS: A Guide for Health Professionals: undated). To our knowledge, however, there has been no empirical research addressing this issue.

Method: Women presenting to a tertiary specialist perinatal mental health facility for treatment were recruited into the study. The primary or secondary service that referred the women to this tertiary service had, as apart of their assessment, administered an EPDS to most of the women ('Referral EPDS'). At the tertiary service's first or second appointment, the women completed another EPDS ('Admission EPDS'), as well as a self-report borderline personality questionnaire (BPQ-9), with 9 items corresponding to the DSM-IV criteria for BPD.

Results: 28 women had complete Referral EPDS and BPQ-9 data, while 40 had complete Admission EPDS and BPQ-9 data. While this is not a large sample size, there is some indication from the analyses as to whether or not there is an association between high EPDS scores and BPD.

The audience will be asked to first decide what they consider will be findings that support the theory that there is such an association, and then we shall present the findings. In addition, we shall discuss the issues involved, with reference to case material.

Antenatal Depression: An Artifact of Sleep Disturbance?

- **Rhiannon Mellor[1] and Philip Boyce[1,2]**

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Background and purpose: Pregnancy is considered a time of increased risk for sleep disturbance and depression. Various studies indicate that sleep disturbance is linked to, and may precede, depressive symptomatology in pregnancy, complicating screening for either condition. Sleep-disordered breathing (SDB) has been implicated as the possible source of sleep disturbance in pregnancy; SDB refers to a group of disorders characterised by abnormal respiratory patterns and gas exchange during sleep. This study aimed to examine SDB as the source of sleep disturbance in pregnancy and determine the strength of the relationship between probable SDB and depressive symptomatology.

Methods: 189 pregnant women were recruited from antenatal clinics and were asked to complete a number of screening questionnaires. These were the Edinburgh Postnatal Depression Scale (EPDS) for depressive symptomatology, the Pittsburgh Sleep Quality Index (PSQI) for overall sleep quality and the Berlin Questionnaire for SDB. Attributional questions were used to aid the process of distinguishing between symptomatology due to poor sleep, and symptomatology that is primarily due to an underlying depressive disorder.

Results: PSQI-assessed poor sleep quality and high probability SDB were both significantly associated with total EPDS score. The contribution that SDB made to EPDS score was attenuated following multivariate analysis, while total PSQI score and self-perceived depression remained highly associated. There was also a significant relationship between total PSQI score and the tendency for participants to attribute 'sleep-related causes' to their low mood.

Conclusions: This study confirms the link between PSQI-assessed poor sleep quality and depressive symptoms in pregnancy, suggesting the two questionnaires are assessing the same or overlapping conditions. Although there was a relationship between probable depression and high risk SDB, the effect was attenuated after accounting for other depression risk factors, including sleep quality. The results of this study indicate the need for a screening tool that differentiates between the symptomatology of depression and that of sleep disturbance in pregnancy.

Perinatal Mental Health Training for Midwives

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Perinatal depression has been recognized as a significant mental health issue worldwide for women and their families. This issue is further exacerbated by clinician's lack of knowledge and skills. Specifically, clinician's management of women with perinatal mental illness and the accessibility to health services resources to support clinicians. The National Perinatal Mental Health Action Plan released in 2006 made recommendations for improved education of clinicians working in this specialist field. In Victoria the State Department of Health put out tenders for the development of a Perinatal Mental Health Education program for Midwives.

Monash University Perinatal Research Team was successful in attaining this funding. The tender required two specific programs to be developed. The first was an advanced perinatal mental health program for midwives nominated by their health services to act as champions within their maternity settings. The developed program was an intense three day face to face workshop delivered in two metropolitan and three rural areas. The second program was the development and implementation of a beginning level interactive 'e-learning' program to be available for all midwives accessible via the internet.

These education packages were designed to meet midwives educational needs, improve their knowledge of mental health concerns in pregnancy and postpartum, and develop improved skills in the early recognition of risk factors, be able to ask the difficult questions, assess women and make appropriate referral. To date 150 midwives from across rural and metropolitan Victoria attended the face to face workshops providing valuable insight into their work with women; the 'elearning package' was lauched on 17th May 2013.

This presentation will outline the development and deliveries of these two programs, highlighting the key concepts within each of the two programs, and discuss the results to date. The programs have provided an opportunity for midwifery practice change and an improvement in service delivery in response to Government initiatives.

From Birth to Bowlby

- **Elsie Mobbs (Deceased)[1] and Tony Mobbs[2]**

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Minutes after birth babies latch and then imprint on either the maternal nipple or a decoy (thumb, dummy, bottle teat etc.) Imprinting behaviour is an evolutionary survival strategy achieved by oral tactile recognition of the maternal nipple.

Merkel cells in babies buccal mucosa are slow adapting mechano-receptor nerve complexes that achieve recognition of edges and curvatures of the nipple, facilitating one teat preference. (same nerve type reads Braille script).

Once imprinting is achieved, the first emotional bond (which we have named LATCHMENT) begins and this is where baby recognises mother exclusively as nipple in the mouth thus ensuring baby receives nutritional and immunological input and hormonal releases as optimised by our evolutionary design.

Good latchment sets the foundation for physical and emotional health and optimal transition to the Bowlby attachment phase. Impaired latchment behaviour due to maternal nipple deprivation leads to displacement of the emotional bond to a decoy and the risk of physiological and psychological impairment.

The Circle of Security Parenting Program: 4 Years on Facilitator Reflects on Supporting Caregivers

- **Mary Morgan**

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Circle of Security Parenting (Hoffman, Cooper and Powell, 2009) is a reflective parenting program designed to help parents increase caregiver capacities. COS-P addresses caregiver-child communication that is supported, and that which is disrupted. Central key concepts in the program are: *the circle of security* (a map to parental reflective functioning*), safe base and safe haven; being with* (regulation of affect through the ability to understand mental experience, attune affect and regulate emotions) and *shark music* (identification of caregiver unregulated affect).

The facilitator of 20 groups over 3 years including, 6 groups of post-discharge Mother-Baby Unit clients, has collected extensive qualitative information containing written assessment of overall caregiver group experience. This illustrates the embrace of opportunities to understand and locate on the circle graphic patterns of disrupted affective communication in relationship with their children. Caregivers explore their shark music locating their likely defensive behaviour evidenced when their children press the button which elicits their programmed defensive response.

Concepts come to life for many COS-P participants. Pathways to new caregiver openness to a wider range of affective responses in relationship with children are clarified.

In this presentation several written vignettes, permitted for sharing from various group participants, will be presented.

The change process is assisted by the facilitator, taking the role of safe base, attempting to enter in to reflective dialogue with caregivers about their thoughts, feelings, internal working models and behavior.

On sharing client accounts, the efficiency of accessible language and visuals of this program are highlighted, appearing to assist caregivers in the expression of new understanding of relationship with their child. The possibility for modifying problematic responses, now in more conscious awareness, seems possible. Are we witnessing a shift towards security of relationship? Empirical research at St John of God Hospital is the next step to provide evidence for this.

Post-Abortion Grief: A Disruptive Maternal Attachment

- **Anne Neville**

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This paper will look at the differences between other pregnancy losses and post-abortion grief. It will sensitively explore how this type of child-loss can manifest itself and what the implications may be later on in life if it's not processed.

Whilst it has been acknowledged that terminating a pregnancy isn't an easy decision for a woman it's something rarely spoken about. It can be an intensely private grief leaving many women isolated and trying to make sense of their feelings.

Therapeutic interventions include normalizing the grief response, acknowledging the emotional attachment and exploring what the abortion experience means for the individual woman.

The Preconception Needs of Women with Severe Mental Illness: A Pilot Study

- **Thinh Nguyen[1,2], Janette Brooks[3,4], Jacqueline Frayne[3], Felice Watt[3], Jane Fisher[5]**

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The childbearing years can be particularly challenging for women with severe mental illness (SMI) . They are often exposed to a cluster of risk factors and their pregnancies are known to be associated with poor obstetric outcomes, higher risk of post-partum psychiatric illnesses, increased rates of substance abuse, and poor attendance for antenatal care. In addition, the untreated illness and/or psychotropic medication exposure may have short and long term detrimental effects on the development of the child. Studies have also shown that many of the pregnancies by women with SMI are unplanned, and many of these women cease their medication on discovery of the pregnancy leading to heightened risk of relapse. Family planning through the preconception discussion, has the potential benefits of empowering women with SMI and their partners to take an active part in treatment, while armed with adequate knowledge to make informed decisions..

We carried out a pilot study with the aims of exploring the psychosocial characteristics of women with severe mental illness who are planning to start a family. We also examined the challenges faced by this group of women through qualitative analysis of responses to open-ended questions about their circumstances.

Twenty-two women with SMI who attended the King Edward Memorial Hospital Department of Psychological Medicine for preconception counseling were recruited consecutively and participated in an interview using a semi-structured questionnaire. They were aged on average 32.6 years and many were in stable long term relationships, had post-secondary qualifications and were health care workers. Overall the women appeared vulnerable with a majority (73%) having had a psychiatric admission in the preceding year, and many were taking multiple psychotropic medications. The mean BMI was 27.7 and 36% were smokers. Qualitative analyses revealed prominent themes of maternal desire, as well as anxiety about coping with illness and motherhood. While further studies will be needed, these important themes may need to be explored and addressed as part of the preconception counseling for women with SMI and their partners.

Acknowledgement: This study was supported by the West Australian Perinatal Mental Health Unit Research Mentorship Program.

How Do You Know You're Making a Difference? Adapting Research Practices to Improve Treatment Outcomes and Service Effectiveness

- **Jennifer Nicholls[1 2] and Anna Roberts [1]**

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In perinatal and infant mental health care, community-based services and private practitioners often struggle to generate the practice-based evidence needed to demonstrate the quality and benefit of the services they provide. In fact, the very thought of tracking treatment outcome and monitoring service activity creates considerable angst for many as the clinical mind boggles about what to do, where to start, and… "Oh my goodness, not more paperwork!" However, there is good news: Routine monitoring and evaluation need not be overwhelming. By embracing some simple practices used in clinical research, services and practitioners can document the great work they do, easily identify things they can improve, and begin to establish an evidence base that can open the door to a plethora of opportunities.

Using the community-based, perinatal and infant mental health *Raphael Services* as an illustrative case example, this paper will discuss how good practice in clinical research can be translated into practice and adapted for community-based settings and private practice. Key steps include defining what data you need and want, and establishing basic procedures and systems to support your processes. The final section of the paper focuses on ways that the data can be used with a variety of stakeholders, including your clients, carers, clinicians, management, planners and funders. The challenges and achievements of translating research practice into good clinical practice will be highlighted throughout as the intent of this paper is to encourage practitioners and service providers to open themselves up to the possibilities and potential of improving their monitoring and evaluation processes in perinatal and infant mental health care.

Keynote Address

Developmental Outcomes in Children with Prenatal Exposure to Antidepressants: A Tale of the Two's

- **Tim Oberlander**

Child and Family Research Institute, University of British Columbia, BC Children's Hospital, Vancouver, Canada

Why some children are affected by prenatal social experience and others not, remains a pressing question. Prenatal exposure to depressed maternal mood and selective serotonin reuptake inhibitor (SSRI) anti-depressants used to manage these disorders may be early life events that contribute to altered behavior during early childhood. Our findings suggest that optimal levels of the key developmental neurosignal serotonin (5HT) during early brain development are central to setting developmental pathways for optimal brain growth and function. In this setting SSRI-exposure-related risks appear to differ from the effects of maternal depression alone and may be modified by genotype for the serotonin transporter gene (SLC6A4). Whether behavioral outcomes reflect how serotonin signaling via direct SSRI exposure, genetic processes, or the context of maternal mental illness, may influence behavior and cognition in early childhood remains unclear.

In this session, 3 findings will be presented to illustrate this emerging picture: The first are findings showing shifts in infant language perception. Second, are findings illustrating an association between antenatal exposure to maternal mood disorders and an increased risk for childhood emotional disturbances at 3 years of age. Vulnerability in this setting appears to be related to genotype for the serotonin transporter (5HTT) promoter (SLC6A4), the target of SRI antidepressants. Finally, findings will be presented illustrating that prenatal exposure to SSRI antidepressants and maternal depression (prenatal and concurrent) affect prefrontal cognitive skills (executive function) at 6 years of age.

Together, these results point to the influence of how genetic variations in the context of both early (i.e. fetal) and ongoing (i.e. postnatal/childhood) life experience shape a "biological sensitivity to context". These findings will be discussed in the context of how prenatal SSRI exposure, and genetic variations related to a key serotonin regulatory gene (SLC6A4) may influence early behavioral vulnerability and resiliency in early childhood.

Pilot Study: What Patients Find Most Therapeutic in Perinatal Mental Healthcare

- **Li Lian Ong, Roshayati Mingoo, Jintana Tang, Helen Chen**

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Introduction: Supportive counselling is provided as part of the psychiatric care at KK Women's and Children's Hospital (KKH)[1]. Unlike traditional psychiatric care where pharmacotherapy forms the main treatment, supportive counselling is a crucial part of the treatment process for perinatal mood disorders, together with the use of medications where necessary[2]. This is because perinatal mood disorders are often related to the significant life change in becoming a parent, thus supportive approaches like providing psycho-education, encouragement, affirmation, and facilitating the mother's role transition, are used to support the mother towards recovery.

Aim: This study sets out to specify the components of supportive counselling and investigate to what extent patients deem each component as important to their treatment process.

Methods: Patients who were seen during their pregnancy or postnatal period for anxiety or depressive disorders were invited to participate in the study at the point of discharge. 50 patients have been recruited and the study is still ongoing.

A survey form was designed, listing the thirteen components of supportive counselling practiced by the psychiatrists and case managers in the obstetric consultation liaison psychiatric outpatient clinics at KKH. Patients were asked to rate on a four-point scale, how much importance they attributed to each component. Additional questions were included to identify the top three components and to assess the perceived effect on spousal support and patient's optimism towards motherhood.

Results: Preliminary results of the pilot study suggest that all components of supportive counselling were perceived favourably by participants, with the top three components being: husband learning to be more supportive towards the patient, receiving continuous support and encouragement from the psychiatrist and case manager, and having the chance to talk about their feelings openly.

Discussion: These results serve to inform future plans for public education and training of community agencies in the areas of preventing perinatal mood problems.

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Implementation of Universal Perinatal Mental Health Screening in Victorian Maternity Settings

- **Lisa Oro[1] and Maya Rivis[2]**

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The National Perinatal Depression Initiative (NPDI) recommends routine and universal screening for depression for women during the perinatal period using the Edinburgh Postnatal Depression Scale (EPDS). Under this initiative the Victorian Government committed to implementing universal mental health screening in all public Victorian maternity services. The NPDI performance benchmarks require a 5 per cent increase in the number of women screened from the previous year.

A survey conducted by the Maternity and Newborn Clinical Network (MNCN) in 2011 found wide variance in the current levels of universal screening, some services were not screening, some partially screening. Of those screening, only 35% used the EPDS.

A standardised approach to support the implementation of universal screening was then developed by the MNCN and Mental Health, Drugs and Regions, including the development of standardised screening tools, pathways, protocols and training programs.

A follow up survey will be conducted in July 2013 to assess the Department of Health's strategy for implementing universal screening in Victorian Maternity Services. The results of standardised approach to support the implementation of universal screening will be presented at the Marcé conference in October.

Whole Family Team Clinical Intervention: Improving Parent-Child Relationships from Conception to Kindergarten in High-Risk Families

- **Natasha Perry[1] and Adrian Dunlop[2]**

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The Keep Them Safe - Whole Family Team (KTS-WFT) pilot project was established due to concerns raised in the Wood Special Commission of Inquiry into Child Protection Services in NSW (2008) that highlighted that parent substance use and mental health issues were significant factors in child protection reports and in instances requiring statutory intervention. KTS-WFT receives referrals at various time points (antenatal, early postnatal, early childhood, primary school, and high school) across various categories of harm (chronic, acute, and cumulative and various types of abuse (psychological and physical abuse/neglect and sexual abuse). KTS-WFT is a tertiary health service providing a range of specialist mental health, drug and alcohol and parenting interventions for families with significant child protection concerns.

Many parents referred to the KTS-WFT experience a complex array of chronic multiple and complex problems that often impede their capacity to provide 'good enough' caregiving. These 'high-risk' parents are often unaware of the importance and impact that their relationship with their children has on their children's development, personality, sense-of-self, future relationships and possible development of psychopathologies.

This presentation will explore the range of clinical skills that can be employed to strengthen the relationship between parents and their children during the perinatal period and beyond.

The advanced skills discussed integrates approaches used in recent research on attachment, 'good enough' parenting, parental reflective functioning, emotional availability to provide clinical skills for clinicians working with parents with mental health and substance use problems. This practical lecture will inform participants of key questions, techniques and markers of improvement in parents to ascertain parental understanding of their children's psychological needs throughout their development. These skills can be implemented during both assessment and treatment phases.

Screening for Trauma, Adversity and Posttraumatic Symptoms in a Perinatal Mental Health Clinical Population: Results from an Open Study

- **Rebecca Reay[1], Cathy Ringland[2], Kelly Mazzer[2], Jeff Cubis[1,2], Kate Carnall[2], Beverley Raphael[1]**

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Aims: There has been limited research into Posttraumatic stress disorder (PTSD) in mothers and studies have generally focused on PTSD following a traumatic birth (Ayers & Pickering 2001; Soderquist et al.

2006; Alcorn et al 2010). This study aims to determine the proportion of mothers referred to a specialist perinatal mental health service who have been exposed to a range of potentially traumatic events and developed posttraumatic stress symptoms. The study also investigated the degree to which PTSD symptoms and depression occur together.

Methods: All mothers who attended a perinatal mental health consultation service were invited to complete a questionnaire designed to measure potentially adverse or traumatic events, emotional well-being and PTSD symptoms (using the PTSD Checklist-Civilian Version [PCL-C]). Mothers also completed the Edinburgh Postnatal Depression Scale (EPDS) to detect probable depression (EPDS= 13 or more) and participated in a clinical interview.

Results: In the initial pilot, 91% (n=21) of attendees to the service completed baseline measures. Of the women 60% of participants experienced a potentially traumatic event. Posttraumatic stress disorder symptoms were indicated in 57% of participating mothers. Probable depression was indicated in 93% of mothers. This paper will report on the range of traumatic events mothers reported. It will also explore the association between exposure to traumatic events and clinical outcomes in this open study.

Conclusions: We found it is feasible to routinely screen high risk mothers for symptoms of PTSD using a brief questionnaire. The high proportion of mothers with elevated PTSD symptoms is of serious concern and should inform treatment planning.

The Impact of Mental Health Assessment on Help Seeking During the Perinatal Period: A National Survey of Women in Australia

- **Nicole Reilly[1], Sheree Harris[2], Deborah Loxton[2], Catherine Chojenta[2], Peta Forder[2], Jeannette Milgrom[3], Marie-Paule Austin[1]**

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Background and Aim: The value of routine assessment of past and current mental health during the perinatal period in facilitating treatment uptake remains controversial. This study aimed to evaluate the impact of an integrated approach to emotional health care on reported help seeking by women during pregnancy and the first postpartum year.

Method: A sub-sample of women (N=1796) drawn from the Australian Longitudinal Study on Women's Health participated in the study between January – June 2011. The level of integrated care reported was classified as: no assessment; assessment without referral; and assessment with referral. Help seeking was defined as consultation with, or use of, the following for additional treatment, help or support for emotional health issues: mental health professional; general practitioner; midwife/child health nurse; psychotropic medication; phone help line / internet; and family / friends / social networks.

Results: After controlling for a range of factors known to impact on help seeking for emotional health issues, including socio-demographic variables, level of distress and pervious service use for mental issues, greater integration of care (assessment with referral) was significantly associated with all categories of help seeking across both the antenatal and postnatal periods ($p<.001$). There was no evidence to suggest that assessment alone, without referral, was significantly associated with greater consultation with mental health professionals during pregnancy or following birth ($p>.05$). However, women who were assessed but not referred were more likely to seek support for emotional health issues from a general practitioner during pregnancy ($p=.039$) and from a child health nurse postnatally ($p=.024$).

Conclusions: This study demonstrates that assessment of past and current mental health, within a context of referral and integrated care, enhances help seeking by women throughout the perinatal period. Importantly, results suggest that enquiry about emotional health is not associated with an inflation of consultations with mental health professionals during pregnancy or postnatally. The possible resource implications of these findings to the primary care sector will be discussed.

The Karitane Toddler Clinic (KTC): An Early Intervention Service in South Western Sydney

- **Thelma Roach and Leone Thomson**

Toddler Clinic Karitane

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Disruptive behaviours in the toddler years (e.g., tantrums, whinging and defiance) are a common and indeed a normal part of child development. But in some cases the behaviours can be severe and persistent, representing the beginning of a trajectory towards negative outcomes across the lifespan (Campbell, 1995; Hemphill, 1996). Maternal or paternal mental health issues can play a role in the development and maintenance of child behaviour disorders and it is important that clinicians take this into consideration.

The KTC provides clinical interventions for families with children aged 15 months to four and a half years displaying challenging behaviours. Treatment at the KTC is delivered within a Parent Child Interaction Therapy (PCIT) model. PCIT is a short-term, evidence-based program that addresses a broad range of behavioural, emotional and developmental problems in early childhood. The program aims to bring about behaviour change in the child by enhancing the quality of the parent-child relationship. To do this, it integrates an attachment approach with structured behaviour management through the use of specific parenting strategies (Eyberg, Bussing, 2010). Rates of maternal depression among the families attending the KTC are high, there is a high proportion of mothers scoring over the clinical threshold for major depression (47.4% in 2012). A high proportion of fathers also scored over clinical threshold (28.5% of fathers who attended assessments in 2012).

This presentation will provide an overview of the KTC service and report the impact of maternal depression on PCIT treatment and outcomes, using quantitative data and clinical case study material. The challenges and opportunities associated with PCIT in the context of maternal depression will also be discussed.

A Localised Community Driven Response to Perinatal and Infant Mental Health, Using Contemporary Health Promotion Practices

- **Anna Roberts[1], Jacinta Ellis[2], Kristie Ponchard[1], Leanda Verrier[3], Miriam Krouzecky[4], Patsy Molloy[5], Roslyn West[4]**

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In 2009, the National Perinatal Depression Initiative (NPDI) created a position to address treatment, care and support of women at risk of or experiencing perinatal depression and their families. A key activity of this role was to build and sustain relationships within the community to ensure better integration of services related to perinatal mental health and wellbeing.

Ellenbrook is a rapidly expanding new residential development in eastern metropolitan Perth. Within this community significant psycho-social risks were identified and in 2010 the NPDI position was approached by the local Early Years Group to focus on the important area of perinatal mental health.

Engagement with local government and non-government agencies led to the establishment of a perinatal mental health working group whose focus was to develop and deliver a broad, local community driven response. The group developed an action plan and looked for funding to continue the work.

In June 2012 with support from St John of God Health Care and the Mental Health Commission in WA, a project officer was appointed for 12 months to drive and deliver on the actions prioritised by the working group. These included the development and implementation of:

- a comprehensive community assessment;
- a local service delivery model;
- comprehensive referral protocols and care pathways; and
- a network of professionals interested in perinatal and infant mental health.

The project was also broadened to include other areas of need within the Swan local government area.

Our presentation will highlight the successes and challenges of developing a broad partnership response to the community's needs.

We will also share our next steps towards developing integrated primary, secondary and tertiary treatment, care and support services for families in the perinatal and infant mental health periods.

A Different Kind of Resources Boom? Accessing Fathers' Strengths at an Early Parenting Centre

➢ **Matthew Roberts, Richard Weld-Blundell, Bridget Robinson, Siglinde Angerer**

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Mercy Health O'Connell Family Centre in Melbourne has developed several father-focused initiatives, aimed originally at supporting fathers in families accessing the centre, and assessing their needs. These include a weekly 'Dads' Night', use of the Depression Anxiety Stress Scale (DASS) for all admitted fathers, and a Father-Infant/Child Dyad Group, currently called 'Gr8 Dads'. Importantly, each of these initiatives has in its own way shown us something else – the massive potential for helping a family via as-yet unharnessed strengths in the father. These strengths could be likened to untapped natural resources: approached carefully and with a view to sustainable use, the strengths of fathers may help provide for the whole family, and help protect it from stressors and uncertainties in the outside world. A strengths focus may also provide a non-shaming portal through which to motivate fathers to seek help with their own difficulties. This presentation from clinicians involved with fathers at O'Connell, will detail the initiatives, and resulting clinical experience so far, before moving to discussion of their future development, research and dissemination of key findings.

Social Discourses of Worry and Anxiety in Pregnancy and the Postpartum Period: A Qualitative Investigation

➢ **Heather Rowe[1], Soledad Coo Calcagni[1,2], Jane Fisher[1]**

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Introduction: Australian health policy and clinical practice emphasise early detection and treatment of perinatal depression. Perinatal anxiety is also prevalent, disabling and has adverse maternal and infant consequences, but has been less well addressed in research and treatment than depression. The aim of this study was to investigate women's views about the sources and nature of anxiety during pregnancy and when caring for an infant, in order to inform a resource for perinatal anxiety management.

Methods: During brief admissions to a private hospital mother-baby unit in metropolitan Melbourne, participants completed a brief background questionnaire including the Depression, Anxiety and Stress Scales (DASS21) and took part in small group discussions facilitated by the authors. Discussions, which

concerned women's common worries, fears and their preferred solutions, were audio-recorded, transcribed, and analysed thematically.

Results: Twenty one women consented, completed the background questionnaire and attended one of four discussion groups. DASS scores indicated that 40% were experiencing anxiety symptoms in the clinical range (DASS anxiety>7), and 65% were experiencing mild, moderate or severe stress (DASS stress>14). Sources of worry included fetal and infant danger, breastfeeding failure, criticism and inadequacy as a mother, "maternal instinct", and social expectations about autonomous decision–making regarding infant care, when the available information is unreliable or conflicting. Clinical encounters providing non-judgmental, empathic support and consistent information are valuable.

Conclusions: Australian social, clinical and public health discourses about pregnancy and infant care contribute to anxiety in women. Primary care and specialist clinicians should be assisted to dispute gendered assumptions about maternal caregiving, provide consistent, evidence-based advice, and assist women to evaluate information; public health campaigns should present accurate, balanced evidence in neutral language. The results have informed a supported self-help resource to assist women to manage perinatal anxiety.

Implementation of National Perinatal Clinical Practice Guidelines: South Australian Experience

- **Tracy Semmler-Booth and Pauline Hall**

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Between July 2010 and June 2013 the National Perinatal Depression Initiative (NPDI) in South Australia, has implemented the beyondblue (2011) Clinical Practice Guidelines for depression and related disorders – anxiety, bipolar disorder and puerperal psychosis – in the perinatal period.

These guidelines were approved by the National Health and Medical Research Council and the Australian Government. They were developed using the best available scientific evidence and have been internationally peer reviewed.

NPDI aims to improve prevention and early detection of perinatal depression and provide better support and treatment for expectant and new mothers experiencing depression. State and Federal government funding has been used to implement best practice points and recommendations from the guidelines which are consistent with the initiative. Work includes implementation of universal and routine screening for perinatal depression, provision of staff training, community awareness activities, provision of funding to non-government organisations to enhance pathways of care, employment of clinical staff and evaluation of data received throughout the project.

Implementation has been successful, cost effective and innovative.

- Over 3000 staff have received face to face training on perinatal mental health, and the use of the screening tools.
- An e-learning education program was developed to help achieve sustainability with reduced/ minimal ongoing costs, as well as aiding outreach to clinicians working in rural & remote areas, or who otherwise are not able to attend face-to-face training (e.g. night workers). 1800 staff have accessed this program.
- An on-line perinatal mental health course has been developed for undergraduate midwives and DVDs of presentations have been developed for sustainable training.
- Screening has been embedded and is now part of routine practice within SA's public birthing hospitals, many country sites and the postnatal Child and Family Health Service.
- Over 100 community awareness activities have been undertaken with the dissemination of over 15,000 resources.

Psycho-social Predictors of Excessive Gestational Weight Gain: Development of a Screening Tool

- **Helen Skouteris and Matthew Fuller-Tyszkiewicz**

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The importance of childbearing in the development of obesity in women has been recognised for some time now because many pregnant women are at risk of excessive gestational weight gain (GWG). Excessive GWG is a strong predictor of short- and long-term health outcomes for both childbearing women and their offspring, however, there is considerable variability in the amount of weight gained during pregnancy, even after pre-pregnancy BMI has been accounted for. Complicating matters further is the identification of multiple risk factors (specifically, pre-pregnancy BMI, depressive symptoms, social support, stress, body dissatisfaction, diminished sleep quality, and unhealthy food intake) that interact with each other to influence GWG. There is a clear need to consider psychosocial *and* behavioural risk factors in combination, not in silos, in order to prevent excessive GWG. We have developed and pilot tested a brief, multi-factorial screening tool for excessive GWG: the Prevention of Excessive Gestational Weight Screening tool (PEGS), which has been derived from larger, existing psychosocial and behavioural scales that are unsuitable for health care professionals to use because of their length. Our preliminary work, in a sample of 180 pregnant women, tracked from earlier on in pregnancy to late pregnancy, shows that the shortened 28 item scale (that takes no more than 10 minutes to complete) has strong psychometric properties (internal consistency, test-retest reliability, and construct validity), and it functions equivalently – and in some instances better – than the full battery of questionnaires (156 items) for predicting GWG. Importantly, this measure significantly improves prediction of GWG, after controlling for pre-pregnancy BMI. On the basis of these preliminary findings, we argue that psychosocial screening earlier on in pregnancy appears to be appropriate as it provides a longer period of time in which to intervene during pregnancy in order to prevent excessive weight gain.

Introducing the Perinatal Anxiety Screening Scale

- **Susanne Somerville[1], Kellie Dedman[1], Rosemary Hagan[1, 2], Elizabeth Oxnam[1], Michelle Wettinger[1], Shannon Byrne[1], Soledad Coo[1], Dorota Doherty[2], Andrew C Page[3]**

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Purpose: The development of a screening scale (Perinatal Anxiety Screening Scale; PASS) to detect a broad range of problematic anxiety symptoms which is sensitive to how anxiety presents in perinatal women and is suitable to use in a variety of settings including antenatal clinics, inpatient and outpatient hospital and mental health treatment settings.

Method: Women who attended a tertiary obstetric hospital in the state of Western Australia antenatally or postpartum (*n*=437) completed the PASS and other commonly used measures of depression and anxiety. Factor analysis was used to examine the factor structure of the scale and ROC analysis was used to evaluate its performance as a screening tool.

Results: The PASS was significantly positively correlated with other measures of anxiety and depression. Principal Components Analyses (PCA) suggested a four factor structure addressing symptoms of Panic and Adjustment, Excessive Worry and Phobia, Perfectionism and Control, and Social Anxiety. The four subscales and total scale demonstrated high to excellent reliabilities. At the optimal cut-off score for detecting anxiety as determined by ROC analyses, the PASS identified 67.92% of women with a diagnosed anxiety disorder. This was compared to the EPDS anxiety subscale, which detected 35.8% of anxiety disorders.

Conclusions: The PASS shows promise as an acceptable, valid and useful instrument, which is easy to use and score, with a recommended clinical cut off score for screening use in perinatal women. Further validation in clinical populations may confirm its usefulness in identifying the types of anxiety being experienced, with implications for referral pathways, specialist assessment and treatment approaches.

Mentalization and Motherhood

- **Margie Stuchbery**

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Mentalization is thinking about thinking and thinking about feeling, in oneself and in others. It involves the flexibility to think while feeling strongly and to allow a feeling to inform rather than direct behaviour and thoughts. The capacity to mentalize about the mind of self and others and to generate multiple perspectives on the fly leads to social understanding and therefore to relationships that provide an experience of connectedness.

The significance of supporting mentalization in work with mothers has been highlighted by the work of Peter Fonagy, Anthony Bateman, Mary Target & Arietta Slade, amongst others. Having integrated the findings from the past three decades of developmental research, Fonagy and colleagues have created a clinical intervention model that has as its explicit target the engagement and enhancement of mentalizing capacity. Important not only for the mother's own mental health and relationships, maternal reflective capacity (the operational measure of mentalization) has emerged as a significant predictor of infant attachment security as well as children's cognitive development and social and emotional adjustment. Low maternal reflective function has been found to be associated with the development of conduct disorders, aggression (Taubner et al., 2012) and psychopathology (Bateman & Fonagy, 2012) in childhood and adolescence.

This presentation will link the body of research on mentalization, and mentalization based interventions to clinical work with mothers and infants in a mood disorders unit. Our experience of incorporating mentalization based interventions into our work with mothers and infants will be described. In particular, our experience of promoting parental capacity to mentalize about the infant or child's feelings, intentions and desires as well the parent's own feelings, intentions and desires in the context of that relationship.

Psychosocial Factors and Postpartum Depression among the Women in Singapore

- **Jintana Tang[1], Cheng Tuck Seng[2], Lim Bee Moy[1], Helen Chen[1]**

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Introduction: Postnatal depression often presents in the context of psychosocial stressors such as marital conflicts, work and financial stresses. In Singapore, women face additional stresses over different views on care of the newborn with their parents or in laws, and domestic helper related issues.

Objectives: (1) To identify stressors seen in a sample of patients with postpartum depression in Singapore. (2) To study whether cumulative psychosocial stressors worsen treatment outcomes in postpartum depression.

Methods: Clinical audit of postnatal depression intervention programme (PNDIP) from April 2008 to April 2012. Edinburgh Postnatal Depression Scale (EPDS) was used to identify depression, Global Assessment of Functioning (GAF) scale for functional status and Euroqol questionnaire (EQ-5D) for health-related quality of life. In addition, the presence of psychosocial conflicts were examined (eg. marital conflicts, in laws problems, issues with maid, financial and work problems).

Results: Of the161 patients with postnatal depression. 25.5%(n=41) had no conflict, 35.4%(n=57) had one conflict whereas 39.2%(n=63) had two or more. The mean baseline score of women across the 3 groups are quite comparable

A One-Way ANOVA was conducted to compare EPDS, GAF and EQVAS (pre and post) for women with no conflict, one conflict and two or more conflicts. The mean scores (pre and post) of EPDS, GAF and

EQVAS shown a significant improvement. There are no significant difference in improvement of scores for women with no conflict and two or more conflicts but there is a significant improvement in scores for women with one conflict. EPDS (p = .193), GAF (p = .039), EQVAS (p = .029)

Conclusion: This study shows that psychosocial factors can impact on the outcomes with intervention of postpartum depression in Singapore. Nonetheless, with early detection and intervention, good outcomes can be achieved in symptom improvement, function and quality of life.

Keynote Address

The Social Environment of Infant Sleep: Family Distress, Bedtime Parenting, and Infant Development

- **Doug Teti**

Penn State University, USA

This talk will begin by discussing environmental vs. infant constitutional factors identified in prior work as predictors of infant sleep, and why it is important to understand social and developmental factors that promote vs. impede sleep quality in infants. I will then delve in particular into what is known about the role of bedtime parenting in the development of infant sleep, differentiating between bedtime practices (what parents do) vs. quality of bedtime parenting (i.e., how well or poorly parents do what they do). Included in this discussion will be the well-established linkages between infant sleep disruption and parental distress, and extant conceptual models that attempt to account for this link and theoretical directions of influence (infant-to-parent, and parent-to-infant). To be examined in some detail will be the methods that have been used to assess infant sleep quality and how such methods may provide different insights into this issue. An important focus of this talk will be the role of parental distress (personal distress, marital distress) as an organizational influence on parenting at night, and also on parental perceptions of infant sleep difficulties. We have examined linkages between parental distress, parenting, and infant sleep both cross-sectionally and longitudinally, and have discovered that parental distress appears to play a much greater role in what parents do at bedtime and during the night with their infants than heretofore understood. Further, the impact of such distress may be more keenly felt on parents' sleep quality (particularly mothers) than on infants, at least during the first year of life. Finally, we will explore these phenomena from a parenting-at-risk perspective, identify families who may be particularly at risk for problematic bedtime and nighttime parenting, and discuss strategies for intervention.

The Effects of Common Perinatal Mental Disorders among Women in Rural Vietnam on Infant Development

- **Thach Duc Tran[1,2,3], Beverley-Ann Biggs[4], Tuan Tran[1], Julie Anne Simpson[5], Sarah Hanieh[4], Terence Dwyer[6], Jane Fisher[2,3]**

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The effects of exposures to maternal symptoms of ante- and post-natal common mental disorders (CMD) on cognitive, motor, and social-emotional development in infants in low-income settings are unclear. These were investigated in a prospective community-based investigation of a systematically-recruited

cohort of women followed from early pregnancy, and with their infants until six months postpartum in rural northern Viet Nam.

Psychosocial and biological data were collected in two pregnancy and two postpartum assessment waves. The outcome was six-month old infants' cognitive, motor, and social-emotional scores on the Bayley Scales of Infant and Toddler Development. Direct and indirect effects of the exposures on the outcome were tested simultaneously with Path analysis.

Complete data were available for 378 mother-infant dyads. It was found that antenatal CMD had direct adverse effects on Bayley Scale of Infant Development cognitive scores at six months when controlling for antenatal micronutrient deficiencies, postnatal CMD, and socio-demographic characteristics (path coefficient -4.80 points, 95% CI: -9.40 to -0.20). There was an indirect pathway (path coefficient -1.11, 95%CI -1.79 to -0.42) in which antenatal CMDs were associated with increased likelihood of postnatal CMDs, which were associated with reduced parenting self-efficacy and less affectionate, warm parenting practices, which were associated with lower infant Social-Emotional scores. No direct or indirect effects of antenatal or postnatal CMD on infant motor development were found.

These data indicate that maternal ante- and post-natal mental health may be crucial to the cognitive and social-emotional development of infants in low-income settings. However to date it has not been addressed in strategies to improve infant health and development in these contexts. They provide further evidence that interventions to optimise early childhood development in resource-constrained settings should incorporate consideration of maternal mental health into strategies to promote the health of mothers and children.

Towards Improved Screening for Postpartum Psychological Distress

- **Debbie Tucker and Debra Dunstan**

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Background: Screening for perinatal psychological distress in Australia is currently achieved through the administration of the Edinburgh Postnatal Depression Scale (EPDS). However, research suggests that the EPDS has poor psychometric properties, including poor specificity, and a high rate of false positive scores. In addition, the construct of perinatal distress has shifted to a broader construct including depression, anxiety and general distress. The Depression Anxiety Stress Subscales, short-form (DASS-21) may offer a viable alternative to the EPDS for screening purposes as it offers more robust psychometric properties, and is more reflective of the current conceptualisation of perinatal psychological distress.

Method: A sample of postpartum women (*N*= 88) and local health professionals (*N*=18) from the Central Coast of NSW were recruited to the study. Women completed the EPDS, DASS-21 and the Kessler 10 (K10). Both sub-samples completed a demographic questionnaire and feasibility questionnaires for each measure.

Results: Large to very large correlations were found between all three measures, indicating that total scores were measuring a common construct of general psychological distress. The EPDS demonstrated moderate to high sensitivity (.91-.93) and specificity (.88-.95) for depression when compared to the DASS-21 subscale, but exhibited poor positive predictive values (.57-.71). Feasibility analyses suggested that women accept, if not prefer, the DASS 21, while the health professionals showed a mixed reaction to using the DASS-21.

Discussion: The EPDS does not measure depression alone, rather it measures only general psychological distress. Further, as it cannot discriminate between depression, anxiety and general psychological distress, nor indicate the severity of these symptoms, it lacks the sensitivity and reliability required to comprehensively screen for postpartum psychological illness. It's use may therefore lead misdiagnosis and sub-optimal treatment matching. In contrast, the DASS-21 offers discrimination between these conditions and is acceptable to post-partum women. Consideration needs to be given to further investigating the viability of using the DASS-21 as the primary screening measure for perinatal psychological distress in Australia.

Maternity and Mental Health Service (MHS) – A Collaborative Approach

- **Susan Whatmough[1] and Petite Nathan[2]**

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Historically Northland Maternity and MHS had a limited relationship and there was much misunderstanding and discrimination that prevented effective working relationships affecting the service to clients.

Maternity services identified the need for specialist support. A single phone call to MHS started the process of creating a new collaborative service wherein the knowledge and expertise of each party could be shared and communicated. The plan was to provide a more comprehensive and coordinated service for those women and their families who needed specialist care.

The journey has taken two years to breakdown the barriers between the two services. It has created the ability to develop a shared vision.

Consideration of factors such as; geographical location, demographic of the population, financial constraints, and network of available supports, were crucial in determining the type of service that was required to meet the demands of Northland.

In 2007 Maternal Mental Health (MMH) was formally recognised, with this new service enabling Maternity services access to specialist psychiatric support.

The methodology behind this partnership occurs by acknowledging the diversity of the services involved in providing care to our community.

The referral process was developed to help capture and identify those clients that may potentially need more intensive support. Mental health assessments and MMH plans are completed in conjunction with maternity services, midwives, family/whanau, and other service providers. This ensures better coordination and delivery of care throughout the pregnancy and beyond.

By working together, Maternity Services and the MHS have been able to deliver a quality, specialised service which promotes and supports a healthy wellbeing for women, families/whanau and our communities.

All In: Supporting Fathers in a NICU

- **Olivia Wong, Carl Kuschel, Frances Salo, Fiona Judd**

Royal Women's Hospital, Melbourne

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The neonatal intensive care unit (NICU) environment not only has to provide appropriate medical support for the infant, but also consider the needs of the parents and family of that child. It has been shown that the necessary environment may increase parental stress, alter the expected parental role, and delay attachment via necessary separation. As this may impact on the infant's health, reducing parental stress is a clinical imperative.

Many studies have examined the maternal experience during their infants' stay in NICU. Interventional studies have focused on maternal stress; or that of the parents, without differentiating between gender. However, despite changes in the roles of men and women, leading to increased consideration of the impact of fathering on families, few studies have focused on fathers.

To date, the few studies undertaken have focused on understanding fathers' experience, with hints at what therapeutic interventions may be useful for fathers in the neonatal intensive care setting. One larger scale study has shown that over half of the fathers wanted additional father-specific interventions such as baby care courses; seminars; internet platforms or chat rooms; psychological counselling; males within the psychological team; and a meeting place for fathers.

The Royal Women's Hospital is committed to family-focused care. Interventions such as information booklets, access to a social worker, sessions with physical therapist, and access to psychological support have been established for parents. However, there have been no father-specific interventions in place.

A support group for all fathers with infants in the NISC has recently been established. This open format group run once a fortnight, in the evening in NISC, is facilitated by a psychiatrist and a neonatologist. There are no exclusion criteria. Qualitative analysis of data gathered from participants will be discussed with a view to further improvements in our services as father-inclusive and family-focused.

Peak Time of Vulnerability for Depression after Childbirth: are Policy and Service Changes Needed?

- **Hannah Woolhouse[1], Deirdre Gartland[1], Stephanie J Brown[1,2]**

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The objective of this presentation is to report the longitudinal prevalence of depressive symptoms after a first birth, from early pregnancy through to 4.5 years postpartum, using data from The Maternal Health Study - a prospective pregnancy cohort study of nulliparous women, conducted in Melbourne Australia. Women were recruited to the study from six public hospitals and completed written questionnaires in early pregnancy (mean gestation 15 weeks) and at 3, 6, 12 and 18 months postpartum, and at 4.5 years postpartum.1507 eligible women completed baseline data, and the study has achieved excellent retention rates (83% up to 4.5 years postpartum). Depressive symptoms were assessed using the Edinburgh Postnatal Depression Scale (EPDS), with scores = 13 indicating depressive symptoms. One in four women reported depressive symptoms at least once in the first four and a half years after the index birth. The prevalence of depressive symptoms at 4.5 years postpartum was 11.7%, and this was higher than at any time-point in the 12 months after birth (prevalence range at 3, 6, and 12 months postpartum = 7.3%-9.5%). Using data imputation to take into account the selective attrition of participants at high risk of depression, the prevalence of depressive symptoms at 4.5 years postpartum was 14.5%. The high prevalence of depressive symptoms at 4.5 years was not explained by subsequent births, and women with no subsequent pregnancies or births at 4.5 years after the index birth showed the highest prevalence of depressive symptoms at this time point (19.4%). Most women with depressive symptoms at 4.5 years postpartum had also reported depression in pregnancy and/or the first 12 months postpartum. These findings suggest that policy and service changes are needed to address the long-term impact of childbirth and parenting on women's mental health.

Clinical Experiences and Practices of Managing Risks for Maternal Mental Health Problems: A Survey of Victorian Maternal and Child Health Nurses

- **Karen Wynter[1], Heather Rowe[1], Joanna Burns[1], Karene Fairbairn[2], Jane Fisher[1]**

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Recent evidence suggests that risk factors for postnatal depression and anxiety include unsettled infant behavior, adjustments to changed roles and responsibilities in the parents' relationship and severe fatigue.

These are potentially modifiable, and if addressed in the early postnatal period may help to improve maternal mental health.

An online survey was developed to collect data on Maternal and Child Health nurses' (MCHNs') clinical experiences and practices related to mental health promotion, prevention of poor mental health, management of unsettled infant behaviours and the inclusion of fathers in routine practice. All Victorian MCHNs were invited to participate.

Three hundred and forty-three nurses (32.6%) participated in the survey. MCHNs demonstrated a consistent view that comprehensive assessment of and responses to women's mental health needs are integral to MCH services. Nurses indicated that the main factors contributing to mental health problems in parents of infants in their areas were lack of support (including from intimate partners) and parents having limited skills and knowledge regarding infant caregiving. Nurses also commonly reported that limited caregivers' knowledge regarding infant sleep needs and management contributes to unsettled infant behaviour and maternal fatigue. There was a diverse range of advice for mothers of unsettled 6-month old infants. Many nurses (62%) reported that they would recommend "settling strategies"; at least 25 different approaches were recommended. Most nurses indicated that fathers are welcome to attend their current First Time Parent groups, however only 12% reported that fathers are specifically invited to these groups.

The results suggest that MCHNs regard addressing potentially modifiable risk factors for postnatal depression and anxiety as relevant and essential to their work. However, evidence about infant sleep needs and sustainable settling is still emerging, and thus health practitioners have not been provided with clear guidance in this area in the past. Training about evidence-informed structured strategies to address unsettled infant behaviour and other modifiable risk factors is likely to increase their confidence and capability to prevent postnatal mental health problems.

The Perinatal Mental Health Partnership Project

- **Priscilla Yardley[1] *and* Carmel Pillinger[2]**

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The Perinatal Mental Health Partnership Project is leading the way in addressing gaps in identifying and supporting women in the antenatal and postnatal period who are at risk of mental health problems in the local area. Peninsula Health, Maternal & Child Health, General Practice Network and Medicare Local formed a partnership and collaboratively and innovatively developed and implemented a project that has included routine screening of women in the perinatal period with the Edinburgh Postnatal Depression Scale (EPDS), training health professions in assessment of mental health, implementing specific referral pathways and resources for services, and a developing a GP Linkage Service for women without a GP. Pre and Post surveys were conducted and results indicate that 91% of local maternal and child health nurses and midwives now screen using EPDS (pre=47% p<.0005) and 12-15% of women are being identified as at risk of mental health problems, which is a 100% increase. Of those referred back to the GP for follow-up, 62.5% were referred on to specialist services. Results show that approximately four women a week on average are assisted by the Perinatal GP Linkages Service to access an appropriate GP and Client Surveys indicate that 100% of respondents found this service "helpful or very helpful". Over 350 health professionals have received training and 75% are using the referral pathways and report an overall improvement in accessing services. The actions from the project are governed by a shared Clinical Practice Guideline and the ongoing 12 monthly education of health professionals continues to forge the links between services.

The Prevention of Mental Disorders in the Perinatal Period

Convenor: Andrew Lewis

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OVERVIEW:
This symposium will showcase Australian research which recognizes the perinatal period as a critical window for prevention. Interventions will be discussed which seek to prevent the onset of mental disorders for women in the perinatal period as well as interventions which focus on the prevention of risk factors known to compromise infant development. This Symposium builds on the increasing focus on prevention which comes with the recent formation of the *Alliance for the Prevention of Mental Disorders* and seeks to underline the importance of the perinatal period as fundamental to any developmental perspective on prevention.

PAPER 1
What Can We Expect From a Preventative Intervention? Methodological Issues in the Development and Evaluation of Prevention Interventions for the Perinatal Period

- **Andrew J. Lewis[1], Catherine M. Bailey[1], Karyn Hart[1], Megan Galbally[2]**

[1]School of Psychology, Deakin University
[2]Dept of Perinatal Mental Health, Mercy Hospital for Women

The first paper in the symposium on prevention will articulate the place of prevention in perinatal mental health and the emerging opportunities for the development of innovative prevention strategies which can be applied in this key developmental period. The paper will provide a brief introduction to prevention science as an amalgam of developmental psychopathology, epidemiology and public health approaches. Already a substantial body of research has been undertaken in terms of the prevention of maternal postnatal depression. This includes both intervention and cohort studies. This body of literature will be critically reviewed in order to comment on (1) the most salient and modifiable risk factors which should be targets for prevention efforts (2) what is required to demonstrate evidence of a prevention effect in terms of efficacy and (3) translation and implementation issues in terms of cost effectiveness and sustainability of prevention models. Opportunities to address early risk factors for infant development also need to be addressed by these prevention interventions. Balancing the prevention benefits and risks for both maternal and infant health and mental health is a considerable challenge. Yet the perinatal period is a unique opportunity to address trans-generational risk factors during a time when families are often willing to engage with new information and behavioural patterns are in their formative stages. This paper will consider some of the design and measurement issues which prevention intervention studies encounter when considering outcomes for mothers, fathers and infants and conclude by making a set of recommendations to guide further studies in this field.

PAPER 2
Towards Parenthood - A Public Health Intervention to Prepare for the Changes and Challenges of a New Baby

- **Alan Gemmill, Jeannette Milgrom, Jennifer Ericksen, Charlene Schembri, Christopher Holt, Jessica Ross**

Parent-Infant Research Institute, Melbourne

An antenatal intervention (Towards Parenthood) is described designed to prevent early parenting difficulties, increase attachment and minimize the impact of mood disorders in the postnatal period. It was created as a universal intervention to address the needs of a broad population of women. The intervention targets were selected on the basis of clinical wisdom and an exhaustive empirical review of risk factors impacting on parenting outcomes. An extensive review of existing local and international parenting support programmes was conducted. Focus groups and pilot studies were conducted to confirm acceptability. Expectant mothers and their partners received a self-directed learning guidebook covering

the following: Transition to parenthood, Partner difficulties, Coping with life stress, Family of origin experiences, Antenatal attachment to foetus, Practical parenting skills. Fortnightly phone calls from a psychologist were provided to monitor compliance and engagement with content. The format included interactive exercises, partner involvement and cartoons. Two randomised controlled trials were conducted to compare women with and without symptoms of antenatal depression, receiving either the intervention or usual care, on a range of questionnaires including the Beck Depression Inventory and Parenting Stress Index. Partners were included. A similar comparison was made for nondepressed women. In two randomised controlled trials (n=200 and n=150 women respectively) the effectiveness of the program was evaluated. Self directed minimal intervention antenatally is a useful health intervention with benefits for improving the parent-infant relationship and depressive mood. As antenatal depression is a major risk factor for postnatal depression, a specific treatment for pregnant women with a clinical diagnosis of depression based on cognitive-behavioural therapy (8 sessions) is also described.

PAPER 3

Development of a Gender-Informed Psycho-educational Intervention to Prevent Postnatal Depression and Anxiety

- **Jane Fisher and Heather Rowe**

Jean Hailes Research Unit, School of Public Health and Preventive Medicine, Monash University

Seven trials of universal interventions to prevent postnatal mental health problems in women were published prior to 2010. Strategies included improving continuity of care; education about recognition of depression symptoms; listening visits during the maternity admission; earlier than usual postnatal health check; increased home visits and community development to improve mother-friendliness of local areas. All trials were well-designed, but there was little evidence of effectiveness. None were gender informed or addressed social risk factors directly.

What Were We Thinking is a structured one-day psycho-educational program for groups of parents with their first babies, implemented in primary care. It was derived from evidence generated in early parenting services and consultations with clinicians and consumers. It is innovative in addressing three under-recognized gender-based risk factors: management of unsettled infant behaviour, adjustments to new roles and responsibilities in the intimate partner relationship, and severe occupational fatigue, directly. The program uses varied adult learning activities including short talks, practical demonstrations, small group discussions and hands-on practice. These are structured into a set of worksheets and a summary booklet to be taken home for ongoing reference. In order to maximize access, it is offered on a Saturday. It is positioned as a program to promote confident parenting and does not use psychiatric language.

In a recent before and after controlled trial it was evaluated by more than 90% of participants as salient, timely and acceptable. The six month prevalence of postpartum depression and anxiety in women without a personal psychiatric history (AOR= 0.43; 95% CI 0.2 to 0.93) was lower in the group who received the WWWT program than the group who had standard care. This suggests that prevention of perinatal mental health problems is more effective if gender-based risks are addressed directly.

PAPER 4

A Comprehensive Approach to Implementing a Novel Psycho-educational Intervention to Prevent Anxiety and Depression in Women Who Have Recently Given Birth

- **Heather Rowe, Karen Wynter, Joanna Burns and Jane Fisher**

Jean Hailes Research Unit, School of Public Health and Preventive Medicine, Monash University

Australian child and family health services are at the front line of primary care for mothers of infants. National health policy positions these services as central to screening for psychosocial risks to mental health and current symptoms of depression, and referral for treatment. However, these services are also well placed to offer primary prevention of mental health problems. What Were We Thinking (*WWWT)* is a psycho-educational program that provides parents of first infants with knowledge and skills about managing gendered risks to postpartum mental health in women. Implementation of *WWWT* in practice

requires partnerships with health services, modifications to clinical practice, generation of local evidence and assessments of sustainability.

Mixed methods were used to investigate the policy environment, health service management, current clinical practice and nurses' training needs and preferences, and to build a model to assess program costs and health and social outcomes in Victoria.

Adding a primary prevention focus to perinatal mental health services requires a cross-sectoral approach, including local and state governments, and government departments. Current clinical advice to parents about infant care is diverse and there is limited involvement of fathers in services. A well-theorised training program to provide knowledge, skills and readiness for *WWWT* program delivery, comprising on-line and face-to-face components, was developed, piloted, and implemented prior to the commencement of a cluster randomised trial of *WWWT* in six local government services in Victoria. Data collection to populate a comprehensive social and economic model is included.

Implementing *WWWT* in primary care child and family health services involves changes to service delivery and capacity building in mental health promotion and the prevention of postnatal anxiety and depression. Nurses can act as powerful agents of change to challenge gender stereotypes, provide evidence-based skills in infant care, and address these neglected risks to postpartum mental health in women.

Maternal Anxiety in Pregnancy and Infant Bio-behavioural Regulation: Preliminary Findings from the PRAMS Study

Convenor: Catherine McMahon

Centre for Emotional Health, Macquarie University
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OVERVIEW:
Infant problems with bio-behavioural regulation are the most common reasons for parents seeking medical advice and may be a risk factor for later parent-child relationship difficulties and internalising and externalising behaviour disorders. A better understanding of the origins, correlates and later implications of regulatory problems in infancy is, therefore, of crucial importance from both a clinical and a theoretical perspective. Recent research shows that maternal anxiety in pregnancy may be associated with emotional and behaviour problems in childhood. This project examines the impact of anxiety during pregnancy on infant capacity to regulate behaviour, sleep and physiological response to stress and also considers possible genetic contributions. Findings address the earliest origins of mood and behaviour disorders in children and will inform evidence-based interventions during the perinatal period. This symposium (three papers) presents preliminary findings from an NHMRC funded longitudinal study that aims to test a fetal programming model: the proposition that fetal exposure to maternal anxiety disrupts offspring bio-behavioural regulation (sleep, feeding, crying and regulation of the stress response). Paper 1 (Grant) Provides an overview of the study and examines links between maternal anxiety and maternal stress hormones during pregnancy; Paper 2 (Solley) reports on associations between anxiety in pregnancy and maternal sleep quality in the third trimester; Paper 3 (McMahon) reports prospective relations between anxiety in pregnancy and infant temperament and negative affect in the Still Face Procedure. Professor Marie-Paule Austin will then lead a discussion regarding findings, implications and future directions.

PAPER 1:
Psychobiological Stress Reactivity in Human Pregnancy

- **Kerry-Ann Grant[1] Catherine McMahon[1], Marie-Paule Austin[2], Ron Rapee[1], Mike Jones[1], Jenny Donald[1]**

[1]**Centre for Emotional Health, Department of Psychology,** Macquarie University
[2]Perinatal and Women's Mental Health Unit (PWMHU)
University of New South Wales & St John of God Health Care, Burwood

Background: Recent literature suggests that the course of pregnancy, birth outcome and offspring neurodevelopment is influenced by the experience of psychosocial stress. Although maternal hypothalamic-pituitary-adrenal (HPA) axis activity has been identified as a putative mechanism, relatively little is known about the association between psychosocial stress and hormonal dysregulation in human pregnancy. A limitation of most research to date has been the assessment of HPA axis function under baseline conditions. However, this may not adequately reflect activation of the stress response system. The current study uses a multi-method approach to assess maternal prenatal psychological state and responses to a standardized psychosocial stress task administered during the third trimester of pregnancy.

Methods: 160 women participating in the PRAMS longitudinal study completed a standardised psychosocial stress test (Trier Social Stress Test) during their third trimester of pregnancy. Stress responses were assessed using subjective ratings (Visual Analogue Scale) and cortisol sampled from saliva. Measures of maternal state anxiety (Spielberger State-Trait Anxiety Inventory), pregnancy-specific anxiety (Pregnancy Specific Anxiety Scale) and symptoms of depression (Edinburgh Postnatal Depression Scale) were included as additional parameters of maternal psychological functioning.

Results: Subjective ratings indicated that most women found the Trier Social Stress Test challenging. Significant increases in cortisol levels were also found, although individual differences in the magnitude and direction of the response were noted. Individual differences in patterns of cortisol response were unrelated to maternal anxiety or depression.

Conclusions: The results of this study suggest that pregnant women respond to acute stress with increases in cortisol. The small and non-significant associations between maternal psychological state and HPA axis responses suggest that further work is needed to identify additional/alternative mediation pathways.

PAPER 2:
Maternal Anxiety in Pregnancy and Quality of Sleep

- **Karen Solley, Kerry-Ann Grant, Catherine McMahon**

Centre for Emotional Health, Department of Psychology, Macquarie University

Background: There is a substantial literature showing that sleep quality is associated with a range of negative health outcomes and psychological disorders. Anxiety and stress are two of the most important concomitants of sleep complaints in the general population. However these associations are not well understood in pregnant women. Research suggests that pregnant women experience sleep disturbances most commonly during their third trimester, and that a significant portion experience prenatal anxiety. Recent studies have revealed that prenatal anxiety is both general and specific, and that pregnancy-specific anxiety (a mother's anxiety about her baby's health, her own health, labour and delivery) also needs to be considered as a risk factor for adverse maternal and child outcomes. However, the majority of studies addressing sleep disturbance and prenatal anxiety have not made this distinction. The current study examines associations between anxiety in pregnancy and sleep quality in an obstetrically low risk sample. Specifically, a distinction is made between pregnancy-specific anxiety and an overall tendency to respond anxiously to everyday situations (state anxiety).

Methods: Two hundred and eighteen English-speaking nulliparous and multiparous women completed self-report measures of state anxiety (STAI), pregnancy specific anxiety (Pregnancy Specific Anxiety Scale) and sleep quality (Penn Sleep Quality Index) during their third trimester of pregnancy.

Results: Pregnancy-specific anxiety and state anxiety emerged as independent, significant predictors of sleep quality in pregnancy after controlling for pre-pregnancy sleep quality.

Conclusions: This study confirms the need to identify anxiety in pregnancy, in particular a mother's concerns regarding her pregnancy.

PAPER 3:

Maternal Anxiety in Pregnancy, Infant Temperament, and Infant Negative Affect in Response to the Still Face Procedure at Six Months Postpartum.

- **Catherine McMahon[1], Kerry-Ann Grant[1], Marie-Paule Austin[2], Ron Rapee[1], Mike Jones[1], Jenny Donald[1]**

[1]Centre for Emotional Health, Department of Psychology, Macquarie University
[2]Perinatal and Women's Mental Health Unit (PWMHU)
University of New South Wales & St John of God Health Care, Burwood

Background: There is growing evidence that maternal stress during pregnancy is associated with difficult temperament in offspring. High state anxiety in the third trimester of pregnancy predicted parent ratings of more difficult temperament (Austin *et al.*, 2005), but confounding of maternal mood and reports of infant temperament limits interpretation. Studies using laboratory measures of temperament report mixed findings. Heightened negative affectivity in infants has been associated with self-reported anxiety (Davis et al., 2004) and clinical diagnosis of anxiety in the third trimester of pregnancy (Werner *et al*., 2007), while an Australian study (Grant et al., 2010) found no main effect of pregnancy anxiety diagnosis on negative affectivity. This study explores relations between anxiety in pregnancy and a) mother reports of infant temperament and b) infant negative affect during the still face-procedure.

Method*:* Participants reported on state anxiety (STAI) at 32 weeks pregnancy and infant temperament 6 months after birth. Mothers and infants also participated in the Still Face Procedure and infant negative affect was coded from videotapes.

Results: Prospective data were analysed for 195 women classified dichotomously as scoring > 40 or $\leq$ 40 on the STAI in pregnancy. Scores > 40 have been scores previously shown to indicate clinically significant anxiety (Grant et al., 2010). High anxious women reported their infants as having a more difficult temperament, p =.009 and infants of high anxious women were rated by an independent coder as higher in negative affect across episodes, ps < .05. When concurrent pregnancy and anxiety symptoms were controlled, however, the effect of pregnancy anxiety group was no longer significant, for either temperament reports or observed negative affectivity.

Conclusion: While there was an association between high state anxiety in pregnancy and both reported and observed infant difficultness, these associations were largely explained by postnatal mood symptoms.

DISCUSSION:

Marie-Paule Austin will lead a discussion regarding, future analytic strategies and research directions and implications of findings.

Models of Parent-Infant Interventions

Convenor; Jeannette Milgrom

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OVERVIEW:
Postnatal depression has a profound impact not only on the woman herself and on her partner but on her relationship with her infant. Current evidence suggests that there may be short and long-term consequences to adolescence for the developing child in the domains of social, cognitive and behavioural functioning. The early parent-infant interaction is the foundation for later development including attachment security, interpersonal functioning, brain development and learning. As such, there has been a growing interest in how to intervene when relationships are disrupted. A number of theoretical frameworks and paradigms will be described in this symposium as the basis of parent-infant interventions. A panel discussion will follow 4 papers which describe different models of parent-infant interventions covering conceptual underpinnings such as attachment, mentalization and behavioural exchanges, each of which plays a role in the impact of depression on mother-infant interaction. Individual, group and longer-term interventions for complex families are described.

PAPER 1:
Mindfulness, Mentalization and Attachment

- **Bronwyn Leigh**

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Mindfulness helps us consciously connect with the present moment and observe experience with interest, curiosity and kindness. It involves being in the 'here and now'. Mindfulness applied to parent-infant relationships offers many benefits. When parents focus on the present moment and adopt an open, curious, accepting attitude towards experience, they become more attuned and reflective. They have increased awareness about what is going on in their own mind and body, as well as their infant's. This helps them to more accurately read their baby's cues and respond in a sensitive and appropriate manner. Mentalization, or reflective function, is the capacity to attend to states of mind in oneself and others. It allows the capacity to interpret behaviour based on underlying mental states. It is a crucial aspect of psychological health as it assists the development of affect regulation, attachment, the development of the self and healthy interpersonal relationships. Parental reflective function has been found to be predictive of security of attachment (Meins et al., 2002, 2003). Mindfulness and mentalization compliment each other and provide clear points of intervention with parents and infants in strengthening affect regulation and fostering a secure and loving relationship.

This paper will outline mindfulness and mentalization in the context of the perinatal period and present research findings related to their importance in the development of a secure attachment relationship. One approach that integrates mindfulness, mentalization and infant mental health principles is the Mindfully Parenting Your Baby program. This parent-infant group program will be described and descriptive data from four pilot groups comprising a community population will be given.

PAPER 2:
Using Attachment and Reflective Functioning with Mentally Ill Mothers in Inpatient Units

- **Anne Buist**

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Treating the mother-infant relationship following a mother's admission to a mother-baby unit is challenging. Our research and that of others research suggests that women are receptive to parenting messages in the acute phase of their illness but are not ready for more in-depth reflection. This presentation uses case material to illustrate the importance of attachment histories in the genesis and perpetuation of perinatal depression in some cases, and how to work with this in the acute setting to improve the outcome for both mother and baby.

PAPER 3:
What Is the Action that Improves the Mother –Infant Interaction of Vulnerable Dyads?

- **Elizabeth Loughlin[1],' Jennifer Ericksen[1], Jeannette Milgrom[1,2], Charlene Schembri[1]**

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[2]University of Melbourne

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Infants of mothers with postnatal depression (PND) are vulnerable to poor developmental outcomes (cognitive, social and behavioural). This paper will describe our previous work that has shown that successful treatment of maternal depression does not necessarily improve the mother-infant interaction. We will then present our brief 4-session targeted intervention, the HUGS program (Happiness, Understanding, Giving and Sharing) which takes into account current theories of maternal characteristics and internal working models necessary for a successful interaction, and uses a cognitive-behavioural framework for intervention.

The facilitators will present the unusual coupling of two very different paradigms for mother-infant treatment – a cognitive-behavioural and an experiential treatment model to showcase CHUGS, a new model of the therapeutic playgroup in the community. The embodied experiences of creative play and moving together in space are entwined with the cognitive learning over 10 weeks to encourage slow learning and progression of shared enjoyable experiences. Key cognitive strategies and the selected play objects together with video clips will illustrate the approach. Research outcomes presented will demonstrate improved mother infant interaction.

The Community HUGS playgroup showed good treatment compliance, improvement in depressed mood, $p < .05$, parenting stress, $p < .05$, sense of parenting competence, $p < .05$, and parent-infant interactional reciprocity (as measured by videotape) and positive affect, $p < .05$.

PAPER 4:

Designing an Effective Home-visiting Program to Improve Australian Children's Learning and Development: Lessons from Three Literature Reviews

- **Sharon Goldfeld[1,2,3], Myfanwy McDonald[1,2], Anna Price[1,2], Tim Moore[1,2]**

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Home-visiting programs have a range of potential benefits for vulnerable families with young children, and are thus becoming more popular in countries like the US and Australia. We report findings from three literature reviews conducted to inform the development of a new Australian sustained nurse home-visiting program to be delivered by the universal maternal and child health service for these vulnerable families.

The literature reviews focused on three distinct areas of inquiry that sought to identity: (1) effective home-visiting programs and their components, (2) features of service delivery and engagement processes associated with better outcomes, and (3) evidence-based interventions that can improve children's learning and development, and be incorporated into a relationship- and partnership-based home-visiting program.

Collectively, these reviews highlighted the difficulty in determining both program component and process effectiveness. We found that even the most effective programs were only modestly effective, and evidence about effective components was contested or unavailable. However, process features of effective services included being relationship- and partnership-based, non-stigmatising, building parental competencies and maintaining continuity of care. There is a dearth of evidence-based interventions that improve children's learning and development, and can be incorporated into a relationship- and partnership-based home-visiting program. Many commonly-used programs lack rigor and require more evaluation.

We conclude by presenting a service delivery framework that incorporates lessons learned from the literature reviews. These reviews illustrate the importance of 'thinking outside the square' when using evidence to design a new program; monitoring how a program is delivered to identify key components that make it work; and ensuring the study design adheres to strict program logic.

Antenatal Mental Health Care the Women's Way

Convenor: Naomi Thomas

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OVERVIEW:

The Centre for Women's Mental Health (CWMH) provides psychiatric, psychological and parent-infant attachment intervention to women with high and low prevalence mental health disorders receiving antenatal obstetric care at the Royal Women's Hospital in Melbourne. The CWMH offers three antenatal group programs in addition to individual based treatment: The AMPLE Program (Adolescent Mother's Program: Let's meet your baby as a person) for young women; Emotional Wellbeing in Pregnancy and Early Parenthood Program for women with depression and anxiety; and the *MindBabyBody* Program a mindfulness based program for women presenting with anxiety symptoms or stress during pregnancy or who have a past history of a traumatic previous labour/pregnancy.

The proposed symposium will showcase these three innovative antenatal group programs as separate oral presentations with audio-visual content. Each paper will provide an overview of the objectives and content of the antenatal program, pre and post treatment outcome data, and findings on the level of acceptability and suitability of the intervention for participants.

PAPER 1:

Promoting Attachment in Adolescent Mother-infant Dyads: Preliminary Trial of a Brief, Perinatal Intervention in a Maternity Hospital Setting

- **Susan Nicolson[1], Fiona Judd[1,2], Frances Thomson-Salo[1,2]**

[1]Centre for Women's Mental Health, Royal Women's Hospital, Melbourne Victoria
[2]The University of Melbourne, Department of Psychiatry, Melbourne Victoria

The AMPLE program (Adolescent Mothers' Program: Let's meet your baby as a person) is provided to pregnant adolescents in addition to their routine obstetric care at a tertiary maternity hospital. It aims to prevent some of the significant attachment relationship difficulties observed among infants of adolescent mothers by helping pregnant adolescents see their baby as a person during the transition to motherhood. In doing so, it aims to increase these mothers enjoyment of new parenthood and increase their self-esteem as a new parent.

A pre-test, post-test, control group study tested the AMPLE intervention in a convenience sample of pregnant adolescents recruited at the Women's Hospital in Melbourne (*N* = 97). Recipients of the two-session AMPLE intervention were shown movie clips in an antenatal session that demonstrated the urge and capacity of newborn babies to seek a connection with their mother and father. The second session was a neonatal session to 'meet their baby', to wonder about their baby's experience, and to notice how their baby communicated with them. The sessions were designed and provided by an infant mental health clinician, with the intent that, if it proved promising, the intervention could be manualised, tested, and eventually offered to various maternity professionals with brief training.

The acceptability of the study was high, with a study participation rate of 82.9% and a completion rate of 75.3%. Receipt of the intervention was associated with significantly better mother-infant interaction, videoed at age 4 months and coded blind-to-group using the Emotional Availability Scales 4th Edition.

The 'AMPLE' intervention appears an acceptable, affordable and effective means for maternity services to support the adolescent mother-infant relationship. Further research is warranted, but this preliminary evidence suggests the AMPLE intervention has the potential to positively influence the developmental trajectory of young mothers and their babies from the beginning.

PAPER 2:

Emotional Wellbeing in Pregnancy and Early Parenthood: Antenatal Group Program for Women with Anxiety and Depression

- **Naomi Thomas[1,2], Fiona Judd[1,2], Lia Laios[1], Angela Komiti[1,2]**

[1]Centre for Women's Mental Health, Royal Women's Hospital, Melbourne Victoria
[2]The University of Melbourne, Department of Psychiatry, Melbourne Victoria

The Emotional Wellbeing in Pregnancy and Early Parenthood Group Program is offered to women and their partners, to assist in the management of mental illness during pregnancy and after birth, and promote secure parent-infant attachment. The program is provided to pregnant women in addition to their routine maternity psychiatric care at the Women's Hospital. The group program provides psycho-education on mental health during adjustment to parenthood, self-care strategies, discusses changes in the couple relationship during early parenthood, and bonding with infants in the context of maternal mental illness. It aims to promote early detection and intervention of emerging anxiety and depression during the perinatal period, and improve maternal attachment.

Forty women (*M* = 25 weeks gestation) attended either the five-session or revised six-session group program (including 2 couple sessions). Nineteen fathers attended the couple session(s). Ninety percent of participants had a current diagnosis of depression or anxiety (67.5% were experiencing a relapse of a past diagnosis) and 55% were taking psychotropic medication. The drop-out rate was low; 77.5% of participants (*N*=31) attending at least 80% of the program (52.5% attended all sessions).

Pre and post-test measures revealed significant reduction in participants' level of depression and anxiety and significant improvement in maternal attachment at the completion compared to the start of the

program. All participants reported that the program had met their expectations, with 89.7% indicating that they 'definitely' (69%) or 'generally' received the desired service. The quality of service was rated as 'excellent' by 82.8% and 79.3% were 'very satisfied' with the service provided. All partners indicated that their attendance to the session(s) had improved their awareness of mental health and would recommend the program to other fathers.

These preliminary findings suggest that the Emotional Wellbeing group program is an effective and acceptable early intervention approach for women and partners.

PAPER 3:

***MindBabyBody*: An Antenatal Mindfulness-based Group Intervention for Maternal Psychological Distress**

- **Kristine Mercuri[1,2] and Fiona Judd[1,2]**

[1]Centre for Women's Mental Health, Royal Women's Hospital, Melbourne Victoria
[2]The University of Melbourne, Department of Psychiatry, Melbourne Victoria

The transition to parenthood represents a significant adjustment and challenge for both mother and father as they face many physical, social and emotional pressures concurrently in the perinatal period. Interventions comprising mindfulness practices are becoming more widely used in combination with other psychological therapies to treat mental health problems such as anxiety and depression, and more generally stress and psychological distress associated with significant life events and transitions.

The *MindBabyBody* group program was developed to target maternal stress, anxiety and depressive symptoms during pregnancy. The objective of the program was to take a broad approach to antepartum maternal health, including maternal mental wellbeing, with the aim to optimise the short and long term outcomes for mother and baby. The *MindBabyBody* program builds on previously researched interventions which have used components of mindfulness meditation and cognitive behavioural therapy by adding a third component of mindful-movement and yoga exercises. Given the brief and non-pharmacological nature of mindfulness based interventions it was considered that this approach would be well suited to the antenatal period and delivery via a group format.

Women in their second and third trimester of pregnancy were voluntarily recruited to participate in the *MindBabyBody* program whilst receiving antenatal care at the Women's Hospital in Melbourne. Pre and post test measures examining anxiety and depressive symptom scores and mindfulness scores will be presented for participants. The usefulness and acceptability of mindfulness based programs as a treatment for psychological distress suggests that this form of intervention can be safely incorporated into routine maternity care and a true alternative option for women.

The Use of Preconditioning to Hypoxia for Early Prevention of Future Life Diseases

- **Simon Basovich**

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Background: Environmental factors during fetal life program the health outcomes regarding mental and many other diseases in future life. This David Barker's idea has been supported by worldwide epidemiological studies, but the underlying mechanisms are still poorly understood.

Aims: Three questions should be answered. (1) Does a common underlying cause of ordinary pathological fetal development exist? (2) If such a cause exists, which mechanism might develop disease in later life? (3) Is it possible to prevent this underlying cause and therefore the associated obstetric complications to primarily prevent future life diseases?

Method: The use of PubMed (extending to October 2012) and other sources.

Results: Three data-based answers corresponding to these questions were found: (1) hypoxia, (2) excessive stimulation of neurogenesis and (3) preconditioning/adaptation to hypoxia. The method for such preconditioning/adaptation is intermittent hypoxic training (IHT), in which air with low oxygen concentration is breathed through a mask to protect against subsequent strong adverse influences. Data are cited for IHT applications for the prevention/treatment of diseases in different fields, particularly in obstetrics. Generally, more than 2 million patients were treated by IHT to present day.

Conclusions: Data suggested that all common fetal origins of adult diseases are likely predetermined by changes in the fetal brain. The use of IHT before and during pregnancy may be a real means to primarily prevent obstetric complications and therefore, prevent future life diseases.

Resilient Relationships Course: A Pilot Study

- **Alison Christie[1] and Marian Currie[1,2]**

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Background: The Resilient Relationships Course was formulated and delivered by a psychologist. Course aims were to assist couples affected by postnatal depression to better understand their relationship dynamics and identify ways to improve their relationships.

Aims: Pilot test the Course to determine feasibility, acceptability and efficacy.

Methods: Course components were: a pre-workshop interview, 2 four-hour workshops delivered over 2 weekends and a post-workshop interview. Study outcomes measures were: participation rates, satisfaction, goal attainment, relationships satisfaction levels (Kansas Marital Satisfaction Scale), care and control dimensions (Intimate Bond Scale), stress levels (DASS) and Values-action congruence (Personal Values Questionnaire).

Results: 10 couples enrolled in the pilot study (2 courses conducted in 2012). The 5 couples enrolled in Course 1 completed all course components; one person completed all components of Course 2. Average age, number of children, time in a committed relationship and time married were 31 years, 1.5, 6.7 years and 4 years respectively. 8/20 (40%) participants completed the satisfaction survey (mean score 4.3/5, range 4-5). 17/20 (85%) participants completed the four instruments. Mean Kansas Marital Satisfaction Scale scores increased significantly by 7.4 points (t = 3.86, p=.008). DASS stress scores decreased by 1.5 (p=0.001), Personal Values Questionnaire scores increased by 0.54 (p=0.18). Intimate Bond Measure

scores changed negatively in both care (p=0.24) and control (0.87) dimensions. Goal achievement scores were 75%, 68 % and 64 % for goals 1, 2 and 3 respectively.

Conclusions: The course was acceptable to most participants. Low attendance rates at course 2 indicate that to be feasible greater effort must be made to adequately screen and retain participants. The majority of participants reported improvements in the study measures although these did not always reach statistical significance perhaps because of the small sample size. Participants preset goals were partially met. Funding to continue the course has been sought.

Wide Awake Parenting: An Intervention for the Management of Postpartum Fatigue

- **Melissa Dunning, Rebecca Giallo Amanda Cooklin, Monique Seymour**

Parenting Research Centre

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Exhaustion and fatigue are commonly experienced by parents during the postnatal period. Although a near universal experience among parents, fatigue has been associated with increased symptoms of depression, anxiety and stress, decreased coping, and lower satisfaction and efficacy in the parenting role. Fatigue has also been associated with limited patience, frustration and irritability in parent-child interactions. Given its high prevalence and potentially serious implications, there is a need for interventions to assist parents with the management of fatigue in the postnatal period.

Wide Awake Parenting (WAP) was developed to assist with the management of fatigue, promote engagement in health behaviours and strengthen parent wellbeing. It is a psycho-educational program informed by research evidence about factors associated with fatigue and strategies for the management of fatigue. WAP offers practical strategies to recharge and save energy, including prioritising, problem solving, getting support, challenging unhelpful thinking, diet and exercise, and sleep hygiene. The program is designed for flexible delivery including written information only, or written information with face-to-face telephone support from a health professional.

To evaluate WAP, a randomised controlled trial was conducted with 202 mothers of infants aged 0-7 months, recruited from Maternal and Child Health Services from seven local government areas of Melbourne. Data was collected pre-intervention, at 2-weeks post-intervention, and at 8-weeks follow-up. Compared to mothers in the waitlist condition, mothers who received WAP reported significantly higher engagement in health behaviours, lower fatigue and fewer symptoms of depression and stress following the intervention. The clinical implications and directions for future research will be presented.

The Black Swan and Postnatal Depression: Preventive Talismans and Transformative Garments for 'Bad' Mothers

- **Danielle Hobbs**

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The personal experience of Postnatal Depression (PND) is a topic that remains relatively unrepresented within the practice of art. This paper surveys the outcomes of a current practise-led Visual Arts research project which explores the personal journey of PND.

This research includes the visual manifestation of personally developed coping mechanisms whereby the metaphor of transformation is employed for the purposes of escaping in moments of maternal crisis, and protection of the child during the mother's absence. It offers an alternative perspective to stereotyped mother and child imagery; abundant in our culture through the representation of the virgin mother or the celebrity mother. Using vehicles such as a reinterpretation of the *Aarne–Thompson* Animal Wife tale type and Professor Gerry Turcotte's essay *Australian Gothic* (1998), the black swan as the Animal Wife forms the chief motif through which to explore the fluid spaces between woman and mother, 'good' and 'bad'

mother, and the possibilities offered by the transitional space of paediatrician and psychoanalyst Donald Winnicott's 'good enough' mothering.

Extending the metaphor of enchanted transformation, the creation of talismans and garments that suggest the possibility of reconciliation between conflicting notions of 'good' and 'bad' motherhood are explored and created.

This illustrated paper will present and discuss the outcomes of the practice-led research, including a series of wearable sculptural objects including: a Black Swan jacket; thorned maternity bra; talismanic neckpieces and protective outfits for a boy and a girl. Studio research, including investigations into garment construction, and the psychological agency of biological materials will also be discussed and presented, alongside the supporting drawings, video, photography, digital media and installation of the works to further articulate the thinking, process and documentation.

Mothers Need Mothering Too
Long Term Benefits of Short Intensive Perinatal Care

- **Vanitha Kalra**

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The aim of the poster is to reflect the role of Residential Mother and Baby respite services in preventing adverse outcomes for infants of mothers with mental illness. The specific outcome being observed in this instance is the mother losing custody of the baby due to her inability to care for baby during the postpartum year.

The occupancy data of the respite service is matched with the clinical presentation and involvement of Child youth and family services. The current information is pertaining to a six month consecutive period. The poster depicts the specific factors that may have contributed to the outcome observed.

Attachment, Loss and Hope: Mothers' and Fathers' Experiences Following Fetal or Early Postnatal Diagnosis Of Complex Congenital Heart Disease

- **Nadine Kasparian[1,2], Catherine Deans[1], Bryanne Barnett[3], David Winlaw[2,4] , Edwin Kirk[1,5] and Gary Sholler[2,4]**

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Introduction: Congenital heart disease (CHD) affects about 1 in 100 newborns and is the most common organ abnormality presenting in infancy. In many cases the path to medical recovery involves heart surgery, which carries important risks to the infant's life and well-being. About 45% of families of infants with complex CHD receive the diagnosis during pregnancy, and surgery often occurs in the first weeks of life. CHD is widely recognised as a major source of stress and trauma for families; however, little is known about the ways in which fetal diagnosis alters parent-infant bonding and infant attachment.

Method: Parents' experiences were explored using a carefully crafted semi-structured interview. Parents had received their infant's diagnosis within the past year, and all infants were expected to have, or had already undergone, surgery in the first 6 months of life. Data were analysed using *NVivo9*, informed by Attachment Theory and a psychodynamic approach. Traumatic stress, anxiety, depression, and parent-infant bonding were also assessed.

Results: 53 interviews were conducted (27 parents received an antenatal diagnosis, 26 parents received a postnatal diagnosis). Parents described experiences of acute stress and trauma. Some parents described an initial period of emotional distance from their infant; delaying bonding for fear that their infant may not survive. Others described an intense wish to connect with and protect their medically fragile infant from pain and suffering. Parents' narratives included feelings of shock, dissociation, anger, sadness, guilt and grief, followed by varying degrees of adaptation and reorganisation. Almost all parents described the need for greater psychological support; however, very few parents reported receiving any formal offers for professional care.

Discussion: The antenatal period is a critical time to identify and offer appropriate psychological care to parents in this setting, thus supporting the development of a secure attachment pattern between infant and parent.

The CHERISH Study: Examining Parental Responses to Fetal or Postnatal Diagnosis of Complex Congenital Heart Disease and Subsequent Infant Developmental Outcomes

- **Nadine Kasparian[1,2], Dianne Swinsburg[1,2], Marie-Paule Austin[3], Vivette Glover[4], Bryanne Barnett[5], Nadia Badawi[6,7], Karen Walker[6,7], Kerry-Ann Grant[8], Edwin Kirk[1,9], David Winlaw[2,7] and Gary Sholler[2,7]**

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Background: Each year in NSW, over 800 children undergo cardiac surgery for congenital heart disease (CHD), with more than 25% undergoing lifesaving surgery before six months of age. With advances in medical care, up to 95% of infants with complex CHD now survive cardiac surgery. Few data exist on how psychological factors may contribute to, or exacerbate, developmental risk in infants with CHD.

Aims: To identify the prevalence, course, and predictors of psychological morbidity in parents following fetal or postnatal diagnosis of complex CHD in their infant, and to better understand the association between parental stress and anxiety during pregnancy, and later infant emotional, behavioural, and neurodevelopmental outcomes.

Methods: This prospective cohort study consists of three groups: parents of infants with a fetal cardiac diagnosis (*n*=170), parents of infants with a postnatal cardiac diagnosis (*n*=170), and parents of healthy infants (*n*=170). Parental experiences are assessed via clinical interview, as well as validated questionnaires. Salivary cortisol samples are collected from mothers and fathers during pregnancy as a biomarker of stress reactivity. Parent-infant interaction is assessed at 4 months of age using the CARE-Index, and infant outcomes at 12 months are assessed using the Bayley Scales (neurodevelopment), the Strange Situation Procedure (infant attachment pattern), and salivary cortisol (stress reactivity).

Results and Discussion: Data collection is currently underway and preliminary study findings will be reported at the conference. The results will be used to inform the development of tailored, evidence-based protocols for the identification and support of infants and parents at high risk of psychological and developmental difficulties after cardiac diagnosis.

The Challenges of an Inpatient Unit for Mothers and Babies

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A poster presentation of the challenges faced in an inpatient mental health unit for mothers experiencing mood disorders or a psychotic illness following the birth of a baby.

The poster will present the multifactorial nature of postnatal mood disorders and the need for a multifactorial approach.

Treating depression and other mood disorders can be challenging on its own, treating it while helping mothers learn and care for their babies and develop a "bond" with their infants provides a unique challenge.

Inherent in the treatment approach of the unit is a strong philosophy of working towards helping infants develop a secure attachment to their primary caregiver, which guides us in our belief that it is essential mothers be admitted withy their babies. The unit also acknowledges the important role of fathers and the need to work with them, and members of the extended family.

The poster aims to illustrate these challenges faced within the admission period:

- Addressing the biological aspects of the illness and the need for a medical model
- Addressing the psychological factors that have contributed to the mothers condition
- Assessing risk – both mother and baby
- Providing a therapeutic programme
- The use of a multidisciplinary team
- Keeping mother and baby together while mothers are acutely unwell
- Working with other stakeholders
- Helping mothers "see" their babies
- Providing a service for their partner and/or other significant others
- Preparing them for discharge, with community follow up

A series of questionnaires are collected at admission and discharge providing valuable information about the mother and outcome data to guide us in our treatment programme.

Maternal SSRI use and Persistent Pulmonary Hypertension of the Newborn – A Retrospective Study

- **Yuan Loke, Hao Vo-Tran, Anusha Gopathy and Tram Nguyen**

The Royal Women's Hospital, Melbourne

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Background: Persistent pulmonary hypertension of the newborn (PPHN) is a life threatening condition, defined as a failure of the pulmonary vasculature to relax after birth resulting in hypoxemia. There is a spectrum of severity with this condition. It is unclear whether the use of selective serotonin reuptake inhibitors (SSRI) in pregnancy increases the risk of PPHN. However, published data suggests that exposure to SSRI in late pregnancy may be associated with an increased risk of PPHN, with an absolute risk of 3 - 6 in 1000 newborns compared with the background incidence of 1.2 per 1000.

Aim: To study the association between maternal SSRI and PPHN

Method: A retrospective analysis of newborns diagnosed with PPHN over a 5-year period was conducted. A search of the neonatal intensive care unit (NICU) electronic database identified all infants who were diagnosed with PPHN. Medical records of maternal and infant pairs were retrieved to identify medicines used during pregnancy, medical history and demographic variables. Confounding factors for the risk of PPHN, such as high maternal BMI, mode of delivery and smoking status were elicited.

Results: PPHN was reported in 148 newborns, and 11 of these were excluded as the maternal medical records were not accessible. Of the 137 cases examined, 3 mothers were determined to have used SSRI during the antenatal period. Two infants were exposed to sertraline and one infant was exposed to fluoxetine in-utero. Confounding factors identified include smoking, maternal BMI and mode of delivery.

Conclusion: The results suggest there may be an association between maternal SSRI use and the incidence of PPHN. However, due to the retrospective methodology and confounding factors, a definitive association cannot be concluded.

Postnatal Depression in Malay Women – Prevalence, Early Detection and Intervention

- **Roshayati Mingoo, Sandy Umboh, Lim Bee Moy**, **Helen Chen**

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Background: Generally, the Malay community is known for its "gotong royong" spirit of neighborliness and mutual assistance. Therefore, it is often believed that Malay women are less likely to suffer from postnatal depression as help is easily or readily available in the community.
The KK Women's & Children's Hospital (KKH) Postnatal Depression Intervention Program was started in 2008 to screen new mothers for postnatal depressive symptoms. Through this program, we are able to identify women with postnatal depression (PND), so that intervention may be provided early. This study examines the Malay women who participated in the program.

Aim: To determine the prevalence of postnatal depression in Malay women, and to examine how intervention can influence outcome measures in terms of symptoms(EPDS), function (Global Assessment of Functioning, GAF) and health quality of life (Euroqol EQ5D).

Method: A total of 1512 Malay women were screened using the Edinburgh Postnatal Depression Scale (EPDS) during their routine postnatal follow-up visits between March 2008 and April 20113. The validated cut-off score of 13 or more indicating probable major depression (Matthey et al, 2006) was used, with those scoring above referred for intervention (psychiatric assessment and treatment). Women who rejected psychiatric referral and those 'at-risk' (scores 10-12) of PND, were offered alternative intervention (phone counselling and follow-up). Outcome measures, including a patient satisfaction survey, were taken at 6 months or at discharge if earlier.

Results: Out of 1512 Malay women screened, 83(5.48%) scored =13 and of these only 37 accepted psychiatric referral. The remainder 45 women accepted phone follow-up and re-score on EPDS by the case manager instead. Only 1 rejected both interventions. The findings of outcome following intervention showed that 23 out of 24 women(96%) who continued with the intervention program showed at least a 20% improvement in their EPDS symptom scores, GAF functioning level and EQ5D health quality of life measure. For the 45 women who were on phone counselling, 36 women(80%) showed improvement in EPDS scores. The remaining 9 patients were unreachable.

Conclusions: Postnatal depression affects 1 in 20 Malay women in Singapore, and early detection and intervention can improve outcomes in terms of symptoms, functioning and health quality of life.

Postpartum Bonding – How an Asian Mother with Infant Focus Anxiety and Threatened Rejection Recovers in Therapy

- **Ngar Yee Poon[1], Jasmine Yeo[1], Helen Chen[1,2]**

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Bonding between a mother and her baby is the development of a close, interpersonal relationship. Mother-infant interaction is a behavioral manifestation of the emotional link between the pair, and is often affected by disorders such as infant-focused anxiety and threatened rejection. These disorders are not the same as depression and epidemiological data on the prevalence and incidence of these disorders is lacking. Although there are no clear ICD 10 or DSM IV diagnostic criteria and guidelines for these disorders (apart from brief descriptions of Attachment disorders or Mother-Child Relational Problems), it is important to detect and to provide effective treatments for them. Indeed, mother-infant bonding disorders are emerging as a potentially new diagnostic category, and are typically seen in women with postpartum psychological problems (Brockington et al 2006). These disorders can be significantly detrimental to the bonding between mother and the baby. Current evidence regarding the detection of mother-infant interaction disorders and effective treatment in Asian mother-infant pairs remains limited.

Asian women, in particular, are often not keen to take medication due to concern of stigma or potential side effects whilst breastfeeding. This case report describes the presentation of a mother suffering from threatened rejection and infant-focus anxiety. It also examines the use of non-pharmacological treatments such as brief sessions of Cognitive Behavioral Therapy, parent supportive groups, one session of Watch, Wait and Wonder and two sessions of Circles of Security Parenting. Clinical progress was evidenced in the improvement of symptoms scores (EPDS scores decreased from 17 to 11 and finally to 9), functioning capacity (GAF scores increased from 65, 65, 60 to 71, 71, 71) and quality of life (EQ5D scores improved from 1,1,2,2,2,60 to 1,1,2,1,1,80. Lastly Postpartum Bonding Questionnaire (PBQ scores 20, 12,10,0 and a reassessment of scores due in one weeks' time.)

This case demonstrates the importance of addressing maternal-infant dyadic problems, and the benefit of individualized therapy plan.

Baby Abandonment and Socioeconomic Factors in Malaysia

- **Salmi Razali[1,2], S. Hassan Ahmad[2], Maggie Kirkman[1], Jane Fisher[1]**

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Objective: To describe the association between baby abandonment and socioeconomic factors in Malaysia

Methods: Data on baby abandonment in Malaysia 1999-2011 and related socioeconomic factors were gathered from the Royal Malaysian Police, National Registration Department, Department of Statistics, and the Women's Aid Organisation. The socioeconomic indicators were i) *Economic Factors*, measured by gross domestic product, gross national income per capita, unemployment rate, female and male employment to population ratio for working age 15-64 years, and mean gross household income; ii) *Social Factors,* measured by numbers of babies born out of wedlock, number of domestic violence reports, number of reported rapes, number of child abuse cases; and iii) *Reproductive Factors*, measured by antenatal coverage rate and specific fertility rate for adolescents (15-19 years) and young adults (20-24 years). The correlation between the annual number of babies abandoned and socioeconomic indicators was calculated.

Results: The number of babies abandoned correlates significantly with the growth rate of the state (P=0.04; p<0.05; r=0.61; 95%CI: 0.25-1.21). The number of cases was also correlated with population distribution, with more cases occurring in the most populous state (P =0.000; p< 0.01; r=0.87; 95%CI: 0.71-1.18). No significant correlation was found between the number of babies abandoned and other economic, social , or reproductive factors.

Conclusions: There is a need for more comprehensive investigation of baby abandonment, especially in urban areas, and for urgent proactive planning to tackle the underlying socioeconomic factors associated with abandonment of babies in Malaysia.

Effect of Early Mother–child Contact Immediately after Birth on Delivery Stress State

- **Yumiko Tateoka[1], Yoko Katori [2] and Mari Takahashi [2]**

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Objective: To investigate the effect of mother–child contact immediately postpartum on the delivery stress state of first-time mothers and their newborn infants through analysis of physiological markers.

Methods: Forty-six primipara and their 46 newborn infants were divided into two groups. Each mother selected for the study gave birth naturally to a healthy child. The intervention group included 20 mothers and their infants who had engaged in mother–child contact immediately postpartum; the control group included 26 mothers and their infants who had not engaged in mother–child contact immediately postpartum. Physical and psychological stresses were evaluated by salivary cortisol and saliva (CgA) from the participants in the two groups at 60 and 120 min after birth.

Results: The mean age of the mothers, the mean amount of intrapartum hemorrhage, and the mean delivery time was 29.6 ± 4.7 years, 230.3 ± 126.8 mL, 62.9 ± 233.3 min, respectively. At 60 and 120 min after birth, the mean cortisol levels, were 5.83 and 3.48 μg/dL in the intervention group and 5.76 and 3.41 μg/dL in the control group. Although an increase was observed from the time of hospitalization, the difference between the two cortisol values during the two different periods was not statistically significant. At 60 and 120 min after birth, the mean CgA levels, were 5.3 and 5.7 pmol/mg protein in the intervention group and 3.67 and 3.9 pmol/mg protein in the control group, indicating that early contact reduces psychological stress.

Conclusions: In accordance with recommendations to promote mother–child contact immediately postpartum, analysis of physiological markers revealed that such contact reduces the psychological stress induced by delivery.

Reducing Childbirth Fear: Effects of a Midwifery-led Psycho-Education Intervention

- **Jocelyn Toohill [1]Jennifer Fenwick [1,2], Jenny Gamble [1], Debra K Creedy [1,3], Anne Buist [4], Erika Turkstra [1], Paul Scuffham [1], Elsa Lena Ryding [5], Vivian Jarrett [1], Anne Sneddon [2].**

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Background: Evidence suggests rates of childbirth fear may be high in Scandinavian countries, Australia, and the United Kingdom. Childbirth fear has been linked to adverse maternal outcomes including poor postpartum mental health and high rates of caesarean section. Without appropriate care, women reporting

high fear may see surgery as their only birth option. To date no randomised control trial has investigated a midwifery-led intervention to assist women with childbirth fear.

Aim: To determine the efficacy of a midwifery-led telephone psycho-education intervention to address women's childbirth fear.

Method: >1400 women attending 3 hospitals in south-east Queensland were screened for childbirth fear (WDEQ =66) in their second trimester. Recruitment occurred from May 2012 to June, 2013. Demographic, obstetric and psychometric measures were collected at recruitment, 36 weeks of pregnancy and again at 6 weeks postpartum. Approximately 1:4 women were randomised to either the control or intervention group. The telephone-based psycho-education intervention was delivered by trained midwives at two time points (24-28 weeks and 32-34 weeks). This paper presents analysis for women who were expected to birth by July 2013.

Exclusion: Interpreter required, aged <16 years or >24 weeks pregnant.

Findings: The sample was representative of the birthing population. Prevalence of fear was 1:4.5 women. 84% of women wanted a normal birth. Women who were lost to follow-up were more likely to be younger and less educated in comparison to women who completed the study. Women receiving the intervention reported reduced childbirth fear at 36 weeks compared to women in the control group.

Implications for Practice or Policy: Addressing childbirth fear in pregnant women is a critical strategy in preserving the normality of birth and potentially reducing interventions such as caesarean section. Assisting women to achieve a normal birth will improve women's quality of reproductive life, reduce health care costs, and improve postpartum maternal and child health outcomes.

Day Six When Motherhood and Madness Collide

- **Jen S Wight**

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My name is Jen Wight and I have written a book about my experiences of postpartum pschyosis and postnatal depression and wondered if your delegates might be interested in hearing about my experiences and ask questions of an 'expert patient.'

The book *Day Six, when motherhood and madness collide* will be launched on 10th October to coincide with World Mental Health Day. The publisher is Green Olive Press.

I have been receiving early praise for the book including the following,

"This gripping book will take readers into the darkest of post-partum mood disorders. Despite the gravity of the topic and the torture that Jen described over an extended period, she recounts her excruciating physical and mental experiences with irony, whimsy and sharp observations.

Importantly, hers is a message of hope, and she itemises the key ingredients involved in coming out of the darkness of a post-natal mood disorder and into the light in a captivating enlightening way."

Professor Gordon Parker AO - Professor of Psychiatry University of New South Wales, and psychiatrist Black Dog Institute.

I think back to some of my own early difficulties, and recognize that not nearly enough has been written acknowledging the problems of early motherhood. For some women, it's a breeze; for others, it can be frightening – which is why Jen Wight's memoir, Day Six, is such a brilliant contribution to one of the most important experiences in human life, and one of the most mysterious.

Anne Deveson AO - Author of Tell Me I'm Here; co-founder of Sane Australia and the Schizophrenia Fellowship of NSW; former member NSW Mental Health Tribunal

Perinatal Men: Engagement and Involvement (Antenatal and Postnatal)

➢ **John Condon**

Flinders University (South Australia)

This workshop will involve 3 components (the format will be brain-storming selected themes, problems and issues, and NOT didactic presentation):

1. Strategies are required for engaging perinatal men in initiatives aimed at enhancing their knowledge and skills in the context of fathering, and improving their infant involvement. Content will cover both fathers and expectant fathers, and is based on the author's successes and failures in engaging men to participate in activities of this kind, as well as published research in the area.
2. Having engaged them, what is most helpful for antenatal men? For example: can father-foetal attachment be enhanced? If so, how? Do men want to "follow in their own fathers' footsteps"?
3. Having engaged them, what is most helpful for postnatal men? A brief case vignette will raise the issue of whether some men need to be "taught" how to interact with an 11 month old infant. What are possible strategies for enhancing father-infant involvement?

There will be interactive sessions on all these aspects of the maternal mental state during pregnancy, with plenty of time for the members of the workshop to also contribute.

Implementing What Were We Thinking: A Gender-Informed, Evidence-Based Psycho-Educational Package for Prevention of Postnatal Depression and Anxiety in Your Practice

➢ **Jane Fisher and Heather Rowe**

Jean Hailes Research Unit, School of Public Health and Preventive Medicine, Monash University, Melbourne Victoria

Few interventions to prevent mental health problems among women who have recently given birth, have been effective. In general these have focussed only on women and have sought to reduce social isolation through providing increased professional support.

What Were We Thinking (WWWT) is a promising new program for mothers, fathers and their young babies. It focuses on providing knowledge and skills to address two under-recognised risks to postnatal mental health: soothing and settling babies and enhancing parents' understanding of their changed needs and how to share the workload fairly. The program is designed to be offered to small groups of parents at the same life stage: in the 4 – 8 weeks after having a first baby, in a one day seminar. It involves short talks, demonstrations, and discussions structured in a series of learning activities presented as worksheets which parents complete either as individuals or as a couple. Program materials also include a booklet and each couple is provided with a package to take home for ongoing reference. Training focuses on enabling facilitators to recognise and respond effectively to teachable moments and to being aware of gender stereotypes as they influence language and interactions.

The workshop will provide introductory training for the WWWT program:

- background theory and evidence of effectiveness of the program;
- practice using some of the worksheets;
- learning how to do practical demonstrations in how to soothe and settle a baby using a baby-sized doll;
- activities to increase awareness of gender-stereotypes in language and interactions with parents;
- practice in facilitation skills for groups of families with a baby.

Management of Schizophrenia and Bipolar Disorder in Pregnancy: Pilot Data and Recommendations for Care

- **Megan Galbally, Gaynor Blankley, Josephine Power, Martien Snellen**

Perinatal Mental Health, Mercy Hospital for Women, Victoria

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Women with bipolar disorder and schizophrenia have an increased risk of complications in pregnancy from their illness and from the medications they are prescribed. A literature search and review of original research, published reviews and guidelines was undertaken. This information was summarized, condensed and then reviewed by representatives of psychiatry, pharmacy, paediatrics and obstetrics to develop a model of antenatal care for women with Schizophrenia and Bipolar Disorder which is now in practice at Mercy Hospital for Women. There is an information booklet and accompanying monitoring recommendations and tables the later of which have recently been published in the Australian and New Zealand Journal of Psychiatry.

The aim of the present study was to develop recommendations for antenatal care and monitoring for women with bipolar disorder and schizophrenia and to examine outcomes following the implementation. The recommendations include multi-disciplinary models of antenatal care; assessment and monitoring; with perinatal care plans for women who are prescribed lithium carbonate, antipsychotic or anti-epileptic medication during pregnancy. Specific monitoring and investigation recommendations will be discussed. Joint guidelines for ECT in pregnancy have been developed and will be briefly presented and discussed.

Pilot outcome data over the first 3 years for the clinic will be presented. The potential recommendations and implications for clinical practice in a range of settings will be discussed.

Mindfulness Group Interventions in Pregnancy

- **Kristine Mercuri[1] and Ros Powrie[2]**

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This workshop will describe and contrast two mindfulness based group interventions for women in pregnancy -The MindBabyBody program devised by Dr Kristine Mercuri at The Royal Womens Hospital, Melbourne, Victoria and “Caring for your Body and Mind in Pregnancy” Based on Mindfulness Based Cognitive Therapy facilitated by Dr Ros Powrie and Dr Helen O’Grady a joint initiative of Womens and Childrens Hospital and Womens Health Statewide in South Australia. Both programs are based on evidence based interventions but modified for women in pregnancy and include mindfulness meditations, mindful movement and cognitive behavioural components. MindBabyBody program runs for 6 weeks and is available to women receiving antepartum care - women are recruited from midwifery, social work, psychology/psychiatry or self referred. It is offered to women experiencing stress, anxiety or depressive symptoms (which do not need to meet the criteria for a formal psychiatric diagnosis) or women with a history of a previous traumatic pregnancy or perinatal depression who may be currently well. It also addresses management of labour and birth. Caring for Your Body and Mind is an 8 week 2 hour class with the recent option of post-natal “booster” sessions. Women are primarily recruited through screening in maternity clinics as being at risk of perinatal depression, anxiety and distress and further at a pre-class interview to assess suitability.

The various differing components of each group intervention will be described as well as data collected both qualitative and quantitative which are indicating some of the benefits of mindfulness interventions for women in the perinatal period in reducing stress, anxiety and perhaps prevention of depression or at least reduction in symptoms. Workshop participants will be invited to practice some of the meditations, and mindful movements which are taught in the groups to approximate the experience of the women themselves

Setting Pathways that Support Optimal Mental Health for Mothers and their Children: From Neurons to Neighbourhoods and Beyond

- **Tim Oberlander**

Child and Family Research Institute, University of British Columbia, BC Children's Hospital, Vancouver, Canada

This interactive session will encourage workshop participants to:

1. Review key findings from developmental neuroscience research that shed light on how perinatal mental health sets pathways for health and illness;
2. Describe the implications of this knowledge for clinical practice;
3. Explore how to translate these findings into community policy

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Training for Therapists to Improve Understanding, Assessment and Treatment for Peri-natal Women Experiencing Obsessional Ego-Dystonic Thoughts of Harm to Baby

- **Elizabeth Oxnam**

Department of Psychological Medicine, Women and Newborn health Service, King Edward Memorial Hospital, Perth

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Obsessional ego-dystonic thoughts of harm to baby is one of the peri-natal anxiety disorders. Although not common it is crucial that it is assessed correctly and promptly so that effective treatment can be initiated. In a psychological clinical setting at a women's hospital, an ongoing project evolved in order to improve recognition, understanding and treatment for women experiencing this disorder. The project has been a progression in three stages. First a literature review which revealed confusion and misunderstandings about the disorder. Secondly, subsequent to the literature review a clinical information sheet (CIS) was developed to facilitate understanding and initial treatment of the disorder. Thirdly, one day workshops for therapists were developed in order to increase understanding, assessment and offer a pathway (utlising the CIS), for initial treatment of the disorder. The workshops have been delivered yearly for the past three years. This Marcé 90 minute workshop provides an outline of the project, and gives attendees the opportunity to take part in the assessment component of the day workshop provided in the wider community. Numbers of up to 20 participants are suitable for this workshop.

How to Improve Early Detection of Perinatal Mental Illness and the Importance of Partner Inclusive Practice and Peer Support

- **Deb Spink and Viv Kissane**

Peach Tree Perinatal Wellness Inc., Queensland

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Despite efforts to improve the publics' mental health literacy and encouragement to speak up and seek help, there remains incredible stigma and service avoidance amongst those families experiencing perinatal mental illness.

To date, early detection relies heavily on the health sector, and clinicians' understanding and knowledge of perinatal mental illness. Additionally, the system does not address the issue of the reduced capacity of those suffering to access the health sector, and the potential sugar coated truths often given by sufferers in a clinical setting.

The most useful early detection resource may well be the loved ones close to the sufferer who, if educated appropriately, can guide and support them towards the uptake of relevant services if/when required.

Peach Tree Perinatal Wellness was co-founded by two mothers, Deb Spink and Viv Kissane, with personal experience of perinatal mental illness. They have utilised their experiences to create concepts, and provide and develop services specifically designed to address the concerns of stigma, delayed detection and intervention, and service avoidance.

Through the sharing of their own honest and personal story, they will demonstrate how a lack of knowledge and poor partner involvement led to a journey of perinatal mental illness - intrusive thoughts, impaired attachment, child mental illness, heartache, and subsequent relationship breakdown.

Peach Tree Concepts and Services will then be presented

- "Parenting Partners" – Why we must educate and engage loved ones to improve early detection, early intervention, uptake of services and the path to recovery.
- The Peach Tree Card – Why the way information is delivered is crucial to its' acceptance.
- Antenatal Education – What Peach Tree has achieved so far.
- Peach Tree House – Why a specially designed physical drop in centre is vital.
- Peachy Parents and Peachy Pips – Why peer support must be a part of a best practice recovery model.

Borderline Personality Disorder in Mothers of Infants and Toddlers

- **Anne Sved Williams[1], Teresa Girke[1], Charlotte Tottman[3], Sharron Hollamby[1], Ashlesha Bagadia[2], Rebecca Hill[1]**

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Background: Borderline personality disorder (BPD) or traits of this condition are common in women presenting to a mother-baby inpatient unit (MBU). Women with BPD are likely to find parenting challenging for many reasons. For instance, women who find it hard to contain their own emotional regulation may find it hard to manage their own dysregulated infant.

In Helen Mayo House, a 6 bed mother-baby unit in Adelaide, a 3 stage research project has been undertaken over the last 2 years:

1. McLean Self-report questionnaires were undertaken by all consenting women admitted to the unit and compared with clinical interview and ward observation during their admission. Results from this phase have been collated to better understand the co-existence of Axis One with Axis Two diagnoses in this setting.

2. With evidence of the high incidence of BPD, staff questionnaires filled in questionnaires regarding further training in the management of BPD in women with infants, and training in dialectical behavior therapy (DBT) was arranged for all staff. In addition, protocols for the management of BPD were written, as was patient information. A library of relevant information was developed and website information accessed for staff and patients. Tips for working with infants have also been adapted.

3. Group therapy using DBT as the primary mode has been developed by external consultant staff working with allied health staff within the unit, and supplementary modes of working with women with BPD and their infants also developed.

Objectives of This Workshop: Sharing strategies and protocols developed in Helen Mayo House for the management of BPD may be worthwhile: BPD is frequently a difficult condition to manage, particularly when there is an infant involved. Close to 50% of women presenting for treatment in this MBU and presumably others have a full diagnosis of BPD or traits of this condition which appear to be "activated" postnatally. Reasons for these findings will be explored, and work in the unit presented for discussion, focusing particularly on the maternal issues. The relevance of maternal flexibility and reflective functioning will also be highlighted. Video will be used to highlight some of the ways the team works.

Bedtime and Nighttime Parenting in Infancy: What Defines Competent Parenting?

- **Douglas Teti**

Penn State University, USA

Although "conventional wisdom" abounds about what defines good parenting with infants at night, empirical evidence and theoretical development on the topic is scant. This workshop will explore this issue in depth, making use of what limited empirical data exists and presenting some exemplar video recordings to illustrate certain points and generate discussion. This workshop will also draw from established theories of parent-child relationships and explore this topic from a cross-cultural perspective.

Catherine Acton

Catherine Acton is a Clinical Psychologist who has worked in adult and adolescent settings for over 15 years, and currently practices at the Sunshine Hospital Maternity Service (Western Health). She is also a PhD candidate at the University of Melbourne, completing a project that investigates the impact of prior traumatic life events on primiparous women's mental health during pregnancy and the early postpartum. This prospective, longitudinal study used mixed methods to closely examine pregnant women's experiences of trauma, in particular, childhood maltreatment experiences, and how these contribute to perinatal depression and anxiety, fear of childbirth, and postpartum PTSD.

Fran Arcuri

MBBS (Hons), MPM, FRANZCP

Dr. Arcuri attained a Medical Degree from Monash University. She completed psychiatric training in General Adult Psychiatry at Alfred Health. She has held positions as Consultant Psychiatrist at Alfred Health in acute inpatient and outpatient mental health care settings, as well as the role of Coordinator of Psychiatry Training and Education. She then played a pivotal role in the development of Southern Health's Parent Infant Mental Health Service. Consulted at the 'Raphael Centre', St John of God's perinatal mental health service. Consultant Psychiatrist at Masada private hospital and cofounder of NEST.

Marie-Paule Austin

Austin directs the Perinatal and Women's Mental Health at the UNSW; the St John of God mother-baby unit; & Perinatal Psychiatry service at the Royal Hospital for Women, Sydney. She has an international reputation in the field translation of research findings to policy and practice as evidenced by her leadership of the Australian Perinatal Mental Health National Action Plan (2008) and Clinical Practice Guidelines (2011). She has established a model of integrated psychosocial assessment which has informed practice across Australia; published over 100 articles and leads an NHMRC study evaluating the impact of the NPDI on service uptake across Australia.

Emma Baldock

Client Counsellor & Community Development Officer Queen Elizabeth II Family Centre, Canberra Mothercraft Society.

Emma holds certificates in general nursing midwifery and maternal and infant welfare, a Bachelors Degree in Applied Science (Health Education), Masters in Education (Counselling Research), Graduate Certificate in Professional Studies in Counselling Supervision and is a Circle of Security Parent Educator and Mindfulness Awareness Parenting Facilitator.

Queen Elizabeth II Family Centre provides residential parenting support for families of young children (0-3 years). Emma is passionate about working with families during the transition to parenting. Emma provides clinical supervision to midwives and nurses and is Chair of the Nursing and Midwifery Board of Australia ACT.

Simon Basovich

Simon Basovich is a director of Life Sciences R&D in Hampton, Victoria. He worked in Russia as a Senior Staff Scientist on the mathematical methods of diagnostics. He collaborated with Professor R. Strelkov, the founder of hypoxytherapy (hypoxic training, hypoxic preconditioning), the new method to fight with hypoxia through previous adaptation by means of minor, harmless hypoxia. He found new literature grounds that hypoxytherapy before and during pregnancy may be used for primary prevention of mental and many other diseases. 15+ papers, 30+ inventions.

Philip Boyce

Professor Philip Boyce is a perinatal psychiatrist and has conducted research into psychosocial aspects of PND. Currently his research focuses on factors contributing to perinatal bipolar relapse.

Janette Brooks

Janette Brooks is a Senior Research Psychologist with West Australian Perinatal Mental Health Unit (WAPMHU) and a Clinical Senior Lecturer with the School of Women and Infant Health and has been a research mentor with WAPMHU.

Anne Buist

Anne Buist is the Professor - Director of Women's Mental Health at the University of Melbourne and runs mother-baby units at Austin Health and Northpark. She has over 25 years clinical and research experience in perinatal depression and was the Director of the beyondblue PND program.

Kate Carnell AO

Chief Executive Officer, beyondblue

Kate Carnell was appointed Chief Executive Officer (CEO) at beyondblue in 2012 and has been a Director of beyondblue since 2008. beyondblue is a national, independent, not-for-profit organisation working to address issues associated with depression and anxiety.

Previously, she was CEO of the Australian Food and Grocery Council and the Australian General Practice Network and is a pharmacist by profession.

Ms Carnell was elected to the ACT Legislative Assembly in 1992 and was elected Chief Minister in March 1995 and re-elected in 1998.

Ms Carnell was appointed an Officer of the Order of Australia in 2006 for her services to community through contributions to economic development and the medical sector.

Chui Yi Chan

Dr. Chan Chui Yi is a Post Doctoral Fellow at the Department of Psychiatry, The University of Hong Kong. After graduating from City University of Hong Kong with a BSocSc degree with First Class Honours, she pursued her postgraduate studies and later obtained her Ph.D. from the University of Hong Kong, specializing in health psychology and women's mental health. She is particularly interested in antenatal and postpartum mental health and the effects of parental mental health on infant and child development.

Bettina Christl

Bettina Christl (Dipl.-Psych, MIPH) is a research associate at the Perinatal and Women's Mental Health Unit at St John of God Hospital. She has published peer-reviewed articles on topics of primary health care, public health and mental health. She currently pursues her Doctorate / MSc in Clinical Psychology at the University of Sydney. Her interest lies in the early detection of and early intervention for mental illness in mothers and babies and she currently is undertaking research in infant social withdrawal and autism.

Sue Coleson

Sue Coleson is a psychodynamic psychotherapist who specialises in Parent-Infant Psychotherapy. She has been a Co-Facilitator of Mother Nurture Groups for Community Midwifery WA since 2009.
In a separate role she is Therapist/Counselor for SEEDS, an early intervention program for infants, young children and their parents run by Communicare Inc as part of their Communities for Children initiative. She has recently co-facilitated an Infant Observation Seminar, and is in private practice in WA.

John Condon

John Condon is Professor of Psychiatry in the School of Medicine at Flinders University of South Australia. Over the past 30 years he has been chief investigator on several NH&MRC and ARC funded investigations of psychological aspects of pregnancy and parenthood. These include: the determinants of antenatal and postnatal attachment in both men and women, adolescents' idealised attitudes to pregnancy and parenthood, adolescent pregnancy prevention through interventions targeting males, the impact of the transition to fatherhood on male mental health, and (currently) the mental and physical health implications of the transition to grandparenthood in men and women.
He is the author of the section of Therapeutic Guidelines relating to the use of psychotropic drugs in pregnancy and lactation.
He is a past President of the Australian Society for Psychosomatic Obstetrics and Gynaecology, and of the Australasian Marcé Society.

Amanda Cooklin

Dr Cooklin is a Research Fellow at the Parenting Research Centre in Melbourne. Her primary research interests include discovery and applied research promoting maternal mental health and well-being; work-family conflict, parenting and child outcomes during the postpartum and early childhood; and investigating employment as a key social determinant of parents' mental health, parenting and family functioning. She has also published and presented on the relationship between breastfeeding, employment participation and maternal well-being.

Christopher Cooper

Christopher works as a registered rotational midwife within King Edward Memorial Hospital and as a registered nurse within the onsite Mother and Baby Unit.

Maddalena Cross

Lena Cross was awarded her PhD from the University of Melbourne in 2000 and is currently a senior research fellow at the Rural Health Academic Centre (RHAC), University of Melbourne.
Dr Cross has experience supervising higher degree research students (PHD, Masters and Honours/Advanced Medical Science) and has been the recipient of both nationally competitive government and non-government grants. Dr Cross also has a strong history of publication in peer reviewed journals, and has presented her research findings at international and national conferences. In recognition of these professional achievements, Dr Cross was been awarded the researcher of the year award from the Australian Society of Electrophoresis and a postdoctoral fellowship from the National Health and Medical Research Council.
Dr Cross was a founding member of the Rural Health Academic Network (RHAN) initiative and has been Director of the network since 2007. Dr Cross is currently working and has a strong interest in the area of women's mental health and epidemiology and statistical analysis and works collaboratively with a number of prominent national and international researchers in the area.

Jeffrey Cubis

Dr Jeff Cubis is an Academic Child and Adolescent Psychiatrist, Senior Staff Specialist at The Canberra Hospital and Senior Lecturer at the Academic Unit of Psychiatry and Addiction Medicine, ANU Medical School. He currently is the psychiatrist in the Perinatal Mental Health Consultation Service and worked in Perinatal Psychiatry over several decades. Jeff's research interests include perinatal mental health screening programs, childhood trauma and adversity, posttraumatic stress and adolescent psychiatry.

Connie Cudini

Connie Cudini is a Psychologist who works both privately, and at the North East Child and Adolescent Mental Health Service (NECAMHS) where she coordinates the Infant Mental Health Program for infants and toddlers. She is a member of the Australian Psychological Society (APS) and the Australian Association for Infant Mental Health Inc (AAIMHI). She has worked as a Psychologist in the Northeast region of Victoria for 13 years across disability and child and adolescent mental health services. She has completed a post graduate degree in child and adolescent psychotherapy and certificate in developmental psychiatry. Connie is currently involved in the establishment of a mother and infant group for high risk infants who are child protection clients, as well as the further development of infant mental health clinics for maternal and child health services. She has an interest in secondary consultation to the community services and the training and supervision needs of mental health staff in infant mental health.

Nadia Cunningham

Nadia Cunningham is a postgraduate psychology student at the University of Western Australia.

Marian Currie

Marian is a nurse, a midwife and an epidemiologist. She is a clinical researcher at Canberra Hospital and a lecturer in population health at the Australian National University Medical School. Marian's main research interests are perinatal mental health, sexual health and head lice control in primary schools. She is the president of the non-government organisation Post and Antenatal Depression Support and Information Inc. (PANDSI). PANDSI provides a range of support programs, based on evidence, to women and their families affected by perinatal mental illness.

Ann De-Belin

Ann De-Belin is a Child and Family health nurse who specialises in the field of adult and infant mental health. As the manager of a unique perinatal mental health service Ann combines operational duties with counselling and parent infant therapy. Working in partnership to bring the Sing & Grow program to families who are experiencing symptoms of anxiety and depression has been a valuable contribution.

Melissa Dunning

Melissa Dunning is a provisional psychologist currently completing her Masters of Clinical Psychology at the University of Ballarat. Melissa works as a Research Officer at the Parenting Research Centre and has experience working as a Child Protection Practitioner at the Department of Human Services.

Chantal Esnault

Consultant Perinatal Psychiatrist

Dr Esnault completed psychiatry training at The Royal Women's Hospital to pursue an interest in women's mental health. She currently provides a consultation service to the Mother Baby Unit at Masada Private Hospital, St Kilda East and outpatient service at NEST family wellness clinic, Elsternwick.

Jane Fisher

Jane Fisher is Professor of Women's Health and the Director of the Jean Hailes Research Unit in the School of Public Health and Preventive Medicine at Monash University. She is an academic Clinical and Health Psychologist with longstanding interests in public health perspectives on the links between women's reproductive health and mental health from adolescence to mid-life, in particular related to fertility, conception, pregnancy, birth, and the postpartum period. She is particularly interested in building evidence about the social determinants of mental health including in low and lower-middle income countries. Jane has completed major epidemiological studies in clinical and community settings in Australia and Vietnam and nationally-funded intervention trials. She has also supervised more than 30 research higher degree and postgraduate coursework projects to completion. Jane is an expert technical advisor to international agencies including the World Health Organization and the United Nations Population Fund.

Peta Forder

Peta Forder is a biostatistician within the Research Centre for Gender Health and Ageing at the University of Newcastle. Her work includes data from the Australian Longitudinal Study on Women's Health (ALSWH) and substudies within the NSW 45 & Up Study, specifically the Life Histories and Health (LHH) study and the Social, Economic and Environmental Factors (SEEF) study. Peta is interested in women's health, ageing and the impact of critical life events on subsequent health and wellbeing.

Cait Fraser

BA, MA, BSW (Hons)

Caitlin is social worker and researcher with Bendigo Health and has a particular focus in working with families affected by mental illness in rural settings. Cait's previous research and practice has focused on the role of male carers in families affected by mental illness, the impact of rural location on suicide, depression and access to care and the challenges associated with collaborative practice between mental health and child and family welfare agencies in rural communities. Currently Cait's practice has focused on working with families in an attachment framework, particularly those affected by mental illness, and other high risk families.

Jacqueline Frayne

Dr Jacqueline Frayne is a GP.Obstetrician with the Childbirth and Mental Illness (CAMI) Clinic at KEMH. She has a strong interest in research into women's mental health, especially the obstetric care of pregnant women with SMI.

Allison Fuller

Allison Fuller (RMT) has been an integral member of the Sing & Grow team since the national roll-out in 2005. She now co-ordinates and supervises all Sing & Grow programs in NSW and ACT (on average of 80 per year) and is the Learning & Development manager for Australia and UK. She holds a Masters in Music Therapy and is passionate about music therapy in the areas of family programs, early intervention and special education.

Betti Gabriel

BA (Soc Sc), Grad. Dip (Human Services- Counselling)
Betti commenced volunteering at PANDA as a Telephone Support Worker in 2005. She has experienced PND and knows first-hand the value of peer support.
Betti has had various roles at PANDA including being a volunteer on the Helpline, which led to being employed by PANDA as a Telephone Counsellor, and has played an integral role in supporting parents and grandparents affected by perinatal depression.
Her experience has extended her responsibility in the Volunteer Coordinator role training and mentoring volunteers.
A recurring theme which Betti identified whilst working on the helpline was the lack of in-home support available to families with limited support networks. PANDA established a peer-to-peer home visiting program, funded by the Victorian Government, and is now in the role of Home-Start Co-ordinator. In this role Betti is responsible for recruiting, training and mentoring the Home-Start volunteers, and matching them with families in need.

Lynore Geia

Dr Lynore Karen Geia is an Aboriginal and Torres Strait Islander woman from Palm Island – a forced Indigenous Settlement off the coast of North Queensland, Australia – now home to the Bwgcolman Peoples. Lynore is a nurse and midwife with extensive experience in birthing in the United Kingdom, Central Australia and Townsville. Lynore has recently completed her PhD studies at James Cook University with a ground-breaking thesis presenting the strengths of child-rearing practices on Palm Island through the voices of four generations of families. Lynore developed a new frontier in Indigenous Epistemology. Her work has been acclaimed nationally and internationally at the recent International Congress of Nursing.

Alan Gemmill

Alan Gemmill is Senior Research Fellow at the Parent-Infant Research Institute and has a longstanding interest in mental health and reproduction. His recent research has focused on the identification and treatment of perinatal mood disorders. With his colleagues at the Parent-Infant Research Institute he helped to demonstrate that even when postnatal depression is treated this does not ameliorate the negative impact on mother-infant relationships. He has also published work on the neurodevelopmental benefits of early stress reduction for premature infants, the link between maternal depression and child obesity, and on treatment and prevention of perinatal mood disorders.

Rebecca Giallo

Dr Giallo is a Senior Research Fellow and psychologist at the Parenting Research Centre. Her primary research interests focus on investigating the relationships between mothers' and fathers' mental health across the early parenting period, parenting, family functioning and outcomes for children. She also has over 15 years experience working with parents and families in clinical, health and educational settings.

Renae Gibson

Renae works as a senior health promotion officer within the Perinatal Mental Health Unit, W.A.

Heather Gilbert

Heather Gilbert is an RN Division 1/Senior Research Nurse at the Monash Alfred Psychiatry Research Centre, based at the Alfred Hospital in Melbourne. She has extensive clinical and research nursing experience, working in New Zealand, England, Vanuatu and Australia.
Heather currently co-ordinates The National Register of Antipsychotic Medication in Pregnancy (NRAMP). This is an ongoing, observational, nation-wide research study for women of child-bearing age who take antipsychotic medication during pregnancy. NRAMP will provide much needed evidence-based guidelines for the safe use of antipsychotic medication during pregnancy, to assist clinicians with informed decisions in the care of their patients.

Teresa Girke

Master of Nursing(Research), Master of Social Work
Teresa is a Mother-Infant Therapist with Perinatal and Infant Mental Health Services, Women's and Children's Health Network in Adelaide and is based at Helen Mayo House. She has worked with mothers and babies at Torrens house and more recently worked as a researcher and completed the Master of Social Work (Quallifying) at Monash University.

Sharon Goldfeld

A/Prof Sharon Goldfeld is a paediatrician and public health physician at The Royal Children's Hospital Centre for Community Child Health (CCCH) and a Research Fellow at the Murdoch Childrens Research Institute (MCRI). In her research role, she has established a child health equity and policy research group, which bringstogether a number of secondary analysis studies and intervention trials that highlight and address issues of equity, particularly those most relevant to child health and education policy environments. Within this, Sharon heads the research stream of the recently-conducted right@home Australian sustained nurse home visiting trial (2013-16).

Kerry-Ann Grant

Kerry-Ann Grant is a Postdoctoral Research Fellow in the Department of Psychology, Macquarie University. Her research goal is to better understand the earliest origins of individual differences in behavioral, emotional, and cognitive outcomes in children – within a developmental psychobiological framework. To this end, she hascoordinated two multi-site, interdisciplinary longitudinal studies examining the impact of maternal stress and anxiety on child development. She recently completed a year of postdoctoral research at the University of California, Irvine, where she investigated links between prenatal synthetic steroids and child neurodevelopment.

Pauline Hall

Dr. Pauline Hall is a UK trained Clinical Psychologist with a background as a qualified Mental Health Nurse and Cognitive Behaviour Therapist. Research and academic work includes teaching on various tertiary education courses and perinatal related publications in peer reviewed journals. Her current role in the Mental Health Unit, under the National Perinatal Depression Initiative in South Australia, is Training Coordinator.

Karin Hammarberg

Karin Hammarberg is a Research Fellow at the Jean Hailes Research Unit, School of Public Health and Preventive Medicine at Monash University. She has extensive clinical experience as co-ordinator of assisted reproductive technology (ART) treatment services. Her research focuses on the links between reproductive and mental health, particularly as this relates to infertility and assisted conception. In one of the largest studies of its kind, she investigated women's experience of birth and early mothering after assisted conception.

Lindy Henry

Lindy Henry is a Child Health Nurse who has spent the past two years working with Child and Adolescent Community Health in the South Coastal Zone in Perth as a perinatal mental health clinical nurse specialist. Her role has included clinical work with mums, dads and babies, Circle of Security groups and the Mother Nurture Group. She has been a resource person for Child Health and other professionals in the region and has worked toward raising community awareness of PND.

Suzanne Higgins

Suzanne Higgins has a nursing background including Mental Health and Maternal & Child Health. She has been a Credentialed MHN since August 2010. She has been working with families with young children since 1994 and studied first time parent couples combining parenting and paid work as her doctoral thesis. She currently works in Perinatal Mental Health at the St John of God Raphael Centre, Geelong as a Clinical Manager (ie carries a small clinical load in addition to managing the service) and completed a Master of Mental Health (Perinatal and Infant) in 2011. She is passionate about supporting families during this life stage and feels privileged to share a tiny part of their journey.

Nicole Highet

Dr Nicole Highet is a leading Australian expert in perinatal mental health. Having completed a doctorate in the perinatal area Nicole furthered her work in the area over the last 11 years at beyondblue.
Nicole was deputy Chairman of the perinatal Guidelines Evaluation Advisory Council which informed development of NHMRC Clinical Practice Guidelines.
Nicole has overseen the beyondblue Perinatal Depression Research Initiative (identifying rates of ante & postnatal depression in Australia), development of a National Action Plan and is National Perinatal Advisor to the National Perinatal Depression Initiative.

Rebecca Hill

Dr Rebecca Hill is a consultant psychiatrist with Perinatal and Infant Mental Health Services, Women's and Children's Network and is based at Helen Mayo House. She has been working in the field of perinatal psychiatry for 10 years, beginning during her psychiatry training at the University of Arizona, USA. Prior to commencing with Helen Mayo House, Rebecca worked at the Werribee Mercy Mother Baby Unit in Melbourne for 5 years, and completed the Graduate Diploma of Infant and Parent Mental Health at the University of Melbourne in 2012.

Danielle Hobbs

Danielle Hobbs is a Victorian artist who lectures in photography, drawing and digital media at La Trobe University in the faculty of Humanities and Social Sciences, and is currently a Masters by Research candidate in the School of Art at RMIT. Since the birth of her second child, Danielle's art practice shifted from all-day photographic shoots to working on small drawings at home with her children. As a personalised form of 'art as therapy', Danielle has been interpreting her experience of Postnatal Depression and the various incarnations of the 'good' and 'bad' mother. Danielle exhibits nationally in both solo and group shows and has work in public and private collections in Australia, New Zealand and Singapore.

Belinda Horton

B.App.Sc.(OT), M.Hlth.Sci.(OT), Grad. Dip. F.T.
As an Occupational Therapist Belinda completed studies in a Master of Health Science in Occupational Therapy, which provided an opportunity for her to explore maternal and family health and perinatal depression from the perspective of occupational therapy.
Belinda qualified as an International Board Certified Lactation Consultant (IBCLC) in July 1999 which she practiced privately until 2004. Belinda went on to complete the Graduate Diploma in Family Therapy in 2001 and practiced family therapy counselling for 6 years in a Postnatal Depression program. In 2004 Belinda joined PANDA as CEO. PANDA provides the National Perinatal Depression Helpline, funded by the Australian Government under the maternity services peer support funding.

Maria Hutchings

Maria Hutchings is a Psychologist who works at the North East Child and Adolescent Mental Health Service (NECAMHS) where she coordinates the Infant Mental Health Program for infants and toddlers. She is a member of the Australian Psychological Society (APS) and the Australian Association for Infant Mental Health Inc (AAIMHI). She has worked with NECAMHS for the last two years and prior to that has specialised in the area of parent education for twelve years.

Susie Ingram

Susie Ingram is the Child and Family Health Clinical Nurse Specialist for Karitane Parenting Centres. Susie is also a midwife who worked at the Royal Hospital for Women as the Postnatal Midwifery Educator. In 2004 she decided on a sea change and moved into Child and Family Health Nursing working autonomously in a small country town. She returned to Sydney and worked for the Tresillian Outreach Service prior to her move to Kartitane.

Alexandra Jones

Alexandra Jones suffered from severe postpartum psychosis following the birth of her first baby in 2008. She had no history of mental illness and endured a frightening and dangerous experience that eventually required electroconvulsive therapy. It was a long and slow recovery both mentally and physically. Since then she has sought to help improve awareness, treatment and support for women with postpartum psychosis.
Alexandra has published an article on her experience, provided a submission on Beyondblue's Draft Clinical Practice Guidelines for Depression and Related Disorders and its companion documents on Postpartum Psychosis. She also made a presentation at the 2012 PANDSI Twilight Seminar on More than PND: Understanding Postpartum Psychosis.

Vanitha Kalra

Dr.Vanitha Kalra is a Consultant Psychiatrist currently leading the Maternal Mental Health team in Counties Manukau. She is a Fellow of The Royal Australia and NewZealand College of Psychiatrists with an Advanced Certificate in Child and Adolescent Psychiatry.
Dr. Kalra has been instrumental in developing the Clinical pathways for the Maternal Mental Health Team as well as facilitating the team shift from the Virtual model to a Central Team.
Current initiatives are Localities model and Primary care partnerships aimed at developing mental health expertise within the primary care including training midwives in the use of screening tools for mental illness.

Nadine Kasparian

Dr Nadine Kasparian is Head of Psychological Care at the Heart Centre for Children, The Children's Hospital at Westmead and NHMRC Senior Research Fellow in Paediatrics at The University of NSW. She is also an Executive Member of the Australian Centre for Perinatal Science. Over the past 10 years, Nadine's research has focused on developing an in-depth understanding of the experiences and needs of infants, children, young people and families at all stages of medical illness - from diagnosis, treatment and hospitalisation, through to important life transitions and bereavement. Her team is dedicated to providing psychological care to help children and families live their happiest lives.

Vivianne Kissane

Viv Kissane is the mother of three daughters. Since her own experience with perinatal mental illness and the suicide of a family member due to PND, she has realised just how tightly perinatal mental illness has woven itself through the fabric of parenting society – its just no-one talks about it! This has fuelled her passion and commitment to de-stigmatise PND and reach out to women and families who are struggling with the demands of parenting, and help them realise that there IS hope and a way forward.

Yee Woen Koh

Yee Woen Koh is a Ph.D candidate in the Department of Psychiatry at the University of Hong Kong. Her research interests fall mainly in the field of perinatal mental health, men's and women's mental health, gender studies and multidisciplinary research. Yee Woen started her Ph.D. at The University of Hong Kong in 2009. Prior to that, she studied at Fujian Medical University, China, where she completed a MBBS degree in 2007. Yee Woen is also actively involved in the community serving the under-privileged in Hong Kong.

Jane Kohlhoff

Dr. Jane Kohlhoff, Ph.D., D.Clin.Psych., B.A. (Hons), works as the Research Coordinator at Karitane, an early parenting organisation providing services for families with children aged 0-5 years. In this role, Jane conducts research, trains and supports clincial staff, and manages research across the organisation. Jane has worked in the field of Perinatal and Infant mental Health for over 10 years. Her particular research interests lie in perinatal anxiety and depression, early parent-infant relationships, attachment theory and early childhood behavioural disorders. She holds a conjoint lecturer position at the University of New South Wales and is a qualified Clinical Psychologist.

Sue Kruske

Professor Sue Kruske is a midwife and child health nurse with clinical, teaching and research experience in maternal, child and cross-cultural health particularly with remote Indigenous communities in Australia. Currently she is Director at the Queensland Centre for Mothers and Babies. She has many years' experience working in the remote Indigenous communities and her primary areas of interest and research are in collaboration, supporting the health workforce in working more effectively with women and cross cultural child rearing practices.

Antoinette Lee

Dr. Antoinette Lee is an academic health psychologist and Assistant Professor at the Department of Psychiatry, The University of Hong Kong. She obtained her Ph.D from the Chinese University of Hong Kong. She was also a Visiting Fellow at Harvard University when she received training in Social Medicine. Over the years, she has conducted research and published widely in the areas of perinatal mental health, health psychology, women's health, and cultural psychiatry. She is particularly interested in the psychological and sociocultural factors related to antenatal and postpartum mental health, eating disorders, and premenstrual syndrome.

Merryn Lee

Merryn is a registered nurse with a background in general and mental health nursing, working in a variety of nursing positions.
She has specialised in perinatal mental health nursing for 14 years, working for most of that time in NSW's only mental health inpatient facility for mothers and babies. She has completed the Perinatal and Infant Mental Health Certificate from the Institute of Psychiatry.

Bronwyn Leigh

Dr Bronwyn Leigh is a clinical and health psychologist with Perinatal Psychology, a private practice specialising in psychological services to parents, infants, couples and families during the perinatal period. She has a particular interest in integrating mindfulness, mentalization and infant mental health principles and offers the Mindfully Parenting Your Baby group program. Bronwyn facilitates training workshops nationally in perinatal and infant mental health and is the founding member and national convener of the Australian Psychological Society's Perinatal and Infant Psychology Interest Group. Bronwyn co-authored Towards Parenthood: Preparing for the Changes and Challenges of a New Baby (ACER Press, 2009).

Andrew Lewis

Andrew Lewis is Associate Professor and Research Academic in Clinical Psychology at the School of Psychology, Deakin University. Andrew is also a founding member of the Prevention Science Research Group at Deakin and the recently formed Alliance for the Prevention of Mental Disorders. He has published widely including over one hundred papers and chapters, three clinical treatment manuals and three books. His research has been funded by research grants from the NHMRC, ARC and beyondblue. Andrew's research on attachment has been published in Behaviour and Brain Sciences on two occasions and he has applied an attachment framework to examining the developmental vulnerability to depression in both the perinatal and pubertal/adolescent period.

Yuan Loke

Medicines Information pharmacist, The Royal Women's Hospital, with an interest in the use of psychotropic medicines in the perinatal period and provide information to other health care providers through the website: www.ppmis.org.au

Elizabeth Loughlin

Ms Loughlin is a professional Dance therapist clinician who works therapeutically with mother and infant in the Intuitive Mothering and Community HUGS programs at Infant Clinic of the Parent-Infant Research Institute and in the Parent Infant Program, Acute Psychiatry, Austin Health.

Yvette Mackley

Yvette Mackley is a senior clinician with the Community Team at Mother Baby Services, Mercy Mental Health. In addition to her postgraduate diploma in Advanced Clinical Nursing (Psychiatric Nursing), she has completed Advanced Training in Health Sciences (Infant and Parent Mental Health) at the University of Melbourne, and is a member of the Australian Association of Infant Mental Health. Mother Baby Services comprises both an inpatient unit and outpatient service. Yvette has experience working in both of these specialised perinatal services, and currently works in the Community Team with a focus on mother–infant relationships.

Anne Manne

Anne Manne is an Australian journalist and social philosopher. Her 2005 book Motherhood: How should we care for our children? was short-listed in 2006 for Australian journalism's Walkley Award. She's he writes regularly for The Monthly, The Australian and The Age.

Sam Margis

MBBS, MPM, FRANZCP
Dr. Margis studied Medicine at Monash University then completed specialist training in Psychiatry at The Alfred Hospital. Consultant General Adult Psychiatrist at the Alfred before turning his attention to Perinatal Psychiatry building a prolific private practice at the Albert Road Clinic with a substantial role in both the inpatient and outpatient programs. Interest in Early Parenting Programs developing interventions, procedures and protocols to minimize the number of women who went undiagnosed and untreated. Assisting with the substantial expansion of the Masada Mother Baby Unit and cofounded NEST family wellness clinic.

Stephen Matthey

Stephen Matthey is a Senior Clinical Psychologist, and an Adj. Associate Professor in the School of Psychology, University of Sydney (as well as in the School of Psychiatry, UNSW). He has published research in a wide variety of psychology fields, including educational, perinatal, child and family treatment, adult treatment, and the clinical meaningfulness of statistics. He also works part-time clinically. His other passions are his motorbike, football (aka soccer !), trying to play the violin, and learning Italian.

Kelly Mazzer:

Kelly is a registered psychologist currently working for the Perinatal Mental Health Consultation Service in the ACT. Kelly works as the research officer on the Perinatal Trauma and Adversity Study. She is also currently undertaking her PhD and University of Canberra.

Kay McCauley

PhD, MN (research), MN, Grad Dip Adv Nsg (Psychiatric), Grad cert HEd, BN, RN, RM,
As a nurse, midwife and credentialed mental health nurse (MHN), Kay's research interests and publications focus on women's mental health particularly perinatal. She is a senior lecturer in the School of Nursing and Midwifery at Monash University. Kay is a Fellow of the Australian College of Midwives, and the Australian College of Mental Health Nurses.

Catherine McMahon

Catherine McMahon is Associate Professor of Psychology in the Centre for Emotional Health, Psychology Department at Macquarie University. Her research focuses on psychological adjustment during pregnancy and early parenthood in the context of various reproductive risk factors – in particular perinatal mood disorders and infertility/assisted conception. Her most recent research has focused on adjustment during the Transition to Parenthood for older first-time mothers and on the impact of maternal anxiety in pregnancy on infant bio-behavioural regulation.

Rhiannon Mellor

Rhiannon Mellor is an Honours student in the Sydney Medical Program at the University of Sydney, with a background in Science and an interest in the psychosocial factors surrounding maternal health and pregnancy.

Kristine Mercuri

Dr Kristine Mercuri is an experienced Perinatal Psychiatrist and Mindfulness Practitioner. She is a Consultant Liason Psychiatrist in maternity services at The Royal Women's Hospital Melbourne and also in Private Practise in East Melbourne. She has developed and facilitated the MindBabyBody program over the last two years, an innovative group intervention group program specifically designed for pregnancy.

Maureen Miles

RN, RM, MN (MCHN), Grad Dip Soc Sci(Family studies), HV (Lond), Grad cert HEd
Is an experienced midwife, health visitor, maternal and child health nurse, and lecturer in Midwifery. She has worked in the UK and Australia in a variety of clinical, community and academic roles. The main focus of her work has been on vulnerable and marginalised women and their families especially those who are living with the effects of poverty, domestic violence, addiction, mental health and sexual violence that have impacted on their lives and the lives of their children.

Jeannette Milgrom

Jeannette Milgrom is Professor, Melbourne School of Psychological Sciences, University of Melbourne and Director, Clinical and Health Psychology, Austin Health, Melbourne. She established the Parent-Infant Research Institute in 2001 focusing on high-risk infants, postnatal depression, prematurity and developing psychological treatments (mothers, fathers and babies). Jeannette has had a major role in the beyondblue National Perinatal Depression Initiative since 2001. She is recipient of 67 research grants and author of 6 books, 15 chapters and 101 scientific articles. She is currently President-Elect of the International Marcé Society for Perinatal Mental Health.

Roshayati Mingoo

Roshayati is a Case Manager with Department of Psychological Medicine in KK Women's and Children's Hospital, Singapore. A registered nurse by training, she has over 15 years of experience in healthcare particularly in case management, both in acute hospitals and community setting. Rose was trained as a Postnatal Depression Trainer at Reading University, UK and has been involved in training health professionals and raising public awareness on maternal depression since 2008.

Elsie Mobbs

Dr Elsie Mobbs first trained as a nurse and midwife followed by undergraduate psychology and statistics. Her doctoral research was in psychological aspects of maturation delay and short stature in males. Elsie's primary research culminated in identifying that human imprinting was oral and tactile. This was followed by research into the emotional development prior to Bowlby's Attachment phase, which Elsie named the "Latchment" phase of emotional development. Elsie was the clinical psychologist to the Newborn Followup Clinic at the Royal Alexandria Hospital for Children for many years.

George Anthony Mobbs

Dr Tony Mobbs graduated in medicine in 1956 and trained in Sydney and London in obstetrics and gynaecology. He commenced specialist practice in the 1960s making him one of Australia's longest practicing obstetricians. Tony found great satisfaction in supporting his wife, Dr Elsie Mobbs, in her academic research into imprinting in the 1980s and her later research into Latchment theory.

Mary Morgan

Mary Morgan, Allied Health Worker, St John of God Mother-Baby unit in Sydney, coordinates the Perinatal Group Program. She is also Parent- Infant Counsellor at Learning Links, Peakhurst, supporting children with special needs and their families. She has qualifications in Occupational Therapy and Infant Mental Health, having served the NSW committee, Australian Association for Infant Mental Health for many years.
Mary's special interest is group work. She uses attachment theory to inform practice in perinatal groups and caregiver groups for parents of children with special needs. Over 4 years she has facilitated 20 Circle of Security Parenting Groups across settings.

Petite Nathan

Tena koe.. In 2000 Petite commenced working at Northland District Health Board, Whangarei as a Mental Health Social Worker. The majority of my professional career has been working with children, family/whanau and communities to assist them with creating healthy and nurturing environments. In 2010 she was appointed to the role of Maternal Mental Health co-ordinator which created an opportunity to demonstrate her passion. This is a vehicle in which she invited others to share and create a healthy future for her community.

Carolyn Anne Neville

Anne Neville is a registered nurse and midwife who had a change of direction 25 years ago. Anne retrained as a Psychotherapist, Marriage & Family Therapist and is an accredited Grief & Loss Counsellor with the National Association of Loss & Grief (Vic).
She is Clinical member of the Counsellors and Psychotherapists Association of Victoria, is an accredited Supervisor and is Clinically Accredited with PACFA – Registration 21127
Anne has held the position of Director of Counselling at Open Doors Counselling in Ringwood for the past 22 years. Open Doors specialises in the areas of decision-making counselling for an unplanned pregnancy, pregnancy support and pregnancy loss counselling for miscarriage, abortion, ectopic pregnancy, IVF losses etc.

Tram Nguyen

Consultant Perinatal Psychiatrist, Centre for Women's Mental Health, The Royal Women's Hospital
Dr Nguyen is the Consultant Psychiatrist for the Women's Alcohol and Drug Service at the Royal Women's Hospital in Melbourne. She has a range of interests within the wide field of perinatal psychiatry, including the care of women with dual diagnosis and their babies. She provides education and phone consultation to other health care providers who access the website: www.ppmis.org.au

Thinh Nguyen

Dr Thinh Nguyen is an academic psychiatrist with the University of Western Australia, based at Peel and Rockingham Kwinana Mental Health Service. He has a clinical and research interest in perinatal mental health, in particular the antenatal care of pregnant women with SMI and neurodevelopment of infants exposed to antipsychotics in utero.

Jennifer Nicholls

Jennifer Nicholls is Research and Evaluation Project Officer in the Social Outreach and Advocacy unit at St John of God Health Care. Drawing on qualifications in international management and psychology, and experience in research and child and adolescent counseling, she has worked with the Raphael Services to develop and implement routine monitoring and reporting systems for their perinatal and infant mental health services. She has long standing interests in program evaluation and prevention science, and is currently completing a PhD in clinical psychology.

Susan Nicolson

Dr Susan Nicolson trained as a general practitioner. She has worked at the Women's as part of the maternity service for many years. She completed her PhD "Supporting the Adolescent Mother-Infant Relationship: Trial of a Perinatal Attachment Intervention" in 2012. She has undertaken training in infant mental health and in addition to continuing to work with maternity services is now a key part of the infant mental health team with the Centre for Women's Mental Health.

Tim Oberlander

Professor Tim Oberlander is a clinician-scientist at the Child and Family Research Institute, University of British Columbia, BC Children's Hospital, whose work "bridges" developmental neurosciences and community child health research. As a developmental pediatrician he treats children with chronic/complex pain disorders, and behavior and learning disturbances associated with prenatal drug and alcohol exposure.

As a researcher, Dr. Oberlander's work seeks to understand the early origins of child behaviour through studies of how prenatal exposure to psychotropic drugs. A specific focus of his work are studies examining how mothers' mood during pregnancy and prenatal exposure to antidepressants shape early stress regulation and related neurobehavioral outcomes during childhood.

Of particular interest is how these exposures change levels of the neurotransmitter serotonin during fetal development and shape ways children cope with social challenges, pain, arousal and attention - all key elements that influence mental health across the life span.

His work incorporates multidisciplinary approaches extending from molecular/genetic to population epidemiology that characterize neurodevelopmental pathways that reflect risk, resiliency and developmental plasticity.

To this end, he has published pioneering studies on neurobehavioral outcomes in young children of depressed mothers who were treated with serotonin reuptake inhibitor (SRI) antidepressants during pregnancy. Outcome measures of interest have included attention, mood, pain reactivity and executive functions in later childhood.

Li Lian Ong

Li Lian is a Senior Case Manager with the Department of Psychological Medicine in KK Women's and Children's Hospital. She was trained in Psychology and Counselling, and has been in the helping profession for about 9 years. Her current role as a Case Manager involves supporting women's emotional health as they navigate the challenges of pregnancy and motherhood. She has a keen interest in helping mothers through providing counselling, and has conducted lectures and educational workshops to increase awareness in women's mental health. Her research interest is in the role of supportive counselling in perinatal mental health.

Lisa Oro

RN and RM. Manager of the Maternity and Newborn Clinical Network (MNCN), Department of Health, Victoria. As Manager of the MNCN, Lisa has worked closely with internal and external stakeholders to develop tools and resources within perinatal mental health, including Panda – Behind the Mask DVD, Beyond Blue - the CALD Perinatal resource reference group, the Department of Health Perinatal Mental Health Advisory Group and the Monash University Perinatal Education Advanced Training Advisory Group. Lisa also is on the organizing committee for the MARCÉ CONFERENCE – 2013.

Elizabeth Oxnam

Elizabeth Oxnam is endorsed in counselling and clinical psychology. She has been employed at the Department of Psychological Medicine for the past 10 years. She has a keen interest in psychotherapy, perinatal mental health, and the relationship between babies and their carers. She has contributed to the development of a training manual for perinatal anxiety disorders. In her clinical role, with colleague Michelle Wettinger, Elizabeth has been involved in the ongoing project of investigating ego-dystonic thoughts of harm to baby since 2006.

Natasha Perry

Dr Natasha Perry is a Clinical and Health Psychologist working in the Keep Them Safe – Whole Family Team in Newcastle. The Whole Family Team provides a comprehensive family assessment and clinical intervention for families where mental illness and/or substance use have resulted in child protection concerns. As part of her Doctor of Clinical and Health Psychology degree she undertook research in high-risk pregnant women with mental illness, substance use problems and child protection concerns. Natasha is passionate about working with parents to improve reflective functioning, emotional availability to improve the relationship between parents and children.

Ngar Yee Poon

Dr. Ngar Yee Poon, is currently working as a registrar of KKH Department of Psychological Medicine. She has been undergoing psychiatry training for the past 5 years.

The department is currently running a Postnatal Depression Intervention Programme (PNDIP). PNDIP is an MOH funded clinical programme with a research arm designed to examine the epidemiology and course of postpartum depression, outcomes in early intervention, and as drug utilization practice. We have screened over 6000 postnatal women to date for depression and found that about 8% of women scored high on the screening tool, suggestive of postpartum depression. We have successfully treated about 200 such cases, as well as provided supportive counseling for those who declined psychiatric intervention. The clinical outcomes following intervention include symptom reduction based on the EPDS and improvement in functioning (on GAF-Global Assessment of Functioning), and health quality of life (with EurQol measure) revealed promising results in the 4 years, with over 70% showing improvement on these measures.

Working with these women with PND, the team has recognized adverse effects of impaired mother-infant bonding, and the need to provide interventions to address this need.

Josephine Power

Dr Josephine Power is a consultant psychiatrist at the Mercy Hospital for Women and Austin Health.

Ros Powrie

Dr Ros Powrie works as a Perinatal, Infant and Child Psychiatrist and is Head of the Perinatal and Infant Mental Health Team at Womens and Childrens Hospital Adelaide. She has been running Mindfulness Based Cognitive Therapy classes for women in pregnancy for the last four years. She teaches and trains in certificate courses in perinatal and infant mental health in Adelaide and is a consultant perinatal psychiatrist to Maari Ma Aboriginal Health Corporation in NSW.

Salmi Razali

Dr Salmi Razali is a psychiatrist and a lecturer in the Faculty of Medicine, Universiti Teknologi MARA (UiTM), Malaysia who is currently a PhD (MED) candidate at the Jean Hailes Research Unit, School of Public Health and Preventive Medicine, Monash University. She has more than 10 years' experience in Malaysia working as a doctor and psychiatrist with women diagnosed with mental illness. She is particularly interested in women's reproductive and perinatal mental health. Her doctoral research aims to increase understanding of the lives and circumstances of women convicted of filicide in Malaysia.

Nicole Reilly

Nicole is a perinatal mental health researcher based at the Perinatal and Women's Mental Health Unit, St John of God Hospital in Sydney. She has worked in the field of perinatal mental health for 10 years and has an ongoing interest in the role of policy initiatives in improving outcomes for women and families, and in the use of population-based data to examine these issues.

Cathy Ringland

Cathy Ringland is the team leader of Perinatal Mental Health Consultation Service in the ACT. She has worked in various roles in health since 1981. Cathy is interested in mothers who present with trauma backgrounds and the long term effects this can have on the women themselves, their partners and developing infants. Cathy is also committed to enhancing health practitioners knowledge in a broad range of perinatal mental health issues.

Maya Rivis

Maya Rivis is a senior policy advisor with the Victorian Department of Health and has around 12 years public sector experience in developing and implementing Government policy and projects. While working at the Victorian Department of Health, Maya spent 2.5 years implementing the National Perinatal Depression Initiative in Victoria.

Thelma Roach

Thelma Roach is a Registered Nurse and Midwife ,with over 30 years of experience ,with Graduate Certificate in Child and Family Health, employed at Karitane since 2001 and specifically in the KTC since 2006.
In her work, Thelma incorporates her knowledge of the Family Partnership Model which emphasises working in partnership, and Parent Child Interaction Therapy.

Anna Roberts

Having studied psychology (counselling) and education, Anna's professional career began as a school psychologist in Western Australia. Following study in Gestalt psychotherapy and organisational psychology, she spent nine years working in divisions of general practice across a variety of programs including youth health, GP education and mental health. This included work in national and state-wide positions.
Anna briefly worked as a senior consultant for reform and special projects with the Mental Health Division of the Department of Health in Western Australia before moving to St John of God Health Care in 2007 as national Mental Health Coordinator. She has been in her current role as Group Manager Early Years for the Social Outreach and Advocacy program since July 2010.

Matthew Roberts, Richard Weld-Blundell, Bridget Robinson, Siglinde Angerer

The team presenting on behalf of Mercy Health O'Connell Family Centre comprises perinatal psychiatrist Dr Matthew Roberts, psychologists Richard Weld-Blundell and Bridget Robinson, and clinical nurse educator Siglinde Angerer. As clinicians working together in one of Victoria's 3 public early parenting centres, this group shares an interest in family-wide perinatal and early family mental health – from conception to kindergarten. They are passionate about developing innovative ways to assess families' needs for services, to engage them in receiving help, and to access their inherent strengths.

Heather Rowe

Heather Rowe is Senior Research Fellow at Jean Hailes Research Unit, Monash University. Her background is in biological and psychological sciences, and health promotion. She investigates women's reproductive mental health in its social, economic, cultural and political contexts, including female gender disadvantage. She translates evidence and expert knowledge into resources for women, their families, and health professionals. She conducts community-based clinical trials of programs for the prevention and early intervention for postpartum mental health problems. Heather is Immediate Past President of the ASPOG and Secretary General of the International Society for Psychosomatic Obstetrics and Gynaecology.

Tracy Semmler-Booth

Tracy Semmler-Booth is a Mental Health Nurse Practitioner and Midwife who has been working in the field of perinatal and infant mental health for the past 14 years. Tracy's recent work includes tertiary education of undergraduate midwives and mental health clinicians. Tracy's current role is principal project officer of the National Perinatal Depression Initiative in South Australia.

Helen Skouteris

Helen Skouteris is an Associate Professor in Developmental Psychology in the School of Psychology, Deakin University. Her areas of research interest include prevention of excessive gestational weight gain and postpartum weight retention, maternal and paternal psychopathology during the perinatal period, maternal psychopathology and its impact on maternal and childhood obesity, and parental influences on pre-school children's weight gain.

Martien Snellen

Dr Martien Snellen is a Consultant Psychiatrist at Mercy Hospital for Women. Martien has been involved in establishing a specialist antenatal clinic for women with Bipolar and Schizophrenia at Mercy Hospital. This clinic is multi-disciplinary and includes obstetrics, paediatrics and psychiatry. Martien's publications in this area include a study of mother-infant interaction in mothers with schizophrenia and more recently a publication on recommendations for antenatal care for women with schizophrenia and bipolar disorder. Martien also has an interest in changes to relationships in the postpartum and published the well-regarded "Sex and Intimacy After Childbirth" now in its second edition.

Karen Solley

Karen Solley is a Clinical Psychology Masters candidate at Macquarie University. She is involved with the Perinatal Regulation and Mood Study (PRAMS) and is particularly concerned with the clinical effects of sleep disturbance and anxiety on mums. Her Masters thesis addresses the relationship between sleep and anxiety in a perinatal population, with the aim of informing better sleep and anxiety interventions for expectant mothers.

Susanne Somerville

Sue Somerville is the chief investigator for the PASS project and is a Consultant Clinical Psychologist for Perinatal Mental Health Services and Program Manager for the Department of Psychological Medicine at King Edward Memorial Hospital in WA.

She has worked as a clinical psychologist for 27 years and developed specialist consultancy in the interface between medical and psychological health in the perinatal period. Sue has been involved in the development of Perinatal Anxiety training for healthcare professionals in WA.

Sue is a member of the Australian Psychological Society, Australasian Marce Society, the WA Perinatal Mental Health Reference Group, the Perinatal and Infant Model of Care core group, and the Health Networks WA Executive Advisory Group on Maternity Services.

Deb Spink

Deb Spink is a mother of two girls. Seven weeks after the birth of her second daughter she was diagnosed with postnatal depression. Despite being unwell antenatally and worse immediately in the postnatal period, Deb avoided seeking treatment and did not communicate to anyone the depth of her illness. Fortunately, the signs of her illness were observed by a clinician and she reluctantly began treatment immediately. Years later, Deb is now fully recovered and enjoys a full life with her young family. Realising how little the public knew about perinatal mental health, it was clear to her that a great need exists to address difficulties in accessing existing support systems. With lived experience, Deb is in a position to help not only the public, but also service providers to understand what is really needed to improve early detection, intervention and prevention strategies, and to contribute to the development of support systems for other sufferers.

Margaret Stuchbery

Margie Stuchbery is a Clinical Psychologist trained in Mentalization Based Treatment (MBT). Margie completed Advanced Training in MBT with Professor Peter Fonagy and Anthony Bateman at the Anna Freud Centre, London and continues to undergo clinical supervision with Dr Bateman. She currently holds positions of Senior Clinical Psychologist at Karitane, Clinical Psychologist at Maternal Connections and has a private practice in Sydney. Margie is also an accredited Watch, Wait and Wonder parent-infant therapist and has worked in the perinatal area for 17 years.

Anne Sved-Williams AM

Dr Anne Sved Williams, AM, MBBS, FRANZCP, Dip Psychother.for 25 years has been the medical unit head of Helen Mayo House, Adelaide's mother-infant public inpatient unit and head of the perinatal and infant mental health services at Women's and Children's Health Network. She is a clinical senior lecturer at the University of Adelaide.

Current research centres on mothers with borderline personality disorder and working towards changed protocols and practices with patients with this diagnosis admitted to the unit. Publications include a picture story book for small children whose mothers have mental illness and co-editing "Infants of Parents with Mental Illness: Developmental, Clinical, Cultural and Personal Perspectives". Anne has contributed to several national committees relating to perinatal and infant mental health as well as extensive teaching commitments on these topics across a large range of agencies and professions throughout South Australia and most States of Australia .

Dianne Swinsburg

Ms Dianne Swinsburg is a Clinical Psychologist working with the research team at the Heart Centre for Children at the Children's Hospital Westmead. Currently, Dianne is working on the CHERISH study, which is aworld-first study looking at the emotional, developmental and social experiences of very young children with heart disease. Dianne's interest is focussed on exploring the influence of emotional changes that occur for parents before and after their baby's birth, and how this shapes the developing relationship between parents and their infant.

Jintana Tang

Jintana is a Case Manager with the Department of Psychological Medicine in KK Women's and Children's Hospital. She is a trained nurse, and has been in the healthcare profession for about 12 years. Her current role as a Case Manager involves supporting women's emotional health as they navigate the challenges of pregnancy and adjusting to motherhood. She has a keen interest in helping mothers through providing counselling, and has conducted educational workshops to increase awareness in women's mental health.

Yumiko Tateoka

- 1990 Graduated from kitasato university, school of nursing
- 1990~1996 Kitasato University Hospital, Midwife staff
- 1996~1998 Kitasato University graduate school, master of science (nursing)
- 1999~2003 Kitasato University graduate school, doctoral course, Ph.D (nursing)
- 1998~2006 University of Shizuoka, school of nursing research assistant
- 2006~2010 Nagoya university,Graduate school of medicine, school of health sciences, Associate professor
- 2011~2012 Juntedo University School of Health Sciences and Nursing, Associate professor
- 2013~ Shiga University of medical Science, the department of the science of nursing, Associate professor

Douglas Teti

Douglas M. Teti is Professor of Human Development, Psychology, and Pediatrics at Penn State University, an Associate Director of Penn State's Social Science Research Institute, and Lead Faculty of Penn State's Parenting-at-Risk interdisciplinary faculty research initiative. He was an associate editor of Developmental Psychology from 2000 to 2004 and is currently an associate editor of Infancy.

Over the past 20 years, Dr. Teti has conducted research that has integrated parental and family functioning and child development in both "low-" and "high-risk" contexts. He has ongoing interest in parenting competence and parenting at risk, the effects of parental depression on parenting and child development, how parenting affects infant and child functioning, and how parents adapt and adjust to demands placed upon them by their children. He is currently funded by the National Institute of Child Health and Human Development on a longitudinal project examining the role of parenting and parental adjustment in the development of infant sleep patterns and infant – parent outcomes during the infants' first two years of life. He is also involved in an early intervention study of the effects of cue-directed tactile stimulation on stress reactivity in premature infants and their mothers, parental cognitions, and parent-infant interactions. Finally, he is principal investigator of a third project, the Minds of Mothers Study (MOMS), funded by the NICHD, that makes use of the tools of affective neuroscience to examine parental emotion regulation "on-line", in response to ongoing child-created emotional events.

Naomi Thomas

Dr Naomi Thomas is a Clinical Psychologist with the Centre for Women's Mental Health at the Royal Women's Hospital. She is a clinician in the Perinatal Multidisciplinary Mental Health Clinic that provides individual and parent-infant psychological intervention to women and their families. Dr Thomas was involved in the development and ongoing evaluation of the Emotional Wellbeing Group Program for women with anxiety and depression, and has facilitated the program over the past two years with several of her valued colleagues; Dr Jeanette Pine, Dagmar Voges, Dr Susan Nicholson and Dr Peter Davies.

Leone Thomson

Leone Thomson is Registered Nurse and Midwife, with Graduate Dipolma in Counselling. Employed at Karitane since 2004 and in KTC since 2008. Leone has a particular interest in families and children and provides specialised intervention for parents of young children who are having problems managing their toddlers' challenging behaviours.

Jocelyn Toohill

As part of her PhD Jocelyn Toohill manages a large NHMRC funded study, the BELIEF Study – a midwife psycho-education intervention for women with childbirth fear.

Jocelyn has worked in a number of Australian midwifery clinical, management and education roles in rural and metropolitan settings. She was the midwife clinical lead on the newly released Queensland Normal Birth Guideline and co-author of a Queensland Health document: Delivering continuity of midwifery care to Queensland women: a guide to implementation. Jocelyn is the immediate past Queensland president for the Australian College of Midwives, and immediate past Chair for PSANZ Queensland.

Thach Duc Tran

Thach Tran has a Master's degree in epidemiology and biostatistics and is currently completing his PhD. He. He has had experiences in conducting research on maternal and child health and development in resource-constrained settings. His research is examining the effects of maternal common perinatal mental disorders and micronutrient deficiencies on infant development. His research interests include common mental disorders in women including social factors and effect on their children in low- and middle-income countries.

Debbie Tucker

Dip.App.Sci. (nursing), Grad.Dip.Neonatal Intensive Care Nursing, B.Psych (Hons)
Debbie has worked as registered nurse in Neonatal Intensive Care units for the past 20 years, and recently completed a Bachelor of Psychology (Honours). This paper is the result of her thesis research for that degree. Debbie's primary area of interest is perinatal mental health, and she hopes to continue her research and work in this area. She is also aiming to complete a PhD with a focus on perinatal screening and early intervention techniques.

Leanda Verrier

Leanda is currently Acting Director for the Women's Health Clinical Care Unit at King Edward Memorial Hospital, Women and Newborn Health Service in Western Australia. Prior to taking up this position, Leanda's substantive position is State Coordinator of the WA Perinatal Mental Health Unit, Women and Newborn Health Service, where she took a lead role in the implementation of the National Perinatal Depression Initiative 2008/09 to 2012/13.
Leanda has completed a Master of Science (Nursing) by research at Curtin University, Midwifery in the UK and Child Health Certificate in Perth.
Her work experience includes diverse settings such as rural and remote Aboriginal communities in the Kimberley and Goldfield regions of WA, as well metropolitan areas. With a strong background in child and community health nursing, Leanda worked in the policy area with Child and Adolescent Community Health for five years before moving to Women and Newborn Health Service in 2008.

Felice Watt

Felice Watt is Head of Department of Psychological Medicine at KEMH. She has many years experience in private practice and has an interest in managing women with Borderline Personality Disorder.

Susan Whatmough

In 2005 Susan commenced working at Northland District Health Board, Whangarei as a Maternal and Neonatal Social Worker. One of her roles was to act primarily as the link between Maternal Mental Health and Maternity Services as there was no stability or consistency in staffing, referrals, assessments or outcomes for woman. With supportive management from both services, a dedicated team was introduced and she is now part of a MMH Triage team who identify ante natal and post natal woman at risk – triage referrals and address any Child Protection issues for the Unborn or Newborn.

Jen Wight

Jen Wight is an author, charity fundraiser and photographer. She has raised millions of dollars for charity and has written for a wide range of publications from Time Out Sydney to Friction climbing magazine. She hales from east London and lives in Sydney with her son, husband and their imaginary pets.

Olivia Wong

Dr Olivia Wong is a graduate of the University of Melbourne. She completed her psychiatry training at St Vincent's Hospital and her consultation-liaison psychiatry training at the Royal Women's Hospital. She has had the opportunity to work with the Neonatal Intensive and Special Care team for the last two years. Her other consultation-liaison psychiatry work is in the gastroenterology and familial cancer settings.

Hannah Woolhouse

Hannah Woolhouse is a psychologist and research officer, based in the Healthy Mothers Healthy Families Research Group at the Murdoch Childrens Research Institute. She has a long-standing interest in women's mental health, including perinatal mental health, intimate partner violence and eating disorders. Over the last decade she has led the analysis of mental health data from the Maternal Health Study – a prospective cohort study of over 1500 nulliparous women. She is also currently collaborating with Dr Kristine Mercuri at the Royal Women's Hospital to evaluate the MindBabyBody program, a mindfulness-based group to improve the mental health of pregnant women.

Karen Wynter

Karen Wynter has a background in Psychology and Applied Statistics. She worked as General Manager and Training Coordinator for SPSS South Africa, before migrating to Australia in 2005. Since 2006 she has worked on various collaborative research projects which focus on social determinants of perinatal mental health in both women and men. Karen is currently a Research Fellow at the Jean Hailes Research Unit, School of Public Health and Preventive Medicine, Monash University.

Priscilla Yardley

Dr Priscilla Yardley is a clinical psychologist and Head of Psychology at Peninsula Health. Priscilla also coordinates the Primary Mental Health Service at Peninsula Health which supports GPs with consultation and education on mental health. Priscilla coordinated the representatives of the public services involved in perinatal care in the local area and formed the perinatal partnership. She is committed to the ongoing early identification and support for women at risk of mental health issues.

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beyondblue
Depression. Anxiety.

Free accredited perinatal mental health online training for health professionals

Beyond babyblues: Detecting and managing perinatal mental health disorders in primary care is a **free** online training program available for health professionals working in the perinatal area.

The interactive, accredited* training:

- provides an overview about perinatal mental health
- looks at screening and assessment of women in the perinatal period
- offers advice about referral, management and treatment options for perinatal depression and/or anxiety.

The program comprises six different learning activities, which can be completed individually or as one Active Learning Module (ALM).

To find out more about the online training, visit **www.thinkgp.com.au/beyondblue**

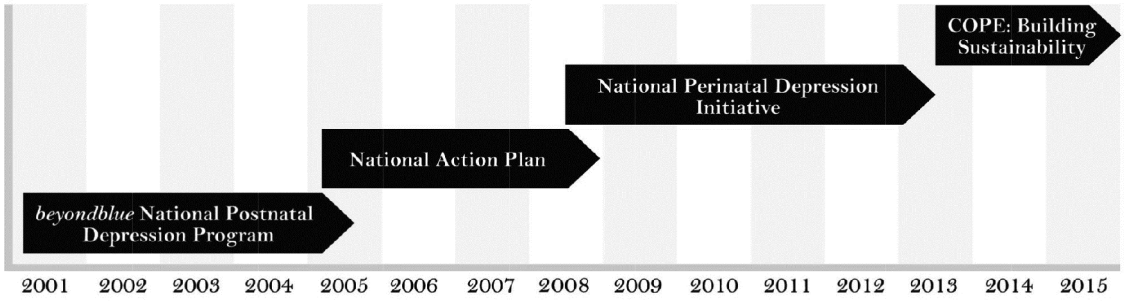
*Beyond babyblues is accredited by the GPMHSC as a Mental Health Skills Training activity and The Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine, and endorsed by the Royal College of Nursing and the Australian College of Midwives, with Genesis Ed (accreditation provider).

www.beyondblue.org.au 1300 22 4636

COPE
Centre of Perinatal Excellence

Introducing Australia's National **Centre of Perinatal Excellence** (COPE): A new, independent not- for-profit organisation dedicated to Perinatal mental health reform in Australia, and building sustainability.

Australia's Perinatal Journey

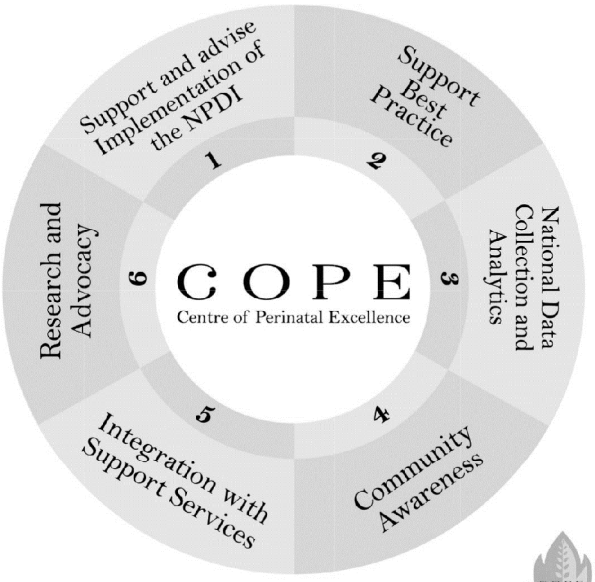


A dedicated focus is needed to *support health professionals* and further *embed universal screening*. There is an urgent need for *national, systematic data collection* and ongoing *awareness raising, stigma reduction* and *research*.

Introducing….COPE

COPE is an independent, not-for-profit organisation that will work with health professionals, governments, corporates, NGOs and the community to:

- Maintain a **national focus** to increase awareness, reduce stigma and promote early help seeking
- **Support health professionals** to provide best practice
- **Improve efficiencies** surrounding screening practices
- Support **research**



COPE
Centre of Perinatal Excellence

Marcé 2013 Conference and Workshops - Evaluation Form

Please take a few minutes to complete this brief evaluation of the Conference so that we can ensure that future conferences are relevant and of high quality

Name/Organisation (OPTIONAL):

First, how did you hear about the 2013 Conference?

Were the conference/optional workshop costs

Were the conference/workshop topics appropriate?

Was the time for each presentation appropriate?

Was there enough time for discussion and questions?

Please comment on the Soiree; please note whether you would have preferred a conference dinner.

What for you were the highlights of the conference?

What for you were the low points of the conference?

How do you think the conference could have been made better?

Do you have any suggestions for future conferences? – Speakers, topics, location, conference length etc. (Please use the back of this page if needed.)

Thank you for completing this form. Please return it to the registration desk or mail to
The Conference Organiser, 146 Leicester Street, Carlton 3053 or fax to (03) 9349 2230