The Australasian Marcé Society

2005 CONFERENCE

8-10 September, 2005
Rydges Hotel, Melbourne

Contents:

WELCOME

We are delighted to welcome all those with an interest in perinatal psychiatry to the biennial Australasian Marcé Conference.

Australia continues to be one of the world leaders in research and the delivery of psychological care to perinatal women; this conference will provide delegates with an exciting opportunity to update themselves with what is happening throughout Australia and New Zealand, as well as hearing from some of the leading international researchers. The quality of our local and international speakers looks to provide a very exciting conference, with dynamic and interactive sessions.

We hope that you will find the conference to be both stimulating and rewarding.

Anne Buist
(President, Australasian Marcé and Conference Convenor) and

the Conference Committee:
Marie-Paule Austin and Jane Fisher

THE MARCÉ SOCIETY

The Marcé Society is multi-disciplinary and provides a forum for exchange of information and ideas between professionals concerned with the welfare of women and their families around the time of childbirth. Traditionally, the main focus has been on mental illness related to childbearing. However, the interests of Australasian members often encompass broader areas including the maternal-infant relationship, attachment theory, the psycho-biology of pregnancy, antenatal and postnatal education, psycho-social aspects of obstetrics, perinatal bereavement and all aspects of mental health of women and their families during pregnancy and the postnatal period. Close collaboration between clinicians and researchers is an important priority of the Australasian Branch. Membership of the society is open to all professionals who support the aims of the Society, for example nurses, midwives, psychologists, psychiatrists, general practitioners, obstetricians/gynaecologists, health visitors and researchers in the field. For further information about the society and membership, please visit the Australasian website:

www.wairua.co.nz/marce/

and the international website:

www.marcesociety.com/

PROGRAM CHANGES
There have been a number of program changes since the Registration Brochure was printed so please check the program in this book carefully.

PRESENTERS
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. If you need help with this, please ask at the Registration Desk.

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.

SOCIAL PROGRAM
Delegates will have the opportunity to relax, catch up with old friends, and meet new ones at the **Welcome Reception** from 6-7 pm on Thursday; this will be held at Rydges and is included in the full registration fee.

A **Chinese banquet** will be held on the Friday evening at **King Bo Restaurant**, 218-222 Russell Street (cnr Little Bourke St, a block away from Rydges). A longtime favourite with lovers of great Chinese food, King Bo boasts traditional Chinese cuisine served in a bustling, friendly environment. The cost of the banquet will be $35 per person (cash bar). Please check at the Registration Desk if you have not purchased a ticket but would like to attend….late bookings may be possible.

The conference will conclude with **Farewell Drinks** from 5.30-6.00 pm on Saturday.

REGISTRATION FEES
- **Workshop Registration** includes morning or afternoon tea on Thursday.
- **Full Conference Registration** includes morning and afternoon teas and lunches on Friday and Saturday, and the Welcome Reception on Thursday.
- **Day Registration** includes morning and afternoon tea and lunch on Friday or Saturday.

NAME BADGES/TICKETS
Admission to all sessions and social functions is by the official conference name badge – please wear it at all times when at the conference. Tickets are necessary for the conference dinner.

SPECIAL DIETARY REQUIREMENTS
There will be ample vegetarian options for all lunches…..these will be found on the main catering tables. If you have requested a special diet, please come to the registration desk at the tea breaks and identify yourself to hotel staff at lunch.

PARKING
Wilsons Car Park is located next door to Rydges; car parking is available to conference delegates for $10 per exit. Please take your parking ticket to Rydges' front desk (ground floor) to arrange this.

DISCLAIMER
At the time of printing, all information contained in this booklet is correct; however, the organising committee, its sponsors and its agents cannot be held responsible for any changes to the final structure or content of the program, or any other general or specific information published here.

The Conference Organiser

ABN 22 099 354 060 ACN 099 354 060
PO Box 385
Malvern Victoria Australia 3144
T: (+61 3) 9509 7121
F: (+61 3) 9509 7151
E: info@conorg.com.au
www.conorg.com.au

8:00 AM - 9:00 AM *Registration*

9:00 AM - 12:30 PM Workshop 1 Legends

Prenatal Stress and Fetal and Infant/Toddler Outcomes (p 52)

Pathik Wadhwa, Marie-Paule Austin, Leo Leader, Kerry-Ann Egliston

10:30 AM - 11:00 AM *Morning Tea*

1:30 PM - 5:00 PM Concurrent Workshops 2 and 3

Workshop 2: Conference Room 1

The Use of Medication for Treatment of Mood Disorder in Pregnancy and Breastfeeding: An Update (p 50)

Marie-Paule Austin and Anne Buist

Workshop 3: Legends

The Intrinsic Emotional Needs of Infants for 'Companionship': The Role of Shame and Alienation in Baby Psychopathology -- And How Fun Helps (p 52)

Chair: Campbell Paul

Colwyn Trevarthen

3:00 PM - 3:30 PM *Afternoon Tea*

5:00 PM - 6:00 PM Posters Broadway

Abstracts: pp 37-45

- Here's Looking at You! Social Interaction of 9 Month-Old Infants in Trios: The Relationship between Eye Gaze and Infant Gender
  Brooke Adam, Stephen Malloch, Rudi Crncec and Ben Bradley
- The Albert Road Clinic: Parent–Infant Unit
  Michael Block, Spiri Katsenos and Linda Sawyer
- Emotional Health for Families with Multiple Birth Children
  Brooks, J. & Speelman, C.
- The Emotional Health and Well Being of Mothers of Twins
  Janette Brooks
- Queensland: Regional and Rural Dimensions Impacting on the Emotional Health of Childbearing Women
  Buckby, B., Hayes, B.A., and McCulley, J.
- Holding the Baby: Broadening the Focus of a Specialist Maternal Mental Health Service
  Megan Fowler
- IT TAKES A VILLAGE TO RAISE A CHILD; The Importance of Support and Therapy Groups for Mothers with Post Natal Depression
  Enas Ghabrial, Debra Cass, Anne Buist
- Queensland: Postal Antenatal and Postnatal Screening of Regional and Rural Women in the beyondblue National Postnatal Depression Project – A Demonstration of Ethical and Clinical Competence
  Hayes, B.A., McCulley, J., and Buckby, B.
- Early Intervention:- Maternal Mental Health. Making a Difference for Families
  Leone Joyce
- The Great Parents' Quiz
  Stephen Matthey
- Screening for Postnatal Depression: Validation of the EPDS and Intervention Period in Japanese Health Care System
  Tadaharu Okano, Takashi Sugiyama and Hiroshi Nishiguchi
- Rural Women's Experience of Postnatal Depression and its Management by Healthcare Professionals: A Focus Group Study
  Louise Ryan
- The Cost Effectiveness and Efficacy of Group Therapy Versus Case Management for Treatment of Postnatal Depression
  Stein, M., Menendez, J. & Mutch, C.

6:00 PM - 7:00 PM Welcome Reception Rydges Backlot

8:00 AM - 8:45 AM *Registration*

8:45 AM - 10:30 AM Opening Plenary Conference Room 1/2/3

Chaired by Anne Buist

8:45am Opening
The Honourable Bronwyn Pike, Victorian Minister for Health

9:00am Behavioral Perinatology (p 34)
Pathik Wadhwa

10:00am The Mental Health of Women Giving Birth in Australia 2002-4: The beyondblue National Postnatal Depression Program (p 13)
Anne Buist, Bryanne Barnett, John Condon, Jeannette Milgrom, Barbara Hayes, Janette Brooks, Marie Paul Austin, Nick Kowalenko, Rebecca Reay

10:30 AM - 11:00 AM *Morning Tea and Posters*

11:00 AM - 1:00 PM Concurrent Sessions A and B

Concurrent Session A: Screening — Legends

Chaired by Marie-Paule Austin

11:00am The Antenatal Prediction of Postnatal Depression: Validation of a Psychosocial Pregnancy Risk Questionnaire (p 10)
Austin M-P, Hadzi-Pavlovic D, Saint K, Parker G

11:30am Using the Edinburgh Postnatal Depression Scale (EPDS) for the Screening of Perinatal Depression – Experiences of Postnatal Women and Health Professionals Involved in the beyondblue National Postnatal Depression Program (p 11)
JLC Bilszta, AE Buist, B Barnett, J Brooks, J Condon, B Hayes, J Milgrom and the beyondblue National Postnatal Depression Program teams

12:00pm PND and PTSD: New Zealand Mothers and Fathers Respond (p 35)
Gillian White

12:30pm Development of the Postnatal Stressor Checklist (p 24)
Stephen Matthey, Alison Galletta, Kate Bull, Bryanne Barnett

Concurrent Session B: Treatment — Conference Room 1/2/3

Chaired by Sara Weeks

11:00am 12 Month Follow-up Results of an Interpersonally-Based Group Intervention for the Treatment of Postnatal Depression (p 25)
Rebecca Reay, Rhiannon Mulcahy, Emma Adams, and Yvonne Fisher

11:30am Psychosocial Aspects of the Perinatal Period – 'From Here to Maternity' and Beyond! (p 26)
Jenny Richards and Therese Elsey

12:00pm TO FETCH A PAIL OF WATER: Jack, Jill and The Baby (p 21)
Sarah Jones

12:30pm An Antenatal Cognitive Behavioural Group Therapy Program for Early Intervention and Prevention of Perinatal Depression and Anxiety (p 9)
Marie-Paule Austin, Maureen Frilingos, Wendy Roncolato, Judith Lumley

1:00 PM - 2:00 PM *Lunch*

2:00 PM - 3:30 PM Concurrent Sessions C and D

Concurrent Session C: Workshop **Legends**

2:00pm Ritualised Postpartum Care and Maternal Mental Health (p 51)
Dominic Lee and Jane Fisher

Concurrent Session D: Psychological Issues **Conference Room 1/2/3**
Chaired by Barbara Hayes

2:00pm Anxiety, Prehistory and Woolly Mammoths
Form and Fantasy in Children's Anxieties about Pregnancy and Birth (p 20)
Brian Hunt

2:45pm Understanding the Informational Needs of Men/fathers in the Perinatal Period (p 15)
Jacqui Coates-Harris

3:30 PM - 4:00 PM *Afternoon Tea and Posters*

4:00 PM - 5:30 PM Concurrent Sessions E and F

Concurrent Session E: Symposium **Legends**
Parent-Infant Interventions: Are Difficulties Preventable and Malleable? (p 46)
Convened and Chaired by Jeannette Milgrom

- Acceptability of Screening with The Edinburgh Postnatal Depression Scale: Women Speak Out (*Jennifer Ericksen, Jeannette Milgrom, Alan Gemmill, Bronwyn Leigh & Christopher Holt)*
- Treating the Parent-Infant Relationship Following Postnatal Depression: Severity and Malleability (*Jeannette Milgrom, Jennifer Ericksen, Rachael McCarthy, Alan Gemmill)*
- Body Movement: A Modality for Observation of the Mother with Postnatal Depression and her Infant (*Loughlin, E.E.)*
- Parents as Therapists for their Preterm Infants – Optimising Development and Reducing Maternal Stress (*Newnham, C.A. & Milgrom, J.)*
- Self-Directed Minimal Intervention Antenatally to Prevent Parenting-Infant Difficulties (*Milgrom, J., McCarthy, R., Saunders, B., Romeo, Y., Ericksen, J., Loughlin, E.E. & Leigh, B.)*

Concurrent Session F: Psychological Issues (cont'd) **Conference Room 1/2/3**
Chaired by Barbara Hayes

4:00pm Postnatal Depression and Post-traumatic Stress After Childbirth: Prevalence, Course and Co-occurrence (p 36)
Tracey White, Stephen Matthey, Kim Boyd and Bryanne Barnett

4:30pm The Level, Extent and Nature of Interpersonal Violence During Pregnancy: A Study of 400 Australian Women (p 35)
Deborah Walsh

5:00pm The Impact of Prior Maternal Trauma on Emotional Availability and Attachment (p 10)
Jacqui Beall, Clara Bookless and Alexander McFarlane

5:30 PM - 6:30 PM AGM Conference Room 1/2/3

7:00 PM Conference Banquet King Bo Restaurant

Saturday, 10 September 2005

8:30 AM - 9:00 AM *Registration*

9:00 AM - 10:30 AM Plenary Conference Room 1/2/3

Chaired by Anne Buist

9:00am Negotiating Purposes and Experiences, Joys and Fears, Anger and Love with Infants: How A Sociable Self Grows and Makes Sense in Company (p 30)
Colwyn Trevarthen

10:00am Beyondblue and Beyond: Emotional Care of Childbearing Indigenous Women by Partnership with Indigenous Women at Three Sites in Queensland -- A Work in Progress (p 20)
Hayes, B.A., Geia, L. and Egan, M.E.

10:30 AM - 11:00 AM *Morning Tea*

11:00 AM - 1:00 PM Concurrent Sessions G and H

Concurrent Session G: Difficult Births and Conception Conference Room 1/2/3

Chaired by Jane Fisher

11:00am To See, or Not To See: That is The Question! Exploring Issues in Post-natal Care After a Baby is Stillborn (p 12)
Penny Brabin

11:30am Assisted Conception: A Risk Factor for Postpartum Admission to a Private Hospital Mother Baby Unit? (p 16)
Jane Fisher, Karin Hammarberg, Gordon Baker

12:00pm Reconstructing Birth after Caesarean Section (p 28)
Lynne Staff, Jenny Gamble, and Debra Creedy

12:30pm The Impact of Infertility and Assisted Conception on Postpartum Psychological Functioning and Infant Care at Three Months (p 19)
Hammarberg, K.; Fisher, J.R.W.; and Rowe, H.J.

Concurrent Session H: Screening / Risk Factors Legends

Chaired by Marie-Paule Austin

11:00am Antenatal Psychosocial Screening and Care Planning at Royal Hospital for Women, Randwick, Australia (p 25)
Susan Priest and Marie-Paule Austin

11:20am Results of the Western Australian cohort of the beyondblue National Postnatal Depression Program (p 13)
Brooks, J., Doherty, D., & Speelman, C.

11:40am An Urban/Rural Comparison of Women Living in Victoria on Postnatal Depression (p 18)
Ying Zhi Gu, Anne Buist, Jennifer Ericksen, Justin Bilszta, Jeannette Milgrom

12:00pm Assessing for Psychosocial Risks in Pregnancy – Are 'No Risks' Indicative of Good Postpartum Adjustment? (p 22)
Janan Karatas, Stephen Matthey, and Bryanne Barnett

12:20pm Informed Decisions in Prenatal Genetic Screening are Associated with Delayed Maternal-Fetal Emotional Attachment (p 27)
Heather Rowe, Jane Fisher and Julie Quinlivan

1:00 PM - 2:00 PM *Lunch*

2:00 PM - 3:30 PM Concurrent Sessions I, J and K

Concurrent Session I: Mother and Infant **Conference Room 2/3**
Chaired by Campbell Paul

2:00pm Looking for Love (p 14)
Julie Campbell

2:20pm Green's Theory 'The Dead Mother Complex' as Interpreted through the Experiences of Infants (p 22)
Tess Kingsley

2:40pm Infants Interacting with Infants (p 23)
Stephen Malloch, Ben Bradley, Rudi Črnčec, Brooke Adam, Philip Tam, Bryanne Barnett

3:00pm An Insecure State of Mind Regarding Attachment Predicts Persistence of Depression Four Years After Childbirth (p 24)
Catherine McMahon, Tania Trapolini, Bryanne Barnett, Nick Kowalenko

Concurrent Session J: Mother Baby Units / Cultural Issues **Conference Room 1**
Chaired by Klara Szego

2:00pm Homeward Bound: An Outreach Modality of Care (p 15)
Angela Eeles

2:20pm The Essential Ingredient (p 29)
Margaret Stuchbery, Rudi Crncec and Bryanne Barnett

2:40pm Families and Perinatal Mood Disorders: A Specialist Unit Approach (p 30)
Margaret Stuchbery, Jane Phillips and Bryanne Barnett

3:10pm Implementation of a Perinatal Resilience Model in a Rural Area (p 28)
Louise Ryan

Concurrent Session K: Training/Education **Legends**
Chaired by John Condon

2:00pm Feeling Attached - Parent and Infant Mental Health: Building Primary Care and Community Worker Partnerships (p 32)
Anne Sved Williams and Wendy Thiele

2:30pm 'Secure Base and Safe Haven': The Circle of Security as a Template for Outreach Innovation (p 33)
Neil Underwood

3:00pm Beyond Baby Blues- a United Australian Voice for the Lived Experience of PND (p 17)
Michelle Fletcher

3:30 PM - 4:00 PM Afternoon Tea

4:00 PM - 5:30 PM Concurrent Sessions L and M

Concurrent Session L: Panel **Legends**
Chaired by Anne Buist

4:00pm Infanticide: Mercy and Justice? (p 14)
Anne Buist, Danny Sullivan, Douglas Bell and Ian Freckelton

Concurrent Session M: Workshop **Conference Room 2/3**

4:00pm Bipolar Disorder in Pregnancy and the Postpartum (p 50)
Spiri Katsenos and Michael Block

5:30 PM - 6:00 PM Farewell Drinks

An Antenatal Cognitive Behavioural Group Therapy Program for Early intervention and Prevention of Perinatal Depression and Anxiety

Marie-Paule Austin*, Maureen Frilingos*, Wendy Roncolato*, Judith Lumley**

* Royal Hospital for Women, Sydney
** Centre for Study and Mothers' and Children's Health, Melbourne

Email: frilingosm@sesahs.nsw.gov.au

Objectives: The aim of this study was to evaluate the effectiveness of an antenatal cognitive behavioural group intervention in a primary care setting, for pregnant women identified as symptomatic in pregnancy or at risk of developing depression or anxiety in the subsequent perinatal period. This is the largest study of antenatal outcomes to date, examining whether an antenatal treatment intervention can prevent postnatal problems in an "at risk" group of women.

***Method*:** Pregnant women identified during routine psychosocial assessment at a large obstetric teaching hospital as experiencing current depressive or anxiety symptoms, or at risk of post-natal depression and anxiety, were invited to participate in the study. Subjects were randomized to either a control condition, where they received an information booklet on postnatal stress and depression, or to a six session cognitive behavioural therapy group program. All participants were assessed by clinical interview initially and at 2 months post-partum, as well as completing a number of brief self-report questionnaires at baseline measuring symptoms of anxiety and depression, maternal attitudes, self-esteem and locus of control. Questionnaires were repeated post-intervention, along with measures of parenting stress and infant temperament as reported by mother and father, and again at 2 and 4-6 months postpartum.

Result and Discussions: Of 774 eligible pregnant women approached, 301 participated in the study (an acceptance rate of 38.8%). Over a 3-year period 32 therapy groups were conducted, with an average of 6 participants per group. Final postpartum data is currently being collected. A full analysis will be conducted on the data from approximately 200 group participants and 100 control group participants returning follow-up data. Preliminary analysis on immediate treatment outcomes indicated significant improvement for the therapy group compared to the control group on depression and anxiety symptoms, and has been reported on previously. Full results will be available at presentation and discussion will focus on postnatal outcomes in terms of the effectiveness of early intervention programs and the value of identification of "at risk" women and the provision of targeted interventions in the antenatal period. The potential of CBT as an early intervention strategy in the prevention of depression and anxiety in the perinatal period will also be discussed.

The Antenatal Prediction of Postnatal Depression: Validation of a Psychosocial Pregnancy Risk Questionnaire

Austin M-P*, Hadzi-Pavlovic D, Saint K, Parker G

Mood Disorders Unit, Black Dog Institute and School of Psychiatry, University of New South Wales, Sydney, Australia

* Department Liaison Psychiatry, Prince of Wales Hospital, Sydney, Australia

Email: m.austin@unsw.edu.au

Objective: To assess the predictive value of an antenatal index of risk for postnatal depression (PND).

Method: Participants returned the Pregnancy Risk Questionnaire (PRQ [18 antenatal items]) and the Edinburgh Depression Scale (EDS) at a mean of 32 weeks gestation; the EDS was then mailed out at 2 and 4 months postpartum to ascertain those women who were screen positive (score > 12) ie. probable cases of depression. Only those returning the EDS at two and/or four months were included in the study (N=1296). Women who screened positive (N= 322; 24.8%) were contacted and of these, 245 completed the Auto-CIDI and form the basis of our primary analyses.

Results: A CIDI diagnosis of major depression was found in 5.3% women at either 2 or 4 months. In this population, the optimal PRQ cut-off was $\geq$ 46 at which point sensitivity was 44% and specificity 92%. At this cut-off 9.9% tested positive (for risk of PND) on the PRQ with a positive predictive value (PPV) of 23.5%. Of the 1079 women who scored below 46 on the PRQ, 3.2% were cases of CIDI depression while of those 119 scoring 46 or above, 23.5% were CIDI cases at two or four months postpartum, yielding an odds ratio of 9.18.

Conclusion: Using a cut-off of $\geq$ 46, the PRQ is better than previously reported tools in the antenatal prediction of PND with respect to sensitivity and specificity, while like other studies PPV remains limited. The PRQ allows identification of high and low risk groups and thus has applicability in both the research and clinical settings.

The Impact of Prior Maternal Trauma on Emotional Availability and Attachment

Jacqui Beall, Clara Bookless and Alexander McFarlane

Department of Psychiatry, Adelaide University, and Queen Elizabeth Hospital, South Australia

Email: jacqueline.beall@adelaide.edu.au

This paper is a part of a longitudinal study examining the relationships between maternal risk factors, mother-infant interactions, and the development of infant self-regulation and addresses the following key hypothesis. Does prior maternal trauma history negatively impacts on a mother's ability to be emotional available to her child and ultimately on her attachment to her child?

The level of parental responsivity to her infant may be compromised by several factors such as ongoing maternal depression (Brennan et al, 2000), particularly if the mother is insensitive to the child's needs (NICDH, 1999). However, the impact of other types of parental psychopathology, such as posttraumatic stress disorder (PTSD), have largely been ignored. An earlier study by

Lyons-Ruth and Block (1996), with a high risk sample, found that maternal childhood maltreatment was associated with disruptive care-giving responses. However, the affect of trauma symptoms was far from straight forward, particularly in relation to attachment patterns.

This study involves 48 low-risk mother-child dyads who have been followed since 37 weeks gestation. When the children were 13 months of age the Emotional Availability scales (Biringen, Robinson, & Emde, 1993) were used as a measure of mother-infant interaction. At 18 months the Strange Situation Procedure (Ainsworth et al, 1972) was utilized as a measure of attachment.

Approximately seventy percent of the mothers in the study have experienced some form of previous trauma. These traumas were not restricted to child maltreatment or to childhood. It was found that trauma experience was related to lower maternal sensitivity during mother-infant interactions, as well as higher levels of maternal anxiety. Differential patterns of behaviour were identified between those mothers who had suffered a trauma and reported significant PTSD symptoms post trauma and those who did not report significant PTSD symptoms. The data is currently being analyzed in relation to how the mothers' trauma histories relate to infant attachment status. In addition, the possibility of early identification of problematic mother-infant dyads will be discussed.

This research has been funded by the Channel 7 Children's Research Foundation of SA Inc, and the South Australian Variety Club.

Using the Edinburgh Postnatal Depression Scale (EPDS) for the Screening of Perinatal Depression – Experiences of Postnatal Women and Health Professionals Involved in the *beyondblue* National Postnatal Depression Program

JLC Bilszta*, AE Buist, B Barnett, J Brooks, J Condon, B Hayes, J Milgrom and the *beyondblue* National Postnatal Depression Program teams

* *beyondblue* National Postnatal Depression Program, Heidelberg Repatriation Hospital

Email: justin.bilszta@austin.org.au

Objectives: Disagreement exists over the appropriate use of the EPDS as a tool for screening for depression during the perinatal period. This paper will describe use of the EPDS and the evaluation of postnatal women and health professional's experiences with it, in the context of a large, mutlicentre, national study.

Methods: As part of the *beyondblue* National Postnatal Depression Program's evaluation of universal perinatal depression screening, postnatal women and health professionals were questioned about their experiences with the EPDS. For postnatal women, this study was interested in their reaction to their EPDS score, the relationship between the EPDS score and self reported feelings of anxiety/depression and the relationship between EPDS score and help-seeking behaviour. For health professionals, interest was in use of the EPDS within clinical practice.

Results: Screening for perinatal depression with the EPDS was found to be acceptable to women. Results suggest that there is high correlation between the EPDS score and self-reported feelings of distress. Maternal-child health nurses (MCHNs) and midwives preferred to use the EPDS compared to GPs with GPs preferring clinical interview/assessment. MCHNs found the EPDS significantly more useful than midwives and GPs; MCHNs and GPs were also

much more comfortable than midwives in explaining the EPDS to mothers. All health professionals favoured more training in the use of the EPDS.

Conclusions: The EPDS can be successfully integrated into the health professionals' "tool box" to assist with the detection of perinatal depression. However, appropriate training and support is required. This, together with acceptability of the EPDS to women and their lack of distress in completing it, strongly supports the introduction of universal depression screening during the perinatal period.

To See, or Not To See: That is The Question!
Exploring Issues in Post-natal Care After a Baby is Stillborn

Penny Brabin

Psychologist in private practice; SANDS Australia; Monash University Dept of Psychological Medicine, Monash Medical Centre, Clayton Victoria

Email: pennyb@mira.net

Welcome advances in obstetric care have resulted in a significant reduction in the incidence of loss of a baby around the time of birth. The corresponding changes in parental expectation of loss have added to the complexity of this emotionally traumatic experience. Since 1970 the standard practices of post-natal care have reversed, from care aimed at preventing grief - don't see the baby, go home and have another - to care aimed at facilitating grief - encouraging memories and recognition of the deceased baby. This change in practice, despite being widely endorsed, was based predominantly on recommendations from anecdotal evidence of parental satisfaction with limited assessment on outcome measures.

In July 2002, the highly influential British journal, The Lancet, reported a study entitled *Assessment of guidelines for good practice in psychosocial care of mothers after stillbirth* which asserted, contrary to current good-practice guidelines, that behaviours promoting contact with a stillborn baby - seeing and holding the baby - were associated with poorer emotional outcomes for mothers and the subsequent infant. This raised much concern to parents who have suffered stillbirth.

In this presentation, the conclusion in this British paper is challenged considering aspects of the study design and relevant issues that were not addressed. Presenting perspectives from 20 years of clinical work with parents surviving a perinatal loss and reporting on both "preference" and outcome data from a large Victorian study on stillbirth (N>400 parents), this paper raises a number of questions including:

What time-frame should be used to assess best-practice care after perinatal loss?

Should parents be guided in their decision-making regarding contact with the baby?

Discussion of questions such as these will culminate in recommendations for best-practice care for optimal long-term health outcomes in parents and their families after perinatal loss.

Brabin, PJ (1995) *Stillbirth: Implications for subsequent pregnancy.* PhD Thesis, Monash University, Faculty of Medicine, Department of Psychological Medicine

Brabin, PJ (2004) To see, or not to see: that is the question. Challenging good-practice bereavement care after a baby is stillborn: The case in Australia. *Grief Matters: The Australian Journal of Grief and Bereavement* 7(2), 28-33.

Results of the Western Australian cohort of the *beyondblue* National Postnatal Depression Program

Brooks, J.*, Doherty, D., & Speelman, C.***

* The Beyondblue National Postnatal Depression Program, School of Psychology. Edith Cowan University, Perth
** Women and Infants Research Foundation

Email: j.brooks@ecu.edu.au

Postnatal depression (PND) affects about 14% of women who give birth, and recent evidence suggests that many women may in fact be depressed during their pregnancy. Research has linked depression at this time to chronic depression, marital difficulties and behavioural and cognitive delays in children. Despite the prevalence and consequences of depression occurring antenatally and postnatally, most women commonly remain unidentified and untreated. The *beyondblue* National PND Program looked at the use of a simple mental-health screening tool, the Edinburgh Postnatal Depression Scale (EPDS), in an Australian population, to identify women who may be at risk of antenatal and postnatal depression. A demographic and psychosocial risk factors questionnaire was also completed by participants to examine the range of potential risk factors associated with depressive outcomes. Antenatal screening for depression occurred at 26-34 weeks gestation, consisting of the EPDS and the demographic/psychosocial risk factors questionnaire. Four thousand, eight hundred and thirty nine women were accessed through Western Australian antenatal clinics at 3 major obstetric hospitals. Postnatal screening with the EPDS was conducted at approximately 12 weeks postpartum in collaboration with WA child health nurses (with a return rate of approximately 80%). This paper will present the main findings from the analyses of the 4839 women recruited in Western Australia from 2002 to 2004, as part of the *beyondblue* PND Program. Results will also be compared with the National findings to ascertain differences and similarities.

The Mental Health of Women Giving Birth in Australia 2002-4: The beyondblue National Postnatal Depression Program

Anne Buist*, Bryanne Barnett, John Condon, Jeannette Milgrom, Barbara Hayes, Janette Brooks, Marie Paul Austin, Nick Kowalenko, Rebecca Reay

* University of Melbourne, Austin Health Dept Psychiatry

Email: a.buist@unimelb.edu.au

Aims: The project involving all states and territories except NT, aimed to capture data on the mental health of women during this stressful time, as well as evaluate the feasibility and impact of screening, training and educational material on attitudes, help seeking behaviour and knowledge.

Method: Thirty four maternity hospitals across Australia participated in a screening program for antenatal and postnatal women between 2002-2004, involving over 30,000 women. Data was collected antenatally, with postnatal depression scores. In a subgroup of women, and health professionals, detailed feedback on the program, supports and attitudes was obtained.

Results: This presentation will provide an overview of demographics and psychosocial variables in women giving birth across Australia, with reference to key risk factors. On preliminary analysis, 20% of women had high EPDS scores antentally and 16% postnatally, appearing

lowest in WA. Screening was generally seen as positive and acceptable (81% of women were comfortable, only 26% midwives requested more support), with positive feedback on training as well as improved knowledge scores. Depression continued to have a low rate of recognition in women, with 23% ignoring suggestions for further help.

Conclusions: Depression is common in the Australian perinatal population. Screening is feasible and acceptable if implemented with training and support, but further measures are required to improve acceptability of services and their access.

Infanticide: Mercy and Justice? (Panel)

Anne Buist*, Douglas Bell, Ian Freckelton*** and Danny Sullivan****

* University of Melbourne, Austin Health Dept Psychiatry
** Barrister
*** Victorian Institute of Forensic Mental Health (Forensicare)

Email: a.buist@unimelb.edu.au

Since the high profile cases of Linda Chamberlain and more recently Andrea Yates (Texas), there has been increasing attention given to infanticide. In Victoria there has been a recent review of legislation by the Law Reform Commission, as well as several high profile cases in the media.

In this symposium an eminent forensic psychiatrist and barrister with a high profile and strong interest in law and mental health, will be asked about the current legal and psychiatric issues that pertain to women who kill their child.

The format will be presentation of case histories with questions directed to each of the experts about issues raised from the presentation of these women and their progress through the legal system, the role of the treating clinicians, and how those at risk might be able to be identified in order to prevent where ever possible such tragedies.

Looking for Love

Julie Campbell

University of Western Sydney and NSW Institute of Psychiatry

Email: ccbooks@optusnet.com.au

Young children who are blind from birth face difficulties in many aspects of early development. One area of difficulty for the children and their parents is experienced in interaction and communication, as much of the repertoire of non-verbal communication available to sighted mothers and their children is not available. When babies who can see turn to sound, point, reach, and use gestures, caregivers treat these behaviours as meaningful and respond with words, names and descriptions. So looking and shared reference become important aspects of early language and cognitive development. Babies use all these experiences to understand the agency and intentionality of others and to develop the capacity for intersubjectivity, that is, an ability to share feelings with others and to deliberately engage with them.

The question that prompted this study was how sighted mothers and blind children share feelings and intentions and make themselves psychologically present to each other (Preisler, 1997). Four mother-child dyads were assessed using the Emotional Availability Scale (Biringen, 1998) when the children were aged eighteen months. The results demonstrate the difficulties experienced and also the adaptive strategies used in each case.

Understanding the Informational Needs of Men/fathers in the Perinatal Period

Jacqui Coates-Harris

Early Intervention Maternal Mental Health Service, Waikato District Health Board

Email: COATESHJ@waikatodhb.govt.nz

Whilst there has been widespread interest in identifying the needs of women who suffer from maternal mental health problems during the perinatal period, there has been little interest or research undertaken to identify the needs of men/fathers during this period.

More specifically, understanding what men/fathers want to know about maternal mental health problems, personal coping strategies and strategies to support their partners.

The aim of this small exploratory study was to identify what these informational needs were, by using both focus group and survey questionnaire methodologies.

It was envisaged that the information gained from this study would then be used to develop a series of educational videos for fathers, by fathers with the view that these videos would increase men/fathers understanding and their ability to look after themselves and their partners more effectively. Thereby lessening the effects of maternal mental health problems on both women and men during the perinatal period.

This paper seeks to enlighten the audience not only about what the informational needs of men/fathers were in this study, but also reveals what the specific effects and experiences these men encountered during this time.

Homeward Bound: An Outreach Modality of Care

Angela Eeles

Werribee Mercy Mental Health Program, Mother – Baby Unit.

Email: aeeles@mercy.com.au

Werribee Mercy Mother – Baby Unit is an 8 bed/8 cot public health, post natal inpatient mental health unit. Inpatient care is available to women experiencing postnatal mental health illnesses and their infants who reside in the Western Metropolitan and North Western regions of Victoria.

In 2003, after recognising incidents of fragmented, inadequate, and frequently not complied discharge plans, that inevitably broke down with probable negative outcomes, Werribee Mercy Mother – Baby Unit introduced the provision of a unique modality of care to their patients; a post discharge outreach service. Not only does this modality of care provide continued post

discharge follow up, but facilitates ongoing care to discharged women and their babies and easier access to readmission should these women experience a relapse in their illness.

For the select number of women and their infants admitted to an inpatient mental health Mother – Baby Unit, the discharge transition home can be as (if not more) challenging as the initial decision to leave their home and accept an inpatient admission. Whilst receiving highly specialised mother – infant postnatal mental health care, delivered and provided by expertly trained and professional mental health practitioners, encompassed by a highly developed and specific recovery program and contained within a purpose built building, women and their infants must face the inevitable outcome; discharge. For many women and their infants this means less environmental structure, reduced support and decreased prompt availability of health professionals. Despite this environmental, social and psychological change, women and their infants appear to make a more successful transition to their home environment with the delivery of the following services provided by and outreach modality of care:

- Implementation and ongoing revision of established discharge planning.
- Co-ordination of community services to women, their infants and their families.
- Maintaining collaborative care and management of women and their infants by services and professionals
- Monitoring of women and infants mental health and their transition experience to the family home.
- Reinforcement and adaptation of skills and strategies, learnt and acquired by women during their admission, into the home environment.

The introduction and implementation of an outreach modality of care should enhance and promote the continued mental wellbeing of both mother and infant beyond an inpatient Mother – Baby Unit.

Assisted Conception: A Risk Factor for Postpartum Admission to a Private Hospital Mother Baby Unit?

Jane Fisher*, Karin Hammarberg*, Gordon Baker**

* Key Centre for Women's Health in Society, School of Population Heath, The University of Melbourne

** Department of Obstetrics and Gynaecology, Royal Women's Hospital, The University of Melbourne

Email: jrwf@unimelb.edu.au

Background and aim: In a study of a consecutive cohort of women admitted in 1997 to Masada Private Hospital Mother Baby Unit (MPHMBU) we observed an apparently elevated rate of assisted conception of the index infant. As a result of the initial observation mode of conception was added to the routine admission assessment. The aim of this study was to investigate whether our observation was a chance finding, or whether assisted conception is associated with an increased risk of admission to a residential early parenting program for treatment of maternal mood disorder or infant feeding or sleeping disorders in the postpartum year.

Method: A systematic audit of the medical records of all mother-infant dyads admitted to MPHMBU between July 2000 and August 2002. The rate of assisted conception in the population was derived from data routinely gathered by the National Perinatal Statistics Unit and the Victorian Perinatal Data Collection.

Main outcome measures: Modes of conception and delivery of index infant, maternal and infant age on admission, multiplicity of birth, infant birthweight and Edinburgh Postnatal Depression Scale scores.

Results: A total of 745 records were audited and mode of conception had been recorded in 526 (70.6%). Overall 6% (45 / 745) of the admitted infants had been conceived through ART compared to 1.52% in the general population (RR 4.0, 95% CI 3.0 - 5.4). Admitted mothers who had conceived with ART were older and more likely to have had caesarean and multiple births than those who conceived spontaneously.

Conclusions: Assisted conception appears to be associated with a significantly increased rate of early parenting difficulties. Women who experience assisted conception, especially those who have multiple or caesarean births may require additional support after their babies are born.

Beyond Baby Blues- a United Australian Voice for the Lived Experience of PND

Michelle Fletcher

Beyond Baby Blues

Email: pjmsfletcher@primusonline.com.au

It is widely recognised that early intervention is a key factor to shortening the duration and severity of PND. And early intervention begins with educating the community and then supporting the sufferers and their families.

In Australia there are many small to medium groups who are supporting and educating women, families, health professionals and the media about PND. Many of these are operating on small budgets with volunteers at the helm. In recognition of this, several of these groups formed a coalition to pool resources and provide a network of advocacy across the nation. This network was then approached by Beyond Blue (BB) to become the Consumer and Carer Voice of PND- 'giving voice to the lived experience'

From this came *Beyond Baby Blues* which comprises representatives from across Australia who are both voluntary and paid. Some members operate their own practices, others work from organizational frameworks while yet others support families from their homes or community bases in a voluntary capacity.

Beyond Baby Blues members work on several levels as a team.

- ✓ Providing a consumer voice and advice to Beyond Blue. We work in close partnership with BB.
- ✓ Public Education.
    - o Through National PND Awareness Week which is in November- a national campaign aimed at lifting awareness and breaking down the barriers of PND.
    - o Production of a national Information Pack sponsored by Diana Ferrari and BB which is now distributed throughout hospitals, Maternal Child health clinics and doctors surgeries across Australia. There is no state specific information in this pack.
    - o Assessing the education needs of the community and meeting those needs-eg- we are currently producing a training package for support workers and another for Maternal and Child Health professionals.
    - o Consultation with the media.
- ✓ Resourcing and disseminating Information and research.

- The network is linked strongly with many researchers and media watch organizations.
- Feedback to media about the quality of their reporting on PND issues. For example- if a magazine compiles a particularly well researched article, we will acknowledge that but if a media outlet produces a poorly researched, sensationalized or insensitive article we will help them to see their errors!
- Dissemination of Research and info to our group members and the people we support.

As individual member organisations we continue to provide support to women and families suffering PND and related parenting stresses. Each state has resources, information and practices from which we aim to bring the best together and provide a united voice. Our aim has always to been to educate and support the community and sufferers. To this end we believe that early intervention is so very important and the outworking of this is packaged in what our organsiations do and provide every day to support the Australian community of sufferers and carers.

An Urban/Rural Comparison of Women Living in Victoria on Postnatal Depression

Ying Zhi Gu, Anne Buist, Jennifer Ericksen, Justin Bilszta, Jeannette Milgrom

The beyondblue National Postnatal Depression Program

Email: y.gu1@ugrad.unimelb.edu.au

Aims: The project aims to compare the prevalence of postnatal depression between women living in metropolitan and regional Victoria and to examine the effect of demographic and psychosocial variables on its development. It also aims to determine whether differences exist in the predictive factors between the two groups, and the impact, if any, that urban/rural residence has.

Method: Urban data is obtained from two hospitals in Melbourne as part of The beyondblue National Postnatal Depression Program while rural data is from an existing screening program in the Albury-Wodonga region. Antenatal data containing information on key risk factors and postnatal depression scores have been collected from over 1800 women.

Results: This presentation will summarize the demographic and psychosocial composition of the two groups, outlining similarities and differences. Early analysis show that 8.5% of rural women had high postnatal EPDS scores compared to 7.9% of urban women, despite findings that more rural women (12.3%) had the higher scores antenatally than urban women (6%). Results are still pending on the factors associated with postnatal depression for each group but will be presented.

Conclusion: Screening is an important method of identifying women with perinatal depression; this data may also help identify particular risk factors to consider in women from the country, particularly antenatally.

The Impact of Infertility and Assisted Conception on Postpartum Psychological Functioning and Infant Care at Three Months

Hammarberg, K.; Fisher, J.R.W.; and Rowe, H.J.

Key Centre for Women's Health in Society, School of Population Health, University of Melbourne, Victoria, Australia

Email: karinhammarberg@bigpond.com

There is emerging Australian evidence that assisted conception may increase women's risk of early parenting difficulties. The aim of this study was to examine the impact of infertility and Assisted Reproductive Technology (ART) on postpartum maternal mood and infant behaviour.

Material and methods: This prospective longitudinal study recruited participants consecutively at 6 weeks gestation from two Victorian ART centres and used mailed questionnaires in pregnancy and 3, 8 and 18 months postpartum. Three months after birth the questionnaire assessed childbirth experiences, maternal mood and perception of infant sleep, cry and feeding patterns. It incorporated the Edinburgh Postnatal Depression Scale (EPDS). Two composite scores were calculated. The Burden of Infertility and Treatment (BIT) score incorporated 7 factors: maternal age, cause and length of infertility, number of embryo transfers, previous pregnancy losses and live births and use of donor gametes. An Infant Sleep, Cry and Feed Pattern (ISCFP) score was calculated by summarizing scores of 11 questions relating to mothers' reports of infant behaviours.

Results: Of the 238 eligible women 181 (76%) agreed to participate. Women with higher BIT scores were significantly more likely to report dissatisfaction with the intra and postpartum hospital care than those with low scores ($p=.015$). BIT and EPDS scores were not significantly associated, but there was a significant correlation between BIT and ISCFP scores ($p=.05$). This indicates that mothers with greater burden of infertility and treatment report significantly more infant sleep, cry and feeding difficulties. Women with higher BIT scores felt more anxious about infant care ($p=.031$) and had utilized more specialist postnatal services ($p=.04$). There was no difference in ISCFP score between primiparous and multiparous women but women caring for unsettled babies (higher ISCFP scores) were more anxious than those whose babies were more settled ($p<.0001$).

Conclusion: Although ART pregnancies are meticulously planned and highly desired, infant care poses challenges that some women may be unprepared for. The degree of difficulty involved in conceiving, as assessed by the BIT score, can help identify women who may need additional support in the early postpartum period following ART.

Beyondblue and Beyond: Emotional Care of Childbearing Indigenous Women by Partnership with Indigenous Women at Three Sites in Queensland -- A Work in Progress

Hayes, B.A.*, Geia, L. and Egan, M.E.*****

* School of Nursing Sciences, James Cook University and *beyondblue* National Postnatal Depression Project
** Indigenous Women's Consultant, Queensland *beyondblue* National Postnatal Depression Project
*** Indigenous Research Assistant, Queensland *beyondblue* National Postnatal Depression Project

Email: barbara.hayes@jcu.edu.au

The National Health Strategy for Australian Indigenous People (1992) includes a timely imperative: "Do not do anything for us, without us." In the *beyondblue* National Postnatal Depression Project, culturally sensitive partnerships were formed with Indigenous women at three sites in North Queensland, as part of a combined education and training initiative by the Queensland team of the national project. The Indigenous Women's initiative drew on the earlier survey of Swan and Raphael who, in 1995, reported in the National Consultancy Report on National Aboriginal and Torres Strait Islander Mental Health Policy that women preferred clinical screening to be accompanied by time to discuss their feelings. Aboriginal women strongly preferred to *talk* with someone about their feelings, rather than simply filling out a questionnaire. They also corroborate with Druett (1994) on the fact that there is a need for culturally sensitive and appropriate education programs for Aboriginal women and non-Aboriginal and Aboriginal health workers to enhance the detection and management of PND among Aboriginal women in their communities.

The following principles were applied rigourously throughout the initiative:
- Formation of an Indigenous Women's Reference Group at each of the three sites;
- Iterative consultation throughout the initiative;
- Ownership by each site of their own version of the Edinburgh Postnatal Depression Scale (EPDS) or Edinburgh Depression Scale (EDS) and their own version of the booklet distributed nationally called *Emotional Care during Pregnancy and Early Parenthood.*

Rigorous application of these principles required generation of innovative grass-roots institutional and individual strategies to establish a process which can be replicated. These strategies are discussed in this presentation.

Anxiety, Prehistory and Woolly Mammoths
Form and Fantasy in Children's Anxieties about Pregnancy and Birth

Brian Hunt

Psychotherapist, Private Practice, Sydney

Email: bjhkwh@optusnet.com.au

I am quite sure that prehistoric man felt anxiety when hunting the woolly mammoth, as the outcome of the hunt was by no means a certainty. He may also have felt residual anxiety even after the hunt was over whether it was successful or not, as in hunting this beast, survival was by no means sure.

Our own woolly mammoths however do not have the defined and certain reality of this ancient creature and they come upon us in a rush, lurching grimly from the darkness of our individual prehistory, before the development of the autobiographical self, where, in the search for love and nourishment we have been trampled by these phantasmagoria created to provide a means of survival but constantly felt as possible annihilation.

The shape of anxieties or the space they seem to occupy, present very different representations to each person. However, all 'anxiousness' manifests in behavioural forms generated by the same neuronal substrate. Thus when Solms and Turnbull refer to anxiety they refer to the 'fear system' (Solms and Turnbull 2002) and describe this functional structure in relation to its contribution to survival both from an evolutionary phylogenetic viewpoint and its place in the development of the individual.

This Paper seeks to describe through visual examples and clinical material the treatment of space and form in young children's play and visual imagery when these expressive means are modified by anxious fantasies about pregnancy and birth.

Reference: Mark Solms and Oliver Turnbull, *The Brain and the Inner World, p.126,* Other Books, New York 2002.

TO FETCH A PAIL OF WATER: Jack, Jill and The Baby

Sarah Jones

Private Practice; Royal Children's Hospital; University of Melbourne

Email: sjjones@melbpc.org.au

Jack and Jill Went Up the Hill is a useful metaphor for modern times. This well known nursery rhyme offers us a way to understand couples who, relatively late in their child bearing years, ascend the hills of adulthood to partner and conceive. The couple fulfil their developmental wish to partner and to create a child. In this light, the pail represents a container for a relationship capable of bearing a life giving force. However the tale sometimes ends in tears. The tumbling down/broken crown may be the outcome for couples and their babies when the relationship is unable to bear rivalrous feelings, i.e a third. The pregnancy or arrival of the infant can create too much of a challenge, so that either Jack, Jill or both start to tumble. They can fall into the anxiety of the potential (or actual) breakdown of the adult attachment relationship while simultaneously having to deal with the urgent needs towards their developing infant stirring within them. Love, hate and jealousy can pour into the pail.

These individuals may express their distress while attending a variety of perinatal services. This workshop aims to explore the impact of pregnancy and child on fragile heterosexual relationships. It will describe a model of addressing the couple's needs whilst actively working with the infant and facilitating the parent-infant relationship drawing on psychoanalytic couple therapy and infant mental health frameworks.

The paper intends to offer professionals in perinatal settings ways of thinking about:

- the painful struggle for both adults to feel valued in the face of threat and loss
- the therapeutic possibilities of the presence of an infant in couple work
- the capacity to work with the conflicting demands of a distressed relationship and the urgent needs of the baby to have a relationship with both parents
- the therapist's relationship with the threesome

Assessing for Psychosocial Risks in Pregnancy – Are 'No Risks' Indicative of Good Postpartum Adjustment?

Janan Karatas, Stephen Matthey, and Bryanne Barnett

Sydney South West Area Health Service

Email: Janan.Karatas@swsahs.nsw.gov.au

Infant, Child and Adolescent Mental Health Service, a division of the Area Mental Health in Sydney South West Area Health Service, is the NSW lead agency for implementing routine Integrated Perinatal and infant Care (IPC). IPC is an integrated approach, which has incorporated routine psychosocial assessment for all women during the antenatal and postnatal period since November 2000.

This psychosocial assessment process identifies women either

1. Currently experiencing, or at risk of developing, psychosocial distress
2. Not currently, and not at risk of developing, psychosocial distress.

The women in Group 1 are offered a referral as a method of early intervention. The women in Group 2 are not offered a referral, nor are they later re-screened in pregnancy. This project aims to answer the question 'Are 'no risks' in pregnancy indicative of good postpartum adjustment?' We aimed to answer this question by following up a group of women who were antenatally identified as 'not at risk' at 6 to 8 weeks postpartum. These women participated in a semi-structured telephone interview and were administered the Edinburgh Postnatal Depression Scale and the Hospital Anxiety and Depression scale – Anxiety Subscale. To date we have interviewed 40 women, with an aim to reach 50.

Results are currently pending but will be presented at conference.

Green's Theory 'The Dead Mother Complex' as Interpreted Through the Experiences of Infants

Tess Kingsley

Maternal and Child Health, South Eastern Private Hospital, Melbourne

Email: tessk4@iprimus.com.au

In 1960 Andre Green established a link between the symptoms of some of his adult patients to a childhood depression. In most instances, Green's analysis indicated the depression to relate to the absence of the mother. Green called his theory ' The Dead Mother Complex'. The loss was not a physical loss, but rather the loss relating to the mother, who although present, was not emotionally available to the infant.

The content of the paper relates the stories of two infants. The narrative describes the events in the children's lives, explores how the children experience these events and how these children present, drawing on relevant aspects of Green's theory.

The paper will progress to a perspective on empathy, seeking to define empathy and explore the value of empathy as a simple strategy toward containing emotional distress.

Infants Interacting with Infants

Stephen Malloch*, Ben Bradley, Rudi Črnčec*, Brooke Adam*, Philip Tam***, Bryanne Barnett*****

* MARCS Auditory Laboratories, University of Western Sydney
** School of Social Sciences, Charles Sturt University
*** Sydney South West Area Health Service

Email: s.malloch@uws.edu.au

The most common form of research into infant interaction is that with the mother. Studies of intersubjectivity and contingency – for example, studies using the 'still face' (eg. Tronick et al, 1978) or 'double video' (eg, Murray & Trevarthen, 1985) paradigms – invariably focus on the dyadic mother-infant relationship, sometimes comparing this with infant interaction with an adult stranger. However, because infant-adult interactions are skewed in terms of communicative competence, critics argue that the proto-conversational exchanges observed in the early months of life are the result of adults 'scaffolding' infant expressions. The concern of our presentation, however, is with the social interaction of infants in infant-only groups of three, and the impact of post-natal depression on this interaction.

Following up findings from pioneering clinical work with mothers and babies in groups, suggesting that babies are capable of participating in group processes (Paul & Thomson-Salo, 1996), Selby and Bradley proposed that spontaneous infant communication could be systematically observed in all-infant groups. Their studies of trios of 9 month-olds showed that babies are capable of endowing behaviours with unique meanings through inter-baby exchange, and babies show a capacity to be involved with more than one other at the same time (Selby & Bradley, 2003). Building on Selby and Bradley's work, our study looks at gaze, movement and vocalisation behaviours in infant-trios. Gaze is analysed as durations of gaze given and gaze received; vocalisation is analysed as type of vocalisation and duration; movement is analysed as total movement of the limbs of the infants. Results are reported for differences in behaviour based on gender, and on whether the infant's mother has suffered from significant episodes of post-natal depression.

Our results are reported within the theoretical framework of the "maternal prototype hypothesis" (that infant-mother attachment is the dominant influence on all other social relationships; eg, Bowlby, 1982) and the "peer socialisation hypothesis" (that babies have a "general relational capacity" that prepares them for multiple relationships, including affiliation with peers; eg, Harris, 1995). In addition, results will be put in the context of findings from research into intersubjectivity (eg, Trevarthen, 2001) and communicative musicality (eg, Malloch, 1999/2000).

References:

Bowlby, J.(1982) *Attachment and loss, vol.1: Attachment*. London: Hogarth
Harris, J.R. (1995). Where is the child's environment? A group socialization theory of development. *Psychological Review, 102,* 458-489
Malloch, S. (1999/2000). Mothers and Infants and Communicative Musicality. Special Issue of *Musicae Scientiae*: *Rhythm, Musical Narrative and Origins of Human Communication*, 29-57.
Murray, L, Trevarthen, C (1985) Emotional regulation of interactions between two-month-olds and their mothers In Field, T and Fox, N (eds) *Social perception in infants* Norwood, N J: Ablex, 177-197.
Paul, C. & Thomson- Salo, F. (1996). Infant-led psychotherapy with groups. *Journal of Child Psychotherapy, 6*, 118-136
Selby, J.M. and Bradley, B.S. (2003). Infants in Groups: A Paradigm for the Study of Early Social Experience. *Human Development, 46*, 197-221.
Trevarthen, C. (2001). Intrinsic motives for companionship in understanding: their origin, development, and significance for infant mental health *Infant mental Health J* 22 (1-2), 95-131
Tronick, E., Als, H., Adamson, L., Wise, S., & Brazelton, T. (1978). The infant's response to entrapment between contradictory messages in face-to-face interaction. *Journal of the American Academy of Child Psychiatry*, 17, 1-13.

Development of the Postnatal Stressor Checklist

Stephen Matthey, Alison Galletta, Kate Bull, Bryanne Barnett

Child & Adolescent Mental Health Service, Sydney South West Area Health Service

Email: stephen.matthey@swsahs.nsw.gov.au

Decisions about pnd treatment options need to consider the stressors a woman is experiencing that may be related to her mood difficulties. The Postnatal Stressors Checklist is thus a 68-item (or 20-item Brief version) self-report measure for women experiencing postnatal distress. It allows women to consider what factors, in their opinion, have contributed to their difficulty in coping postnatally. The items were derived from surveying 200 women with 1 year-old infants, and 27 health professionals from a variety of theoretical orientations and disciplines. Acceptable test-retest reliability, and concurrent and discriminant validity, have been found for the Checklist. Examples of how this information may guide clinicians to decide which type of psychological treatment will be presented.

An Insecure State of Mind Regarding Attachment Predicts Persistence of Depression Four Years after Childbirth

Catherine McMahon*, Tania Trapolini*, Bryanne Barnett, Nick Kowalenko*****

* Psychology Department, Macquarie University, Sydney;
** South West Sydney Area Health Service
*** Department of Child and Adolescent Psychiatry, Royal North Shore Hospital

Email: cmcmahon@psy.mq.edu.au

Background: This study prospectively investigated factors underlying the maintenance and persistence of Postnatal Depression at child-age 4 years.

Method: 92 primiparous women (72% of an original sample of 127) who were admitted to a parentcraft hospital for a week when their babies were < 4 months old were assessed after discharge at 4 and 12 months postpartum and then again when their first child was four years old. Self-report measures of mood, caretaking history, inter-personal relationships and defence styles were administered at 4 months and the Adult Attachment Interview (AAI) was administered at 12 months. State of mind regarding attachment was assessed by analysing the coherence of discourse in discussing childhood attachment experiences with parents At four years, women who met diagnostic criteria for a concurrent or prior episode of depression on both CIDI interviews (4 months and 4 years), and/or reported elevated CES-D scores at all three time-points, were considered chronically depressed (40%, n = 37).

Results: Hierarchical logistic regression analyses revealed that the strongest predictor of chronic depression at 4 years was severity of depressive symptoms at four months. Women from a non-English speaking background were significantly more likely to remain depressed. Self-report measures did not predict depression at four years, although a trend was noted for immature defence styles and low marital satisfaction (ps < .10). An insecure state of mind regarding attachment significantly predicted depression at 4 years ($p < .025$) after taking account of the variance accounted for by severity of initial depression and non-English speaking background.

Conclusions: Findings demonstrate that maternal state of mind regarding childhood attachment experiences is a strong predictor of vulnerability to ongoing depression after childbirth. At a more practical level, severity of depression symptoms at 4 months may be used to identify those women at risk of chronic and severe depression.

Antenatal Psychosocial Screening and Care Planning at Royal Hospital for Women, Randwick, Australia

Susan Priest* and Marie-Paule Austin**

* School of Psychiatry UNSW; and Perinatal Research Unit, Black Dog Institute, Prince of Wales Hospital, Randwick
** Dept. Liaison Psychiatry, RHW and Prince of Wales Hospital; and Perinatal Research Unit, Black Dog Institute, Prince of Wales Hospital, Randwick.

Email: s.priest@unsw.edu.au

Background: Royal Hospital for Women (RHW) has had an antenatal psychosocial screening program in place since 2000 dedicated to the routine, midwife-led, antenatal psychosocial screening, and selective referral of pregnant women attending RHW as public patients for their booking visits. Following an injection of funds from "beyondblue" during the National Postnatal Depression program, a full time program co-ordinator was appointed from 2002-2005. This enabled the screening program to be expanded, a data base to be created, and an integrated system of perinatal psychosocial care to be implemented in antenatal and postnatal settings.

Participants: Data was collected on 2667 pregnant women. These were English speaking or had an interpreter present, and aged over 18.

Measures: The Edinburgh Depression Scale (EDS) and the Antenatal Risk Questionnaire (ANRQ).

Procedures: Women were screened during the Booking visit by the Midwife doing their pregnancy checkup. They provided informed, signed consent to use of their information. Women were classified according to criteria for "psychosocial risk" and Psychosocial Care Plans were prepared accordingly and implemented.

Results: We will present antenatal results on the EDS and ANRQ, outcomes for risk classification, psychosocial care planning, and referral.

12 Month Follow-up Results of an Interpersonally-Based Group Intervention for the Treatment of Postnatal Depression.

Rebecca Reay*, Rhiannon Mulcahy, Emma Adams***, and Yvonne Fisher******

* *beyondblue* National Postnatal Depression Program; Academic Unit of Psychological Medicine, ACT
** Mental Health ACT and School of Psychology, The Australian National University
*** Mental Health ACT and private practice in Canberra.
**** Private Practice, Canberra

Email: Rebecca.Reay@act.gov.au

Interpersonal psychotherapy (IPT) has been demonstrated to be an effective treatment for postnatal depression (O'Hara MW, Stuart S, Gorman L, Wenzel A, 2000). IPT is a structured, time-limited psychotherapy that focuses on the client's interpersonal relationships as the point of intervention. Since there are significant advantages of group treatment over individual therapy, IPT was adapted for use in a group setting to assess its effectiveness and acceptability.

An open pilot trial was conducted by the Academic Unit of Psychological Medicine, Mental Health ACT. 18 mothers who met the DSMIV criteria for major depression participated in an 8 week closed group based on interpersonal psychotherapy (IPT-G). Several measures of depressive symptoms and social functioning were administered at baseline, 4 weeks, 8 weeks and 3 months post treatment. These included the Edinburgh Postnatal Depression Scale, the Beck Depression Inventory and the Hamilton Depression Rating Scale. Changes in social adjustment and interpersonal functioning were measured using the Social Adjustment Scale. The results from this trial revealed a significant decrease in the depression scores of the subjects following treatment which was maintained at 3 months. The authors will present data from the 12 month follow up, discuss the limitations of the study and recommendations for future research.

Psychosocial Aspects of the Perinatal Period – 'From Here To Maternity' and Beyond!

Jenny Richards and Therese Elsey

Northern Sydney Central Coast Health, Wyong Hospital

Email: jmrichards@doh.health.nsw.gov.au telsey@doh.health.nsw.gov.au

This paper presents an overview of what it has been like to work in a newly developed team, namely the Perinatal Care team in a NSW Central Coast hospital. This was one of the outcomes following a two-year Integrated Perinatal and infant Care (IPC) project funded by Families First which concluded on 30th June 2004. From this, two permanent Perinatal Family Workers positions were created, the two disciplines being social work and mental health.

Case studies will be used to highlight the benefits in supporting women and their families in the perinatal period BEFORE they reach crisis point. This model has a prevention and early intervention focus which primarily aims at averting crisis and perinatal distress, as well as promoting the development of secure parent-infant attachments. Early intervention includes providing counselling and support, linking clients to other relevant services, both pre- and 12 months post-natally, and facilitating the Pregnancy Support Group. This group is therapeutic in nature and is offered to women who have been identified as having significant vulnerabilities when booking in with Maternity Services at Wyong Hospital.

To determine the level of vulnerability, a psychosocial assessment is undertaken to identify a number of issues. These issues include: domestic violence; sexual assault (current or history of); physical, emotional and/or sexual abuse (current or history of); mental health problems (current or history of, and includes family history); alcohol and other drug abuse (current or history of); 20 years old and under; social isolation; social and emotional stressors eg. financial hardship, homelessness, moving home etc. In order for pregnant women to access the Perinatal Workers they must meet specific criteria, part of which includes a combination of any of the aforementioned stressors/vulnerabilities.

Informed Decisions in Prenatal Genetic Screening are Associated with Delayed Maternal-Fetal Emotional Attachment

Heather Rowe*, Jane Fisher* and Julie Quinlivan**

* Key Centre for Women's Health in Society, School of Population Health, Faculty of Medicine Dentistry and Health Sciences, University of Melbourne
** Royal Women's Hospital, Melbourne

Email: h.rowe@unimelb.edu.au

Background: Screening for Down Syndrome (DS) is becoming part of routine antenatal care in Australia. Screening of whole populations now enables diagnostic testing to be targeted to those with a high risk screening result, rather than indicated for advanced maternal age as in the past. At the same time, public health policy has moved from an emphasis on maximising uptake, towards informed choice to participate in screening. There has been limited systematic investigation of the extent of informed decisions to participate in second trimester maternal serum screening (2MSS) in Australia, or of the psychological implications for women. The present study investigates the relationships between informed decision-making and maternal–fetal emotional attachment using validated rating scales.

Method: The participants of this prospective longitudinal study were English speaking women attending for antenatal care, between 8 and 14 weeks gestation, who had not undergone screening or diagnostic testing for DS prior to recruitment. Assessments were completed at 14, 22 and 32 weeks gestation. The Multidimensional Measure of Informed Choice (MMIC), developed and validated in the UK for decisions to undergo 2MSS, has three dimensions: knowledge, attitude to 2MSS during this pregnancy, and includes an item regarding participation in 2MSS (test status). The antenatal attachment questionnaire (AAQ) assesses maternal-fetal emotional attachment in a 19 item questionnaire. Women completed the MMIC and AAQ prior to their decision regarding participation in 2MSS screening. Test status was ascertained at the second assessment and the AAQ was completed again at the second and third assessments.

Results: Only 38 percent (32/85) made informed decisions, meaning that they had adequate knowledge of 2MSS and a test status in agreement with their attitude to screening. Attitudes were reflected in test status in 75% of women. Knowledge deficits were apparent, particularly in those who had 2MSS. For example, 53% of those screened did not know that termination would be offered if DS were diagnosed at subsequent testing. Further, informed decisions to participate in 2 MSS appear to delay emotional attachment to the fetus (p=.034).

Conclusion: Women appear under-informed about prenatal genetic screening and its potential consequences for subsequent pregnancy management. The clinical implications of delayed attachment are as yet unknown.

Implementation of a Perinatal Resilience Model in a Rural Area

Louise Ryan

South West Victorian Postnatal Depression Project
Primary Mental Health Team, South West Rural Victoria.

Email: lryan@swh.net.au

Objective: To outline the implementation of a resilience model for supporting postnatal adjustment in a rural area.

Method: The South West Victorian Postnatal Depression Project has utilised an action-research approach to implementing cultural change. This strategy and the evaluative processes will be outlined together with strengths and weaknesses of such an approach in this context.

Discussion: There is widespread recognition of the lack of mental and community health services in rural areas. Reliance on medical practitioners and community counselling services to identify and treat ante/postnatal depression and poor postnatal adjustment may be inadequate where communities are under-resourced. The development of and justification for the resilience model in a broad geographical rural region will be described. The model incorporates multiple components including widespread, multi-layered professional education, universal antenatal screening, development and distribution of resilience in early parenthood literature, development and introduction of postnatal adjustment training in antenatal classes, annual weeklong public awareness campaigns and emotional health reviews by maternal and child health nurses. This paper will outline the relevance of each component in relation to the current research on postnatal maladaption, postnatal depression and rurality. Facilitators and barriers to the implementation of the model will be discussed.

Reconstructing Birth after Caesarean Section

Lynne Staff, Jenny Gamble, and Debra Creedy

Research Centre for Clinical Practice Innovation, Griffith University, Queensland

Email: Lynette.Staff@affinityhealth.com.au

Background: Although few women in the general population request a caesarean section, preference for this type of birth is more common amongst women who have previously experienced a caesarean section. Rates of attempted and successful vaginal birth after previous caesarean section are low and have been partly attributed to women's request for repeat caesarean section.

Aim: This study explores the childbirth expectations, knowledge, beliefs and attitudes of women who experienced a caesarean section (C/S) and prefer a C/S in a subsequent pregnancy.

Method: An advertisement placed in newspapers in regional and urban areas throughout Queensland invited women who had experienced a C/S to participate in an in-depth telephone interview. The findings of the thematic analysis are from the data collected from the participants who either had a planned elective C/S in their next pregnancy or stated they would choose this option in a subsequent pregnancy.

Results: One hundred and fifty women responded to the advertisement and 96 women could be contacted and interviewed. Prior to the first C/S most participants expected and wanted to birth normally. The data from those women who stated they preferred C/S in a subsequent pregnancy revealed that they reconstructed vaginal birth to be uncertain, unpredictable, unsafe and potentially unachievable. Psychological defence mechanisms are used as a framework for interpreting women's reactions and birth preferences. The major influences on women's preferences for birth of a subsequent baby were the medical discourse that promoted C/S as the safest option, family and friends, and personal negative reflections on birthing experiences.

Conclusions: In response to the professional medical discourse and their birthing experiences, C/S came to be viewed by women in this study as bearable and the least risky option. Understanding women's responses to birthing experiences and the impact on preferences in a subsequent pregnancy is important if health professionals are to improve the quality of care offered to women and their families during the normal, but significant, life event of pregnancy, birth and early parenting.

The Essential Ingredient

Margaret Stuchbery*, Rudi Črnčec* and Bryanne Barnett**

* Karitane
** South west Sydney area Health Service

Email: margaret.stuchbery@swsahs.nsw.gov.au

In the management of perinatal mood disorders much attention is given to the treatment of the individual mother's anxiety or depression. An essential ingredient in the treatment of such disorders is therapeutic attention to the dysregulated mother-infant relationship, which frequently does not self-repair after treatment of a mother's mood disturbance.

We will describe our mother-infant therapy program delivered at a specialist unit for treatment of perinatal mood disorders.

This program, facilitated by two therapists, consists of eight weekly sessions of two hours for a group of mothers and their infants. Each session comprises a period of reflection on the weeks events and experiences for the mother and the infant, an infant-led observation exercise and a reflective phase. The objectives of the group are

1) To promote attachment between mother and infant
2) To develop a reflectiveness in the mother about her infant and
3) To promote the mother's reflective capacity about her own internal states and how these affect her relationship with her infant

The first phase of the group consists of a review of the mother and infant's week as reported by the mother. During this phase the therapists validate and reflect on the mothers experience and sometimes provide reference points for these experiences, either in a social context or with the experience of other group members. The therapists always inquire after the experience of the infant and assist in developing links between the infant's world and his or her behaviour.

The second phase of the group consists of an infant-led play exercise. This involves a 20 minute period of mothers observing their infants in infant directed play, followed by reflection on the infant's intentions, goals and feelings with concomitant reflection on the feelings aroused in the mother during this time.

We will present a description of this mother-infant therapy group program, the clinical and group processes we have witnessed and experienced along with the therapeutic challenges encountered.

Families and Perinatal Mood Disorders: A Specialist Unit Approach

Margaret Stuchbery*, Jane Phillips* and Bryanne Barnett**

* Karitane
** South west Sydney area Health Service

Email: margaret.stuchbery@swsahs.nsw.gov.au

Karitane's 'Jade House' is a specialist parent-baby day unit located in Fairfield in South Western Sydney. Established in 1996 and modelled on John Cox's Charles St unit at Stoke-on-Trent, Jade House provides clinical interventions for families where the mother is suffering from or at risk of developing a perinatal mood disorder. The unique combination of the provision of specialised psychological services with a Day Stay program provides families with an environment which facilitates the emotional containment of the mother, the regulation of the infant and provides qualitative relational interventions for families.

Objectives

1) To describe our clinical population and clinical practices to facilitate comparison with similar services in Australia and overseas
2) To report outcome data for clients of the service which demonstrates the efficacy of the specialist unit approach

Data will be presented which describes our clinical population in terms of clinical, psychosocial and demographic variables and compared to the state and regional statistics for mothers and babies. Of particular interest will be those variables that distinguish our clinical population from the general mothers and babies population and those which reflect the clinical issues requiring treatment.

A brief description of the clinical services provided, including individual therapy, couple therapy, psychiatric consultation, anxiety management, mother-infant therapy, and day stay.

An outline of our clinical practices and delivery of services will include a report of the frequency of utilisation of these services by clients of Jade House.

Outcome data for clients will be presented, including tracking of Edinburgh Depression Scale scores throughout treatment, pre and post measures from an anxiety management group and pre and post measures from a mother-infant therapy group.

Evidence for the efficacy of the specialist unit approach will be summarised.

Negotiating Purposes and Experiences, Joys and Fears, Anger and Love with Infants: How A Sociable Self Grows and Makes Sense in Company

Colwyn Trevarthen

Department of Psychology, The University of Edinburgh

The word 'negotiating' may seem inappropriate for any communication with an infant – it means 'doing business', arguing different purposes and needs between persons buying ans selling with their own intentions, experiences and feelings – bridging the gap between active minds, sharing consciousness while trying to accomplish something together. Can one 'trade' 'goods' with an infant? It seems an absurd exaggeration. But human science has come a long way in the last

30 years in discovery of the powers of the infant mind to conceive purposes, to become conscious of companions' intentions, and to be emotionally involved with the success or failure of mutual interests -- to play the rituals or rhythmic, 'musical' games we play. A parent of an infant may concede that he or she is often dealing with a willful, opinionated, emotional and often tricky personality who shrewdly assesses the aesthetic and moral quality of transactions, with excellent timing. I will review evidence that infancy is a time of rich and changing sociability in which an inquisitive and willful human self reaches out to meet and test the sympathetic impulses of other humans of all ages, evaluating different relationships, feels joy or sadness about attachments made and lost, and soon attempts to make shared inventions meaningful with pride or shame. The findings are fascinating and important. They set a new agenda for our plans to care for and teach young children before they can talk about their wants, ideas, experiences, opinions and emotional judgments about the others in their lives. They need a new model of how the human brain grows in sympathetic engagement under emotional control. We need a richer theory of the unsophisticated but intensely responsive infant mind, and new conceptions of how to acknowledge its vitality and how to do business fairly with it.

References, which can be made available in electronic form:

Trevarthen, C. and Aitken, K. J. (2001) Infant intersubjectivity: Research, theory, and clinical applications. Annual Research Review. The Journal of Child Psychology and Psychiatry and Allied Disciplines, 42(1): 3-48.

Trevarthen, C. (2001) Intrinsic motives for companionship in understanding: Their origin, development and significance for infant mental health. Infant Mental Health Journal, 22 (1-2): 95-131. (Special Issue – Contributions From the Decade of the Brain to Infant Mental Health, ed. A. Schore).

Trevarthen, C. (2001) The neurobiology of early communication: Intersubjective regulations in human brain development. In A. F. Kalverboer & A. Gramsbergen (Eds.), Handbook on Brain and Behavior in Human Development., pp. 841-882. Dordrecht, The Netherlands: Kluwer

Trevarthen, C. & Malloch, S. (2002) Musicality and music before three: Human vitality and invention shared with pride. Zero to Three, September 2002, Vol. 23, No, 1: 10-18.

Trevarthen, C. (2004) Learning about ourselves, from children: why a growing human brain needs interesting companions. Research and Clinical Centre for Child Development, Annual Report 2002-2003 (No. 26), pp 9-44. Graduate School of Education, Hokkaido University.

Trevarthen, C. (2004) Intimate contact from birth: How we know one another by touch, voice, and expression in movement. In, Kate White (ed.). Touch, Attachment and the Body, pp. 1-15. London: Karnak.

Reddy, V. & Trevarthen, C. (2004) What We Learn about Babies from Engaging with their Emotions. Zero to Three, January 2004, Volume 24, No. 3, 9-15. (Reddy, V. and Trevarthen, C.)

Trevarthen, C. (2004) How infants learn how to mean. In, M. Tokoro and L. Steels (eds.) A Learning Zone of One's Own. (SONY Future of Learning Series). Amsterdam: IOS Press, pp. 37-69.

Trevarthen, C. (2004) Brain development. In, R.L. Gregory (Ed.) Oxford Companion to the Mind (Second Edition). Oxford, New York: Oxford University Press, pp. 116-127.

Trevarthen, C. (2004) Infancy, mind in. In, R.L. Gregory (Ed.) Oxford Companion to the Mind (Second Edition). Oxford, New York: Oxford University Press, pp. 455-464.

Trevarthen, C. (2005) First things first: infants make good use of the sympathetic rhythm of imitation, without reason or language Journal of Child Psychotherapy, 31(1): 91 – 113

Trevarthen, C. (2005). Stepping away from the mirror: Pride and shame in adventures of companionship Reflections on the nature and emotional needs of infant intersubjectivity. In, C.S. Carter, L. Ahnert et al., eds. Attachment and Bonding: A New Synthesis. Dahlem Workshop Report 92. Cambridge, MA: The MIT Press. (in press.)

Feeling Attached - Parent and Infant Mental Health: Building Primary Care and Community Worker Partnerships

Anne Sved Williams* and Wendy Thiele**

* Perinatal and Infant Mental Health Service, Women's and Children's Hospital, Adelaide, and University of Adelaide
** Perinatal and Infant Mental Health in the Community Project (PIMHIC), Perinatal and Infant Mental Health Service, Women's and Children's Hospital, Adelaide

Email: svedwill@hcn.net.au thielew@wch-camhs.sa.gov.au

The Perinatal and Infant Mental Health in the Community project (PIMHIC) is a 2-year project funded by the South Australian Department of Health in recognition of the need for the prevention, early identification and early intervention in mental health care for women and their babies to maximize the mental health outcomes for this population group.

The project's goal is to improve the diagnosis and management of perinatal and maternal infant mental health problems in the community through:

- Increasing the skills and knowledge of GP's and community mental health workers in perinatal and infant mental health
- Improving communication and collaboration among providers involved in providing care to mothers and babies
- Development of a framework for coordinated service delivery of perinatal and infant mental health services in the community

When a parent's mental health is compromised, meeting a child's needs may be impacted on, significantly, the attachment relationship between mother and infant. The long term impact and outcomes for the infant include the areas of social, emotions and physical development. Ensuring that the parent-infant relationship is observed and enhanced is a key part of treatment, particularly as a preventative intervention for the infant.

A unique, multidisciplinary, multiagency training package over 2 x 4-hour sessions in perinatal and infant mental health has been developed and piloted for community based workers, including GPs, mental health workers, child protection workers and maternal-child workers. The package developed provides core information to ensure that a common base of knowledge and skills is established, is delivered in ways that maximize networking opportunities at a local service level and that promotes greater collaboration between services working with mothers and babies.

Future directions and initial outcomes of the project will be discussed including the development and piloting of this training for community workers working with Aboriginal women and their children, for the rural sector and a planned pilot of the program interstate.

Evaluation results will be presented which show the applicability and usefulness of this approach to ensure wider community knowledge and skills in the perinatal and infant mental health area. The challenges associated with meeting a range of professional and agency training needs will also be discussed.

'Secure Base and Safe Haven': The Circle of Security as a Template for Outreach Innovation

Neil Underwood

Perinatal and Infant Mental Health Service, Women's and Children's Hospital, Adelaide

Email: nerj@adam.com.au

This presentation will outline the experience of redesigning a perinatal outreach service.

Background: The Perinatal and Infant Mental Health Service comprises a range of mental health services for women (and men if they are the primary carer of a young child) with moderate to severe mental illness.)

The outreach service of Helen Mayo House, the inpatient family unit, was established to provide a non-inpatient service for women with moderate to severe perinatal mental health disturbances. The outreach has evolved into a ten week therapeutic program with dual aims: to build links between women and so engender as sense of community; and to create a context where women can generate an inventory of 'tips tools and tricks' to manage their wellbeing.

Staff have been challenged by the consistent feedback from women. Whilst both qualitative and quantitative measures have been encouraging, the group design could not be adjusted to compensate for the women's perception that the program finished before they were ready. The dilemma was whether to redesign the group to an open ended facility, and thus to compromise the solid therapeutic benefit of a structured program. The response was to split the outreach into two reciprocal programmes. The 10 week group was renamed 'The WELL' group, and the new group was named ACORN. The latter is a partnership with The Playgroup Association and The Uniting Church. The concept was to mirror the ethos of the 'Circle of Security' by providing a secure base through the WELL group, equipping women with greater awareness of personal strengths. The safe haven conversely is provided by the ACORN group, which is designed to be able to be returned to as needed.

A crucial difference between the groups is that the ACORN is designed to support parent-infant relationships by means of a guided playgroup program that is especially designed to foster dual participation.

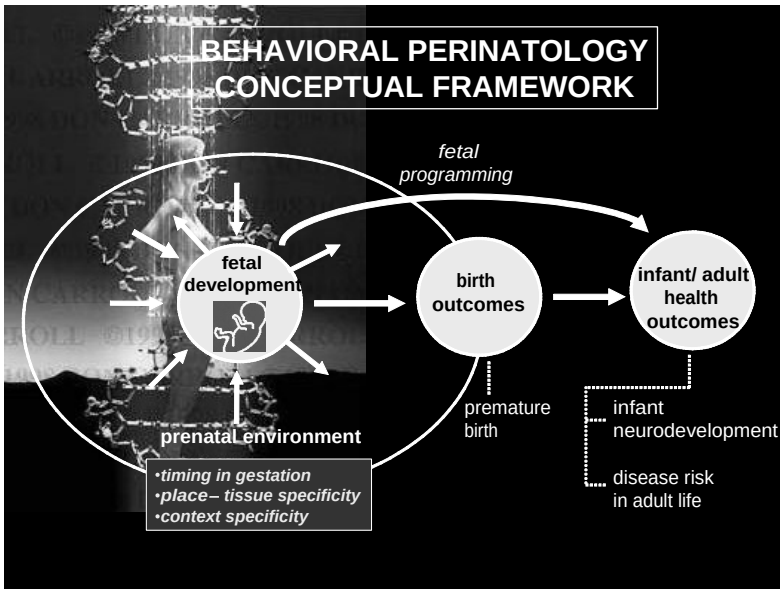
This presentation will overview key components of the initiative, including

- selective partnerships with community agencies
- The use of peer reviews of video recordings of interactions
- Reflections on the clinician's experience, and subsequent recommendations

Behavioral Perinatology

Pathik Wadhwa

Behavioral Perinatology Research Program, Departments of Psychiatry & Human Behavior and Obstetrics & Gynecology, University of California, Irvine, School of Medicine



Behavioral perinatology is a trans-disciplinary area of research that involves the conceptualization of theoretical models and conduct of empirical studies of the dynamic time-, place-, and context-dependent interplay between biological and behavioral processes in fetal, neonatal and infant life using an epigenetic framework of development. The biobehavioral processes of particular interest to our research group relate to the effects of maternal pre- and perinatal stress and maternal-placental-fetal stress physiology. We propose that behavioral perinatology research may have important implications for a better understanding of the processes that underlie or contribute to the risk of three sets of outcomes: prematurity, adverse neurodevelopment, and chronic degenerative diseases in adulthood. Based on an understanding of the ontogeny of human fetal development and the physiology of pregnancy and fetal development, we have articulated a neurobiological model of pre- and perinatal stress. Our model proposes that chronic maternal stress may exert a significant influence on fetal developmental outcomes. Maternal stress may act via one or more of three major physiological pathways: neuroendocrine; immune/inflammatory, and vascular. We further suggest that the placental hormone corticotropin-releasing factor (CRF) may play a central role in coordinating the effects of endocrine, immune/inflammatory and vascular processes on fetal and subsequent infant developmental outcomes. Finally, we hypothesize that the effects of maternal stress are modulated by the nature, duration and timing of occurrence of stress during gestation. This presentation will elaborate on the conceptual and empirical basis for our model, highlight some relevant issues and questions, and make recommendations for future research in this area.

The Level, Extent and Nature of Interpersonal Violence During Pregnancy: A Study of 400 Australian Women

Deborah Walsh

Social Work and Social Policy, La Trobe University, Wodonga, Victoria

Email: deb.walsh@latrobe.edu.au

This paper will report on a study exploring the extent, level and nature of violence experienced by women during pregnancy. The study used a structured in-depth interview method recruiting 400 pregnant women for the sample. Using a modified version of the Abusive Behaviour Inventory (ABI) women were asked a series of 35 questions that included both physical abuse and psychological abuse indicators.

The study found that the extent of violence and abuse women reported in their current relationship was 27% (n=108). The level of violence experienced by women during the pregnancy was 20% (n=80). Of the 20% (n=80) of women who reported violence during pregnancy 6.2% (n=25) reported the violence had increased and 13.7% (n=55) reported the violence stayed the same. The nature of the violence reported was psychological abuse only at 4.5% (n=18) with 22.5% (n=90) of women who reported experiencing violence and abuse that included behaviours considered to breach our criminal code. Of the 22.5% (n=90) of women reporting some physical violence in their relationship 2.5% (n=10) stated the violence decreased during the pregnancy. The number of women who reported sexual violence included 2% (n=8) who reported forced sex and 4.3% (n=17) of women reported they had been pressured to have sex in a way they did not like or want.

A number of women experiencing ongoing violence and abuse suffered in silence disclosing only in the context of the research after being assured of the confidentiality and anonymity of the research process. This clearly indicates that the true extent of violence in the pregnant population is hidden and that help seeking when women are pregnant is a sensitive issue.

This study did not find overwhelming evidence to suggest that violence started or escalated for most women in this sample. Instead it was found that for the majority of women a past history of violence in the relationship was a strong indicator for the violence to continue in some form throughout the pregnancy.

PND and PTSD: New Zealand Mothers and Fathers Respond

Gillian White

School of Health Sciences, Massey University, New Zealand

Email: G.White@massey.ac.nz

Currently two studies are underway in New Zealand related to PND and PTSD. The first involves a validation of the PDSS, developed in the USA by Cheryl Beck among a set of white middle class women in New Zealand; the second focuses on stress in fathers who have witnessed a traumatic birth.

Reliable, valid and easily administered screening tools for PND are vital for the early identification of at risk women. Tools developed in one country must be validated in other countries and cultures before they can be accepted for general use. The Postnatal Depression

Screening Scale (PDDS) identifies women with a high probability of meeting the diagnostic criteria for postnatal depression. After completing the PDSS and the EPDS, sixty women were interviewed using a modified structured clinical interview. In this part of my report the results of the validation study will be presented.

Literature is also emerging that authenticates evidence for post-traumatic stress disorder (PTSD) following childbirth. Reported prevalence ranges from 1.5% - 6%. Research has focussed on mothers' experiences of childbirth trauma yet the experiences of fathers as witnesses to a traumatic event during childbirth have not been investigated. The fathers in this study submitted their experiences of being witness to a traumatic birth experience involving their partners and spoke about the serious consequences to marital, sexual and family relationships. They selected the method of narrative e.g. verbal (direct to researcher or submitted on tape) or written (letter or email).

In the second part of my report a description of the essence of the phenomenon for fathers witnessing a traumatic birth, will be presented. The findings will raise awareness for health professionals about the needs of fathers witnessing their child's birth.

Postnatal Depression and Post-traumatic Stress After Childbirth: Prevalence, Course and Co-occurrence

Tracey White, Stephen Matthey, Kim Boyd and Bryanne Barnett

Sydney South West Area Health Service

Email: tracey@swsahs.nsw.gov.au

Aims: This study aimed to provide further data regarding the prevalence of post-traumatic stress symptoms following childbirth and to investigate the extent to which women experiencing post-traumatic stress following childbirth also score highly on a commonly used screening tool for post-natal depression. The study also sought to provide some preliminary data on the longitudinal course of symptoms.

Method: 400 English speaking women were recruited from the postnatal ward of a public hospital in South West Sydney. They were given questionnaires to complete at four time points – birth, 6 weeks post-partum, 6 months post-partum and 12 months post-partum. These questionnaires included the Edinburgh Postnatal Depression Scale (EPDS) and the Post-traumatic Stress Symptom Scale (PSS-SR).

Results: 2% of women had a self-report profile consistent with Post-traumatic Stress Disorder at 6 weeks post-partum. A further 10% reported several symptoms of trauma in relation to the childbirth but did not meet full criteria for PTSD. The results suggest that there is a high degree of co-morbidity between post-natal depression and post-traumatic stress after childbirth. The longitudinal data suggests that for some women the symptoms of childbirth related trauma improve by 6 months, while others remain highly symptomatic at 12 months post-partum.

Conclusions: These findings highlight that post-traumatic stress reactions to childbirth are an important issue to consider in postnatal health care. The findings suggest that many women experiencing post-traumatic stress symptoms after childbirth will be identified by the EPDS as in distress. However a certain proportion will also be missed. It is also important that women are correctly diagnosed as experiencing a post-traumatic stress reaction to childbirth rather than purely postnatal depression.

Here's Looking at You! Social Interaction of 9 Month-Old Infants in Trios: The Relationship between Eye Gaze and Infant Gender

Brooke Adam*, Stephen Malloch*, Rudi Črnčec* and Ben Bradley**

* MARCS Auditory Research Centre, University of Western Sydney
** Charles Sturt University

Email: b.adam@uws.edu.au

Objectives: The aim of this study was to investigate the gaze behaviour of healthy 9 month-old infants while in infant-only trios. Infants are able to engage actively in, and influence interpersonal communication well before 1 year of age. Eye contact is a central feature of infant social interaction and it is proposed that the pace of interpersonal interaction is regulated by gaze onset and offset (Jaffe, Stern & Peery, 1973). This project utilised the emerging experimental paradigm of 'infants in groups' (Selby & Bradley, 2003) to investigate an index of infant social behaviour free from interpretation: gaze. Gaze data was collected while infants were in infant-only trios. The relationship between infant gender and gaze was investigated as it is proposed female infants are more proficient in exhibiting social behaviour than male infants (Connellan, Baron-Cohen, Batki & Ahluwalia, 2000).

Method Experiment 1: To ascertain if infants could differentiate between 'false' group and infant group interaction, gaze behaviour of twelve (6 male, 6 female) infants in false trios (infant, infant, infant-like doll) was evaluated. The trio were seated in three strollers, the wheels of which formed an equilateral triangle. Videotaped interactions were coded for gaze (looking and glancing) behaviour.

Results: Despite the novelty of a 'false infant', infants exhibited significantly greater amounts of time gazing at another infant than to a doll while in false trios.

Method Experiment 2: The procedure followed that of Experiment 1. Gaze behaviour of twenty four (12 male, 12 female) infants in infant trios was evaluated for gender-based differences.

Results: No significant gender-based difference in gaze behaviour of infants in infant trios was found. However, several interesting trends were noted e.g. female infants were more active in all 'other' gaze categories (looks and glances to: body of other infant, at self, around room), while male infants spent greater periods of time gazing to the faces of other infants.

Conclusions: The results of the present paper provide quantitative support for the methodological and theoretical soundness of studying infants' relational capacities within infant-only groups. Results suggest 9 month-old infants' gaze behaviour is purposeful and exhibited in a social manner.

The Albert Road Clinic: Parent–Infant Unit

Michael Block, **Spiri Katsenos and Linda Sawyer**

Albert Road Clinic – Parent Infant Program, Melbourne

Email: mmtag@bigpond.net.au

The Parent Infant Service at the Albert Road Clinic was first opened in 1990. The treatment model consists of an interdisciplinary group of professionals committed to the care and treatment of postnatal disorders. This includes a spectrum of difficulties ranging from adjustment difficulties in the transition to parenthood through to severe psychiatric illness.

The team includes psychiatrists, psychotherapists, psychologists, psychiatric midwifery, mothercraft and enrolled nurses, with general practitioner, paediatric and other medical specialist support.

The Parent Infant Service at the Albert Road Clinic consists of an 8 bed / 9 cot inpatient unit, a Day Program that operates 4 days per week that caters for a maximum of 25 mothers and their infants / toddlers. In addition an Outreach Service provides support to families in their home environment.

The service focuses on optimal family growth by providing an acute specialised treatment program within a safe, psychologically appropriate environment. It operates to repair dysfunction within the family framework, the breakdown of the normal attachment process between mother and infant, focussing on systemic issues as well as the individual and infant.

The team operates on a therapeutic model of care adapted from Stern / Bruschweiler. It is a multileveled intervention model of parent–infant interaction, which through different therapeutic approaches addresses the relationship between the internal representations of the mother, infant and father, and the overt interactive behaviours that are dysfunctional. This affords a holistic model of care.

Each part of the service is interactive and interdependent. This provides a coordinated model of care that has the essential elements of access, entry, planning and implementations of treatment, evaluation and community management. Patients can move between the services according to need or can be engaged in one or more of the services offered.

Fathers are actively involved in the treatment process in order to optimise family cohesiveness.

The team has a variety of internal processes to enhance and maximise the skills of its members. This includes a weekly team meeting, supervision, education sessions and infant observation.

The effectiveness of the service is regularly monitored by outcome measures (HONOS & SF 14M), and clinical indicators. Measuring patient satisfaction is also important in allowing the family to comment on both positive and negative experiences, which assists the staff to regularly make improvements and adjustments.

The presentation will highlight the importance of the service in the context of an increasing demand for care in this area of practice, highlighting the recent advances in our understanding of the crucial role that the early attachment relationship plays in later development.

The Emotional Health and Well Being of Mothers of Twins

Janette Brooks

School of Psychology, Edith Cowan University

Email: j.brooks@ecu.edu.au

As with most areas of psychological research, a pathological or mental illness perspective has been employed to explore the emotional health and well being of mothers of twins. The outcome is consistent, although limited, evidence that the emotional health and well being of mothers of twins is poorer and they are at higher risk of becoming depressed, anxious and clinically exhausted after childbirth than mothers of singletons. All mothers of twins reportedly experience severe fatigue and an excessive workload in the first year postpartum, but not all mothers of twins experience symptoms of depression and anxiety. Even with the presence of established risk factors for depression and/or anxiety there are women who not only cope with the challenge of caring for infant twins but actually enjoy the first year of their twin's lives. This paper presents data from 11 semi-structured interviews and 2 brief questionnaires used to explore the internal and external resources utilized by mothers of twins during pregnancy and in the first year postpartum. Resources discussed include an ability to see the bright or funny side of circumstances (internal), rallying the troops (external), organizational skills (internal) and establishing a routine (internal). This study provides insight to the way families manage the arrival of twins and the subsequent impact infant twins have on the emotional health and well-being of mothers.

Emotional Health for Families with Multiple Birth Children

Brooks, J & Speelman, C

Edith Cowan University

Email: j.brooks@ecu.edu.au

The dramatic increase in the numbers of multiple births over the last decade is of concern to various health professionals as the physical and emotional risks for the mother, the infants, and the families are numerous. These families have special needs that are not always fully understood or appreciated. As part of the *beyondblue* National Postnatal Depression Program, the Western Australian (WA) research team conducted a project focusing on the mental health of women pregnant with or caring for infant twins and higher order multiples. A 45-page information booklet was developed in collaboration with the Australian Multiple Birth Association (AMBA) and 12,000 copies distributed nationally to expectant or new families with multiples. In addition to national education and awareness raising initiatives this project aimed to explore the assertion that mothers of twins are at higher risk of developing perinatal depression than mothers of singletons by investigating the incidence of depressive symptoms amongst women giving birth to singletons or twins in WA. Of the 4838 WA women participating in the *beyondblue* Program, 120 women gave birth to twins (2.5%). Quantitative analyses compared these two groups of childbearing women. Three focus groups were also conducted with mothers of multiples from across Australia to qualitatively explore the emotional experiences of women during pregnancy and postpartum, and assess the current level of support services and information availability. This multifaceted project provides much needed information on the mental health status of mothers of multiples in Australia, and subsequently provides guidance for how to best support these families during pregnancy and the postpartum period.

Queensland: Regional and Rural Dimensions Impacting on the Emotional Health of Childbearing Women

Buckby, B., Hayes, B.A., and McCulley, J.

Queensland *beyondblue* National Postnatal Depression Project

Email: beryl.buckby@jcu.edu.au

Queensland is the most regionalized state in the Commonwealth of Australia with a wide distribution of a relatively small population which includes significant minorities such as Aboriginal and Torres Strait Islander Communities and remote pastoral and mining communities. As in other states, hospital stays are short and childbearing women tend to birth in major centres and then return to their communities. During the antenatal and postnatal screening of pregnant and postnatal women, at six sites in Queensland, for the *beyondblue* National Postnatal Depression Project, the following issues were highlighted: (1) A growing awareness, by health professionals, of the significance of perinatal distress and depression as a major public health problem; (2) Uneven distribution of resources for follow-up of women with perinatal distress and depression; (3) Sporadic availability of education and opportunity for skills acquisition for health professionals in early recognition and follow-up of perinatal depression; and (4) Minimal resources for mentoring of, and support for, health professionals engaged in emotional care of perinatal women. The research midwives involved in the six Queensland sites report that the *beyondblue* study facilitated their 'value-adding' to existing site strengths and in creating new directions for the future. However, survey data reflected strongly the stated need for systematic (versus sporadic), ongoing education for health professionals such as child health nurses (CHNs) and midwives across the State of Queensland and flexible models for mentoring.

Holding the Baby: Broadening the Focus of a Specialist Maternal Mental Health Service

Megan Fowler

Maternal Mental Health, North Shore Hospital, Auckland

Email: Megan.Fowler@waitematadhb.govt.nz

Waitemata District Health Board's Maternal Mental Health service, based at North Shore and Waitakere Hospitals in Auckland, New Zealand, is a specialist service for women who are pregnant and up to 12 months post partum, who are experiencing a mental disorder or serious mental health problem. Service provision includes specialist psychiatric assessment, a range of treatments including post natal groups, consultation and liaison with other health care providers and pre-pregnancy consultation for women.

The evolution of this Maternal Mental Health service from modest beginnings ten years ago, to its current team of ten dedicated professionals has latterly moved to a broadening of its focus to incorporate research, and new knowledge and thinking in the areas of infant mental health, developmental psychology and attachment and psychodynamic theory. This includes, not only meeting the mother's mental health needs, but acknowledging the importance of the mother-infant relationship and the reciprocal nature of, and impact on, both mother and infant's mental health. In addition, this focus has increased knowledge of the potential risks for mother, infant and other family members when a maternal mental illness is present.

Such an approach presents challenges to the service which has primarily focused on adult mental health issues. However, in the face of increasing empirical evidence of compromised

social, emotional, psychological and cognitive development in children whose parent(s) experience mental illness, including depression, services such as ours are well placed to assess and intervene with those families, whose children are, potentially, most at risk of such adverse outcomes.

We will present our work in “holding the baby” within a community based specialist adult mental health service, without access to an inpatient Mother-Baby Unit, which presents many challenges for us, but also exciting possibilities for the future.

IT TAKES A VILLAGE TO RAISE A CHILD; The Importance of Support and Therapy Groups for Mothers with Post Natal Depression

Enas Ghabrial, Debra Cass, Anne Buist

Mother and Baby Unit, North Park Private Hospital, Bundoora, Victoria

Email: Ghabrial@healthscope.com.au

Having a baby is not a joyful experience for many women. Often they experience exhaustion, loneliness and loss of control. It is estimated that 10-20 percent of all women giving birth will experience Post Natal Depression. The experience of motherhood needs to be celebrated, supported and normalised.

Aim: The aim of this presentation is to review the therapeutic outcome of a group of mothers attending the Northpark Private Hospital Mother ad Baby Unit (MBU).

Method: This MBU is an 11-bed facility with an occupancy rate of 123 percent. The MBU Day Program is a 10—14 week program available to mothers upon discharge from the unit. On average six to eight mothers attend together with their infants twelve months or younger. The Parenting Competence Scale, Beck Depression Scale, Neonatal Perception Inventory-1, Experience Of Motherhood Scale, and Spainer Dyadic Adjustment Scale (ADAS) are administered at intake and again at discharge.

Conclusions: Through out history there has been a general belief about the importance of support and assistance during the transition into motherhood. However today more and more women are experiencing isolation and exhaustion . Data will be compiled and reviewed to address the efficacy of the Mother & Baby Day Program.

Queensland: Postal Antenatal and Postnatal Screening of Regional and Rural Women in the beyondblue National Postnatal Depression Project – A Demonstration of Ethical and Clinical Competence

Hayes, B.A., McCulley, J., and Buckby, B.

Queensland *beyondblue* National Postnatal Depression Project

Email: Barbara.Hayes@jcu.edu.au

As Queensland is the most regionalized state in the Commonwealth of Australia, with a wide distribution of a relatively small population outside the metropolitan area of Brisbane, women tend to birth in larger centres and then return to their communities. As part of the *beyondblue*

National Postnatal Depression Project, women were invited to participate at antenatal booking-in clinic (at six centres around Queensland) and initial screening on the Edinburgh Postnatal Depression Scale (EPDS) was conducted at this time by research midwives. The 6-12 week postnatal screening was conducted by child health nurses, research midwives and by mail. Postal antenatal (2nd screen) and postnatal screening were initially coordinated from the research office and individualized for each site. The process of postal postnatal screening was transferred to most sites in the final stages of the project. Referral pathways for distressed perinatal women, screened by midwives and child health nurses, were usually well established, but referral pathways for women screened by mail, over long distances, created some unexpected challenges in applying the 'duty-of-care' implicit in soliciting informed consent from the women in the study. Thus, in partnership with the research midwives at each site, the following strategies were generated and implemented: checklists to ensure no contraindication to postal EPDS screening before mail out; individual code numbers on the postal EPDS to protect participant confidentiality with return reply paid mail; care taken with phone calls to participant contact numbers to ensure maintenance of participant confidentiality; and referral to hospital social worker or psychiatric liaison nurse (antenatally) or preferred GP and/or Child Health Services (postnatally) for participants who scored 13 or more on the EPDS and/or indicated some distress. Given that ensuring robust referral pathways are accessible to participants in any postal screening is a challenge, the strategies generated in ensuring consistent application of the 'duty-of-care' for women in the postal screening, over long distances, can be seen as a demonstration of competence in the care of childbearing women in regional and rural communities.

Early Intervention:- Maternal Mental Health. Making a Difference for Families

Leone Joyce

Early Intervention Maternal Mental Health Service, Waikato District Health Board, Hamilton, New Zealand

Email. joyceleo@waikatodhb.govt.nz

An Early Intervention Maternal Mental Health Service was implemented in May 2002 for the people of the Waikato District, (N.Z.) providing services to a multicultural, urban and rural population.

Many would be parents have different motives and drives that may fuel their desire for a baby. They also have an internalized ideal about what they perceive parenting will be for them. It is this intricacy of issues, which often leads a family into turmoil, conflict and dismay. The nine months of a women's pregnancy offers parents-to-be the opportunity for psychological preparation, both conscious and unconscious and this can surface as anxiety or depression.

The birth can be another stage of major psychological upheaval and adjustment. Strong fears and anxiety may arise, creating tension and alarm, if the birth does not proceed according to the anticipated plan. Because the symptoms of psychological distress following birth trauma are often obscure and present as PND, this is now recognized as specialized field in Mental Health. After the birth adjustment to parenting, and unresolved 'blues' may lead to further distress, and therefore 'Early Intervention' can make a difference for those who seek assistance.

During this presentation I will:-

- Define the term 'Early Intervention'

- Identify some therapeutic treatment modalities that promote recovery.
- Demonstrate the effectiveness of Early Intervention in Maternal Mental Health.

Learning Objectives

The audience will gain an understanding of the principles of early intervention and learn about the effectiveness of Early Intervention in the Perinatal period which may/ can preempt mental health problems from developing for the mother , baby and extended family. They will learn some therapeutic strategies that they may wish to include into their practice.

The Great Parents' Quiz

Stephen Matthey

Research Unit: Infant, Child & Adolescent Mental Health Service, Sydney South West Area Health Service

Email: stephen.matthey@swsahs.nsw.gov.au

Women report that a major stressor in the early postnatal period is a lack of understanding from their partner. While there is considerable written advice for couples about talking with each other about their feelings, it is likely that this may not bring about 'emotional communication' for many couples. The Great Parents' Quiz is thus an alternative strategy to help couples achieve this. It is based upon quizzes found in popular women's magazines, where each partner attempts to guess how the other is feeling – in this case, about parenthood. One quiz is for Dads, the other for Mums. Each has 14 questions (e.g., "she feels isolated or lonely"; "he feels I don't appreciate the help he gives me"), and the couple then assess the accuracy of each other's understanding. Data from two small surveys and a large prevention study indicate that this tool is seen as useful by parents, and is associated with a reduction in postnatal distress.

Screening for Postnatal Depression: Validation of the EPDS and Intervention Period in Japanese Health Care System

Tadaharu Okano*, Takashi Sugiyama and Hiroshi Nishiguchi*****

* Centre for Health, Mie University, Japan
** Department of prenatal section, Mie University Hospital
*** Division of Tsu, Mie Prefecture

Email: okano@ab.mie-u.ac.jp

Background: Many prefectures through Japan started to institute screening programmes for the detection and management of postnatal depression. To be effective, screening programmes should meet certain criteria, the most important of which include: adequate understanding of the condition validated screening test with appropriate cut-off levels, effective referral and treatment. However, little study has examined the validity of the Edinburgh Postnatal Depression Scale (EPDS) in primary health care using the structured clinical interview. This study investigated the validation of the EPDS with Japanese mothers in primary health care area and the appropriate intervention period in Japanese Health care system.

Method: Between August 2004 and May 2005, 108 women were administered the Japanese version of the EPDS in one month postpartum at the maternity clinics and 3 month postpartum at

their home by home visitors and four month postpartum at baby clinics for health examinations of their four-month-old infants and 48 women interviewed using the Diagnostic Interview Schedule(SCID) . Other psychological and obstetric factors have been studied for these women at a mean 32 weeks gestation and above period.

Results: In this paper work in progress will be presented, especially concerning appropriate cut-off point and timing of screening for PND and validation of the EPDS, including the sensitivity, specificity and positive predictive value.

Conclusion: While evidence may not yet be available for recommending screening system in Japan, if this study conforms to best available research evidence on effectiveness, be adequately useful in primary heath care system for Japanese mothers.

Rural Women's Experience of Postnatal Depression and its Management by Healthcare Professionals: A Focus Group Study

Louise Ryan

South West Postnatal Depression Project, Primary Mental Health Team, South West Rural Victoria

Email: lryan@swh.net.au

Objective: To examine rural women's experience of postnatal depression and it's management by healthcare professionals, primarily General Practitioners (GPs), maternal and child health nurses, and midwifes.

Background: In the literature on ante and postnatal psychological primary care, there is minimal qualitative research voicing the experience of mothers. In rural areas factors impacting on adequate ante and postnatal care where access to antenatal midwifery services is limited, geographical isolation, limited funding for effective service interventions and poor service development and coordination, GPs and maternal and child health nurses may need to rely solely on their own skills and knowledge of psychological aspects of pregnancy and postpartum coping in providing care for postnatal women. Historically, mothers in rural areas have had little input into the systems that care for them at this time.

Method: Fifteen women, who had been diagnosed with postnatal depression within the past 18 months, volunteered to participate in focus groups conducted in two rural settings.

Findings: Women stated that they felt unprepared for parenthood as they held unrealistic expectations about how difficult the early mothering would be. They indicated feeling under resourced and inadequately understood by some of their healthcare professionals. Women reported feeling suicidal and of having thoughts of harming their children. They were reluctant to divulge their distress to healthcare practitioners, family or friends for fear of being stigmatised, eg. Being called 'lazy, crazy'. Many women reported that New Mother's groups were unhelpful, as other mothers didn't understand their experience. Women highlighted that their sense of isolation acerbated poor communication amongst their key service providers. Women felt greater pressure then to manage their own care.

Discussion: Women's coping expectations, poor antenatal preparation (including education) and quality of relationships with primary service providers were highlighted. Lack of coordination and communication between service providers had a detrimental impact on women's experience of obtaining adequate care. Lack of locally available funded support services was barriers to

obtaining optimal care. Participants experience is consistent with prevailing literature that identifies rurality and it's associated issues as adversely impacting on the care.

Implications for policy delivery or practice: These findings have implications for the care of rural pregnant and postnatal women. Re-examination and development of antenatal care standards that promote individual and family mental health and wellbeing is required. There needs to be a further review and development of referral and clinical pathways and ongoing education and support of healthcare professionals. These issues have to be addressed if we are to enhance women's experience of pregnancy and early mothering.

The Cost Effectiveness and Efficacy of Group Therapy Versus Case Management for Treatment of Postnatal Depression

Stein, M., Menendez, J. & Mutch, C.

Perinatal and Infant Mental Health Service, Sydney South West Area Health Service

Email: Marion.stein@swsahs.nsw.gov.au

Purpose: This research compared the cost effectiveness and efficacy of group therapy and case management used in a stepped care treatment program for postnatal depression.

Methods: Thirty women participated in the study. All thirty women completed the group program and six women who continued to experience depressive symptoms after completing the group were case managed. Each group program consisted of 8 weekly sessions of 2 hours duration. Both group therapy and case management incorporated a range of strategies to address the spectrum of issues experienced by women with postnatal depression, and included psychoeducation, cognitive behavioural therapy and psychosocial skills development. Cost effectiveness was assessed according to the 'management perspective' and cost estimates included costs of human and material resources for the treatment of clients.

Results: It was found that the group therapy program was more cost effective than case management for treatment of postnatal depression due to reduced demand on clinician time. The clinical effectiveness of the group therapy program and case management was evaluated using a number of well recognised measures. Each treatment approach was found to be efficacious and was associated with improvements in levels of depression, anxiety, stress, self-esteem, dyadic adjustment and quality of life.

Conclusions: Group therapy and case management are both efficacious for treatment of postnatal depression. However group therapy proved to be more cost effective and thus is suitable for inclusion as the first step in a stepped-care approach to treatment of postnatal depression. Women also gained significantly in networking with other women which provided ongoing support when the group finished. This was evidenced in further contact with the service at 6 month follow up.

Parent-Infant Interventions: Are Difficulties Preventable and Malleable?

Introduction

This symposium will consist of 5 papers and will begin with a paper on the identification of depression, a necessary prerequisite to identify women requiring intervention. This paper will cover the screening debate, and 2 studies of acceptability for both ante and postnatal depression. The remaining 4 papers will present research and clinical studies of ante and postnatal parent-infant interventions. An active panel debate will follow and include the audience. The themes to be debated are: Are we ready to move the discussion from screening to intervention? Who needs parent-infant interventions? What is the evidence that the parent-infant relationship can be changed? What aspects are malleable? Are difficulties preventable?

PAPER 1: Acceptability of Screening with The Edinburgh Postnatal Depression Scale: Women Speak Out

Jennifer Ericksen*, Jeannette Milgrom* **, Alan Gemmill*, Bronwyn Leigh* & Christopher Holt*

* Parent-Infant Research Institute, Austin Health
** University of Melbourne

Email: jennifer.ericksen@austin.org.au

The Edinburgh Postnatal Depression Scale (EPDS) developed by John Cox (1987) has been used extensively throughout the world over the last 18 years. The literature is reviewed about its application for detecting women 'at risk' for PND. Research has suggested that scores above 9 indicate 'possible depression' while scores above 12 indicate a 'probable depression' (Leverton & Elliott 2000).

While the EPDS is recognized as a valid, reliable, cost-effective and simple tool to implement into routine care by some, others debate its acceptability to women. (Shakespeare et al 2003). The arguments for and against are examined.
This paper explores the acceptability of screening using the EPDS in the antenatal and postnatal periods.

The first study interviewed 407 pregnant Australian women who had completed the EPDS as part of their routine midwife antenatal care. Qualitative information regarding women's experience of participating in the screening process was obtained by telephone interview. This provides some insight into women's experiences and perceived acceptability of completing antenatal depression screening questionnaires. 100% of women report that they were comfortable with being screened and no one found it upsetting, stigmatising, or labelling. 50% commented that the process of screening raised their awareness of perinatal depression, (Leigh & Milgrom 2005).

The second study to be reported involved 498 newly delivered Australian mothers who were screened by their Maternal and Child Health Nurses as part of their routine postnatal care. Interviews were conducted either by telephone, mail or in person.

Results showed 81% of those surveyed were comfortable with the EPDS being administered to them by the Maternal and Child Health Nurses as part of their routine postnatal care. 96% believe that it is a good idea to screen for possible depression.

The implications of these two studies will be discussed with a view to policy.

PAPER 2: Treating the Parent-Infant Relationship Following Postnatal Depression: Severity and Malleability

Jeannette Milgrom* **, Jennifer Ericksen*, Rachael McCarthy*, Alan Gemmill*

* Parent-Infant Research Institute, Austin Health
** University of Melbourne

Email: jeannette.milgrom@austin.org.au

This paper aims to firstly report on a longitudinal study to evaluate the lasting impact of postnatal depression on stress in mother-infant relations. Secondly, we report on the efficacy of cognitive behavioural therapy (CBT) in improving this relationship and the added benefit of a specialised parent-infant treatment module. In this second study, both depressed women and non-depressed women (n=162 in both) were recruited and compared on the Parenting Stress Index (PSI). Depressed women were then randomised to receive either CBT or routine care and the efficacy of a specialised parent-infant intervention (HUGS[1]) was piloted among 22 depressed women following CBT.

We found in our longitudinal study elevated parenting-related stress following postnatal depression which persisted at least until children were 4 years old. This was replicated in the current cohort and 73% of depressed women had PSI scores reflecting clinical dysfunction compared to 3% of the control group. After 12 weeks of CBT this improved reflecting an average drop of 19.5 points in total PSI scores (1.6 per week). Whilst this is encouraging more than half of the women remained classified as dysfunctional despite improvements in depression. However, after only 3 weeks of the specialised parent-infant intervention, the average drop was 14.7 points (4.9 per week). Thus, this module produced greater change in less time than CBT.

In conclusion, current approaches to treating postnatal depression, such as CBT, target mainly mood disorders this study suggests that without a specific focus on parent-infant difficulties, treatment has limited impact on quality of mother-infant relations, despite alleviation of depression. The persistence of parenting stress over time and the degree of difficulty compared to non-depressed women highlights the importance of targeted parent-infant interventions. These findings need to be developed further and tested in larger, fully controlled trials.

[1] Happiness, Understanding, Giving and Sharing (HUGS) module which draws on the works of Field, Fraiberg, Brazelton, Cramer and Muir and targets the interaction directly.

PAPER 3: Body Movement: A Modality for Observation of the Mother with Postnatal Depression and her Infant

Loughlin, E.E.*

* Parent-Infant Research Institute, Austin Health

Email: elizabeth.loughlin@austin.org.au

Winnicott's (1962) notion of 'psychosomatic partnership' points to the importance of the body or soma in the early mother infant relationship. Body movement is a modality for the expressive communication between mother or father and infant that has not received the same attention in the scientific studies as other modalities of sight and voice.

Observation of whole body movement includes the individual 'shapes' of feeling (Kestenberg, 1971) of the infant and of the mother; the reciprocal shaping towards or away from each other and mutual responsiveness to the other's motor tone; the mother- infant shared movement rhythms; and as well, the observed spatial 'stories' of older infants and their mothers. The movement modality can also point to the mother's degree of enlivenment that she brings to her infant, which may be dampened by postnatal depression.

A psychological experiential intervention of dance therapy – consisting of movement play and dyadic dance has been part of a larger project into postnatal depression. The presentation will draw on data from this project, dance therapy case vignettes, and video to illustrate the use of the movement modality in observation and of mothers with postnatal depression and their infants.

PAPER 4: Parents as Therapists for their Preterm Infants – Optimising Development and Reducing Maternal Stress

Newnham, C.A.* ** & Milgrom, J.* ***

* Parent-Infant Research Institute, Austin Health
** Victorian Infant Brain Studies
*** University of Melbourne

Email: carol.newnham@austin.org.au

Parental care for preterm infants within the neonatal intensive care unit may reduce stress in their newborn infant and improve bonding and parental mental health The Mother-Infant Intervention Program (MITP *Rauh, V et al., 1990*) has previously been shown to improve infant outcomes at 2 to 9 years of age. We aimed to identify short-term outcomes that might explain the divergence in cognitive scores favouring MITP infants and to examine parallel changes in parental stress and depression.

Sixty preterm infants and their parents were randomised to receive a 9-session replication of the MITP or normal care. The sessions, completed before 3 months corrected age, covered infant stress cues, achieving sensitive responding, techniques to achieve infant alertness, infant temperament, building maternal confidence and debriefing from the trauma of a premature birth, as well as creating play repertoires. Outcomes measured at 3 and 6 months corrected age included the quality of mother-infant interactions, known to predict attachment and infant development (The Synchrony Scale), infant temperament (Short Temperament Scale for

Infants), parenting stress (Parenting Stress Index) including depression and child behaviour (Prior & Murray Child Behaviour Checklist).

The results show significant differences between intervention and control groups in mothers' abilities to respond to and arouse their infant, duration of infant attending to their mother, the approach temperament dimension (3 months) and reciprocity and intensity of mother-infant interactions (3 and 6 months). Infants of the intervention mothers gave clearer cues, attended more to their mother and were more alert and approachable. At 3 months, control mothers experienced more Child Domain stress in the Distractibility and Reinforces Parent subscales and reported less severe colic, sleep and crying problems in their infants. Parental Mental Health also improved with intervention.

Conclusion: Teaching mothers about behavioural stress cues and non-stressful handling, alongside training them to provide important stimulation, resulted in more positive mother-infant interactions, infant temperament, less parenting depression and stress and fewer infant problem behaviours. It is suggested that facilitating sensitive, attendant mothering ameliorates the effect of early stress on preterm neonates' behavioural development and also the mother's own stress.

PAPER 5: Self-Directed Minimal Intervention Antenatally to Prevent Parenting-Infant Difficulties

Milgrom, J.* **, McCarthy, R.*, Saunders, B.*, Romeo, Y.*, Ericksen, J.*, Loughlin, E.E.* & Leigh, B.*

* Parent-Infant Research Institute, Austin Health
** University of Melbourne

Email: bronwyn.leigh@austin.org.au

This paper will describe the development and evaluation of a six week self-directed learning package, Toward Parenthood, delivered antenatally to primiparous and multiparous women (second child) from 32 weeks gestation, and including a booster session postnatally. The intervention was designed to prevent early parenting difficulties in women including those postnatally depressed. It was created to address the needs of a broad population of women such as that serviced by public maternity hospitals. 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 programs was also conducted. This process yielded the following targets: expectations regarding the transition to and demands of parenthood, marital difficulties, family of origin experiences, antenatal attachment to fetus and practical parenting skills. An additional component, coping with life stress, was included to deal with both potential parenting difficulties and existing anxiety and depressive symptoms. Expectant women and their partners received a self-directed learning guidebook comprised of 6 units addressing the above issues, with five modules to complete antenatally and one integrative module post-birth. Fortnightly phone calls from a telephone facilitator were provided to monitor compliance and engagement with the content.

A randomized trial compared the Toward Parenthood intervention with routine care and evaluated the outcome for 150 women, half of whom scored >12 on the Edinburgh Postnatal Depression Scale. Women were also evaluated on the Risk Assessment Checklist (RAC) to identify those who might be at risk of parenting difficulties. Outcome measures included the Beck Depression and Anxiety Inventories, the Parenting Stress Index and infant-related difficulties. Results of this study and recommendations for antenatal interventions will be discussed.

The Use of Medication for Treatment of Mood Disorder in Pregnancy and Breastfeeding: An Update

Marie-Paule Austin* and Anne Buist**

* Royal Hospital for Women, Black Dog Institute, Prince of Wales Hospital, Sydney
** University of Melbourne, Austin Health Dept Psychiatry

Email: m.Austin@unsw.edu.au

Background: Developments in our knowledge regarding the use of psychotropes in pregnancy & breastfeeding- especially the SSRIs, Efexor and Mood Stabilisers- and recent drug company warnings cautioning against the use of SSRIs & Efexor in the late third trimester, have re-ignited the debate about their use at this time.

Aims: This workshop will cover these developments, examine clinical guidelines for their use in this population and illustrate these with case vignettes as a point for further discussion.

This will be an interactive session for clinicians and it is hoped will generate much discussion based on the case studies.

Bipolar Disorder in Pregnancy and the Postpartum

Spiri Katsenos and Michael Block

Parent Infant Program, Albert Road Clinic

Email: mmtag@bigpond.net.au

Background: Mania during pregnancy raises a number of therapeutic dilemmas as a result of three major complications associated with biological treatments - teratogenesis, perinatal syndromes and neurobehavioural sequelae. The arrival at a clinical decision regarding the safest biological agent is controversial given limited and conflicting evidence.

Breastfeeding during the postpartum period similarly raises dilemmas given that the literature is also very limited concerning potential adverse effects on the infant. Research is difficult to conduct in these areas, and has been limited mainly to case reports and review articles.

This project involved a critical appraisal of the literature with an emphasis on the three primary mood stabilisers (lithium, valproate, carbamazepine) and consideration of adjunctive therapies including benzodiazepines, typical and atypical antipsychotic medications, and ECT.

It was clear from this review that the evidence guiding clinicians in their prescribing patterns was far from complete, and that there was limited consensus in current treatment guidelines.

Aims: The aims of the project included :

- To examine the responses of psychiatrists to a survey regarding prescribing patterns across pregnancy and the postpartum period.
- To examine how these responses compared to the limited knowledge available in the current literature.
- To stimulate further research, awareness and debate within the profession with regards to the dilemmas encountered in this area of clinical practice.

Methodology: A pilot survey using a convenience sample of psychiatrists was developed, involving 5 public hospitals and 1 private psychiatric hospital, with an anonymous means of return in order to safeguard anonymity.

The survey involved three crucial clinical scenarios :

- The stable patient with Bipolar disorder receiving treatment, who wishes to conceive.
- The patient who develops a manic syndrome during pregnancy (divided into 1st, 2nd and 3rd trimesters).
- The patient who develops a postpartum psychosis including the issue of breastfeeding.

The survey used a 5 point closed response graphic rating scale, a ranked order list of biological treatment options and a categorical response option to collect data. The psychometric properties of the survey were untested, but a thorough process of specialised psychiatric review resulted in the instrument holding adequate face validity.

***Results*:** A **52.3%** completed response rate was achieved (90 out of 172 surveys distributed). Responses were widespread across many of the scenarios, consistent with the lack of clarity within the literature. Responses seemed most influenced by concern about the teratogenic effects of medications in the 1st trimester of pregnancy.

There were 2 points of concordance between the survey responses and the literature:

- Lithium was avoided in the 1st trimester when compared to the 2nd and 3rd trimesters **(p<0.001)**, in accordance with the known risk of Ebstein's anomaly (teratogenesis).
- Valproate was avoided in the 1st trimester when compared to the 2nd and 3rd trimesters **(p<0.034)**, in accordance with the known risk of neural tube defects (teratogenesis).

The widely dispersed results obviated the reporting of other results as significant.

The results act as a valuable preliminary step aimed at stimulating the development of awareness and future research in this important area, within the profession.

Ritualised Postpartum Care and Maternal Mental Health

Dominic Lee* and Jane Fisher**

* Department of Psychiatry, The Chinese University of Hong Kong
** Key Center for Women's Health in Society, School of Population Health, University of Melbourne

Email: dominiclee@cuhk.edu.hk jrwf@unimelb.edu.au

Ethnographic studies have documented traditional postpartum care practices and argued that observation of culturally prescribed rituals, mandated rest, increased practical and emotional support and social recognition of mothers of newborns are protective of women's health and wellbeing, including in the countries of South and East Asia. There is however, emerging evidence that depression after childbirth in women is two to three times more common in the resource poor countries of the region than in the industrialized countries of the world. Ritualized postpartum care is not available to all mothers and its links to maternal mood appear to be more complex than has been assumed to date. Not all studies have found that traditional postpartum customs protect postnatal mood, and some have raised concerns about the stresses imposed by traditional postpartum practices on the mother's relationship with her mother-in-law.

In this workshop current evidence about ritualized postpartum care and mood in mothers of newborns will be reviewed and illustrated through detailed examples of investigations in Hong Kong, Vietnam and other Asian societies. The socio-moral processes that connect cultural institutions and practices, puerperal intersubjectivity, and lived socio-emotional experiences of modern motherhood will be examined. Discussion will focus on the ethnopsychiatric implications of these findings for informed clinical practice. The workshop will attend specifically to questions including: how should health care practitioners respond to the cultural and health care needs of newly delivered mothers in an increasingly multi-cultural world; how should perinatal psychiatry engage with indigenous traditions and renewed traditions, for example doula and how can mental health practitioners help mothers of newborns negotiate the tensions between yearning for traditions and connections on one hand and the reality of modernity on the other?

The Intrinsic Emotional Needs of Infants for 'Companionship': The Role of Shame and Alienation in Baby Psychopathology -- And How Fun Helps

Colwyn Trevarthen

Department of Psychology, The University of Edinburgh

This workshop will explore the range of factors in relationships that can affect infant mental health, with the idea of asking what the infant's needs are beyond protection from distress and a 'secure base' for exploring. The intrinsic emotional needs of the infant for 'companionship' and possible pathologies related to shame and alienation, which can be seen as complementing attachment theory and the notion of an 'internal working model', will be explored, as well as the importance and role of collaborative prospect-making 'motives' or 'volitions' (and their risks) rather than representations, learned or otherwise.

Prenatal Stress and Fetal and Infant/Toddler Outcomes

Pathik Wadhwa, Marie-Paule Austin, Leo Leader, Kerry-Ann Egliston

The ability to assess the impact of maternal stress in pregnancy on offspring neurobehavioural outcomes is an exciting new area of research. Four papers will be presented with the world authority in the field, Professor Pathik Wadhwa, presenting data from his work over the last 10 years at Irvine University California. The Sydney group led by Leo Leader & Marie-Paule Austin will also present their work in this area.

1) “The impact of prenatal stress on fetal-infant development" Data from studies over the last years on the association between maternal stress and stress hormones (CRH) on fetal and subsequent infant neurobehavioral outcomes will be presented.

2) "Can prenatal habituation predict infant development?" Results of a prospective study examining the predictive value of fetal habituation (as assessed using heart rate changes in response to repeated vibro-acoustic stimulation) in terms of infant development (using the Bayley Scales of Infant Development), will be presented.

3) "Maternal trait anxiety, depression and life event stress in pregnancy: relationships with infant temperament ". We will present results from a large prospective study assessing for the presence of links between maternal trait anxiety, perceived life event stress and depression in pregnancy and infant temperament.

4) “Maternal stress in pregnancy: Associations with stress regulation in Infancy" A prospective study currently underway at the Royal Hospital for Women (Sydney) will be presented. Preliminary data (including infant salivary cortisol and behavioural measures) and conceptual and methodological challenges particular to this area of research will be discussed.

Dr Emma Adams

Dr Emma Adams (MBBS FRANZCP) is a consultant psychiatrist who runs a private practice and coordinates the Perinatal Mental Health Clinic in Canberra. Amongst other projects, the speakers have been working together to investigate the effectiveness of an interpersonally based group therapy for mothers affected by postnatal depression.

Dr Marie-Paule Austin

Associate Professor Marie-Paule Austin is a Perinatal Psychiatrist at the Royal Hospital for Women in Sydney, and holds a conjoint appointment with the University of NSW. She is affiliated with the Black Dog Institute in NSW and the Beyondblue Postnatal Depression National Initiative. She specialises in women's mental health, and the perinatal period in particular. Over the last 5 years she has established a model of antenatal psychosocial screening and early intervention which has informed the Integrated Perinatal Care model used across NSW. She has published over 60 papers in the field of mood disorders and postnatal depression. She is President Elect of the Australasian Marce Society and Chair of the Royal ANZ College of Psychiatrists Perinatal and Infant Special Interest Group. She represents the Royal ANZ College of Psychiatrists on the National Perinatal Maternal Morbidity Committee and is on the International Marce Society Executive.

Ms Jacqui Beall

Jacqui Beall is a psychologist who is currently undertaking a PhD assessing the effects of prior maternal trauma on parenting and the subsequent development of the child's self regulation and cognitive abilities. Her clinical interests include assessment and therapeutic interventions in relation to problems in attachment, childhood trauma, and child development. Jacqui has also been involved in the outcome evaluation of South Australia's Family Home Visiting Program.

Dr Douglas Bell

MBBS DRCOG MMed FRANZCP

Dr Bell has worked as a consultant forensic psychiatrist with the Victorian Institute of Forensic Mental Health (Forensicare) for the last 8 ½ years. He is the Authorised Psychiatrist of Forensicare and the Assistant Clinical Director (Inpatient Operations) of VIFMH with responsibility for Thomas Embling Hospital and Forensicare's prison based services.Dr Bell is regularly involved in provision of expert evidence to the Courts in relation to mental health issues in criminal proceedings. His particular areas of interest include the assessment and management of violent mentally ill offenders, suicide in prison, ethical issues in forensic psychiatry, mental state defences to crime such as mental impairment and automatism and (now, as a result of this conference), infanticide.

Dr Justin Bilszta

Dr Justin Bilszta is the National Project Manager for the beyondblue National Postnatal Depression Program. Under the supervision of A/Prof Anne Buist, National Coordinator and Director of Adult Psychiatry and Banksia House Mother-Baby Unit at Austin Health, Dr Bilszta is responsible for the day-to-day management of this national research program. Before appointment to his current position, Dr Bilszta completed a PhD in cardiovascular pharmacology at the Howard Florey Institute, University of Melbourne. His undergraduate training was in medical science, majoring in haematology and immunohaematology, at the School of Medical Science, RMIT University.

Dr Michael Block

Psychiatrist in private practice in Armadale, Melbourne. Michael is the Director of the Parent-Infant Programme at Albert Road Clinic and specialises in Parent-Infant Psychiatry.

Dr Penny Brabin

BSc, BEd, MEd, PhD, FAPS

Penny is a psychologist in private practice in Melbourne, specialising in difficulties related to grief. Her doctoral thesis (project funded by the Victorian Health Promotion Foundation) explored the longer term effects of stillbirth on parents and the implications of subsequent parenting. She has presented this material locally and at national and international conferences in the US and New Zealand. Penny has also undertaken Associate Fellowship training with the Institute of Rational Emotive Therapy (New York) and has presented papers and run training courses on the use of RET with grieving clients. After the stillbirth of her son Liam in 1984, Penny became involved in *SANDS(Vic) and was President from 1985 to 1990. Her contribution to written material of SANDS includes co authorship of Your baby has died ..... (1986) which is provided by many maternity hospitals throughout Australia to parents after their baby has died. She also initiated the changes to Victorian legislation enabling parents to obtain birth certificates for

their stillborn babies from 1986 and, more recently, the availability of certificates of babies stillborn prior to the legislative change. She still maintains responsibility for training and supervision of SANDS(Vic) parent supporters and was the consumer representative on committees making recommendations to state and federal health ministers regarding retained organs, which had grave consequences for many parents, and the recent changes to autopsy consent practice across Australia. Penny was instrumental in the foundation of the SANDS Australia National Council and was Co-ordinator (1988 to 1990) and is currently Chair.

Mrs Janette Brooks

Janette Brooks (B.Psych) is the Western Australian Project Manager of the beyondblue National Postnatal Depression Program and is based at the School of Psychology, Edith Cowan University. Prior to 2002, Ms Brooks was employed by the School of Public Health at Edith Cowan University as a Research Officer and Lecturer in Health Communication and Health Promotion. Before working at Edith Cowan University Janette was practicing as a Psychologist in Joondalup WA, specialising in women's emotional health and well-being and running self-development groups for children. Janette is currently completing her Masters Degree in Clinical Psychology at Edith Cowan University. Her Masters research explores the emotional health and well being of mothers of twins.

Ms Beryl Buckby

Beryl Buckby is a Clinical Psychologist and the Queensland Project Manager for the beyondblue National Postnatal Depression Program (2003-2005). Beryl has wide clinical experience working in the area of adults and adolescents with complex mental health, substance abuse, forensic and trauma histories. Teaching interests include the following: psychometrics; clinical topics, particularly suicide and postnatal depression; and skilling youth workers caring for traumatised adolescents who exhibit high risk behaviours. In addition to postnatal depression, research interests include the impact on psychological and physiological well-being of work-related stress, cognitive impairments of adolescents in detention, and adolescent self-harm. Beryl has recently submitted for the degree of Doctor of Psychology in the Clinical and Forensic streams at James Cook University, Australia.

Associate Professor Anne Buist

Associate Professor of Psychiatry at University of Melbourne, Director of the Banksia House Mother Baby Unit, 16 years clinical and research experience in perinatal psychiatry and most recently the Director of the beyondblue PND program about which she is going to present.

Ms Julie Campbell

Julie has pursued her interest in young children's language through teaching, writing and research over many years, with a particular focus on the early language experiences of young children who are blind.This has been combined with involvement in early childhood intervention programs for children with additonal needs. She was co-founder of KU Starting Points in Campbelltown in 1992 and currently is Chairman of a similar program in the Blue Mountains. Since 1998 she has contributed to the Masters in Infant Mental Health program at the Institute of Psychiatry and since 2003 has combined teaching and research at the University of Western Sydney. Her most recent publication is "Everyday learning about talking. Early Childhood Australia, 3.1.(2005).

Ms Jacqui Coates-Harris

Jacqui Coates-Harris has been the Service Co-ordinator of the Early Intervention Maternal Mental Health Service (Waikato District Health Board, NZ) for the last 3 years. Prior to this she managed a Community Mental Health team. Has a strong interest in early detection and identification of maternal mental health problems for women and also in working with fathers to assist them to identify these problems and implement a variety of useful strategies to look after themselves, their partners and their families.

Dr Rudi Črnčec

Dr Rudi Črnčec is a clinical psychologist who holds a post-doctoral fellowship at the MARCS Auditory Laboratories, University of Western Sydney in collaboration with Karitane and the Sydney South West Area Health Service. He is presently engaged in several research projects at these sites investigating aspects of maternal and infant mental health, and works clinically at Karitane's perinatal mood disorders unit.

Ms Angela Eeles

Angela Eeles is qualified social worker employed by Werribee Mercy Mental Health Program. Angela has worked as the Outreach/Liaison worker at the Werribee Mercy Mother/Baby Unit located at the Werribee Mercy Hospital, Werribee Victoria for the past 2 years. The role is very unique to Werribee Mercy Mother/Baby Unit and very little is known of any other mother/baby unit either Australia wide or internationally, providing this modality of care to discharged women, children and their families. Angela has worked as an outreach worker for the past 14years, predominately with the Victorian Department of Human Services Child Protection, where she carried out outreach crisis response assessments of infants, children and adolescents at risk of abuse. In addition, Angela also spent 3 years developing and implementing a Juvenile Justice after hours outreach program for recidivist juvenile offenders.

Ms Margaret Ann Egan

Margaret Ann Egan (nee Sullivan) I was born in Cloncurry on the 10/12/1947. I am a Gungallita/Yullinga Aboriginal woman. I have strong cultural beliefs and a great respect for my culture and my aboriginal people. I grew up on a cattle station, three hours drive from Cloncurry (Chatsworth Station). We had very limited schooling because in those days education was not a priority for Aboriginal children. Times were tough. We had to work from a young age, but it was accepted. As I got older, I realized I needed an education to get work in town. I worked in cafés and shops and cleaners. We moved to Mt Isa and I was determined to do better and there were also more opportunities for education and work. I went to TAFE College, full time for a year, then I started at Mt Isa Hospital as an Aboriginal Liaison Officer. I worked in this position for 19 years. I moved to Townsville in 2003. Before moving, I was originally one of the reference group at Mt Isa, first developing, and then implementing, the Indigenous Version of the beyondblue Postnatal Depression Program. Professor Barbara Hayes contacted me and asked if I wanted to continue with the beyondblue Postnatal Depression Program until the present. I enjoy my work and respect all the professional people I work with. Setting up the beyondblue Indigenous Postnatal Depression Program at Palm Island, was a good experience. I am currently doing screening at TAIHS (Townsville Aboriginal & Islander Health Service) Mums & Babies and I do the data processing for the four Indigenous Research Sites (TAIHS, Mount Isa Yapatajarra, Mount Isa Child Health and Palm Island). I have completed certificates 1, 2, 3 and 4 in Indigenous Health. I have also completed my Diploma in Indigenous Health. I graduated at James Cook University in March 2002.

Ms Jennifer Ericksen

Jennifer Ericksen is Coordinator of the Infant Clinic, Parent-Infant Research Institute, Austin Health. She is a psychologist experienced in early childhood assessment, parent support and skills training, cognitive behaviour therapy, service planning and implementation in the public sector.

She has worked in a variety of specialist children's services targeting difficulties in children's development in social, emotional, intellectual and motor areas. She has also worked for many years with parents experiencing difficulties adjusting to parenting.

Currently, she coordinates the Infant Clinic service and a number of clinical research projects

- A screening and group intervention study 'Getting Ahead of Depression' for women with postnatal depression. (Pfizer)
- The 'Overcoming Depression Program- Models of Care'. (beyondblue Centre of Excellence).
- 'TowardsParenthood', an antenatal preparation for parenthood randomized control trial. (beyondblue)
- She is the Victorian and Tasmanian Project Manager for the beyondblue National Postnatal Depression program.

Ms Therese Elsey

Perinatal Family Worker, Northern Sydney Central Coast Health (Wyong Hospital)

Therese Elsey joined the Perinatal Care Team in August 2004 as the Mental Health Worker. She is a Registered Nurse with a degree in Psychology and has recently completed a Graduate Certificate in Mental Health Nursing. Therese has worked in Child and Adolescent Mental Health Services, as well as in a number of the Adult Mental Health Services within Northern Sydney Central Coast Health. More recently her focus has been prevention / early intervention, with parenting and attachment issues being her main areas of interest, including the impact that parental mental illness has on children.

Dr Jane Fisher

Jane Fisher is Senior Lecturer and Coordinator of Education and Training at the Key Centre for Women's Health in Society in the School of Population Health at the University of Melbourne and has broad research interests in reproductive mental health. She has been Consultant Clinical Psychologist to the Masada Private Hospital Mother Baby Unit since it opened in 1996.

Ms Michelle Fletcher

I currently sit as National Chair of Beyond Baby Blues but I founded and have been running the Tasmanian post natal depression support group for nearly 9 years after experiencing PND twice. I teach Kindergarten, which I love, and in my "spare" time I have been co- pastoring a country church with my husband for 18 years which is very rewarding. We run several community programs where we are privileged to touch the lives of many women with PND and families in crisis and I have just resigned after 3 years as Team leader for the volunteer program "Early Support for Parents" supporting families in the local area with a whole range of parenting issues. I have been happily married for 20 years to Peter and we share 3 gorgeous children who are going into teenagerhood which in itself could be a new adventure!! . I believe that the family unit in all its forms is important and I am passionate about sharing my faith, knowledge, skill and experience.

Ms Megan Fowler

Megan is a clinical psychologist from Auckland, New Zealand with a special interest in pre and postnatal depression, disorders of attachment and developmental psychology. She works for Waitemata Health District Health Board on their Maternal Mental Health team as their only psychologist. Her professional background is in child, adolescent and family mental health. Therapeutically Megan uses psychodynamic, attachment and family systems principles to inform her understanding of individuals difficulties. As well as offering individual and group therapy to clients, she is assisting in developing the expanding focus of the team to include identifying at risk populations for mother-infant and attachment difficulties and providing appropriate treatment. Megan is the mother of two nearly teenage boys.

Professor Ian Freckelton

Ian is a barrister in full-time practice since 1988, specialising at both trial and appellate level in administrative law, medico-legal cases and criminal law. Interweaved amongst his practice at the Bar, Ian is the lawyer member of the Medical Practitioners Board, the Psychologists Registration Board and the Mental Health Review Board in Victoria. Ian is an Honorary Professor of Law, Psychological Medicine and Forensic Medicine at Monash University, an Adjunct Professor of Law at La Trobe University, an Honorary Professor of Law at Deakin University, and a Fellow in the Criminology Department at the University of Melbourne. He is the Australasian Vice-President of the International Academy of Forensic Studies, a Board Member of the Public Health Law Centre, a Board Member of the Australian Institute of Health, Law and Ethics and was the President of the Australian and New Zealand Association of Psychiatry, Psychology and Law between 1991 and 1997, having been made a life member of the Association in 1997. He is the founding editor of the Journal of Law and Medicine and is the Editor-in-Chief of the journal, Psychiatry, Psychology and Law. Ian is the author and editor of some 30 books on medical law, mental health law, therapeutic jurisprudence, criminal injuries compensation, coronial law, policing, criminal law, expert evidence, and on causation.

Ms Maureen Frilingos

Clinical PsychologistB.A. (Hons); M.Clin.Psychol (Hons) M.A.P.S.Clinical
Psychologist and Psychosocial Co-ordinator, The Royal Hospital for Women, Randwick.
Clinical Psychologist, Karitane Family Centre, Randwick NSW

Maureen completed her undergraduate and post-graduate degrees at the University of New South Wales Her Clinical training is primarily in Cognitive Behavioural Therapy (CBT), with extensive clinical experience in the application of CBT for both individual and group treatment of a range of psychological problems. She specialises in pre and post-natal anxiety and depression, anxiety and mood disorders and chronic pelvic pain management. Perinatal Mental Health: For the past five years Maureen has been employed by the Royal Hospital for Women in a variety of roles. She has developed the Antenatal Stress Management Group Program for women identified as vulnerable/at risk of experiencing post-natal depression. In addition to facilitating the groups, she is a co-researcher on this study, examining the efficacy of this intervention. Maureen provides individual therapy for women experiencing problems antenatally as well as working part-time in Endo-Gynaecology treating women with pelvic pain and associated problems. In her role as the Psychosocial Coordinator, Maureen provides clinical supervision and training of midwives in the implementation of the psychosocial screening program at RHW, as well as coordinating complex case conferences and triage of complex cases. For the past two and a half years Maureen has worked at Karitane Family Centre, treating with women with post-natal anxiety and depression, as well as working with mother-baby dyads with attachment problems. She developed and co-facilitates their PND group program as well as providing individual therapy for women. Maureen has conducted training seminars for psychologists in the assessment, management and treatment of postnatal anxiety and depression, psychological treatments for chronic pelvic pain, as well as training and supervision for midwives and early childhood nurses.

Ms Ying Zhi Gu

Ying Gu is currently a fourth year medical student at the University of Melbourne. During her Advanced Medical Science research year, she combined her interest in rural and women's mental health by examining Melbourne and Albury-Wodonga women in relation to Postnatal Depression. Now in the clinical years of her studies at Royal Melbourne Hospital, Ying looks forward to further explore the many aspects of psychiatry and completing her medical degree.

Ms Karin Hammarberg

Karin Hammarberg was born in Sweden where she trained to become a registered nurse and midwife. Between 1984 and 2000 she worked as clinical co-ordinator of IVF programs in Sweden and Australia. In 1999 she completed a major thesis about women's experience of IVF treatment and was awarded a Masters of Women's Health. She is now in the third year of her PhD candidature working on a longitudinal study about women's experience of childbearing after assisted conception.

Professor Barbara Hayes

Professor Hayes is the foundation Professor of Nursing and foundation Head of School at James Cook University, appointed in 1989. Barbara Hayes is licensed to practice in general nursing, midwifery, child health, and mental health nursing. She gained her first research degree (with honours) at the University of Melbourne and her masters and doctoral degrees at the University of California, San Francisco as a WK Kellogg Fellow. Barbara Hayes has forged her skills in midwifery and mental health nursing with her research training to establish a strong basis for her research into the recognition and management of pre and postnatal anxiety and depression. Working with ease across disciplinary boundaries, and within the professions of nursing and midwifery, Barbara Hayes is committed to quality, holistic care to childbearing women. One of her particular concerns is to explore, in full partnership with Indigenous midwives, ways in which culturally sensitive and culturally safe care can be accessible to Indigenous childbearing women.

Mr Brian Hunt

Brian hunt has been a practising psychoanalyst for more than 40 years. During the past 22 years he has worked extensively with post addictive, severely depressed and borderline patients and their children.Brian has also worked with children and studied the relationship between individual development and the adoption of social and cultural images. He trained as a teacher in order to work with and explore the development of children's visual imagery and has lectured on children's visual imagery and imagery in psychosis.

Ms Sarah Jones

Sarah Jones is a couple and individual psychotherapist with a particular interest in the field of perinatal medicine. She has a training in social work, family therapy, couple therapy and infant mental health. She has trained in Melbourne and London. She works in private practice and also consults to the Royal Children's Hospital's Mental Health Service and that hospital's Home and Community Care program, the Victorian Paediatric Palliative Care Program and Drummond Street Relationship Centre. She teaches on several medical and social science courses through the University of Melbourne and the Victorian Child Psychiatry training program.

Ms Leone Joyce

I am a NZRCPN, B Nsg. PostGrad Diploma Mental Health Nsg., with a wide experience in Community Mental Health Nursing, specializing in Maternal Mental Health over the past 5 years. I have co- facilitated 23 PND groups and believe that the wellbeing of the family unit is paramount for the nations mental health.

Ms Janan Karatas

Janan Karatas is a psychology major graduate from the University of Sydney. Janan is currently working as a Project Officer with the Perinatal and Infant Mental Health Team at South Western Sydney Area Health Service and is also the NSW beyondblue National Postnatal Depression Program Research and Liaison officer. Janan's research interests include perinatal and infant mental health and health service evaluation.

Dr Spiri Katsenos

Psychiatrist in private practice at Albert Road Clinic, Melbourne. Spiri is a member of the Parent-Infant programme and specialises in parent-infant psychiatry.

Ms Tess Kingsley

Tess gained her nursing qualifications in the United Kingdom. She completed her general nursing in London, her midwifery in Middlesex and was awarded the Health Visiting certificate through The University of Cardiff. She arrived Australia in late 1988 and joined the Victorian School Nursing Service in 1989 obtaining the School Nursing certificate in tandem with completing a Grad. Dip in Education. Shortly afterward Tess applied for registration as a maternal & child health nurse and has worked as a maternal and child health nurse since then. Tess completed the Grad. Dip in Parent & Infant Mental Health last year. Tess specialised in post-natal care, running a post-natal ward for three years at the West London Hospital. Tess spent two years as a Health Visitor working mainly among disadvantaged families in South Wales. In Victoria, Tess has worked in several municipalities, in centre work and in outreach. She has experience of working in a parenting centre and in mother & baby units. Tess has an interest in the development of the individual in the role of parent, and in the experiences of the developing infant.

Dr Leo Leader

Dr Leader is a senior lecturer in Obstetrics and Gynaecology in the School of Women's and Children's Health at the University of New South Wales. He is also a senior consultant at the Royal Hospital for Women in Sydney. He has had extensive experience in dealing with high risk obstetrics. He has studied fetal behaviour using a variety of habituation paradigms in both humans and animal models to assess fetal central nervous system function and its relationship to intellectual and neurological development in infants.

Dr Dominic Lee

Dr. Dominic (Tak Shing) Lee read medicine at The Chinese University of Hong Kong (CUHK). He received four distinctions and two gold medals during his studies, and graduated with an honour degree MBChB (Hons) in 1991. Following internship, he furthered his psychiatric training at the University of Cambridge. He returned to Hong Kong in 1994, and joined her alumni University. In 1999, Dr. Lee received the Freeman Fellowship of the Harvard Medical School to study medical anthropology and social medicine. He was subsequently appointed Lecturer of the Harvard Medical School. He received his research doctorate degree (MD) in 2000, and was promoted to Professor at The Chinese University in 2003. Over the past ten years, Dr. Lee has received numerous competitive research grant to research on perinatal and reproductive mental health, depression, suicides, and above all ethno-epidemiology. He publishes widely in prestigious journals, including American Journal of Psychiatry and British Journal of Psychiatry, and his works were regularly features and press-released. Dr. Lee is also actively involved in international mental health training. He has been collaborating with Harvard Department of Social Medicine in training psychiatrists and building capacity for key mental health centers in China. He also serves local and international governmental advisory and grant review committees. He is member of the editorial board of Culture, Medicine and Psychiatry and Quartery Journal of Mental Health. Dr. Lee is also consultant to several local Non-Governmental Organizations, and works closely with mass media in public health education.

Dr Bronwyn Leigh

Bronwyn Leigh has recently completed her Doctorate in Health Psychology through the University of Melbourne. Her doctoral thesis explored risk factors for antenatal depression, postnatal depression and parenting stress and investigated the interaction between them. Bronwyn currently works in the Parent-Infant Research Institute at Austin Health on a range of research studies related to maternal mood and also works clinically with women, infants and families through the Infant Clinic, Austin Health.

Ms Elizabeth Loughlin

Dance Therapist

M.A., B.Litt. Hons (Perf Arts), Dip Soc. Studs., Dip. Dance-Movement Therapy (IDTIA)

Elizabeth Loughlin, dance therapist, works with mothers and infants using the medium of dance, movement and music to assess and treat the mother-infant relationship, where the mother may have difficulties in communication with her baby arising from postnatal depression. Elizabeth also offers dance as an aesthetic experience in the community dance studio setting. She teaches and has published in the area of mother-infant dance. Elizabeth is a professional member of the Dance Therapy Association of Australia.

Dr Stephen Malloch

Stephen Malloch is a Research Fellow, and Leader of the Music and Movement Lab at MARCS Auditory Laboratories, University of Western Sydney. His research concentrates on what he calls the Communicative Musicality of human non-linguistic interaction. This involves the study of how humans

shape time expressively and communicatively using narratives of gestures of voice and body. His work focuses on infancy – parent-infant interactions, the effects of post-natal depression on this interaction, the use of music therapy with sick infants, and the ways in which infants interact with each other. He is also using the Communicative Musicality model to investigate the the ways teachers engage the attention of students, and the ways in which musicians move as they perform. He and Prof. Colwyn Trevarthen are currently editing a book on Communicative Musicality to be published by Oxford University Press.

Dr Stephen Matthey

Dr Stephen Matthey is a Senior Clinical Psychologist, and the Research Director for the Infant, Child & Adolescent Mental Health Service in the Sydney South West Area Health Service.

He has worked clinically in a variety of settings, including hospitals and Community Health, for Child & Family teams, generalist adult teams, and a Brain Injury Unit. His passion is conducting research, and he has published around 50 papers on various topics, including: perinatal mental health; educational psychology; test development; child and adult treatment; and statistics (aagghhh!!).

His other passions include Chelsea Football Club, his motorbike, and struggling with the violin.

Dr Catherine McMahon

Dr Catherine McMahon is a lecturer in the Department of Psychology at Macquarie University and has been actively involved in prospective research on reproductive risk factors, parenting and child development for the last 14 years. Her research has focused on clarifying factors that exacerbate or ameliorate the effect of maternal depression on children and on ensuring that empirical findings are translated into the provision of evidence-based early interventions for families at risk. In partnership with Tresillian Family Care Centres, she has received a grant from the Department of Family and Community Services (Early Intervention Parenting: 2001-2004) and a Rotary Mental Health Research Fund Grant (2004-2007) to develop and evaluate a relationship-based home visiting intervention program for women with postnatal depression. She was also part of a team awarded an ARC-Linkage grant (2005-2008) to evaluate a randomised controlled trial of a home-visiting intervention for disadvantaged families in South West Sydney.

Professor Jeannette Milgrom

Jeannette Milgrom is Professor of Psychology, School of Behavioural Science, University of Melbourne and Director of Clinical and Health Psychology at the Austin Health, Melbourne. Over the past 25 years she has pioneered extensive psychological services in a medical setting and established a department that is held in high regard as a model for integrating clinical services, research and doctoral training in health psychology. The Department has an active research interest in the areas of cardiology and oncology. Jeannette has also had long-term involvement with the Australian Psychological Society (APS) and is currently Chair of the National Executive of the College of Health Psychologists (APS). She has published widely in the area of depression and held a number of long-term research grants (totalling more that $2,006,910). She established the Parent-Infant Research Institute with the aim of providing evidence-based guidelines for parent-infant interventions, training of health professionals and public health initiatives. She is currently a chief investigator on a large collaborative national research grant: 'The National Postnatal Depression Program - Prevention and Early Intervention' funded by beyondblue, and is managing the Victorian component. Up to 10,000 women in Victoria will be screened for depression pregnancy over three years and form part of a large national database of up to 50,000 women. The project aims to evaluate the effectiveness of antenatal identification for depression and facilitating pathways of care to primary care professionals (general practitioners and maternal and child health nurses), as well as evaluating specialized community interventions. An additional component involves evaluating training of general practitioners.

She has also just completed and published her results on a previous study of screening and a randomised treatment trial for postnatal depression, one of the few randomised controlled trials in the area. This work is being extended to evaluate a parent-infant intervention module developed in response to the prevalence of interactional difficulties associated with postnatal depression and the lack of treatment available. She is a strong public advocate for infants highlighting the long-term consequences of parent-infant difficulties on psychosocial function. Professor Milgrom's work has been internationally recognised by numerous invitations for keynote addresses such as the Marcé Society plenary in 2002, and workshops including an invitation by the National Institute of Health, Italy (2003). Her book on postnatal depression (Treating Postnatal Depression. A Psychological Approach for Health Care Practitioners by Milgrom, Martin & Negri. Chichester: Wiley, 1999) has been translated into Italian and condensed in French and she is considered at the forefront of developing psychological treatment for hight-risk infants and parent-infant mental health.

Ms Rhiannon Mulcahy

Rhiannon Mulcahy (B.Psych(Hons) / D.Psych (Clinical) Candidate) works as a perinatal mental health psychologist specialising in group and individual treatments for mothers and families affected by mental health disorders.

Dr Carol Newnham

Carol Newnham is a neuropsychologist with a special interest in the development of preterm infants. She works with two Melbourne research teams: (i) the Victorian Infant Brain Studies (VIBeS), and (ii) Parent-Infant Research Institute (PIRI), located at the Royal Children's Hospital and Austin Health. The VIBeS team uses magnetic resonance imaging technology and neuropsychology to assess the brains and functional capacities of children who were born preterm. PIRI focuses on the assessment of and intervention with disrupted mother-infant relationships (as often happens with preterm dyads). Thus, interventions developed at PIRI are being assessed with the outcomes developed at VIBeS. We hypothesise that enhanced mother-infant interactions will enhance the growth of babies' brains. Dr Newnham has been working on, implementing and assessing interventions with preterm mothers and infants for 15 years.

Dr Susan Priest

Dr Susan Priest is Clinical and Research Psychologist based at the School of Psychiatry UNSW, and the Black Dog Institute specialising in Perinatal Mental Health and Womens' Health issues. Her interests in the perinatal field relate to psychosocial assessment and screening as a Public Health strategy; childbirth related stress including problems faced by parents of very pre-term infants; perinatal psychosocial care planning for women with complex mental health and psychosocial needs. Current projects include: developing a perinatal component into the Black Dog Institute website; and in association with A/P Marie-Paule Austin (under a Kinsman Scholarship for Research into Postnatal Depression), conducting a one year postnatal follow-up of women who took part in Antenatal Psychosocial Screening at Royal Hospital for Women in Sydney.

Ms Rebecca Reay

(BAppSc (OT), Acc OT
Candidate for M(Phil) Med Sc (research).
Rebecca currently works as a research officer with the Academic Unit of Psychological Medicine, Mental Health ACT. She coordinates the ACT component of the National beyondblue postnatal depression program.

Ms Jenny Richards

Jenny's role within the Perinatal Care Team is that of social worker. She was part of the Integrated Perinatal Care Team (IPC),which was a two year project and thus led to her securing a permanent position within the team at the end of the project. She has degrees in Sociology and Social Work and is currently undertaking a Master of Health Science (Drug and Alcohol). Jenny has worked as a social worker at an inpatient medical detox and methadone clinic, as well as emergency department, surgical, medical and rehabilitation wards. Whilst her knowledge of alcohol and other drugs has been applied to all areas of hospital work, Jenny believes it has greater significance in the perinatal period where it is used as a means of early intervention and prevention within the psychosocial model used.

Dr Heather Rowe

Dr Heather Rowe is a health scientist with a background in genetics and health promotion. She lectures in postgraduate courses and supervises postgraduate research in the Key Centre for Women's Health in Society in the School of Population Health at the University of Melbourne. She has broad interests in the determinants of women's health, and in particular those which are relevant to women's psychological wellbeing during the pregnancy and the postpartum periods. One of her research interests is the psychosocial impact of medical technologies in pregnancy and birth.

Ms Louise Ryan

Louise Ryan is a psychologist specialising in perinatal mental health. She has nine years experience working with families and healthcare providers on perinatal and family wellbeing. Louise has a special interest in consulting and training on the establishment of early intervention and resilience strategies. Louise is currently Project Director of the South West Victorian Postnatal Depression Project, a DHS funded project.

Ms Lynne Staff

Lynne is married and the mother of three teenage sons. She has been a midwife for over 20 years, and has worked with birthing women and their families in both the public and the private sector, and also had her own private midwifery practice, attending women for birth at home. Women choosing to birth at home following a previous Caesarean Section sparked off an interest for Lynne regarding women's experiences of Caesarean and their choices for subsequent birth mode. She has worked as a Midwifery and Childbirth Educator, and lectures nationally and overseas, principally about Women's Sexuality related to pregnancy, labour, birth and beyond, Waterbirth, Vaginal Birth After Previous Caesarean Section, and the Language of Maternity Care. She set up the Nambour-Selangor Private Hospital Maternity Unit in 1997, which has become recognised as a centre of excellence in maternity care. She is currently undertaking an honours degree, of which this research is the result, and hopes to continue on to a PhD.

Mrs Marion Stein

Marion Stein is a Clinical Nurse Consultant in Perinatal and Infant Mental Health, working for the Sydney South Western Area Health Service. Her position is with the Perinatal and Infant Mental Health Service, an early intervention service, whose aims are to identify those women who are at risk of developing mental health problems in the perinatal period. Marion is a Registered Psychiatric nurse, has completed a Post Graduate Certificate in Child and Family and is currently in her second year of the Infant Mental Health Graduate Diploma at the NSW Institute of Psychiatry. Marion's research interest has been in Perinatal Mood Disorders and she endeavours to produce evidenced based programs which will assist mothers and babies through this period of adjustment and change. Marion is a member of AAIMHI and financially contributes to the Children's Medical Research Institute.

Ms Margaret Stuchbery

Ms Stuchbery is a psychologist who has been working in perinatal mental health for nine years and at a specialist unit for perinatal mood disorders for five years. Ms Stuchbery has published articles and presented at international conferences in the area of perinatal mental health and is currently conducting research evaluating a mother-infant psychotherapy group.

Dr Danny Sullivan

Danny Sullivan is a forensic psychiatrist working in prison and secure hospital settings. He trained in England and Australia and has masters degrees in ethics and in medical law. He has previously written on autonomy theory and the law applied to pregnant women.

Dr Anne Sved-Williams

Anne practiced for 10 years as a general practitioner in Australia and the United Kingdom before undertaking family therapy studies at the Ackerman Family Institute in New York in 1976. She completed formal psychiatric training in 1980, and since that time has had several special interests including perinatal and infant mental health, teaching mental health to general practitioners and the mental health of doctors. Current appointments include Director of Perinatal and Infant Mental Health Services at the Women's and Children's Hospital, Adelaide, and Clinical Senior Lecturer at the University of Adelaide. She is the author of a number of peer-reviewed publications, a picture story book for children of parents with mental illness, and a book chapter, and has delivered conference papers and teaching seminars throughout Australia, and overseas.

Professor Colwyn Trevarthen

Colwyn Trevarthen, a New Zealander, is Professor (Emeritus) of Child Psychology and Psychobiology in the Department of Psychology of The University of Edinburgh, where he has taught since 1971. Trained as a biologist and psychologist, he has published on brain functions of vision and movement, brain development and, in the last 30 years, on communication with infants and toddlers. He has studied the rhythms and expressions of children's play and fantasy, and how musical games and songs, stories and acts of discovery, with real or imaginary companions, support development of skills in infancy and preschool years. This led to work on the interpersonal foundations of language and meaning, and on developmental problems such as autism that affect communication and thinking. A theory of 'communicative musicality' has been developed with musician and acoustic expert Stephen Malloch and others. Observations on infants' expressive skills has led to research on nonverbal therapies, especially music therapy. Analysis of adults' speech to young children reveals the importance of the rhythms and tone of a teacher's expression, or 'teacherese', to 'collaborative learning', and to children's confidence in expressing their understanding. Professor Trevarthen has an Honorary Doctorate in Psychology from the University of Crete, and he has been elected Fellow of the Royal Society of Edinburgh and Member of the Norwegian Academy of Sciences.

Mr Neil Underwood

I am clinical nurse consultant for the Perinatal and Infant Mental Health Service, Women's and Children's hospital South Australia. Working in both inpatient liaison and outreach services. I have a background in community mental health, working in rural and remote areas. I have trained in family therapy. I have published writings about mental health, appearing in the Weekend Australian, and on the ABC science show, Occam's razor. In 1997 I published a book of therapeutic writings from an inpatient mental heath facility, 'Inside out', and continue to explore the role of creativity as a means to healing.

Dr Pathik Wadhwa

Pathik Wadhwa is an Assistant Professor of Psychiatry & Human Behavior and Obstetrics & Gynecology, and Director of the Behavioral Perinatology Research Program, at the University of California Irvine College of Medicine in Irvine, California. Dr. Wadhwa obtained his medical degree (M.D.) in 1985 from the University of Poona, India, and his doctorate (Ph.D.) in 1993 in Health Psychology/Behavioral Medicine from the University of California, Irvine. Dr. Wadhwa's major research interests pertain to the role of maternal stress in human pregnancy, with an emphasis on outcomes related to fetal growth, development, and risk of premature birth, and on putative maternal-placentalfetal neuroendocrine, immune/inflammatory, vascular and genetic mechanisms that may mediate the effects of prenatal stress. Dr. Wadhwa is the author of numerous theoretical and empirical papers in this area, and his work has been funded by several research grants from the U.S. National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC). Dr. Wadhwa also is the recipient of three early career development awards from the U.S. National Institutes of Health, the Academy of Behavioral Medicine Research and the Perinatal Research Society, respectively, and serves as an advisor and consultant to several federal and private agencies and organisations.

Dr Deborah Walsh

Dr Deborah Walsh is a social work practitioner who has specialised in family violence with many years of experience in the field working with both victim/survivors and perpetrators of violence. Deb is currently a lecturer at La Trobe University, Social Work and Social Policy and is a trainer, consultant and human rights advocate for the field of family violence.

Associate Professor Gillian White

Gill White is an Associate Professor (Health Sciences), Regional Director of the College of Humanities and Social Sciences and Director of Health Science programmes at Massey University, Wellington, New Zealand. Gill's background as a midwife and academic interest in developmental psychology has been the driving force behind her passion for research about the emotional aspects of new parenting. Gill teaches a paper in maternal mental health to postgraduate students and encourages and supervises research work in the area. Currently Gill is putting together a network list of researchers in New Zealand so that collaboration and networking can be undertaken to expand vitally needed research.

Ms Tracey White

Tracey White is a Registered Psychologist with experience in both clinical work and research with children, adults and families. For the past 4 years she has been working part-time in the Research Unit of the Infant, Child and Adolescent Mental Health Service at Liverpool. Over this time she has participated in several research projects including the evaluation of antenatal psychosocial screening, the stability of adult attachment across pregnancy, measurement of consumer satisfaction and a 12 month follow-up study of post-traumatic stress symptoms following childbirth. She has also been engaged in part-time clinical work in both Community Health and Private Practice settings.

Ms Brooke Adam	MARCS Auditory Laboritories	NEW SOUTH WALES
Dr Emma Adams		ACT
Ms Antoinette Amy	Royal Women's Hospital	VICTORIA
Dr Marie-Paule Austin	Prince of Wales Hospital	NEW SOUTH WALES
Mrs Meredith Banks		VICTORIA
Ms Jodi Barton	Westmead Perinatal Clinical Research Unit	NEW SOUTH WALES
Dr Bruce Batagol	Royal Womens Hospital Melbourne	VICTORIA
Ms Jacqui Beall	Adelaide University	SOUTH AUSTRALIA
Ms Gyan Bhadra	Warwick Child & Adolescent Clinic	WESTERN AUSTRALIA
Mrs Rhonda Bignell	Hornsby Hospital NSW Antenatal Clinic	NEW SOUTH WALES
Ms June Billings	Mercy Health Services	NEW SOUTH WALES
Dr Justin Bilszta	The BeyondBlue National Postnatal Depression Program	VICTORIA
Ms Gaynor Blankley	Werribee Mercy Hospital	VICTORIA
Ms Jenni Blieden	Hornsby Child and Adolescent Team	NEW SOUTH WALES
Dr Michael Block	Albert Road Clinic	VICTORIA
Ms Nicole Blount	PANDSI	ACT
Ms Jaclyn Bock	St John of God Health Care	WESTERN AUSTRALIA
Mrs Jan Bond		QUEENSLAND
Dr Penny Brabin		VICTORIA
Ms Helen Brodribb	Healthscope	TASMANIA
Mrs Janette Brooks	Edith Cowan University	WESTERN AUSTRALIA
Ms Beryl Buckby	James Cook University	QUEENSLAND
Ms Robyn Buick	Child and Adolescent Mental Health	HAMILTON
Assoc Professor Anne Buist	University of Melbourne	VICTORIA
Ms Christine Burrows	Stonnington City Council	VICTORIA
Ms Cherie Butler	Northern Sydney Central Coast Health	NEW SOUTH WALES
Ms Julie Campbell	University of Western Sydney	NEW SOUTH WALES
Dr Peta Carr		WESTERN AUSTRALIA
Ms Anne Clifford	Raphael Centre	WESTERN AUSTRALIA
Ms Brenda Coates	City of Wodonga	VICTORIA
Ms Jacqui Coates-Harris	Waikato District Health Board	HAMILTON
Professor John Condon	Repatriation Hospital	SOUTH AUSTRALIA
Ms Kerry Connolly		VICTORIA
Ms Amanda Cooklin	University of Melbourne	VICTORIA
Dr Helen Cooney	Maternal Mental Health Service	AUCKLAND
Ms Megan Cooper	Mitcham Private Hospital	VICTORIA
Ms Ann Crago	Co-ordinator, Youthlink	SOUTH AUSTRALIA
Dr Rudi Crncec	MARCS Labs UWS/Karitane	NEW SOUTH WALES
Ms Kathy Culkin	South West Health Care	VICTORIA
Ms Colleen Cunningham	Albert Rd Clinic	VICTORIA
Ms Katharine Curnow	Mothers and Babies Unit, CDHB	CHRISTCHURCH
Ms Virginia Davies		NEW SOUTH WALES
Mrs Sue Denmead	Stonnington MCHN Prahran	VICTORIA
Ms Kristine Deray	University of Technology of Sydney	NEW SOUTH WALES
Ms Nina De-Sainte-Croix	University of Melbourne	VICTORIA
Ms Violet Devers	Pregnancy and Family Support	QUEENSLAND
Dr Deepali Dhillan		VICTORIA
Dr Melwyn Dmello	Royal Hobart Hospital	TASMANIA
Ms Tania Douglas	PANDA-Post and Antenatal Depression Assoc	VICTORIA
Mrs Jacqueline Donaldson	Princess Margaret Hospital	CHRISTCHURCH
Ms Kathie Dore	Ngala Family Resource Centre	WESTERN AUSTRALIA
Ms Tania Douglas	PANDA-Post and Antenatal Depression Assoc	VICTORIA
Ms Wendy Dowel	Coffs Harbour Health Campus	NEW SOUTH WALES
Ms Christina Down	Osborne Park Hospital	WESTERN AUSTRALIA
Ms Libby Druce	Noarlunga Health Services	SOUTH AUSTRALIA
Mrs Joanne Duffy	Post Natal Depression Support Association	WESTERN AUSTRALIA
Mr Kevin Duffy	Women's and Children's Hospital	SOUTH AUSTRALIA
Mrs Catharina Dumaresq	Geelong Hospital	VICTORIA
Mrs Jill Durkin	Child Youth Family Health	QUEENSLAND
Dr Belinda Edwards	Central North Adelaide Health Service	SOUTH AUSTRALIA
Ms Angela Eeles	Werribee Mercy Mental Health Program	VICTORIA

Ms Margaret Egan	James Cook University	QUEENSLAND
Ms Kerry-Ann Egliston	Dept of Psychology, Macquarie University	NEW SOUTH WALES
Mrs Therese Elsey	Wyong Hospital	NEW SOUTH WALES
Ms Margaret English	Asylum Seekers Resource Centre-Thornbury	VICTORIA
Mrs Jennifer Ericksen	Austin Health	VICTORIA
Ms Sally Ettershank	Swan Hill Community Mental Health	VICTORIA
Dr Catherine Faehrmann	John Hunter Hospital	NEW SOUTH WALES
Ms Seshini Farjan	Waitemata DHB	AUCKLAND
Ms Lisa Fettling	Lisa Fettling Counselling & Education	VICTORIA
Dr Jane Fisher	University of Melbourne	VICTORIA
Dr Jo Fitz-Gerald		VICTORIA
Mrs Rhonda Fitzpatrick	Child & Family Nursing CNC	NEW SOUTH WALES
Ms Michelle Fletcher	Beyond Baby Blues	TASMANIA
Ms Mary Fontana	Werribee Mercy Mother Baby Unit	VICTORIA
Ms Megan Fowler	Waitemata DHB	AUCKLAND
Ms Maureen Frilingos	Royal Hospital for Women	NEW SOUTH WALES
Dr Gary Galambos	St John of God Health Services	VICTORIA
Dr Karen Gaunson	Alfred CAMHS	VICTORIA
Ms Lynore Geia	James Cook University	QUEENSLAND
Dr Thomas George	Northwest Specialist Centre	QUEENSLAND
Mr Michael Gillen	Ryde Community Mental Health Service	NEW SOUTH WALES
Mrs Fiona Gladstone	North East Health Wangaratta	VICTORIA
Ms Angela Gordon	Nambour Selangor Private Hospital	QUEENSLAND
Ms Sally Gorringe	John Hunter Hospital	NEW SOUTH WALES
Mrs Pauline Griffiths	Auckland District Health Board, Maternal Mental Health	AUCKLAND
Ms Ying Zhi Gu	University of Melbourne	VICTORIA
Dr Rumiana Guneva	North Park Private Hospital	VICTORIA
Mrs Michelle Haling	Perinatal & Infant Mental Health Service	NEW SOUTH WALES
Ms Karin Hammarberg	Key Centre for Women's Health in Society	VICTORIA
Dr Dennis Handrinos	RWH	VICTORIA
Ms Alice Hanna	Westmead Perinatal Clinical Research Unit	NEW SOUTH WALES
Ms Siobhan Hannigan	Maroondah SCHC	VICTORIA
Dr Cathy Hapgood	North Shore Hospital	NEW SOUTH WALES
Ms Helen Hardy	Children's Hospital at Westmead	NEW SOUTH WALES
Professor Barbara Hayes	James Cook University	QUEENSLAND
Ms Lyn Hayes	Sutherland Hospital	NEW SOUTH WALES
Dr Suzanne Higgens	St John of God Health Care	VICTORIA
Christine Hill	Royal Womens Hospital	VICTORIA
Dr Ann Hodge	North Metropolitan Area Mental Health	WESTERN AUSTRALIA
Ms Terrie Hollingsworth	Sunbury Community Health Centre	VICTORIA
Ms Melissa Homan	Nambour Selangor Private Hospital	QUEENSLAND
Ms Belinda Horton	PANDA-Post and Antenatal Depression Asoc	VICTORIA
Mr Brian Hunt		NEW SOUTH WALES
Ms Hilary Hunter	Royal Hospital For Women	NEW SOUTH WALES
Ms Dianne Hurt	John Hunter Hospital	NEW SOUTH WALES
Ms Mary Hyland	Banksia House ARMC	VICTORIA
Ms Sue Ingram		NEW SOUTH WALES
Mrs Helen Janson	Werribee Mercy Mother Baby Unit	VICTORIA
Ms Christine Jones	St John of God Health Care	WESTERN AUSTRALIA
Ms Sarah Jones		VICTORIA
Ms Leone Joyce	Waikato District Health Board	
Dr Barney Kann	Gympie Terrace Specialist Centre	QUEENSLAND
Ms Janan Karatas	Sydney South West Area Health Service	NEW SOUTH WALES
Dr Spiri Katsenos	Albert Rd Clinic	VICTORIA
Ms Irena Kempski	Maternal & Child Health, Golden Plains Shire	VICTORIA
Mrs Angela Kershaw	Tweddle Child and Family Health Service	VICTORIA
Dr John King		VICTORIA
Ms Tess Kingsley	South Eastern Private Hospital	VICTORIA
Ms Anne Kingston	O'Connell Family Centre	VICTORIA
Mrs Catherine Knox	University of Ballarat	VICTORIA
Ms Jean Kong	Banksia House- Mother and Baby Unit	VICTORIA

Dr Peter Krabman	Coral Tree Family Service	NEW SOUTH WALES
Mrs Donna Kristianopulos	St John of God Health Centre	WESTERN AUSTRALIA
Ms Trish Kyne	Population Health Unit NMAHS	WESTERN AUSTRALIA
Ms Sharon Laing	Childrens Hospital at Westmead	NEW SOUTH WALES
Ms Wendy Lauder	Bendigo Health Care Group	VICTORIA
Dr Leo Leader	University of New South Wales	NEW SOUTH WALES
Dr Dominic Lee	The Chinese University of Hong Kong	HONG KONG
Dr Stephen Lee	Child Adolescent Mental Health	VICTORIA
Ms Rosemary Lee	Child & Family Centre, Tuggeranong	ACT
Dr Bronwyn Leigh	Infant Clinic Austin Health	VICTORIA
Dr Elizabeth Lewis		VICTORIA
Dr Ruth Little		VICTORIA
Ms Elizabeth Loughlin	Heidelberg Repatriation Hospital	VICTORIA
Ms Margaret Love	Mater Crows Nest - Maternity	NEW SOUTH WALES
Dr Kerry Mack		VICTORIA
Ms Elizabeth Mallet	Post & ante Natal Depression Support & Information Inc	ACT
Dr Stephen Malloch	The University of Western Sydney	NEW SOUTH WALES
Dr Sarah Mares	NSW Institute of Psychiatry	NEW SOUTH WALES
Ms Fiona Martin	Capital and Coast Health	WELLINGTON
Ms Michelle Mason	Stonnington Maternal & Child Health	VICTORIA
Ms Robyn Matthews	Maternal Mental Health Service	TAURANGA
Dr Stephen Matthey	South West Sydney Area Health Service	NEW SOUTH WALES
Ms Judy Mayall	Princess Margaret Hospital	CHRISTCHURCH
Ms Janese McCulley	James Cook University	QUEENSLAND
Mrs Susan McLaughlin	Pregnancy and Family Support Gold Coast	QUEENSLAND
Dr Catherine McMahon	Macquarie University	NEW SOUTH WALES
Ms Kay McWilliam	Maternal and Child Health	VICTORIA
Ms Michele Meehan	Royal Children's Hospital	VICTORIA
Dr Kristine Mercuri	Mercy Hospital	VICTORIA
Professor Jeannette Milgrom	Austin Health	VICTORIA
Dr Pauline Miller		VICTORIA
Ms Christine Minogue	The Nurtured Way	NEW SOUTH WALES
Ms Barbara Minto	Werribee Mercy Mother Baby Unit	VICTORIA
Ms Joyce Wing-si Mok	Royal Childrens Hospital	VICTORIA
Ms Ann Moylan	The Prince Charles Hospital	QUEENSLAND
Ms Rhiannon Mulcahy	Perinatal Mental Health Service	ACT
Dr Francoise Muller-Robbie		VICTORIA
Mrs Anne Murray-Smith	Queen Elizabeth Maternity Liason	SOUTH AUSTRALIA
Ms Leela Nahna	Austin Hospital	VICTORIA
Ms Carol Newing	Central Coast Health	NEW SOUTH WALES
Mrs Carol Newnham	Parent- Infant Research Institute	VICTORIA
Ms Maria Nixon	Swan Hill Community Mental Health	VICTORIA
Professor Tadaharu Okano	Mie University	JAPAN
Ms Tricia O'Neill	North East Psychiatric Services	VICTORIA
Ms Laura Parisotto	North East Health Wangaratta	VICTORIA
Dr Campbell Paul	Royal Children's Hospital	VICTORIA
Mrs Vivienne Peters	Hornsby Ku-Ring-Gai Health	VICTORIA
Ms Jane Phillips	Karitane	NEW SOUTH WALES
Ms Sally Phillips	Taranaki District Health Board	NEW PLYMOUTH
Dr Maria Power		WESTERN AUSTRALIA
Dr Ros Powrie	Women's and Children's Hospital	SOUTH AUSTRALIA
Dr Joanna Prendergast	Mothers and Babies Princess Margaret Hospital	CHRISTCHURCH
Dr Susan Priest	UNSW School of Psychiatry and Blackdog Institute	NEW SOUTH WALES
Dr Robert Purssey	The Prince Charles Hospital	QUEENSLAND
Ms Jennifer Quinlan	St John of God Hospital, Ballarat	VICTORIA
Ms Rebecca Reay	The Canberra Hospital	ACT
Ms Jane Retalic	Sydney West Area Health Service	NEW SOUTH WALES
Dr Janet Rhind		QUEENSLAND
Ms Jenny Richards	Northern Sydney Central Coast Health	NEW SOUTH WALES
Dr Susan Roberts	Gold Coast O and G Specialist Services	QUEENSLAND

Ms Julie Rogers	Northern Sydney Central Coast Health	NEW SOUTH WALES
Ms Yolanda Romeo	Austin Hospital	VICTORIA
Ms Angela Ross	Albert Rd Clinic	VICTORIA
Dr Heather Rowe	Key Centre for Womens Health in Society	VICTORIA
Ms Louise Ryan	South West Postnatel Depression project	VICTORIA
Ms Karen Saint	Royal North Shore Hospital	NEW SOUTH WALES
Dr Alison Saunders	Redbank House	NEW SOUTH WALES
Ms Wendy Scapin	Joondallip Health Campus Western	WESTERN AUSTRALIA
Ms Katrina Schlager	Mitcham Private Hospital	VICTORIA
Ms Maureen Scott	ACT Health	ACT
Mrs Tracy Semmler-Booth	Central North Adelaide Health Service	SOUTH AUSTRALIA
Ms Katie Shafar	Positive Parenting Services	VICTORIA
Ms Linda Shawyer	Albert Rd Clinic	VICTORIA
Dr Nosheen Sheikh	Mental Health Services-Taranaki	NEW PLYMOUTH
Mrs Kay Souter	George Street Health Centre	NEW SOUTH WALES
Ms Maureen Speedy	Waikato Family Centre	HAMILTON
Mrs Lynne Staff	Nambour-Selangor Pvt Hospital	QUEENSLAND
Mrs Wynne Stamboulakis	Austin Health	VICTORIA
Mrs Marion Stein	Sydney South West Area Health Service	NEW SOUTH WALES
Ms Penny Stevens	Maternal Mental Health Service	TAURANGA
Ms Paula Storey	Royal Hospital for Women	NEW SOUTH WALES
Ms Margaret Stuchbery	Karitane	NEW SOUTH WALES
Ms Trish Sullivan	Raphael Centre	WESTERN AUSTRALIA
Dr Anne Sved-Williams	Women's and Children's Hospital	SOUTH AUSTRALIA
Dr Klara Szego	Mercy Hospital for Women	VICTORIA
Dr Enno Taemets	Belmont Private Hospital	QUEENSLAND
Mrs Jenny Thomas	Mercy Health Service Albury Ltd	NEW SOUTH WALES
Ms Di Thomlinson	Northern Sydney Central Coast Health	NEW SOUTH WALES
Ms Adrienne Thomson	Pyrenees Shire	VICTORIA
Dr Frances Thomson-Salo	Royal Children's Hospital	VICTORIA
Professor Colwyn Trevarthen	The University of Edinburgh	SCOTLAND
Dr Heather Tucker	Central Coast Health	NEW SOUTH WALES
Dr Bev Turner	Redbank House	NEW SOUTH WALES
Dr Adaobi Udechuku	Austin Health	VICTORIA
Mr Neil Underwood	Women's and Children's Hospital	SOUTH AUSTRALIA
Dr Ruja Varon		VICTORIA
Dr Pathik Wadhwa	University of California, Irvine, College of Medicine	CA
Dr Deborah Walsh	La Trobe University	VICTORIA
Ms Kim Warner		NEW SOUTH WALES
Dr Beulah Warren	NSW Institute of Psychiatry	NEW SOUTH WALES
Ms Elizabeth Webb	Toowoomba Child, Youth Family Health Service	QUEENSLAND
Dr Elizabeth Webster		QUEENSLAND
Ms Marianne Weddell	South WestPostnatel Depression Project	VICTORIA
Dr Sara Weeks	Mensana Clinic	AUCKLAND
Ms Caroline Westall	Nillumbik Community Health Service	VICTORIA
Ms Doreen Westley	Doreen T. Westley & Associates	QUEENSLAND
A/Prof Gillian White	Massey University	WELLINGTON
Dr Lyndall White	Belmont Private Hospital	QUEENSLAND
Ms Tracey White	SW Sydney AHS	NEW SOUTH WALES
Ms Lindy Wilcox	Toowoomba Child Youth and Family Health	QUEENSLAND
Ms Alison Williams	Waikato Hospital	HAMILTON
Ms Grace Williams	Counties Manakau District Health Board	AUCKLAND
Ms Mary Williams	Belmont Private Hospital	QUEENSLAND
Mrs Sue Williams	City of Port Phillip	VICTORIA
Dr Robin Wilson	Mercy Hospital for Women	VICTORIA
Dr Cecelia Winkelman	Australian Catholic University	VICTORIA
Ms Kirsten Yates	Southern Health	VICTORIA
Dr Caroline Zanetti	St John of God Health Centre	WESTERN AUSTRALIA
Ms Nikki Zerman	Tweddle Child & Family Health Service	VICTORIA
Dr Michael Zilibowitz	Northern Beaches Child & Family Health	NEW SOUTH WALES