AUSTRALASIAN MARCÉ SOCIETY for Perinatal Mental Health 2019 CONFERENCE

PERTH, Western Australia

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Love & Fear

Becoming a person within a family

PROCEEDINGS

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1
What are the barriers to implementing psychosocial assessment in the private sector?

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Professor Tanya Connell is an R.N, midwife, child and family health nurse, lactation consultant, childbirth educator and has a, PhD, a masters in adult education and a masters in science-research.

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Approximately 30-40% of obstetric women choose to deliver in the private sector in Australia. Compared to the public sector, women in the private sector are more likely to have an induction of labour, a caesarean section, an instrumental delivery and a longer postnatal stay. Obstetricians and midwives in the private sector note that the role of obstetricians in postnatal care is minimal.

Psychosocial assessment, including depression screening, as part of perinatal care has been deemed good practice in the national clinical guidelines for perinatal depression and anxiety. However, little is known about psychosocial assessment in the private hospital sector. The primary aim of this study was to establish what is known about such assessment for women who choose private obstetric/maternity and postnatal care, particularly the availability and appropriateness of referral pathways and barriers to implementation. The study included implementing psychosocial assessment as part of the booking-in process at a regional private hospital in NSW.

This presentation reports on the barriers encountered in introducing psychosocial assessment to the pilot site. Recommendations for how to identify and overcome some of these barriers will be presented, with the aim of facilitating the introduction of this assessment at other private hospitals.

Access to information on risks to maternal and infant health is considered a fundamental privilege of antenatal care. Routinely assessing and measuring psychosocial risks and mental disorders are essential activities in evaluating the need to provide appropriate and timely responses to identified risks, to reduce infant mortality, preterm births and low birth weight infants. The perinatal period provides a unique opportunity to identify and intervene in perinatal anxiety and depression, partner violence, substance use problems, unresolved loss and other traumatic history. There is an increasing move internationally to standardise and make routine the psychosocial assessment and depression screening of all pregnant women.

3
"My Bravest Moment" - An Anthology of Hope: The Voice of the Lived Experience.

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Poster Presentation

The Brisbane Centre for Postnatal Disorders (BCPND) was established at Belmont Private Hospital in 1991 to treat and support women with perinatal mental health issues. The centre assists women and their families in the process of adapting to the biological, psychological and social aspects of their disorder in an environment that is supportive, reassuring, and responsive to their needs and those of their infant and significant others.

To commemorate the 20th Anniversary of the establishment of BCPND, it was decided by the clinical team that the best way to celebrate the essence of the Unit and its programs was to give voice to the lived experience of those courageous women who have been through its doors. Letters were written to past and current consumers of the service, inviting them to contribute via their chosen medium (story, verse, or artwork) to an Anthology which would pay tribute to each unique journey. The women's recollections included pre-conception influences, their birth experiences, the impact of trauma, and highlighted the importance of early detection and treatment. However, the single common denominator amongst the rich and varied penned experiences was one of hope.

The Anthology has proven to be a valuable tool on a number of levels. Primarily it afforded the contributors the opportunity to derive meaning from their individual experiences in a homogenous collective forum. Furthermore, it provides women, who will experience a perinatal mood disorder in the future, the opportunity to witness the expressions of hope. They may also derive courage from the fact that the journey, though painful and difficult, is one that invariably leads to positive change, growth and resolution. In addition, Health professionals will benefit in their clinical practice by reading this Anthology and "bearing witness" to the aforementioned lived experience.

4

Breaking Barriers – Helping New Fathers to Help Themselves

Gaye Foster[1]

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Gaye Foster is a psychologist with the Brisbane Centre for Postnatal Disorders (BCPND) – the only private mental health mother-baby unit in Brisbane – located at Belmont Private Hospital in Carina. For the past 10 years she has been working with new mothers experiencing mental health disorders during pregnancy and postnatally. Gaye facilitates the BCPND Cognitive Behaviour Therapy group program as well as the Triple P and Circle of Security parenting programs.

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Poster Presentation

The Brisbane Centre for Postnatal Disorders (BCPND) was established at Belmont Private Hospital (BPH) in 1991 to treat women with perinatal mental health issues. The centre has evolved to include families in the process of adapting to the biological, psychological and social aspects of during the perinatal period.

Postnatal depression often goes undiagnosed in fathers and non-biological mothers. The number of partners who become depressed in the first year of a baby's life is double that of the general population. First time fathers and non-biological mothers are particularly vulnerable. Also, one in ten will become depressed during their partner's pregnancy. Partners of women with postnatal depression have a 24% - 50% chance of experiencing depression themselves. It often goes unreported as the symptoms can look like the everyday stresses of having a newborn. Survey outcomes of mothers in BCPND support these findings, with 33% stating that their partners require psychological assistance.

Partners are often reluctant to seek help. Four reasons were identified as barriers:

- An unwillingness to see a psychiatrist
- The financial cost to see a therapist
- Time poor due to caring for unwell wife and new baby
- Reluctance to engage in the process of finding a therapist

To overcome these barriers a psychological service operating as a private practice was established at BPH; Perinatal Partners Support Service (PPS). The barriers were removed by:

- Psychologists providing the therapy
- Bulk-billed via Medicare
- Appointments conducted at BPH
- Acquainted with the psychologist

An evaluation of the service, since its inception in 2016, shows that 25 new fathers have engaged with the service. Outcomes reveal a significant reduction in anxiety, depression and stress symptoms. The services success highlights that when barriers to engage are removed men will seek help. Early detection of, and reduction of barriers is important in providing appropriate services.

6

Positive Fatherhood: Navigating Male Stigma and Using Positive Psychology to Target Paternal Mental Wellness

Dr Pierre Azzam[1]

[1]*University of Pittsburgh School of Medicine, Pittsburgh, United States*

Dr. Pierre Azzam serves as Associate Program Director for Psychiatry Residency Training and Program Director for the Consultation-Liaison (CL) Psychiatry Fellowship at the UPMC Western Psychiatric Hospital (WPH) in Pittsburgh, USA. He earned his medical degree (MD) in 2005 from Baylor College of Medicine in Houston before completing psychiatry residency at UPMC in 2009 and fellowship in CL Psychiatry at the Massachusetts General Hospital. His interests in men's health, personal development, and working with fathers led him to seek Professional Coaching Certification at the Duquesne University School of Business in Pittsburgh this year. Dr. Azzam is combining services in transformational coaching, education, and psychiatry to work with men at times of important life transition, including early fatherhood, to promote emotional resilience, authenticity, compassion, and clarity of purpose.

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Fatherhood plays a central role in the lives of many men and shapes common conceptualizations of masculinity across socioeconomic, cultural, racial, and religious divides. In early fatherhood, many men experience competing pressures to conform to traditional masculine ideals of stoicism, strength, and self-sufficiency while also providing gentle nurturing and care-taking. Perinatal depressive and anxiety disorders, which impact over 10% of fathers, may further exacerbate the psychological strain associated with these gender-role expectations. Traditional mores of masculinity may also diminish the approachability of conventional mental health services to mitigate distressing symptoms, thereby further limiting a man's capacity to provide positive fathering that contributes to optimal childhood development.

Efforts to promote mental wellness in men at times of important life transition – including fatherhood – underscore the value of coaching models, cognitive and action-oriented therapies, and interventions that foster positive masculinity. Several innovative programs have focused on promoting mental wellness for fathers in the community and clinical settings; these have yielded promising results, including enhanced paternal involvement in childcare and improved self-efficacy, mental health outcomes, and quality of the parenting relationship for fathers – and also for mothers.

In this workshop, Dr. Azzam will:

- Provide an overview of the psychology of men and masculinities as it relates to early fatherhood.
- Explore findings related to paternal mental health and resilience.
- Lead a small-group exercise to promote discussion of participants' personal and professional experiences with paternal mental health.
- Lead a large-group interactive discussion to design interventions that foster paternal wellness using aspects of positive psychology.

7
Putting the 2017 Guidelines into Practice in a Digital World: Adopted Approaches and Observed Impacts

Dr Nicole Highet[1]
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Dr Nicole Highet is the Founder and Executive Director of COPE: Centre of Perinatal Excellence. COPE was established in 2013 to provide a national, dedicated focus on perinatal focus on perinatal mental health. Nicole has a background in clinical psychology, specialising in treatments for postnatal depression, and since has specialised in the development and promotion of mental health campaigns. As co-chair of the 2017 Clinical Practice Guideline, Nicole is dedicated to developing innovative approaches to support best practice in perinatal mental health.

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Since the development and release of the 2017 Perinatal Mental Health Guideline, significant focus has been directed to supporting their implementation through the use of a range of innovative, digital solutions.

The Guideline recommends that all expectant and new parents receive information about emotional and mental health, that every woman is screened to identify her risk and likelihood of developing a mental health problem in the perinatal period together with the presence of anxiety and depressive symptoms. The Guideline also emphasises the importance of having appropriate referral pathways in place.

To date, manual and pen-and-paper approaches to consumer education, screening and referral has resulted in a lack of efficient, effective and measurable outcomes. Furthermore, current approaches do not meet the individual language and cultural needs across Australia's diverse community.

To support the implementation of best practice in accordance with the National Guideline, COPE has developed a range of digital approaches to support the sustainable implementation of best practice. This includes the Ready to COPE fortnightly e-newsletter for expectant and new mothers and fathers, online training programs and resources for health professionals, the iCOPE digital screening platform with clinical and patent reporting systems, and the new e-COPE referral directory.

This presentation will profile each of these programs and resources and provide an update on their uptake and application across Australia. The presentation will also detail outcomes from the evaluation of these measures and outline COPE's next steps toward building sustainability in perinatal mental health.

8
Measuring quality outcomes in PIMHS: what will work for patients?

Dr Alice Dwyer[1]
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Dr Dwyer is a Fellow of the Royal Australian and New Zealand College of Psychiatrists. She is the Clinical Lead Psychiatrist for Raphael Services NSW, a secondary specialist perinatal and infant mental health service located in socially disadvantaged areas of western Sydney. Alice has a keen interest in researching outcomes for psychotherapy so that patients, service providers and clinicians can have confidence that their efforts lead to better lives for patients and enhanced security in the parent-infant attachment relationship.

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There is increasing recognition that measuring patient outcomes is an important tool in managing quality in mental health services. Funding bodies, patient advocacy groups and managers are all interested in ensuring that patients are receiving effective, evidence-based interventions that truly lead to improved mental health. Perinatal and Infant Mental Health Services (PIMHS) could benefit from participating in utilising current outcome measures available or developing new ways to assess outcomes for PIMHS. This paper will address the core aims of PIMHS, and then review the availability of valid outcome measures for the PIMHS population, addressing issues such as availability, validity and reliability for each measure. Typical barriers to implementing and learning from outcome measures will be addressed. An example of possible suite of measures that could assist in improving quality in a generic PIMHS will then be outlined, with an example of how repeated data collection improved certain practices in the author's own clinical experience.

9

Mother-Baby Nurture: An Attachment Focussed Group Intervention for Reducing Parenting Stress and Improving Maternal Mentalising

Ms Sharon Cooke[1]

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Sharon Cooke is the service coordinator for Mother-Baby Nurture - a government-funded group intervention that focusses on strengthening the infant-mother attachment relationship. Sharon trained in midwifery, child health and perinatal and infant mental health. She has undertaken two research projects evaluating the Mother-Baby Nurture programme. Sharon is captivated by the relational dance between the parent and infant, and the way past patterns of relating within family are passed forward, yet rarely recognised or talked about. Her preferred place of work is beside the parent-infant dyad as they begin to notice, and gradually find their rhythm.

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This research project evaluates an innovative brief group intervention targeting vulnerable infants and their mothers within the first six-months postpartum. The Mother-Baby Nurture (MBN) program aims to strengthen the developing infant-mother attachment relationship by alleviating parenting stress and increasing maternal mentalizing or reflective functioning (RF). The program has been informed by attachment relationship-focussed interventions and the growing body of knowledge on the determinants of intergenerational transmission of insecure attachment patterns. Thirty-three mothers caring for infants under 10-months of age participated in ten 2-hour sessions of MBN. Parenting stress and RF were measured before and immediately after the intervention with the Parenting Stress Index – Short Form (PSI-SF), Parental Reflective Functioning Questionnaire (PRFQ) and RF coded on the Five-Minute Speech Sample (FMSS-RF). Results indicated that the women who participated in MBN had a post-intervention improvement in RF with increased mean PRFQ scores of Interest and Curiosity in Mental States (p = .007) and a decrease in Pre-Mentalizing (p = .024) – both with medium effect size (d = 0.56, 0.61). The FMSS-RF median score increased from 3 to 4 (not a statistically significant improvement, p = .105). Parental stress significantly decreased across all three PSI-SF subscales, with the total stress score reduced with a large effect size (d = 0.94, p = < .001). The findings of this pre/post intervention evaluation study suggest that MBN appears to be effective in alleviating parenting stress and fostering the mother's capacity for RF - both risk factors associated with child maltreatment and poor child outcomes. The results particularly denote the potential of community-based mentalizing groups to intervene early in human development and with the relationships that shape it.

10
A Perinatal Mental Health Service in a Culturally Diverse Setting: not one size fits all

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Dr Sylvia Lim-Gibson is a senior staff specialist psychiatrist and clinical lead the community-based perinatal infant mental service at the Sydney Local Health District. Previously, Sylvia was perinatal psychiatrist with the Royal Hospital for Women, Randwick, Sydney, NSW where she established and was the clinical lead for the Perinatal Outreach Mental Health Services and received the SESLHD Innovation and Improvement award in 2018 for Excellence in the Provision of Mental Health Care for that work. Sylvia has also been perinatal psychiatrist with the Sustained Home Visiting (Child and Family Health Nursing) Programme at Arncliffe, NSW, perinatal psychiatrist with the maternity service and consultation liaison psychiatrist with the St George Cancer Care Centre Psychosocial Oncology Team and Calvary Hospital Palliative Care Service, Kogarah, NSW and psychiatrist with the tertiary referral Pain Management Service at Prince of Wales Hospital, Randwick, NSW. Sylvia has a strong commitment for medical education. She was previously the Director of Postgraduate Psychiatry Training for the South East Sydney and Illawarra Training Zone and is an accredited examiner with the Royal Australian & New Zealand College of Psychiatrists.

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Perinatal Infant Mental Health (PIMH) teams have been established across New South Wales, Australia, as part of Ministry of Health initiatives. The teams have an over-arching brief to deliver specialist perinatal infant mental health services to women with severe and complex mental health problems, but the articulation of service delivery depends on the demographics of the local service population. The Sydney Local Health District covers some of the most ethnically diverse populations in Sydney. This paper examines some of the lessons we have learnt in establishing a PIMH service that will appropriately meet the needs of the women and families in this context. We challenge the concept of "transcultural mental health" and attempt to articulate similarities as well as staggering differences between the group we traditionally think of as "CALD – culturally and linguistically diverse". We consider factors such as places of origin, time of migration, role of trauma, displacement, loss of cross-generational guidance, knowledge and experience of parenting practices, expectations of migration, relationship with country of origin as they try to establish roots in their adopted country and the impacts of these factors upon parenting, attachment, infant development and engagement with services. We identify the complex factors including immigration status, and Medicare eligibility, mistrust of authority, cramped, shared or unsafe housing, lack of access to cars and transport impacting on their presentations and capacity to access health care. We explore challenges we have met in trialling the 'usual' approaches applied with CALD populations including use of health care interpreters and culturally specific parenting support groups. We discuss our lessons learnt in establishing and providing specialist perinatal interventions across cultural groups, how it has shaped our service delivery and describe our plans for further research to inform service development.

11

SMS Messages – a Feasibility Study Supporting Women with Perinatal Mental Illness and their Partners.

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Cate Rawlinson is a Psychologist with 22 years' experience as a clinician and project manager working in the child and adolescent mental health, child protection and adult mental health sectors. Cate has a specialist interest in perinatal and infant mental health and is currently one of the Brisbane based Service Development Leaders for the Queensland Centre for Perinatal and Infant Mental Health Strategy Unit (QCPIMH). QCPIMH is part of the Children's Health Queensland Hospital and Health Service which provides state-wide strategic advice for perinatal and infant mental health service development and implementation, workforce development, mental health promotion, prevention, research and evaluation, and advocacy across the mental health sector.

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The Queensland SMS4Parents feasibility study tested the delivery of mental health promotion, prevention and support information, via text messaging, to women diagnosed with perinatal mental illness and their partners. Women were recruited from two public mental health services in regional Queensland. Their partners were also invited to receive messages that encouraged an indicated population of parents to look after their mental health, support their partner, learn about their new infants needs and ways to connect with their infant.

This feasibility study aimed to; test the effectiveness of the use of SMS technology in engaging parents, develop a set of SMS messages for an indicated population to raise awareness of and support the co-parenting relationship, measure fathers' distress levels on entry to the research using the validated Depression Anxiety and Stress Scale 21 (DASS21), and identify whether initial level of distress and the SMS messages encouraged help-seeking among participating parents. Furthermore, the study aimed to explore the impact of specific SMS messages, measure parent's perceptions of their co-parenting relationship on entry to the research program, and identify whether perceptions of this relationship affect help seeking, as well as evaluate the general impact of the SMS messages through a post message protocol phone interview and the research methodological approach.

Research and scoping data identifies mothers in the perinatal period with infants to be prolific users of smart phone technology to communicate and find information. A growing evidence-base also supports the use of SMS messages to engage new fathers in learning about their mental health and wellbeing. Results from this and several SMS4Dads studies, including a national randomised control trial, indicate that many participating parents discussed the text messages with their partner, that these discussions led to more cooperative parenting practices and a greater understanding about their newborn infants needs and behaviour.

12

Screening for antenatal depression and predictors of under-screening in Australia: The Born in Queensland Study

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Macarena San Martin Porter is a Physiotherapist originally from Chile. After 4 years working in a hospital she moved to Australia and studied a Master in Public Health. In 2016, Mrs San Martin Porter started her PhD studies exploring screening for antenatal depression in Australia. She is now in her 3rd year looking at the use of the Edinburgh Postnatal Depression Scale (EPDS) to screen pregnant women in Queensland, and the association of screening with neonatal and maternal outcomes.

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Background

Antenatal depression is often under-recognized by health professionals in regular antenatal health checks. Universal screening have been recommended in Australia to increase detection of women suffering depression during pregnancy.

Objective(s)

To explore antenatal screening using the Edinburgh Postnatal Depression Scale (EPDS) in QLD prenatal care services and risk factors of not receiving screening, four years after clinical guidelines recommended universal screening.

Design

Cross-sectional retrospective analysis of health services administrative data from July 2015 to December 2015.

Setting

State-wide population-based data collection in Queensland.

Participants

All pregnant women who gave birth in Queensland in the second half of 2015 (n=30,468).

Main outcome measures

EPDS screening completed during pregnancy ("yes", "no" or "not stated").

Results

Of the 30,468 women of our sample, 21,735 (71.3%) women completed the EPDS during their pregnancy. 91% (18,942) of the pregnant women enrolled as public patients completed the EPDS compared to only 28.8% (2,762) of women enrolled as private patients (p=<0.001). After adjustments significant predictors of under-screening included women aged 36 or older (OR, 0.69; 95 CI, 0.60–0.79; p=<0.001), enrolled as private patients (OR, 0.05; 95% CI, 0.05–0.06; p<0.001), born overseas (OR, 0.75; 95% CI, 0.68–0.82; p<0.001), identified as Indigenous (OR, 0.47; 95% CI, 0.39–0.56; p<0.001), and identified as single or separated (OR, 0.83; 95% CI, 0.73–0.94; p= 0.002).

Conclusion(s)

There is a notable disparity between screening rates of private and public patients four years after clinical guidelines recommended universal screening with the EPDS. This study may inform future research to compare and analyse the impact on screening uptake following recent changes to the program by the Australian government.

13

The Radiance Network: Together anything is possible

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Anne is a Health Educator and has spent over 35 years in the Health care industry, both in General and Mental Health Nursing. Currently Anne works as a Health Educator and Wellness Coach at South West Women's Health Center in Bunbury and is the Project officer for The Radiance Network which was first formed in March 2017. Anne is passionate about Perinatal Mental Health and works closely within the community to support the emotional wellbeing in pregnancy and parents with their journey into parenthood. Anne is married with 4 children and has a 3-year-old grandson who keeps her on her toes.

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The Radiance Network was formed as a result of an amazing mother, Cj, who remembers being overjoyed when she fell pregnant with her first child. Cj had a dream pregnancy and uneventful birth and she and her partner fell in love with their beautiful healthy baby boy. However, this is where the fairy tale takes a dramatic turn because Cj experienced post-natal psychosis. Cj very bravely shares her journey with post-natal psychosis – her raw and painful truth.

Cj's story does end well – both for her family and the community. Through her experience Cj was able to identify that there was not enough awareness, support, and services for families who are struggling in the perinatal period within our region. So, she set about to change this. She raised and donated $15000 for the purpose of improving outcomes for families.

Through partnership and collaboration, The Radiance Network was formed. Our vision was to provide a platform to bring services together in order to support, build resilience, and enhance the emotional wellbeing of parents to strengthen family relationships. An additional goal was to raise awareness around perinatal anxiety and depression and adjustment difficulties.

The Radiance Network is a great example of what a small community can achieve in response to an identified need. We are driving communication, service cohesiveness, inspiration and action around perinatal infant mental health in our community. We are making a difference to the emotional wellbeing of many families through improved social support and facilitating better pathways to care.

14

Evaluation of a nurse led playgroup in a Mother Baby Unit - perceptions of discharged mothers

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Gillian Ennis is the Coordinator for Mental Health Nursing at Womens and Newborn Health Service. Gillian trained as a mental health nurse in London, UK where she worked for over 20 years before migrating with her family to Perth in 2006. During her time nursing in London she undertook a number of positions including a ward manager for a thirty bedded, authorised, acute adult mental health facility, a community nurse for the elderly and in 1999, her interest in perinatal mental health was ignited when she commenced work as a perinatal community mental health nurse. Following settling in Perth she started work as at King Edward Memorial Hospital Mother Baby Unit prior to its opening in July 2007 and helped develop the initial governance structure. She has worked in many different roles at king Eddies but her passion always remains with perinatal metal health.

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Background

The Mother and Baby Unit (MBU) co-located at a tertiary maternity hospital in Western Australia opened in 2008 and has maintained a consistent structure and focus of the therapeutic program over eleven years. It was recognised that the MBU needed to provide an increased focus on infant mental health and identified gaps in therapeutic interventions targeting mother-baby relationship. Changes in nursing rostering practices provided an opportunity to refine the therapeutic structure to include a morning playgroup facilitated by nursing staff. Topics offered include 'practical parenting education', 'play' and 'getting to know your baby'.

Aim

The aim of this evaluation is to seek feedback from attendees to determine mothers' perceptions of the playgroup and how it can be improved to meet their needs.

Process

Over six months (April – September 2019), mothers will be sent an online survey link by SMS within two weeks of discharge. Data will be collected on age of baby, number of children, length of MBU stay, number of playgroup sessions attended, and satisfaction with the program. Open ended questions will capture mothers' perceptions of how attending the program has affected their relationship with their baby, providing care to their baby and feelings about being a mother. Finally, feedback will be sought on the helpfulness of group activities and feedback on how the program could be improved. Responses will be categorised against emerging themes. All information will be de-identified, and the content analysis will be undertaken by a small team of clinicians not directly involved in the Mother Baby Unit.

Conclusion

Findings will be used to provide an active group program for patients focusing on play and enhancing parent-infant interactions better utilise the available skill set of nursing staff facilitate an improved patient-centred workflow and enable timely medical, nursing, social work and psychology reviews

15
Becoming Us: A Whole Person, Whole Family, Whole Community Approach to Parenthood

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Elly Taylor is an internationally recognised Perinatal Relationship Expert, Author and Founder of Becoming Us. Around 20 years ago as a Relationship Counsellor and a new mother at the same time, Elly began independently studying the transition into parenthood after she and her husband were blindsided by the life and relationship changes they experienced as new parents. Over 15 years, Elly combined her professional experience in counselling and change management, studies in developmental psychology and international research to create a world-first Relationship-Developmental model of the transition into parenthood that supports the mental, emotional and relationship wellbeing of mothers, fathers and partners.

Elly has presented the stages of Becoming Us at national and international conferences, served on advisory panels for Monash University, Newcastle University and The Australian Catholic University and is currently on the advisory board for the new International Forum for Wellbeing in Pregnancy.

Elly lives in Sydney with her husband, their three children and a bunch of pets.

At a time when couples expect to be happier together than ever, research tells a very different story for expecting and new families. Relationship concerns are the single biggest factor in Antenatal Anxiety and one of the top contributing factors to mental health issues for both mothers and fathers in the postnatal period. A whopping 92% of couples experience increased conflict in the first year after baby and 67% decreased relationship satisfaction in the first three years of family. One in 7 mothers and 1 in 10 dads suffer from Postnatal Depression and Postnatal Anxiety is proving to be a much bigger issue, with 33% of mothers and 17% of fathers reporting symptoms. A traumatic birth experience increases parents' risk. Relationship dissatisfaction, Perinatal Mental Health conditions and birth trauma are all likely to negatively impact on parent/infant bonding.

Thankfully, there is also research to give us hope. Providing even a single session of psychoeducation and supporting the adult attachment bond between couples during the transition into parenthood can help reduce risks for PMH conditions and improve both birth outcomes and relationships.

Participants in this workshop will discover the changing relationship dynamics between expecting and new parent couples and the effects this has on mothers' and fathers' perinatal mental health, their relationship, their ability to bond with their baby and to be a supportive co-parenting partnership. Participants will be introduced to the Becoming Us whole-person, whole-family, whole-community change management approach to parenthood that can be used as a prevention or early intervention with individuals, couples and in groups. Participants will go away with multiple ways to support and strengthen the attachment bond between partners that forms the foundation for their family - and knowing the many benefits of this.

16

Can brief antenatal psychoeducation prevent postnatal obsessive-compulsive symptoms? Preliminary results of a randomised-controlled trial.

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Melissa is in the PhD program in Clinical Psychology at Curtin University. She obtained a Bachelor of Psychology (Hons) from Murdoch University in 2013 and a Master of Suicidology degree from Griffith University in 2015. She has worked in both the community services and public health sectors, including project and policy roles within the WA Department of Health and the Child and Adolescent Health Service (CAHS) where worked on substantial mental health system reform projects. Her current research is focused on the prevention and treatment of obsessive-compulsive disorder in the perinatal period. Melissa's professional interests include women's and youth mental health, obsessive compulsive and related disorders, eating disorders, community mental health literacy, and suicide prevention.

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Past research indicates that the perinatal period is associated with an increased prevalence of obsessive-compulsive disorder among women. The aim of this study was to examine whether providing brief psychoeducation, intended to correct unhelpful beliefs about intrusive thoughts of infant harm, to first-time expecting mothers would be associated with decreased onset of obsessive-compulsive symptoms (OCS) in the postnatal period. One-hundred and thirty-eight Australian and New Zealand women who were 20-32 weeks pregnant with their first baby were recruited to the trial. Participants were randomly allocated to a treatment-as-usual condition (n = 72), or to an intervention condition (n = 66). The intervention group watched a short video during pregnancy that provided corrective information on common postpartum intrusive thoughts of infant-related harm. Participants completed diagnostic and severity measures of OCS, and severity measures of associated depression and generalised anxiety during pregnancy and at 2-3 months post-partum. With final data collection closing in July 2019, the results of this trial will be used to inform future prevention practice in the field.

17

Feasibility and pilot of the Mummy Buddy peer support program for first time mothers

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Brian completed his undergraduate degree in Social Science (Psychology) at the National University of Singapore and has recently obtained his PhD from the University of Western Australia in 2018. He is currently the program coordinator for The Mummy Buddy Program.

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Introduction

Universal interventions have been introduced to prevent anxiety, stress, and depressive symptoms among first time mothers, but the efficacy of these interventions has been mixed. One reason for the mixed results could be the lack of input from mothers into intervention design.

Objective

To test the feasibility of a preventive program grounded in recommendations from first time mothers. In the 'Mummy Buddy' program, new mothers are supported for the first six months postpartum by a trained, 'experienced' mother.

Method

Development of program components were informed by a previous study with first time mothers. To date, 47 first time mothers have completed the study at 6-months postpartum. Survey data were completed on program components (i.e. workshop, and mummy buddy support), and overall effectiveness of the program. Interviews were conducted to obtain feedback on the program and dropout rates were assessed. Outcome variables including stress and depressive symptoms, and maternal functioning (EPDS, DASS-21 & BIMF) were collected.

Findings

The program was well received, with 89.1% and 85.8% of new mothers agreeing or strongly agreeing to recommend the program to a friend, and being satisfied with the program, respectively. Dropout rate was only 4.3% (two out of 47). Feedback from interviews highlighted that new mothers felt the program was valuable, but that they desired more structured contact with their Mummy Buddy. New mothers fell within the normal range of scores for all outcome measures.

Key Points/Learning Outcomes

Results from this study suggest that a peer support program using experienced volunteer mothers appears to represent a cost-effective and feasible method in providing preventive support to first time mothers and holds promise for supporting at-risk mothers. Thus, there are on-going plans to move the program onto an online platform to make the program widely available, including in rural areas, and include at-risk population.

19

Screening for anxiety disorders during pregnancy and the postpartum using the GAD-2 and EPDS-3A

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Nicole is a Research Fellow at the UON School of Nursing and Midwifery and Research Centre for Generational Health and Ageing (RCGHA), and has worked at the interface of research, policy and practice in perinatal mental health for over 10 years.

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Background

Perinatal anxiety disorders are highly prevalent, affecting up to 15% of women during pregnancy and 10% of women in the year following birth. Australian and international clinical practice guidelines advocate for perinatal anxiety screening, however few studies have examined the test performance of recommended screening measures using gold standard methodology.

Objective

To assess the test performance of the Generalized Anxiety Disorder 2-item Scale (GAD-2) and the anxiety subscale of the Edinburgh Postnatal Depression Scale (EPDS-3A) in an Australian sample of pregnant and postpartum women.

Methods

635 and 568 women completed the GAD-2, EPDS and SAGE-SR (anxiety disorder modules) as the gold standard in the third trimester and at 3-months postpartum, respectively. Recommended cut-off scores were used (i.e., GAD-2 ≥3; EPDS-3A ≥6) and, in keeping with previous research, measures were assessed against the following key criteria: Area under the curve (AUC) ≥0.8; Youden's Index of ≥ 0.5; Negative Predictive Value (NPV) ≥ 0.8; and Positive Likelihood Ratio (LR+) ≥ 4.0.

Results

The AUCs for the GAD-2 and EPDS-3A were 0.859 and 0.784, and 0.874 and 0.800, during pregnancy and at 3 months postpartum, respectively. NPV and LR+ assessment criteria were met for the GAD-2 and EPDS-3A at each time point, however neither measure met criteria for Youden's index ≥ 0.5 during pregnancy or the postpartum.

Conclusion

This study provides an important contribution to the evidence-base relating to the use of screening measures to identify possible anxiety during the perinatal period. Findings will be discussed in the context of current best practice guidance and the growing research landscape.

21
Self-Compassion: the key to overcoming the fear of a new identity as a mother

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Cindy Cranswick is a professional registered Counsellor, Clinical Supervisor, University Lecturer and Author. She holds a Bachelor of Counselling and a Master of Philosophy from the University of Notre Dame. Cindy has a number of years' experience in Women's health and wellbeing issues and has a special interest in PNDA (Perinatal Depression and Anxiety). As part of her Master of Philosophy degree she researched "The role and meaning of self-compassion in lives of women who experience perinatal anxiety and or depression". The findings from the research have informed her practice and the need for self-compassion to be an integral part of prevention and treatment for PNDA. As a result of the research, which was completed in 2017, she has written a book for mothers and those who work with mothers called "Self-compassionate Motherhood".

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Anthropologists refer to the process of becoming a mother as "matrescence". It is a transition that has been overlooked and under-explored. Research in this life transition has mainly been focused on the development and outcomes for the baby and not on the exploration of the mother's experience. For many women, the transition to motherhood and the identity crisis that comes with it can have a significant impact on their well-being and mental health. It has been said that giving birth to a new identity as a mother can be as challenging as giving birth to a baby. Recent research into the role of self-compassion in the perinatal period identified one of the major causes of emotional and psychological suffering in this transition to motherhood was the "loss of identity". Although identities are recreated many times in life, becoming a mother is often cited as the most challenging. It requires the acceptance of a new identity and an adjustment to the transition of becoming a caregiver. Some of the challenges faced in creating and accepting this new identity have been identified as a loss of; independence, social identity, and physical self. For mothers, this often results in decreased self-esteem, feelings of negative self-worth, increased levels of self-criticism and judgement. These negative views cause a high level of emotional distress that can lead to anxiety and depression in the perinatal period impacting negatively on the motherhood experience. There is a growing body of evidence to support findings that self-compassion is an important source of emotional and psychological well-being during major life transitions. Self-compassion is a skill that can be learnt. The three elements of self-compassion as defined by Neff (2012); self-kindness, mindfulness and common humanity can provide useful skills to help women create a meaningful motherhood identity.

22

Postnatal Psychosis: Misreading the signs and missing opportunities for early intervention

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Dr Diana Jefferies is a senior lecturer in nursing at Western Sydney University specialising in mental health. Her research interests are perinatal mental health, particularly exploring the lived experience of women diagnosed with postnatal psychosis. She has examined this illness from an historical and literary perspective to examine how stigma has influenced the women's treatment and care. The results of her historical research have been incorporated in a play called Mockingbird which presents the lived experience of postnatal distress and has been performed in Auckland, Sydney, Melbourne, Norway and has just completed a very successful tour of regional NZ. Her current research investigates the experience of women who have recovered from postnatal psychosis in the last ten years. And she found remarkable synergies between the women's current and the experience of women in the historical period. This is especially relevant in areas where women cannot access treatment and care in mother-baby units. This paper is based on this research and examines the difficulties many women face when attempting to receive assistance from healthcare professionals.

Aim
To examine the barriers faced by women seeking healthcare before they were diagnosed with Postnatal Psychosis (PP).

Background
PP affects 1-2 women in every 1000 during the first six weeks after childbirth and is reported to have a sudden onset of delusions, hallucinations, confused thinking and rapid mood swings. There is an increased risk of suicide. Research has called for the identification of early signs and symptoms of PP so that early diagnosis and interventions can reduce or prevent admission to mental health facilities where mothers are separated from their babies.

Methods
Semi structured interviews were conducted with ten women who had been diagnosed and recovered from PP in the last ten years to understand their lived experience of PP. Transcripts of the interviews was uploaded to NVivo 11 and analysed thematically.

Findings
Many barriers were identified when women or their families sought help for their distress. The women identified a severe lack of sleep, increased anxiety, feeling as if things were not right and changes in their behaviour. Healthcare professionals dismissed these concerns as adjustments to motherhood or misinterpreted the signs because the women appeared to be coping well. Often the women did not receive help until the illness had reached its most severe point and were admitted to a mental health facility without their babies and in the care of staff who did not understand the needs of new mothers.

Conclusion
Specific questions need to be developed so that women who experience PP can be identified earlier. Families should also be included in assessments as they often identify changes in the woman’s behaviour. Education programs and clinical guidelines should be updated to ensure that women receive appropriate healthcare as soon as possible.

23
Hyperemesis Gravidarum - What Mental Health Clinicians have to offer

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Dr Julia Feutrill is a perinatal and infant psychiatrist and co-director of the Elizabeth Clinic. She has worked in PIMH in public, private and not for profit organisations, including in consultation liaison positions for obstetric and neonatal services. The Elizabeth Clinic is a multidisciplinary, specialist health service providing care for families from preconception through to adulthood. Dr Feutrill works closely with obstetricians at SJOG Subiaco and also across the metropolitan area, with the aim of prevention and early intervention of PIMH disorders.

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90% of pregnant women experience nausea in pregnancy, and up to half will also have vomiting. For most of these women it is an inconvenience that improves sometime in the second trimester. But for up to 3% of pregnant women, they can develop Hyperemesis Gravidarum (HG) which can impact significantly on their physical and mental health. The capacity to adequately treat HG is variable and often a referral to mental health clinicians only occurs when they develop significant mental health symptoms.

This presentation will provide an overview of the current understanding and treatments for HG and the associations between HG and mental health disorders. Using a case series and current research, an argument will be made for earlier referral to Mental Health Clinicians to prevent mental health disorders and also to potentially directly provide effective treatment for HG.

24
Lessons learnt from opening a mother-baby unit: Qualitative evaluation of staff experiences

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Dr Susan Roberts has been the Perinatal Psychiatrist for the Perinatal Mental Health Service at the Gold Coast Hospital and Health Service for last 12 years. In 2017 she became the Clinical Lead of the Lavender Mother and Baby Uni, Queensland's first public mother and baby unit. Lavender mother and baby unit is a 4-bed state-wide unit. She has been on the committee of the Section for Perinatal and Infant Psychiatry of the Royal Australian College of Psychiatrists till this year stepping back to chair the QLD Section. She is committed to the improvement of local and state-wide Perinatal Mental Health Services and networks. She is interested in the training and education of psychiatry trainees, midwives, child health nurses, general practitioners and obstetric trainees in the importance of the recognition and effective management of perinatal mental health.

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Background
The postpartum is considered a high-risk time for women to develop first onset or relapse with serious mental illnesses. While mother and baby units (MBUs) are considered best practice treatment to improve maternal mental health and concurrently support maternal-infant attachment, many states and territories in Australia do not have MBUs, leading to a shortage of specialised services. Queensland recently opened their first public MBU two years ago with four beds in Gold Coast. This qualitative study evaluates the experiences and perceptions of staff involved in the development of a state-wide specialised psychiatric MBU.

Methodology
Multidisciplinary staff who were currently or previously employed were interviewed with individual semi-structured interviews. Interviews, lasting approximately 60 minutes, were conducted by a trained qualitative researcher. Interviews were transcribed verbatim, de-identified and thematically analysed using Braun and Clark's methodology. Themes are cross-checked within the investigating team to ensure accuracy and agreeance.

Results
Participants had worked in the Unit from one month to two and a half years, and came from a variety of backgrounds (e.g., executive staff, medical officers, nursing staff, allied health practitioners). Staff members reported a range of themes including: training required to upskill clinicians in perinatal and infant mental health, value of innovative initiatives to improve clinical services, importance of the built environment, creation of an effective team, and 'finding' their specialised role.

Conclusion
Overall, this study highlights the challenges and facilitators for the development and establishment of a new MBU. Considerations for other states planning for a new MBU include: training of staff needs to be strategic and recurrent so that staff feel confident to define their role, staff need to be involved in continuous improvement to ensure that the highest quality of service is delivered, team-building opportunities should be intentional, and the physical environment should be thoughtfully planned.

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Rates and factors associated with readmission post-discharge from a statewide, public, mother-baby mental health unit

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Dr Nayan Soni is in his final few months of psychiatry registrar training. He has a keen interest in early intervention psychiatry and hopes to help families, especially fathers, in building positive and nurturing relationships. Nayan is also completing his advanced training in Addiction Psychiatry at the Gold Coast University Hospital. He is the bi-national registrar representative for the Section of Social and Cultural Psychiatry and the Section of ECT and Neural Stimulation.

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Background
For mothers with serious mental illnesses who require inpatient treatment admission with her baby, mother and baby units (MBUs) are considered best practice treatment to improve maternal mental health while facilitating the maternal-infant attachment. Despite this, there is scant evidence surrounding post-discharge outcomes for mother-infant dyads. This pilot study examines the rate of readmission of mothers (within six months post-discharge) and identifies factors possibly associated with readmission following admission to a MBU.

Methodology
A retrospective cohort study of clinical records was conducted of mother-baby dyads admitted to an Australian, public MBU. Mothers were categorised based on whether they were readmitted or not. A range of factors of interest were compared including Health of the Nation Outcome Scale (HoNOS) scores, mental health diagnosis, Mental Health Act (MHA) status, and the type and number of services referred.

Results
Of the 82 mother-baby dyads admitted to the Unit, 12 women (14.63%) were later readmitted and predominantly within the first 28 days post-discharge. Women who were readmitted were more likely to have been initially discharged with an involuntary MHA status, have higher admission HoNOS scores, and have Psychotic or Bipolar Affective Disorders. Both women readmitted and not readmitted were referred to between 4-5 services.

Conclusion
While further research is required to confirm these findings, this study points to the possible precursors to readmission and the longer-term outcomes of admission to a MBU. It identifies women who are particularly vulnerable to readmission and highlights the need for more intensive support from informal networks and services to support these women. The findings further inform discharge planning and hand-over guidelines to mitigate the risk of readmission. Development of a broader framework to compare longitudinal effectiveness and better shape perinatal mental health service provision across the continuum of inpatient and outpatient care is also recommended.

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Psychosocial Wellbeing among New Mothers with Diabetes: Analysis of the Postnatal Wellbeing in Transition Questionnaire

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Karen's educational background is in Psychology, Mathematics and Applied Statistics. After migrating to Melbourne, Australia, in 2005, Karen worked in public health, first at the Key Centre for Women's Health at Melbourne University, and then at Monash University's School of Public Health and Preventive Medicine. Her research has focused on modifiable risk factors which contribute to perinatal mental health problems among women and men, and how symptoms of depression and anxiety interact with parents' relationships with their partners and infants. She is currently employed as a Research Fellow at Deakin University's School of Nursing and Midwifery (Western Health Partnership). Karen is Secretary of the Australasian Marcé Society for Perinatal Mental Health and serves on the Steering Committee of the Australian Fatherhood Research Consortium.

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Background and Aims

Women with Type 1 or Type 2 diabetes face considerable challenges during the transition to motherhood as they manage their blood glucose levels while simultaneously caring for their newborn. The Postnatal Wellbeing in Transition Questionnaire was developed in order to assess the wellbeing of these women. Face and content validity have been previously reported; however the questionnaire has 51 items which imposes a substantial burden on respondents. The aims of this study was to conduct exploratory analysis of the Postnatal Wellbeing in Transition Questionnaire to investigate whether (a) a reduction in the number of items was statistically supported, and (b) clinically meaningful subscales could be derived.

Methods

A prospective cohort of women with Type 1 or Type 2 diabetes was recruited from three metropolitan hospitals in Melbourne, Australia. Women completed surveys across three postnatal time points. Data were pooled for the analysis. Suitability for factor analysis was confirmed and exploratory Principal Components Analysis with oblique rotation was conducted.

Results

The number of responses was 117. Iterative factor analysis of the Postnatal Wellbeing in Transition Questionnaire scale items resulted in 27 items and six factors, which together explained 68.7% of the variance. The subscales assess: feeling as if one is coping with diabetes and the newborn; feeling anxious and guilty about diabetes; feeling supported by family; sensitivity to the opinions of others; prioritising self-care; and health care professional support.

Conclusion

The number of items in the Postnatal Wellbeing in Transition Questionnaire was reduced from 51 to 27 items. Six meaningful subscales emerged, which may help health professionals identify and address areas in which women with diabetes are experiencing psychosocial difficulties. The revised scale provides a feasible instrument to be tested for psychometric properties in a larger sample.

Ethical compliance statement: This presentation reports on research using human participants with approval from Institutional Human Research Ethics Committees

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Sensory patterns, mental health and parenting outcomes in mothers with admitted to a mother-baby unit

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Dr Susan Roberts has been the Perinatal Psychiatrist for the Perinatal Mental Health Service at the Gold Coast Hospital and Health Service for last 12 years. In 2017 she became the Clinical Lead of the Lavender Mother and Baby Uni, Queensland's first public mother and baby unit. Lavender mother and baby unit is a 4-bed state-wide unit. She has been on the committee of the Section for Perinatal and Infant Psychiatry of the Royal Australian College of Psychiatrists till this year stepping back to chair the QLD Section. She is committed to the improvement of local and state-wide Perinatal Mental Health Services and networks. She is interested in the training and education of psychiatry trainees, midwives, child health nurses, general practitioners and obstetric trainees in the importance of the recognition and effective management of perinatal mental health.

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Background

To support women with severe mental illnesses in a psychiatric mother-baby unit, a novel intervention derived from sensory modulation theory has been developed and trialled. The aim of this intervention is to improve maternal mental health and facilitate the mother-baby relationship. Sensory modulation involves adapting the sensory input received to support favourable self-regulation and maternal-infant attachment. The focus of this presentation is to examine the use of this sensory modulation approach in perinatal settings.

Methodology

Women in the Lavender Unit (N=120), completed a range of standardised assessments to assess maternal sensory patterns (Adolescent/Adult Sensory Profile), mental distress (Mental Health Inventory-38), and parenting outcomes (e.g., Maternal Postnatal Attachment Scale, Louis Macro Scale). A sensory modulation intervention has been trialed in a mother-baby unit with the occupational therapist, with cross-sectional, qualitative and quantitative evidence of outcomes.

Results

Sensory sensitivity, sensory avoidance, low registration, and psychological distress were positively associated with poorer parenting outcomes such as maternal-infant interaction, bonding, and parental confidence. The sensory modulation intervention in the mother-baby unit has shown positive qualitative and quantitative results.

Conclusion

Results of this study suggest that mothers with severe mental illnesses who have more atypical sensory patterns, this may be a possible risk factor for less optimal parenting outcomes. While further research is needed to clarify the nature of these findings, sensory approaches that support mothers' emotional regulation may assist to improve maternal-infant interaction, bonding, and confidence.

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Exploring Risk Factors of Chinese and Non-Chinese Fathers' General Well-being during Early Pregnancy in Singapore

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Introduction

Literature focusing on paternal well-being is emerging in the recent years. Despite the evidence that fatherhood has a long-term positive effect on men's health, there is also evidence that fatherhood in the perinatal period can be complex and demanding. The stress of the transition could also vary due to different cultural practices and family dynamic during the perinatal period. The current study aimed to explore the experience and investigate the risk factors of general well-being of Chinese and non-Chinese expectant fathers during early pregnancy in Singapore.

Methodology

275 expectant fathers were recruited at the maternity clinic in a regional hospital at around 17 gestational week. 51.3%(N=141) are Chinese and 48.7% (N=134) are non-Chinese (Malay, Indian and others). Valid psychological instruments were used to assess family cohesion, family communication, work-family conflict, family-work conflict and marital satisfaction and their effects on general well-being (measured by General Health Questionnaire (GHQ-12)). Demographic factors were also assessed.

Results

In the current sample, demographic differences were found between Chinese and non-Chinese expectant fathers - Chinese fathers were reported to be older in age, higher in education level and income level. Chinese fathers were also found to be scoring lower in marital satisfaction, higher in family-work conflict, and poorer in general well-being in comparison to non-Chinese fathers. Multivariate analyses showed that higher education level and higher family-work conflict could significantly predict poorer general well-being for the Chinese fathers, however for the non-Chinese fathers, only higher family-work conflict could predict poorer general well-being.

Discussions

The results showed that non-Chinese fathers reported better general well-being than Chinese fathers in early pregnancy in Singapore. The job nature for majority of the Chinese fathers could be a contributing factor. Higher demands in commitment of time and energy in their jobs could result in poorer coping. Cultural factors and differences in family support system for different races could also be playing an important role in this result. Further investigation is suggested to examine the cultural as well as maternal factors in the experience of expectant fathers from different races during perinatal period.

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Exploration of Predictors of Anxiety in Working Fathers and Mothers during Late Pregnancy in Singapore

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I am a Research Assistant at Centre for Family and Population Research, National University of Singapore. I hold a Bachelor of Psychological Science (Honours) from University of Wollongong, Australia. I plan to do a Master of Psychology (Clinical) in the near future. I am passionate about making a positive difference in the lives of the individuals I meet, specifically in guiding and supporting them towards a functional, fulfilling, and meaningful life, through the use of psychological interventions.

Research Interests

Clinical disorders: Mood disorders, self-harm/suicide-related issues, anxiety disorders, trauma-related issues, personality disorders, eating disorders

Clinical populations: Children, adolescents, young adults

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Introduction

The present study aimed to investigate the role of family communication, marital satisfaction, work-family conflict, and family-work conflict, as potential predictors of anxiety in working fathers and mothers during late pregnancy in Singapore.

Methods

A total of 251 working fathers and 245 working mothers at late pregnancy (M = 34.63, SD = 3.30; M = 34.26, SD = 3.41) were recruited from a regional hospital in Singapore. Family communication, marital satisfaction, work-family conflict, family-work conflict, and anxiety were measured using validated psychosocial instruments. Data were analysed using correlations and multiple regression analyses, to determine the relationship among the variables.

Results

Based on the cut-off score of the anxiety scale, prevalence of anxiety in working fathers and mothers during late pregnancy in Singapore was 14.2% and 9.5%, respectively. For working fathers and mothers, marital satisfaction was negatively correlated with anxiety, while work-family conflict and family-work conflict were positively correlated with anxiety. Family communication was also negatively correlated with anxiety, albeit only for working fathers. Family communication and family-work conflict predicted anxiety in working fathers. No predictors of anxiety was found for working mothers.

Discussion

Working fathers were more likely to experience anxiety during late pregnancy in Singapore, as compared to working mothers. Among the predictors of anxiety, negative family communication and family-work conflict were associated with higher anxiety among working fathers. There is a need for increased attention towards working fathers' psychological health, specifically their experience of anxiety during late pregnancy. Psychoeducation, prevention, and intervention efforts tailored to address family communication patterns and family-work conflict may aid in preventing working fathers from experiencing anxiety or in reducing its impact on themselves, their family, and their work. Future research is needed to identify the predictors of anxiety in working mothers during late pregnancy in Singapore.

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"Dads in Distress"- Depressive and traumatic symptoms in fathers following poor fetal and maternal outcomes

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Dr Alka Kothari is a Senior Staff Specialist in Obstetrics and Gynecology with over thirty years of clinical experience. She is also the Conjoint Site- Coordinator of the Northside Clinical School, Faculty of Medicine, University of Queensland, at Redcliffe Hospital. She is an Examiner for both the Royal Australasian and New Zealand College of Obstetricians and Gynecologists and the University of Queensland. She is also a member of the Prince Charles Human Research and Ethics Committee and the Research supervisor or the trainee registrars. She has won various research excellence, teaching and leadership awards in Metro North Health and Hospital Service and the University of Queensland. She has published extensively in international journals and is an invited speaker at international and national conferences. She has a passionate interest in encouraging multi-disciplinary research especially in perinatal mental health, women's imaging and medical education. She is currently pursuing a PhD on "Forgotten Fathers in pregnancy and childbirth".

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Aim

To explore the prevalence of depressive and traumatic symptoms in fathers in the setting of poor fetal, neonatal and maternal outcomes.

Design

Prospective mixed methods study conducted at an outer metropolitan hospital in Brisbane, Australia. (Only quantitative data presented here).

Methods

This study included 28 fathers whose partners had experienced a traumatic pregnancy, including fetal death in-utero, congenital abnormality or aneuploidy, termination of pregnancy, stillbirth, tumultuous neonatal period and maternal morbidity such as emergency post-partum hysterectomy. The fathers were screened for depressive symptoms using the Edinburgh Postnatal Depression Scale (EPDS) and the Impact of Events Scale (IES) to assess subjective distress in response to trauma. Both scales were implemented at 2-3 weeks and 3-4 months after the event.

Results

While the experiences of fathers were grouped into six groups: sudden stressor/bad outcome (n=7), sudden stressor/good outcome (n=3), expected bad outcome with time to prepare (n=1), anticipatory concern/bad outcome (n=7), anticipatory concern/good outcome (n=6) and anticipatory concern /uncertain outcome (n=3). The EPDS and IES scales were completed by 26/28 fathers (92%) at 2-3 weeks after the antecedent event and by 15/28 (53%) fathers at 3-4 months. At two weeks, high EPDS scores (≥13) were found in 6/15 (40%) fathers in the bad outcome groups compared with 1/6 (16%) in the good outcome groups. High IES scores (≥24) were found in 54% responders (14/26) and were common across all the groups. Very high (range 32-77) and persistent IES scores were evidenced at 3 months in the bad outcome groups with clinically significantly high scores (≥36) observed in 2 fathers.

Conclusion

Our findings suggest considerable affective and post traumatic morbidity in men following distressing pregnancy experiences. The role of support options for men in this situation needs further consideration, including the potential long-term impact on paternal mental health and maternal/child outcomes.

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Paternal depression and gambling harm: Including and engaging fathers

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With a background in Social Sciences, a Master of Mental Health and a Postgraduate in Counselling, I am currently working with individuals and families affected by problem gambling and gambling-related harm. I have special interest in Attachment Theories, Trauma–Informed practice and Perinatal Mental Health.

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Clinical work and studies have over time confirmed that problem gambling can have diverse and unintended consequences of a physiological/medical nature; developing or co-existing with stress-related conditions, together with psychological issues such as major depressive states, anxiety, and or substance misuse. Depression, if not already present, can be an unexpected consequence brought upon by the gambling losses, resulting in disengagement and deterioration of close relationships and reality.

A significant number of parents, who experience problem gambling, are often assessed or diagnosed with major depression as a consequence of gambling harm, or at increased risk of developing mental health issues. Paternal depression has high co-morbidity with maternal depression; about half of all fathers with Paternal Postnatal Depression have partners with postpartum depression. Partners rely predominantly on one another for emotional support, when a partner is depressed, this support mechanism maybe lost, increasing the risk of depression in the otherwise well partner.

Depression, even for the non-gambling parent, is common and raises concerns for its potential to disrupt important aspect of caregiving as the association of depression with parenting and young children's development is complex. Instances of co-morbidity are not uncommon when there is problem gambling and this represents an important clinical issue because it can be more challenging to engage and retain parents and provide effective intervention. The presentation will raise audience's awareness of the co-occurrence of paternal postnatal depression and gambling harm, its detrimental impact on child's socio-emotional development. It will identify the importance of early intervention, to address fathers' wellbeing for positive infants and families' outcomes.

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Understanding Maternal Mental Health, Mother-Infant Relationship and Child Outcomes: Mercy Pregnancy and Emotional Wellbeing Study

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Professor Megan Galbally holds a joint position as Professor of Perinatal Psychaitry at Murdoch University and University of Notre Dame and is also Medical Co-Director of Women's Health, Genetics and Mental Health at King Edward Memorial Hospital. Megan has been a Committee member for the Australasian Marce Society since 2003 and held positions of President and Treasurer and is now an elected Board Member of the International Marce Society. She is the National Chair of Section of Perinatal and Infant Psychiatry at RANZCP. Megan currently holds an honorary position in the Department of Obstetrics and Gynaecology at the University of Melbourne and at the University of Western Australia.

The Pregnancy Emotional Wellbeing Studies are four linked cohorts across metropolitan Melbourne, Perth and rural WA. The aim is to understand the relationship between maternal mental health and child outcomes including the role of treatment. The design is a prospective pregnancy longitudinal study that recruits women in first trimester and follows up over pregnancy and the postpartum. Women with mental illness, on treatment and control women are included in the studies. Mental Health is assessed using both diagnostic measure as well as self-report and antidepressant use is assessed by self-report, hospital records and maternal and cord blood levels. The first cohort is now reaching 4years of age with data from first trimester onwards collected for mother and child including biosamples, survey data, observational measures of interaction and attachment and neurodevelopment outcomes. This will present data from pregnancy to 12 months postpartum on the impact of depression and antidepressants on biological pathways to early parenting, the 6-month postpartum mother-infant interaction task and data from the 4-year-old neurodevelopmental assessment. This study is one of few longitudinal pregnancy cohort studies that are specifically designed for understanding mental health and child outcomes.

This workshop will discuss three themes:

- Designing research in perinatal mental health to understand mental health, mother-infant interaction and child developmental and mental health outcomes. What are the challenges, gaps and future directions?
- How do we understand the significance of the emerging relationship between mother and child from pregnancy across early life? How do we measure this meaningfully?
- Child development- caveats and challenges in understanding findings for child development and mental health in perinatal and infant mental health research.

Our workshop will invite discussion and audience participation throughout. The MPEWS study will used to illustrate and discuss key challenges and questions facing research that understand the experience of both mother and child in mental health.

References

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A Child Raising Children: A Case Study

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"Child marriage" is generally understood to mean marriages that take place before age 18. According to the United Nations, 37,000 girls under the age of 18 are married each day.

Child marriage effectively ends a girl's childhood, curtails her education, minimizes her economic opportunities, increases her risk of domestic violence, and puts her at risk for early, frequent, and very high-risk pregnancies.

We present a case of a 25-year-old woman who was engaged at the age of 5 and married at the age of 15. She presented to our perinatal mental health service in Qatar in the last trimester of her 4th pregnancy with two years history of depressive symptoms in the context of multiple psychosocial stressors. She had been forced out of school and into an early marriage to an older man of low socioeconomic status, with subsequent poor relationships with her husband and her family, and most recently having an unplanned pregnancy which has hindered her from resuming her education. She had substantial difficulties in managing her anger, which manifests as physical aggression towards her children. Her weight and eating habits are of concern as she has gained little weight in her most recent pregnancy (average body mass index (BMI) in the third trimester was 19.2 , pre-pregnancy BMI was 16.7); causes appear to be multifactorial, including intentionally refusing to eat or drink for 24 hours at a time as a way of communicating anger, decreased appetite associated with depressed mood, and nausea and vomiting with migraine headaches.

Our management plan was multidisciplinary and included introducing an antidepressant, psychotherapy, and coordination of care with obstetrics, dietetics and social work. psychological interventions along with input from the Obstetrics, dietetics and social services.

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Midwives’ experiences of father participation in maternity care at a large metropolitan hospital in Melbourne

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Karen’s educational background is in Psychology, Mathematics and Applied Statistics. After migrating to Melbourne, Australia, in 2005, Karen worked in public health, first at the Key Centre for Women’s Health at Melbourne University, and then at Monash University’s School of Public Health and Preventive Medicine. Her research has focused on modifiable risk factors which contribute to perinatal mental health problems among women and men, and how symptoms of depression and anxiety interact with parents’ relationships with their partners and infants. She is currently employed as a Research Fellow at Deakin University’s School of Nursing and Midwifery (Western Health Partnership). Karen is Secretary of the Australasian Marcé Society for Perinatal Mental Health and serves on the Steering Committee of the Australian Fatherhood Research Consortium.

Background & Aims
Father participation in maternity care has benefits for mothers, fathers and infants. Each year, more than 5,700 women of diverse cultural and language give birth at Sunshine Hospital. The aim was to examine midwives’ experiences of father attendance and engagement at Sunshine Hospital.

Methods
This was a mixed-methods study. Midwives were invited to complete online or paper-based surveys, including fixed-response and open-ended questions, and/or to participate in semi-structured interviews.

Results
Forty midwives completed surveys; six participated in interviews. Of the survey respondents, 27 (67.5%) reported working in antenatal clinics, 36 (90%) in birthing, 30 (87.5%) on postnatal wards and 14 (35%) doing home visits. Midwives estimated that 90% of fathers are present during birthing and postnatal wards, while 76% are present during home visits and 52% attend antenatal appointments. The most commonly perceived factors preventing fathers from attending were cultural factors and work and family commitments. In the interviews, midwives reported benefits to having fathers present, including support and advocacy for mothers, education for fathers and bonding with infants. However, they highlighted difficulties with asking women about sensitive issues (eg domestic violence) if fathers are present. Midwives identified several barriers to father attendance and participation, including individual factors (fathers sometimes being disengaged and distracted by mobile phones), cultural factors (pregnancy and birth is “women’s work”) and health service factors (lack of after-hours appointments and antenatal education classes).

Conclusions & Implications
Offering antenatal clinics and home visits outside normal business hours may improve father attendance. Training and support for midwives may assist them with strategies to engage fathers in conversation and educate mothers and fathers about the importance of father involvement. In consultation with some of the commonly represented cultural groups at Sunshine, discussion should be encouraged regarding respecting cultural traditions while providing family-friendly care.

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Mother's Day Letters: A Novel Mother to New Mother Initiative to Tackle Maternal Anxiety

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Virginia Schmied is Professor of Midwifery and Deputy Dean, Director of Research and Engagement in the School of Nursing and Midwifery, Western Sydney University and she holds a Visiting Professorship at University of Central Lancashire (UK). Her research focuses on transition to motherhood, perinatal mental health, postnatal care, breastfeeding and infant feeding decisions, with a strong focus on the organisation of healthcare, workplace culture and the facilitators and barriers to the delivery of high-quality maternity and child health care. Most recently, Virginia and her colleagues have been studying experiences of women and men from diverse cultural backgrounds living in western Sydney.

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For many mothers in Australia, worries about pregnancy, birth and parenthood have become a source of considerable anxiety. Maternal anxiety can have significant consequences for mothers, their children and families, however, current approaches to prevention and treatment of maternal anxiety focus on the individual woman and do not adequately address the impact of the sociocultural context. We argue a different approach is urgently needed.

Aim

In this presentation, we will examine the role the 'good mother' narrative plays in raising anxiety amongst new mothers. We will present a novel framework we have developed aimed at transforming the dominant narrative from one that pathologises and judges mothers and those who support them, to one that normalises, embraces and celebrates the diverse, natural concerns about parenting. In this presentation we will use our Mothers' Day Letters" project to illustrate the potential for shifting dominant and often negative narratives of mothering.

The Mother's Day Letters campaign was launched in May 2018 to celebrate new mothers. Mothers from all backgrounds and ages were invited to compose a letter to an expectant or a new mother to share with them what and who they found particularly helpful during the first-year after birth, and why. In a two-week period, we received 125 letters from Australian mothers of diverse cultural backgrounds and aged between 28 and 69 years offering suggestions and words of encouragement to new mothers. The letters have been analysed resulting in the "ten top tips" for new mothers. However, a more critical analysis reveals that key messages such as "trust your instincts" remain fraught with contradiction and the potential to reconstruct essentialist discourses surrounding the good mother.

In conclusion, novel approaches such as the Mother's Day letters project have the potential to build resilience in women as they become mothers but how messages are constructed needs careful consideration.

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A bold innovation to assessing and supporting social and emotional wellbeing for Indigenous parents-to-be

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Jayne is an endorsed Nurse Practitioner, a midwife, child health nurse and researcher. Her work in primary health care has taken her throughout remote and rural Australia across the NT, Western Australia and Victoria; in Tanzania and Vanuatu, and in corrective services. She is committed to social justice, equity of access and community development principles in health care delivery. Among other community participatory action health research projects, she co-coordinated the development and validation of the Kimberley Mums Mood Scale as an alternative to the EPDS for use in the Kimberley. Jayne is currently the project lead for the 'Baby Coming - You Ready' rubric and is currently working completing her PHD candidacy.

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'Baby Coming-You Ready?' (BCYR) is an innovative approach to supporting the social and emotional wellbeing of vulnerable parents/parents-to-be. Using touch-screen technology, sensitive images and voice overs, users are guided through a strength-focused 'yarn' that explores culturally safe and relevant issues.

BCYR encourages open reflection and self-evaluation. It adopts 'innocent' inquiry and cultivates deep listening (daddiri) while fostering understanding for both users.

BCYR has been developed by Aboriginal people for Aboriginal people to address the many barriers to effective screening/ assessment currently faced by practitioners and Indigenous parents. BCYR embodies five key elements:
(i) engagement
(ii) trust
(iii) safety
(iii) control and autonomy
(iv) embraces strengths within the cultural viewpoint of Aboriginal and Torres Strait people, which are central to family/community centred-care.
Whilst it is intended to replace current screening practices eg: the Edinburgh Postnatal Depression Scale (EPDS), it goes beyond screening and women-centred care. Implementing BCYR is a strength-based and family-centered 'intervention'.

Developing a parallel version of the BCYR for fathers was critical. As traditional roles/expectations of fathers change, many are becoming increasingly vulnerable and the BCYR for fathers, with its suite of supportive assets, is a key strategy to supporting family.

Widespread acceptance of BCYR in perinatal mental health screening and primary prevention circles is evident as organisations across the health care sectors elect to participate in the BCYR pilot process.

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Mumspace: Reaching perinatally depressed women with internet cognitive-behavioural therapy for treatment and prevention tools

Michele Burn

Michele Burn is a Psychologist at the Parent-Infant Research Institute (PIRI), Melbourne. Michele has experience in providing psychological assessment and treatment support to new parents, children and families, and has a keen interest in perinatal and infant mental health. Michele is currently working across several clinical and research programs at PIRI, including the Beating the Blues Before Birth research trial and the Bupa Parent and Baby Wellbeing Program. Her previous doctoral research focused on the impact of family mental health interventions on parental mental health and she has several peer-reviewed publications in this area.

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Objectives

Fewer than 50% of postnatally depressed women seek help. Untreated postnatal depression (PND) has significant deleterious effects. Few well-validated specialized treatments programs have been successfully implemented in real-world practice. We developed and evaluated in RCTs a 6-session cognitive-behavioural-therapy (CBT) internet intervention for PND now available free to all Australian women through the MumSpace PDeC initiative. .

Methods

Since 2017, an internet CBT program (MumMoodBooster-MMB) has been supported by the Department of Health and available nationally on the MumSpace website in Australia to all perinatal women at no cost to individual users. The MMB intervention was developed and evaluated over 6 years. Women were surveyed on the content, perceived benefits and barriers followed by formative research using focus groups and systematic usability testing. We completed a feasibility study, n=53, a parallel 2-group randomised controlled trial, n=43, and have just finalized a NHMRC 3-arm study comparing online CBT treatment to face-to-face therapy and treatment as usual. A telephone coached and SMS supported version is available for both a pregnancy and postnatal version. The MumSpace website offers a stepped-care approach for perinatal women with access to preventive programs in addition to MMB.

Results

In our research trials we included only women with diagnosed depressive disorders and, 80% of those who received the Internet treatment achieved clinical remission (a 4-fold superiority over treatment as usual, better than face-to-face). Treatment adherence was excellent. Translation into the real-world setting has shown the clinical gains in depression symptoms are similar across an 8-week period (approximate halving of PHQ-9 scores) despite better adherence to the coached version compared to SMS-supported version.

Conclusions

Results suggest that MumMoodBooster, is an effective treatment option for women clinically diagnosed with PND, can be integrated into clinician practice, and remains effective when translated into real-world practice.

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Pharmacist-led clinic in an antenatal setting – Delivering Innovative Healthcare to Pregnant Women

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Dr Alka Kothari is a Senior Staff Specialist in Obstetrics and Gynecology with over thirty years of clinical experience. She is also the Conjoint Site- Coordinator of the Northside Clinical School, Faculty of Medicine, University of Queensland, at Redcliffe Hospital. She is an Examiner for both the Royal Australasian and New Zealand College of Obstetricians and Gynecologists and the University of Queensland. She is also a member of the Prince Charles Human Research and Ethics Committee and the Research supervisor or the trainee registrars. She has won various research excellence, teaching and leadership awards in Metro North Health and Hospital Service and the University of Queensland. She has published extensively in international journals and is an invited speaker at international and national conferences. She has a passionate interest in encouraging multi-disciplinary research especially in perinatal mental health, women's imaging and medical education. She is currently pursuing a PhD on "Forgotten Fathers in pregnancy and childbirth".

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Objective
Medication adherence in pregnancy is exceedingly low and published data indicates that 68% of pregnant women taking anti-depressant or anxiolytic medicines at pre-conception, ceased their medicines for fear of foetal harm. The objective of this study was to ascertain the impact of pharmacist advice on prescribed medications in pregnancy.

Method
Prospective, interventional study in the setting of an antenatal clinic at an outer metropolitan hospital in Brisbane, Australia. Pregnant women were screened and referred to the pharmacist upon referral from GP or obstetric and midwifery staff in pregnancy. Medication reviews occurred in an outpatient setting either in person, via telehealth or on telephone.

Results
Over a period of 9 months, 330 pregnant women were referred to the pharmacist representing 26% (330/1251) of total antenatal clinic referrals. 71% (235/330) of these resulted in a booked appointment, of which 83% (197/235) attended, indicating a high rate of engagement.

37% (121/330) of these referrals were due to mental health conditions and 87% (69/79) women were taking psychotropic medication. Whilst pregnant, 39% (31/79) had ceased, weaned or changed their medication. Pharmacist education led to improved compliance in 83% (26/31) women. Additionally, pharmacist intervention resulted in screening for gestational diabetes in 4 women on Quetiapine. It was also noted, none of the obese women (14/14) and 5/7 women taking anti-epileptics were taking high dose folic acid.

Conclusion
A multi-disciplinary team approach including the pharmacist in the antenatal clinic provides an opportunity for early consultation, medication optimisation and improved compliance by pregnant women, thereby improving health outcomes for the pregnant woman and her baby.

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The Psychosocial Interprofessional Education (PIPE) Project: Development and Evaluation of an Innovative Workshop for Students

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Virginia Schmied is Professor of Midwifery and Deputy Dean, Director of Research in the School of Nursing and Midwifery, Western Sydney University and she holds a Visiting Professorship at University of Central Lancashire (UK). Her research focuses on transition to motherhood, perinatal mental health, postnatal care, breastfeeding and infant feeding decisions, with a strong focus on the organisation of healthcare, workplace culture and the facilitators and barriers to the delivery of high-quality maternity and child health care. Most recently, Virginia and her colleagues have been studying experiences of women and men from diverse cultural backgrounds living in western Sydney.

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Aim

The aim of the Psychosocial InterProfessional Education (PIPE) project was to increase health professional students' awareness and skills in interprofessional collaboration in the perinatal period. Significant poor maternal and child outcomes result from complex psychosocial issues and it is critical that students have the knowledge and skills to work effectively with women and their families in collaboration with diverse health and social care professionals

Development of the workshop

The PIPE project commenced in November 2017 and over a six-month period, academics from the university, clinicians from local health services and filmmakers collaborated to develop an innovative, simulated learning experience for students in the disciplines of midwifery, social work, psychology and medicine focusing on complex psychosocial issues in the perinatal period.

This culminated in a one-day workshop, that ran twice in May 2018, where the students worked in multidisciplinary teams with facilitator guided scenarios that included simulated meetings, joint care planning, roleplaying interactions between women and professionals and designing referral pathways.

A panel discussion with clinical experts and academics at the end of the workshop day facilitated reflection on management and available support mechanisms.

The team developed and scripted high quality video footage of interactive scenes from case studies that were prepared in advance and embedded into scenarios capturing the nuanced complexities to provide students a visual component to their learning that culminated in a real life workshop identifying appropriate interdisciplinary pathways of care.

Evaluation

68 students participated in the pre post-test evaluation of the workshop. Students demonstrated an increase in confidence and valuing of interprofessional collaboration and reported that they had a greater awareness of their respective roles, communication processes and referral pathways. They also reported an increase in their knowledge of complex psychosocial issues such as previous stillbirth, domestic violence, and mental health.

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A national strategy for Australia to support fathers' mental health - the role of information and communication technologies

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Richard Fletcher is Associate Professor, Brain and Mental Health Priority Research Centre, Faculty of Health and Medicine, The University of Newcastle, NSW. He has been conducting research with fathers and families for over 20 years and is co-convenor of the Australian Fatherhood Research Consortium. He has designed and delivered courses and seminars on Health Research, Boys' development and Father involvement to teachers, nurses, occupational therapists, and medical students. He has designed and delivered postgraduate courses at the NSW Institute of Psychiatry (Unit on fathers) and online: Father Infant Attachment and Co-parenting: theory and Intervention; and, Working With fathers in Vulnerable Families. He is currently Leader of the Fathers and Families Research Program at the Family Action Centre, and co-convenor, Australian Fatherhood Research Network. His book "The Dad Factor: How the Father-Baby Bond Helps a Child for Life" has been translated into 5 languages

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In what was described as a 'radical action to support families', The National Health Service England will now offer mental health screening and treatment for new fathers when new mothers are diagnosed with anxiety, depression or psychosis. In Australia, screening mothers both before and after the birth is standard but fathers are not routinely assessed at any point. However, there is now increasing evidence that men also experience postnatal mental illness and adjustment issues that deserve attention. Depressed fathers, estimated at 10%, are more likely to be withdrawn, use more physical discipline and engage in less enjoyable parenting than those who are well. Compared to children of well fathers those whose fathers who show signs of depression in the first year will have three times more behaviour problems as pre-schoolers and twice as many mental health problems as school children. Identifying men who are at risk during and after the pregnancy and offering them support and treatment has major benefits. However, deciding to screen fathers is only the first step. There is the difficulty of reaching fathers who have relatively little contact with health services and the lack of father-specific resources and absence of well-developed pathways to treatment. The development of the Australian National Perinatal Depression Initiative targeting mothers followed research and service development activities with the implementation of community awareness campaigns, development of staff training and dissemination of clinical guidelines for assessing and referring new mothers. It is now appropriate to develop a framework for the research required to support a screening and treatment initiative targeting new fathers across Australia. This presentation will describe the current research on screening and treatment for fathers and propose a draft framework for consideration by peak bodies to guide the development of a father-focused national strategy aimed at promoting community mental health.

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HoPes Program

Ms Catherine Fisher[1]

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My name is Catherine Fisher, I am a specialist community public health nurse with international work experiences across the UK and Australia. Currently positioned as a Manager at Tweddle Child and Family Health Service. I support an experienced team to deliver the HoPES (Home Parenting Education And Support Service) to children with vulnerabilities within their homes and wider community.

My experience within the UK exposed me to the second most deprived community and fourth most multicultural community in the country. Working collaboratively to bridge the gap for disadvantaged communities and the lifelong health and social inequalities these children and families face has been my driving force to improving how the HoPES program responds to these complex and multi-faceted issues.

I have an avid Interest in neurological development across the life span and remain a curious practitioner. Increasing my knowledge base around trans generational trauma across diverse cultural groups continues to be a professional development ambition of mine. My interest in this field has motivated me to travel across many cultures and furthered my drive to strive to increase life chances for those experiencing inequalities.

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The HoPES (Home Parenting Education & Support Service) program, developed and delivered by Tweddle within a Family Partnership model offers intensive individualised in home parenting support. The program was developed in response to amendments to the Child Youth and Families Act in 2015 whereby services were required to focus on supporting family reunification and preservation.

The HoPES program aims to preserve the family unit and support families during reunification. It is informed by child development and the impact trauma can have on a baby or toddler. The HoPES program works through a lens of the infant to increase infant mental health outcomes for vulnerable infants.

HoPES staff actively engage parents to improve outcomes. The aim of the program is to support and educate families with vulnerabilities who are involved with Child Protection. Practitioners work in partnership with families on agreed parenting goals.

The HoPES Program team are dedicated to helping mums and dads gain insights into their very important role as parents. The sharing of strategies and practical approaches to building skills to enable families and parents to achieve the best possible outcomes.

The HoPES program is being evaluated by the Murdoch Children's Research Institute (MCRI). Initial results have shown an increase in reunification and better outcomes for families.

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Birth and Bereavement: A Traumatic Experience

Ms Kathryn Budzinska[1], Ms Christine Richardson[2]

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Kath Budzinska has 37 years' experience as a Registered Nurse and 35 years as a Registered Midwife. As a result, Kath has worked across the birth, life and death spectrum, in both public and private arenas, in metro, rural and remote situations. Kath has worked, supported and advocated in both clinical and educational settings. She has chaired and participated on a variety of professional and community-based committees, established educational programs, and implemented accreditation projects.

Kath completed her Postgraduate Diploma in Psychology in 2015 and joined the staff of The Grief Centre of WA (GCWA) as a counsellor and group facilitator. Kath is proud to be associated with the GCWA and its' underlying philosophy, of offering support to the bereaved of all ages, backgrounds and beliefs. Witnessing death causes distress, ignites memories and challenges beliefs. Unattended, these feelings can lead to a range of issues, for all bereaved, including caregivers themselves. Because of Kath's own personal and professional grief experiences, she knows first-hand the effect of grief on the individual, the family, and the community at large. Consequently, Kath is very happy to be part of a team, that is part of the journey, of life after loss.

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Death was once a part of life – an experience that families and communities were familiar with. People seem to fear death now. When a baby dies families feel a stigma and health professionals feel a failure.

Professor Robyn Murray, Kings College London, encourages us to not "bury" ourselves "…in understanding the heart and kidneys, instead, step up to the exciting challenge of understanding how the brain processes the social environment." Not rocket science or neuroscience, but caring science. Unresolved grief after a traumatic birth experience can not only cripple the life of the mother and father, but significantly affect others around them, possibly for generations.

At The Grief Centre of Western Australia (GCWA), we rise to the challenge to do grief differently in our society. We do this by engaging every-one involved with and impacted by death; the families, close friends, health professionals, and allied workplaces.

The Grief Centre's Birth and Bereavement Bundle (BBB) is an innovative and holistic program. It offers a safe place for trauma and loss to be witnessed and honored, encouraging the bereaved to experience their deep sorrow, raw grief and to recover. A key to this process is teasing out the love at the heart of grief.

The GCWA draws on contemporary grief research along with collective staff expertise. There are opportunities for upskilling for allied health professionals that provide education and support to those working with grief and attempting to comprehend the intertwine between personal and professional grief. Our aim is for the bereaved to move from grief into life, from fear to love, not denying grief, but incorporating it into our life experiences, rather than being overwhelmed and consumed by it. Our approach is bold, compassionate and effective. We are excited to share this with the audience at the 2019 Marcé Conference.

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Love and fear in the mother-baby unit: Looking closer at infant outcomes

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Dr Rebecca Hill is a consultant psychiatrist at Helen Mayo House, the mother-baby psychiatric inpatient unit for South Australia, and clinical senior lecturer at the University of Adelaide. She completed her psychiatry training at the University of Arizona in Tucson, Arizona USA, and went on to work at the Werribee Mercy Mother-Baby Unit in Melbourne, where she completed a Graduate Diploma in Infant and Parent Mental Health through the University of Melbourne. Her interests include treatment of postpartum psychosis and infant-parent therapy.

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Co-admission in mother-baby units (MBUs) of mentally ill mothers and their infants has long been seen as intuitively positive for both members of the dyad, due to a number of inbuilt factors: separation trauma is prevented, breastfeeding is supported, and the rehabilitation of mothering behaviours is facilitated in tandem with the mother's psychiatric recovery. While there is a moderate amount of literature from MBUs concerning maternal disorders and outcomes, there is only a very small amount addressing the infants and how they fare, before, after and during co-admission. The limited data so far suggests that this group, perhaps unsurprisingly, tend to come to the MBU intervention with poorer-than-expected physical well-being and development, and with signs of disturbance in the mother-infant relationship – that is, they may be considerably disadvantaged compared to their peers without maternal mental illness, and thus potentially at risk of a poorer developmental and psychological trajectory. It is unclear how the MBU intervention affects these factors for the infants concerned. Our program is undertaking a prospective cohort study of infants admitted to the MBU, seeking to define objective characteristics at admission and discharge by recording systematic paediatric and developmental assessments, and using a number of standardised measures including the Parental Reflective Functioning Questionnaire, the Maternal Postnatal Attachment Scale, the Alarm-Distress Baby Scale, and the Parent-Infant Relationship Global Assessment Scale. The infants will also be assessed according to the DC 0-5 Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood to fully characterise their current mental health status. Pilot data will be presented to provide a preliminary picture of infant health and well-being in the MBU. Ultimately, we expect this data will assist in refining the MBU intervention and post-discharge treatment to more accurately reflect the needs of this vulnerable group of infants.

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The Building Early Attachment and Resilience (BEAR) Study - Interim results

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Kristine is a Perinatal Psychiatrist working at the Royal Womens Hospital Melbourne Victoria as well as the Mother Baby Unit, Mercy Hospital Werribee. She devised the MindBabyBody program which is a mindfulness-based group program and has previously presented the pilot data at Marce. She has an academic honorary position at The University of Melbourne Department of Psychiatry and is passionate in working in women's mental health and contributing to the clinical evidence that underpins excellence in clinical care in the perinatal period.

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Introduction
Attachment organisation in infancy is crucial for the development of relational functioning affect regulation and general psychological well-being of the infant. Parental mental health difficulties and psycho-social stressors can disrupt the process of attachment with a new infant. It is unclear whether early group interventions and in particular, which types of interventions, in addition to treatment as usual, could potentially reduce negative effects of parental mental health difficulties on the attachment relationship.

Aims
to examine the effect of two early group interventions: The MindBabyBody (MBB) and Parenting with feeling (PWF) programs, on maternal mental health, parental reflective functioning, parent-infant relationship and infant neurodevelopment.

Method
The MBB and PWF programs in pregnancy and early postpartum are manualised group interventions developed by the authors. The study is a four arm parallel group, quasi RCT with a repeated measures design. Participants (n = 150) are recruited via the mental health service of a large maternity hospital. Participants have a range of mental health risk factors, including a background of trauma, a history of mental health problems and psychosocial adversity. Participants are randomised to one of four groups. Two groups receive one of either of the group programs, one group receives both of the programs and the last group receives treatment as usual (control).

Results
results will be presented of the MBB (pregnancy) intervention for the first three years and PWF for first two years as the study is still in progress.

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Policy priorities for Perinatal and Infant Mental Health in NSW

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Tracey is the Program Manager Perinatal and Infant Mental Health Services, Ministry of Health. She has clinical experience working with vulnerable women and their infants, as well as research experience in the area of parenting, maltreatment.

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This paper will report on the NSW policy priorities for improving the state's comprehensive PIMH service network. Since 2016 there has been a steady growth of government investment in specialist PIMH in NSW. There is now a well-developed public specialist PIMH service across NSW, including a state-wide outreach service, a model of care in women's prisons, and plans for two dedicated mother-baby units. The key strategies for expanding PIMH in NSW have focused on service integration (e.g. with maternity, mental health services), embedding the model of care, increasing state-wide equity and access, involving consumers participation, and improving cross-sector coordination. This paper will highlight some of the pitfalls in funding state-wide PIMH services and conclude on a positive note by suggesting policy directions for improving data collection/monitoring, referral pathways and workforce development.

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Perinatal and Infant Mental Health in Women's Prisons: Between Aspiration and Reality

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Nicole has been nursing for 24 years. Always holding a strong interest in working with vulnerable families worked extensively within Child and Family Health. Her interest in mother's mental health and the impact on their children facilitated the move to Perinatal Mental Health (PIMH) 3 years ago where she has developed a new PIMH role for Justice Health and the Forensic Mental health network. She works with pregnant women in custody supporting the most vulnerable members of our society. The move has encouraged a return to further study, and she is currently completing a Masters of Clinical Nursing.

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Maternal incarceration is a well-established risk factor for the development of child mental health problems; hence it is imperative to provide comprehensive perinatal mental health care to perinatal women in prisons. NSW has the highest female prison population in Australia, where most pregnant incarcerated women are either young, Aboriginal, or have a history of trauma, mental health and/or substance abuse.

Despite the availability of dedicated maternity, drug and alcohol, and perinatal mental health services for pregnant women in prisons, there are system constraints in providing trauma-focused, therapeutic and parenting supports that these women require. Furthermore, despite the vacancies in the prison's mother-baby unit, most incarcerated women are separated from their infants' post-birth, which limits opportunities for supporting the mother-infant relationship.

This paper will discuss the introduction of a perinatal mental health services in the NSW female prisons and highlight the system constraints, the personnel demands and the under-utilised opportunities for improving the outcomes of incarcerated women and their infants.

52
Towards an Evaluation Framework for Infants and Parents Admitted to Mother Baby Units

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Dr Beate Harrison is a West Australian perinatal, infant and child psychiatrist who has extensive experience working in outpatient, community and mother baby unit settings with mothers and families in the perinatal period. She has a special interest in early parenting and attachment relationship-based work. While working at KEMH MBU she has developed parenting clinical interventions and an attachment-based therapy group for mothers and their infants admitted to the ward.

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Mother Baby Units (MBUs) which admit both mothers and their infants have been developed to offer specialised mental health care to this dyad. In addition to treatment of maternal mental health disorders the units provide parenting interventions and an opportunity to support the attachment relationship and social and emotional development of the infant. To date evaluations of Australian MBUs have described clinical characteristics and mental health outcomes of the mothers admitted and have compared resources and model design of units. There has been little description of clinical characteristics of infants admitted to MBUs including developmental competency and risks. Sources of parenting stress, attachment relationships and targets for caregiving interactions have also not been extensively studied. There are very few evaluations of infant outcomes, parenting confidence or caregiving relationships after an MBU admission in Australia particularly using reliable or valid measures.

The paper will describe the development of an evaluation framework at our unit to validly assess the clinical characteristics of admitted infants and mothers in their role as parents admitted to the MBU, This initial study allowed us to establish the feasibility of using this evaluation framework to determine outcomes around parenting and infants for the MBU. We will also present initial findings on admission of clinical characteristics and risks for the infants in mothers with mental health disorders in the postpartum period. We will discuss future directions of the evaluation framework in the domains of development and risk for the infant and parenting and caregiving relationships of mothers admitted to an Australian MBU.

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Embedding PIMH care and research into a primary care obstetric service

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In Western Australia, there has been considerable work and collaboration between services to bring PIMH to the forefront of health care, as embodied in the WA Perinatal and Infant Mental Health Model of Care 2016 (PIMH MOC). The translation of the concepts in the PIMH MOC to clinical practice, especially inclusion of PIMH awareness, and engagement across services and funding sectors has been challenging, as there are considerable barriers.

This symposium discusses how two unique health services have collaborated together to provide a comprehensive health and wellbeing model of care for families in the perinatal period. *One for Women (OFW)* is a GP-led perinatal health care service and *The Elizabeth Clinic (EC)* is a specialist perinatal and infant mental health care service in private practice in Perth WA. Together, they have shared their expertise to create a 'one stop shop' for young families.
The development of the OFW team-based obstetric model, within a primary care setting, will be discussed. The care delivered is patient-focussed with a particular focus on education, utilisation of appropriate screening tools and continuity of care.

A brief overview of the Elizabeth Clinic will provide insights into the way PIMH can be part of specialist care for families from preconception through to the early years of parenting.

There will be particular reference to a more comprehensive and assertive clinical pathway aimed at detecting risk factors for mental health and early dyadic relationship issues and early intervention pathways.

Novel primary care screening tools will also be described - their clinical usefulness, ease of use and capacity to educate clinicians. The integration of primary health providers and specialised PIMH providers will be discussed, highlighting the importance of breaking down the barriers and the value of an integrated approach to the delivery of care.

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Connected Parenting - Parenting is not designed to be done in isolation

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The Connected Parenting Resources were developed by St John of God (SJG) Social Outreach, part of St John of God Health Care.

The resources were designed in response to an identified need for a culturally secure and sensitive parenting resource that incorporates the Circle of Security (COS) principles and recognises the importance of Aboriginal and Torres Strait Islander cultural values. The development process was guided by, and in collaboration with, an Interagency Reference Group, comprised of senior Indigenous health and education practitioners, researchers, managers, and the COS developers.

The Connected Parenting resources are based on knowledge and understanding of parent-infant attachment within Aboriginal, cultural and historical contexts. Connected Parenting The Big Picture emphasises the connected nature of Indigenous parenting and the importance of culture, spirituality, connection to country, kinship and family to the parenting process. The Connected Parenting Coming Together resource explores the concepts of self-esteem, respect, trust and strength in relation to becoming a person within a family. The resources recognise that parenting is not designed to be done in isolation.

They are currently in use with Indigenous families across Australia.

In 2018 SJG Social Outreach and the Western Australian Child and Adolescent Health Service developed an e-learning package, which incorporates the Connected Parenting resources to support health workers and other professionals caring for Indigenous families, to encourage and support positive parenting and early childhood outcomes. It promotes a strengths-based approach to support Indigenous parents/carers to ensure their children reach their full potential.

In this presentation we will explore how the eLearning package and resources, can be used and incorporated into programs to support health, education and any professionals working with Indigenous families to empower Indigenous parents.

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Symptoms of depression and sleep apnea during pregnancy

Ms Karen Redhead[1]

[1]The University Of Notre Dame, Warwick, Australia

Karen is a sleep scientist with over 16 years clinical experience. She is researching the relationships between sleep in the perinatal period and depression. She is currently working on a longitudinal study following women from early pregnancy to one year postnatal.

Karen Redhead[1] ,Megan Galbally[3,4,5]Jennifer Walsh[2], John Newnham[3,5], , Peter Eastwood[1, 2].

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Study Objectives

The objective of this study was to investigate the relationship between OSA and depression in pregnant women. In pregnancy the prevalence of both OSA and depression increases. Previously Obstructive sleep apnea (OSA) and depression have been shown to be related with up to 40% of patients diagnosed with OSA having depressive symptoms.

Methods

189 women ≥26 weeks pregnant were recruited from a tertiary perinatal hospital. Symptoms of depression (Edinburgh Postnatal Depression Scale, EPDS) and OSA (Apnea Hypopnea Index, AHI, using an ApneaLink device) were measured. Data were collected from medical records including participant age, ethnicity, parity, BMI, smoking status, history of depression and use of antidepressants.

Results

Of the consenting women, data from 124 were suitable for analysis. Twenty women (16 .1%) had OSA and eleven (8.8%) had depressive symptoms. Women with OSA (AHI≥5 events/hr) were more likely to have depressive symptoms (EPDS>12) after adjusting for covariates, odds ratio = 7.0, 95% CI [1.8-27.8]. Further, increasing severity of OSA was linearly related to increasing symptoms of depression (EPDS as a continuous variable), even when adjusting for covariates and when excluding sleep-related questions from the EPDS.

Conclusion

During late pregnancy women had seven times the odds of developing depressive symptoms if they had OSA. Furthermore, worsening OSA was related to increasing symptoms of depression. The direction of this relationship is unknown but is an important focus for future research.

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Integrating primal wisdom with modern science and practice as a global strategy for mothers, infants, families and communities

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Antonella Sansone-Southwood is a clinical psychologist, MA, educator, researcher, mindfulness teacher/facilitator, author of three books and several articles, and mother of two girls. She has a special interest and research focus on the impact of the prenatal and perinatal period on human development and health, in particular on mother-infant pre/perinatal connection and mental health, integration of primal wisdom and modern science, psychosomatics, and mind-body approaches to prevention and healing. Antonella's several years clinical, educational, research work in UK and Italy, empirical studies of African indigenous cultures, in particular the Himba, and inspiring motherhood have led to the design of a PhD and new forthcoming books, 'Cultivating Mindfulness to Raise Children Who Thrive: Why Human Connection from Before Birth Matters', and 'Gems of Primal Wisdom: from Before Conception Through Pregnancy, Birth and Beyond'. Antonella has been granted the International Excellence Award from Central Queensland University (CQU) and has made a number of personal, family and economic sacrifices to move from London after 21 years and position herself to undertake her PhD with CQU in Australia. Her PhD investigates the pre/perinatal mindfulness relationship-based program she has developed, and its correlations with maternal mental health, prenatal attachment and infant development outcomes.

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Aim & Background

This presentation draws on my independent empirical study of the Himba, an indigenous culture of Northern Namibia. It suggests ways that we can learn from primal wisdom practices to develop attunement, empathy and compassion, fundamental for mothers and children to thrive, to integrate them with resonating scientific discoveries of epigenetics, interpersonal neuroscience, attachment and mindfulness theory. It challenges our understanding of pre and perinatal processes and the crucial impact of human virtues through cross-cultural comparisons. It takes a look at maternal and infant health in the context of our lives and society and explores primal wisdom as the best available window into the social lives of our ancestors, sustaining uncomplicated birth, motherhood and secure attachment, and uses them as a model of sustainability to integrate with modern sensibility.

Methodology

Journaling, observations and interviews, images and stories of integrated and shared motherhood and childcare offer us insights into the quest of how connected in our society we are to motherhood and how aware of the impact of pre and perinatal mental health on child development and society. Through connecting with and understanding indigenous mothers and children through the body language and implicit processes, I could have a palpable experience of primal wisdom and intersubjectivity at play. The Himba manifested an innate capacity for empathy, intuitive understanding, morality and cooperation, suggesting these develop in early life through intergenerational transmission of pre/perinatal practices and communal care, and are foundation of maternal and infant wellbeing, and a peaceful society.

Results

This empirical research introduces an expanded view of human development and mental health, which begins before conception and moves through early childhood in an unbroken continuum in care. I explain how pregnancy, birth and developmental trauma, a product of our society, can impact parents' wholeness and consequently the relationship with their baby and his development prior to birth, and suggest ways for prevention and healing.

Conclusions

Small-scale societies like the Himba teach us the vital importance of a compassionate community and shared care in supporting maternal and infant mental health. This presentation is an urgent call for pre/perinatal healthcare professionals to recreate the village and integrate primal wisdom and related interpersonal neuroscience, attachment theory and pre/perinatal psychology in their trainings for the wellbeing of mothers, infants, families and communities. It calls for a more humane approach to maternal care beginning from pregnancy to prevent maternal suffering and developmental trauma.

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Perinatal mental health service in Qatar: an evolving model of care encompassing, prevention, screening, early detection, treatment and community engagement.

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Safia Ahmed is the Clinical Nurse Lead for the Perinatal Mental Health Services. She holds a BSc in Nursing and a Master's in Public Health, as well as a Post Graduate Diploma in Clinical Education. Safia is a Fellow of the Higher Education Academy in the UK. Before joining Sidra, 5 years ago, she worked as a Clinical Specialist Nurse and Clinical Instructor in London, UK. Safia was one of the 1st pioneers, who commissioned and activated the WMH services at Sidra Medicine. She has an active role in service development and promotion. She also implemented the 1st Antenatal Mental Health Screening Pathway and is continuously involved in a number of process improvement and research initiatives. She has a passion for working with women and their families, promoting optimal emotional and psychological well-being. Safia lives in Doha with her lovely daughters age 19 and 13.

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Qatar, population 2.6 million is a rapidly developing Muslim country; 88% of residents are expatriates from 87 countries. Qatar has the highest per capita income in the world, having catapulted from poverty to wealth over the last three decades. In train with this economic development, Qatar has put in place a comprehensive development agenda including aspirations to a world class health care sector.

Sidra Medicine was designed in the light of this vision to provide an academic, tertiary health care service for women and children in Qatar, and in this context Qatar's first multidisciplinary perinatal mental health service was established. This paper outlines the development of the perinatal mental health service and how the model of care has been shaped by the social- cultural, geographic and political context as well as practical considerations of setting up a new service with providers from diverse professional and cultural backgrounds.

Quantitative and qualitative Data from the first two years of service will be provided, including sources of referrals, demographic characteristics of women seen, obstetric characteristics, and outcomes from use of screening tools, psychiatric diagnosis and treatment provided.

Challenges of providing a new service in this setting will be explored, as well as lessons learned. Strategic relationships have been developed in the context of supporting pre-existing postpartum screening in primary care and developing relationships with mental health and obstetric services and with diverse community agencies.

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Love and fear in the neonatal intensive care unit (NICU): a meeting of knowledge, skill, community, compassion, culture and ethics.

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Dr Felice Watt is Division Chief Women's Mental Health for Department of Psychiatry at Sidra Medicine and Assistant Professor of Clinical Psychiatry, Weill Cornell Medical College. She arrived in Qatar from Perth in January 2017 to establish Sidra's perinatal mental health service, and subsequently the multidisciplinary outpatient clinic (which is integrated into Sidra's antenatal clinic) and inpatient consultation liaison service are now fully operational. She has recently been invited to lead the perinatal mental health work stream of Qatar's National taskforce for Mental Health and Wellbeing and was excited to convene "Qatar's first perinatal symposium" in March 2019. Prior to moving to Doha, Felice lived in Perth, Western Australia, where she worked in perinatal mental health at Women's and Newborn Health Service for approximately ten years, most recently as of Medical Co-Director Women's Health, Genetics and Mental Health.

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This presentation will serve a dual purpose. Firstly, to present a complex and tragic case study (de-identified) involving a 26-year unmarried Pakistani maid and her newborn baby girl, seen in a tertiary women's and children's hospital in the Middle East. Secondly, to share the different challenges faced by a consultation liaison psychiatrist in providing compassionate care to the mother and infant whilst balancing principles of medical ethics in a context that is religiously, and thus Islamic in spirit, and culturally driven.

The mother, whose pregnancy was concealed, was found unconscious and bleeding on the kitchen floor of her sponsor's home. The neonate was located, unresponsive, still attached to the placenta, in a vegetable box on the floor of the kitchen pantry. One ambulance conveyed the mother to the obstetric hospital, where she received a blood transfusion and was transferred to the women's prison when medically stable. The paramedics commenced resuscitation on the neonate who was rushed to another hospital's emergency department where her breathing and heartbeat were established, and then to the neonatal intensive care unit where she underwent therapeutic brain cooling and was maintained on intensive life support.

As consultation liaison psychiatrist to the newly opened NICU of a newly opened hospital, staffed by individuals from over 90 nationalities, the author had the privilege of being involved in the care of this dyad. The paper will describe the management of this complex situation, informed by developing a shared understanding of the infant's medical condition, relevant Islamic law and ethics, the local cultural and legal context, and a consideration of the infant's and mother' physical and psychological needs. Resolution was facilitated with the involvement of multiple professionals, including neonatologists, social workers, nursing staff, psychiatrist, neurologist, hospital lawyer, interpreters, an ethics committee, administrative staff and prison officials and guards. Multiple learnings from this situation will be shared, including an understanding of potential consequences of unplanned, illegal pregnancies for women and their infants and how a supported multidisciplinary team can work together to make a positive difference in complex, tragic situations.

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Antenatal Risk Questionnaire: Implementation in two midwifery group practices

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Leanda Verrier is currently the State Coordinator Perinatal & Infant Mental Health Program within the Women's Health, Genetics and Mental Health Directorate of Women and Newborn Health Service. With a strong background in child and community health nursing, Leanda worked in the policy/service development area with Child and Adolescent Community Health for five years before moving to Women and Newborn Health Service in 2008 to focus on perinatal and infant mental health. Her clinical work experience includes rural and remote communities in the Kimberley and Goldfield regions, as well as metropolitan areas. Leanda has completed a Master of Science (Nursing) by research at Curtin University, Midwifery in the United Kingdom and Child Health Certificate in Perth.

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Description

Following release of the National Perinatal Mental Health Guidelines (2017), together with the National Pregnancy Guidelines (2018), two Midwifery Group Practices (MGPs) in a tertiary maternity hospital in Western Australia agreed to trial the implementation of a psycho-social screening tool - the Antenatal Risk Questionnaire (ANRQ), following a series of structured education sessions and e-learning.

This presentation will outline the development and evaluation of a tailored training workshop for 44 midwives working in antenatal settings, the process of implementation and report on midwife perception of using the ANRQ. A series of ANRQ education workshops were conducted with antenatal midwives from August to November 2018, together with encouragement to complete on-line learning prior to the face to face session. From the evaluation, the training was well received by midwives with suggestions for further modifications to the ANRQ module, as well as the development of a short video clip demonstrating interviewing techniques using the tool.

The pilot implementation commenced early February 2019 in two MGPs with staff being advised to offer the ANRQ with the Edinburgh Postnatal Depression Scale (EPDS). The sample size is small with an expected 14 midwives participating in the evaluation. The MGP Clinical Midwifery Managers disseminated the midwife questionnaires at the end of April which ensures use of the tool for a full three months. In the questionnaire, midwives were advised that completion was optional however feedback on use of the tool would assist decision making, planning and service improvement. Midwives will be given two weeks to return the completed questionnaires with data analysis occurring in late May 2019. Recommendations will be made to support further staged roll out of the psycho-social screening tool as well as any areas for improvement.

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The clinical performance and cost effectiveness of two psychosocial assessment models in a maternity setting: the PIPA study

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Nicole is an early career researcher currently based at the Research Centre for Generational Health and Ageing, and the School of Nursing and Midwifery, at the University of Newcastle. She has worked at the interface research, policy and practice in perinatal and maternal mental health for 15 years.

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Objectives

To evaluate the clinical performance and cost-effectiveness of two models of integrated psychosocial assessment and depression screening in pregnant women.

Methods

This retrospective cohort study consecutively recruited women attending their first antenatal visit at a large urban maternity hospital in Sydney, Australia in 2015 and 2017. There were 3,673 women assessed under the care as usual (CAU) model and 3,132 under the perinatal integrated psychosocial assessment (PIPA) model. Two cost-effectiveness analyses – assessing True Positives and False Positives – were performed based the indication of the psychosocial 'at risk' flag in each model. Bottom up costing methods were used to quantify hospital staffing resources and expressed in 2017AUD.

Results

he CAU and PIPA models performed well in terms of appropriately identifying 'at risk' women (sensitivity: 82% and 78%, respectively). However, the PIPA model was twice as effective at eliminating False Positives compared to CAU (False Positive Ratios: 26% and 11%, respectively). The CAU model was also less effective at correctly identifying 'at risk' women than PIPA (positive predictive values: 41% and 69% respectively). The PIPA model was more costly in terms of True Positives detected, with an incremental cost per True Positive detected of $23.53. In terms of False Positives, the PIPA model cost less and was therefore cost saving ($26 saved per False Positive case averted).

Conclusions

The PIPA model is a clinically and cost-effective approach to integrated psychosocial assessment by primary care clinicians in hospital maternity settings. Studies that examine the applicability of this model of care in less clinically resourced settings are warranted.

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Postpartum post-traumatic stress disorder is a consequence of unexpected major pelvic floor injury and rarely identified after traumatic vaginal birth.

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- *Thesis title: The link between psychological and somatic sequelae of traumatic vaginal birth*
- *Supervisor: Professor Hans Peter Dietz*
- *Awarded: Dr Albert McKern Scholarship 2015-2017 to investigate causes, prevention and treatment of mental, physical pain and distress during pregnancy, labour and the puerperium; in collaboration with Sydney, Edinburgh and Yale Universities.*
- *Career background: Researcher, Nursing & Midwifery Lecturer, Registered Midwife and Registered Nurse.*
- *Co-founder of Australasian Birth Trauma Association (ABTA).*
- *Elizabeth Skinner has been interviewed by ABC radio and Australian national newspapers.*

Published papers

- *Skinner, EM & Dietz, HP. Psychological and somatic sequelae of traumatic vaginal delivery: A literature review. Aust N Z J Obstet Gynaecol. 2015; 55: 309-314.*
- *Skinner EM, Barnett B, Dietz HP. Psychological consequences of pelvic floor trauma following vaginal birth: A qualitative study from two Australian tertiary maternity units. Arch Womens Ment Health. 2018; 21(3): 341-51*
- *Skinner EM, Dietz HP. Psychological consequences of traumatic vaginal birth 45th Annual Meeting of International Continence Society (ICS) Montreal, Canada October 7, 2015: Neurourol and Urodyn. Supplement: Scientific Programme; 34 (S3): S1–S461.*

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Current research into postpartum PTSD observes that 3–4% of women suffer from this disorder after birth events. Main risk factors include negative birth experiences; complications of pregnancy and delivery; lack of support from maternity clinicians and/ or partners. PTSD remains largely unrecognized in maternity facilities and, unlike depression, routine screening is not employed; affected women are rarely identified and treated. Postpartum PTSD is noted to be different from non-obstetric related PTSD, in that birth is purported to be predictable, undertaken voluntarily and culturally seen as a positive event. Current studies propose the unexpected and terrifying unpredictability of birth events are applicable for diagnosis of PTSD as per DSM-IV- TR criteria. A study of women diagnosed with levator ani muscle avulsion after traumatic birth events, reported 3-4 symptoms of PTSD that included: avoidance of birth reminders, panic, emotional detachment, nightmares and numbness. Physical and psychological consequences were reduced quality of life, sexual dysfunction, altered body image, decreased baby bonding and marital disharmony. Women were not cognizant that muscles holding their pelvic floor together had avulsed during birth and resulted in pelvic organ prolapse. They asked why they had not been prepared for the possibility of a traumatic delivery or informed of potential morbidities prior to delivery.

Participant: *My life has been severely affected by a terrible labour and delivery that left me with a 'blown out pelvic floor' (avulsion). Every aspect of my life has been affected. My partner has left me. It has been a nightmare of no medical accountability, no support, lack of continuity.*

Disclosures
Funding: Mc Kern Scholarship, University of Sydney Clinical Trial: No Subjects: HUMAN Ethics Committee: Nepean Blue Mountains Local Health District HREC 05-004 and 07-022 Helsinki: Yes Informed Consent: Yes

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Pregnancy After Loss: it is a long 9 months with no guarantees

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Robyn is the Director, and an experienced Mental Health Social Worker of the Australian Perinatal Loss Professionals Network, a network open to any Australian health professional, student or researcher interested in the area of supporting families who experience perinatal loss.

Beginning her working career in 2001, Robyn is also the Director of her successful Tasmanian counselling practice Robyn McKinnon Consultancy & Counselling Service and developed a special interest in Perinatal Loss and Bereavement work after her own personal experience after the death of her firstborn son at 17 weeks into her pregnancy.

Recognising the significant gaps in support services, not only for families but also for front line workers, Robyn has worked to develop a number of local support groups, training programs and mentoring options to guide both families, support people and health professionals in the hope that this might make a difference for other families who experience the loss of a much loved baby.

Having been recognised throughout her career as 2008 Tasmanian Young Australian of the Year, and Griffith University Academic Excellence Award in 2015 for her Masters of Social Work, Robyn is highly respected for the work she provides both by professionals and by her clients.

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Pregnancy is often seen as a time for positive emotions and hopeful expectations of a new baby, and a new life as parents. However, it is estimated that each year 55,000 Australian couples will experience a perinatal death, which equates to 15-20% of clinical pregnancies ending in a miscarriage, and approximately 6 babies stillborn each day. Of those families who experience a perinatal death, 80% will go on to become pregnant again, with a majority doing so within the first 6 -12 months after the loss. As a result, it is important to evaluate the role that medical, nursing and allied health professional's play in providing psychological support to families during a subsequent pregnancy, and to identify when and what interventions may be required to support families in engaging with strategies to manage their anxiety or stress associated with a subsequent pregnancy whilst continuing to grieve their previous loss or losses. This paper with explore some of the theoretical and psychological understandings of pregnancy after loss, whilst also discussing some of the implications for practice, prompting clinicians from a range of disciplines to evaluate how they engage with parents who are pregnant or parenting after a loss.

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Protective Factors and Barriers for Aboriginal and Torres Strait Islander Parents

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Jenna Singleton-Bray is a postgraduate researcher in Psychology at James Cook University. Her research interests include Aboriginal and Torres Strait Islander health and well-being, and parenting. Her current research explores the factors that impact upon the positive parenting practices of Aboriginal and Torres Strait Islander parents.

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Background
Current parenting models emphasise Western frameworks of parenting and families and often overlook Australian Indigenous parenting. For example, Western-typical models of resilient parenting include factors such as family functioning, parental wellbeing, and parental self-efficacy. Such models often do not consider specific cultural factors impacting families and communities. An Indigenous Australian model of Social and Emotional Wellbeing describes the cultural impacts upon Indigenous wellbeing. This model highlights factors such as family and kinship, mind and body, and spirituality as significant contributors to Indigenous wellbeing. This study aimed to explore the cultural interface between western and Indigenous models of parenting and wellbeing. Specifically, the study aimed to identify cross-cultural and culturally unique factors impacting upon Indigenous parenting.

Method
A qualitative research project was conducted with a sample of six Aboriginal and/or Torres Strait Islander parents who participated in interviews exploring their parenting experience. Thematic analysis was conducted within an IPA framework.

Results
Parents described cultural, social and psychological factors that assisted in building and maintaining parental resilience and wellbeing. Child and family characteristics, family functioning and self-efficacy provided important non-culturally specific influences on parental resilience. Culturally based factors such as connection to land, spirituality, culture, and family were reported as important contributors to parental wellbeing. Adaptive parenting is a culturally unique factor not included in either model. Adaptive parenting was reported to impact upon the parenting practices of Australian Indigenous parents.

Discussion
Parenting and wellbeing models contain protective factors relevant to the parenting practices of Australian Indigenous parents. However, parents in the current study identified factors that impact upon parenting practices that are not represented in these models. An integrated holistic model designed specifically for Indigenous parents was developed from these results. Such a model more fully describes parenting experiences and would be useful when supporting Australian Indigenous parents.

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When The Baby Is The Trigger - Clinical Interventions In Mothers With Childhood Trauma Impacting Maternal Bonding

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Kristine is a Perinatal Psychiatrist at The Royal women Hospital She has devised and implemented a mindfulness based outpatient pregnancy intervention- The MindBabyBody outpatient group program which has been incorporated into the BEAR RCT. Kristine is the consultant Psychiatrist at the Werribee Mercy Mother Baby Unit. She is also and honorary lecturer at the University of Melbourne and passionate about women's mental health and contributing to clinical excellence and knowledge in the perinatal period.

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The re-emergence of maternal childhood trauma is often an unexpected accompaniment to the birth of a baby. This subgroup of women is overrepresented in perinatal and infant service providers which are not always equipped to deal with the complexity of mother-infant distress or have the necessary resources to stabilise and facilitate appropriate functioning and interactions.

Typically, the mother is triggered by the infant's negative states and may reject or overidentify with the infants needs and become unable to provide appropriate care. The infant may be viewed as the perpetrator identified as attacking, hostile or rejecting of such care. Alternatively, the parent may seek comfort or reassurance from the infant. In these situations, the infant experiences a range of confusing maternal interactions such as anxiety, anger, rage or rejection and frequent unpredictable miss-attuned communications. The infant is unable to develop a coherent sense of self when not seen by the primary caregiver. In severe cases the infant may withdraw and fail to thrive physically and emotionally.

Inpatient programs to support the mother include trauma informed mindfulness. Tools are employed to work with dysregulated arousal, traumatic flashbacks and dissociation. This seeks to bridge the gap between mind and body and develop interoceptive and exteroceptive awareness. An inside "knowing" of the body combined with utilising all five senses creating a kinaesthetic body state awareness.

After stabilisation the mother is able to extrapolate the body paradigm to enhance reflective functioning and assess nonverbal communication from the infant using visual cues, vocal rhythms, body posture or behaviours as the infant's body communication. The potential result can improve maternal reflective functioning and enhance the quality of the attachment.

Ultimately, the birth of an infant has the power to transform the mother and infant as often the motivation to work is maximised in the postnatal period.

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Identifying the Contribution of Adverse Childhood Events (ACEs) to Clinical Characteristics of Inpatient Psychiatric Admissions in the Perinatal Period

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Dr Chaitali Patel is a Senior Psychiatry Trainee at Fiona Stanley Hospital, Perth, Western Australia, with her interests in perinatal psychiatry. During her psychiatry training she has gained perinatal mental health experience through her work in consultation liaison setting, community perinatal service and Mother and baby inpatient unit.

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Background
Adverse childhood events (ACEs) are commonly reported by patients during psychiatric admissions to Fiona Stanley Hospital (FSH) Mother and Baby Unit (MBU). The experience of multiple ACEs is known to increase rates of physical and psychiatric disorders in adulthood. There is limited research on the experience of multiple ACEs on psychiatric presentations in the perinatal context. Clinical experience suggests that the experience of multiple ACEs increases the complexity and severity of psychiatric presentations in the perinatal period with important implications for treatment and outcomes.

Objectives
This paper will examine the relationship between number of reported ACEs experienced by mothers admitted to the FSH MBU and the associated clinical characteristics of their perinatal mental health presentation, service utilization and outcomes.

Methods
Retrospective case note audit of admissions to the FSH MBU, to examine rates of reported ACEs and clinical correlates including past psychiatric diagnoses, current primary psychiatric diagnosis and psychiatric and physical comorbidities, symptom severity and functional impairment, psychosocial needs and outcomes. Furthermore, service utilization data such as length of stay (LOS) and readmission rates will be examined.

Expected Findings
Mothers with a history of multiple ACEs present with increased severity and complexity of psychiatric presentations, with increased functional impairment and psychosocial needs. As a result, these mothers often face multifaceted challenges in the perinatal period and require comprehensive assessment and intensive treatment. They are at risk of increased lengths of stay in the FSH MBU and are at increased risk of psychiatric readmission to the FSH MBU or other services.

Conclusions
Data collected and analyzed will be essential to the understanding of the needs of these women and their families as well as the necessary service provision. Collaboration between Australian MBUs with regards to further outcomes research and development of treatment models for this patient group is needed.

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Parent-Child Interaction for Toddlers (PCIT-T): An attachment-based parenting program for children with disruptive behaviours

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Susan Morgan MMH, is a registered Nurse who graduated in 1977 and supplemented her qualifications with a Masters in Perinatal Infant Mental Health. She has worked extensively with parents, infants and toddlers for over 30 years and has a strong dedication to working within an attachment framework. She is currently a Clinicial Nurse Consultant at Karitane, Sydney and a level II Trainer with PCIT International.

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Parent Child Interaction Therapy for Toddlers (PCIT-T) is an attachment-based parenting intervention for children aged 12-24 months with disruptive behaviours and their parents (Kohlhoff & Morgan, 2014, Girard et al., 2018). PCIT-T is an adaptation of the standard PCIT program used with older children, and so like standard PCIT, involves live coaching by a therapist from behind a one-way mirror during parent-child play sessions. PCIT-T has been designed to meet the specific developmental needs of toddlers and so differs substantially from PCIT in that it is based on the assumptions that (a) disruptive toddler behaviour is a sign of emotional dysregulation, (b) the parent-child attachment relationship is the vehicle through which emotion regulation capacity develops, and (c) toddlerhood is a time of rapid neuronal development and so an opportune time for early intervention. The program aims to improve positive parenting skills - with a particular focus on emotion regulation (for the parent and the child), child behaviour and the quality of the parent-child relationship.

This presentation will report data from a wait-list controlled study examining outcomes of PCIT-T in a sample of 54 families with toddlers, referred to the Karitane Toddler Clinic in Sydney. Results showed PCIT-T to be associated with significant improvements (*p*s <.05) in child behaviours assessed using the Child Behaviour Checklist (Achenbach, 2000), parent skills assessed using the Dyadic Parent-Child Interaction Coding System (Eyberg et al., 2010), parental sensitivity assessed using the Emotional Availability scales (Biringen, 2008), and infant attachment pattern assessed using the Strange Situation Procedure (SSP; Ainsworth, 1978). Qualitative data will also be presented, highlighting positive parental perceptions of changes experienced. Finally, quantitative and qualitative research data will be complemented with the presentation of a brief clinical case study, with video material to illustrate the major clinical components of the intervention and outcomes obtained.

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Perinatal Assessment of Risk of Mental Illness: Experiences of First-time Mothers and Clinicians

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Deborah Sims is a mixed methods researcher, midwife and child and family health nurse with clinical and research experience in both early parenting support and perinatal mental health.

Background
This presentation aligns with the conference theme of early detection and treatment, prevention and community support. Comprehensive risk assessment for mental illness is recommended as part of routine perinatal care for all women. However, in Australia, women who gave birth in a private hospital were less likely to receive this assessment. The study aims to provide new information on perinatal risk assessment of mental illness for first-time mothers who gave birth in private hospitals.

Methods
A qualitative descriptive methodology was employed to collect rich, diverse data on perinatal risk assessment of mental disorder. Semi-structured interviews and focus groups were undertaken at two metropolitan private hospitals. Data was explored and interpreted on the experiences of first-time mothers who had received hospital maternity care and clinicians who provided hospital maternity care. Content analysis enabled exploration and interpretation of their experiences of perinatal risk assessment of mental illness.

Results
Interview data were gathered from eight mothers, eleven midwives, three nurses, six obstetricians and three paediatricians. The four themes on perinatal risk assessment for mental disorder were 1) although participants felt that this was important it was not provided as a part of routine perinatal care, 2) screening may be undertaken but not a comprehensive psychosocial assessment 3) screening was not provide as part of coordinated care 4) lack of mental health resources were not preventing assessment as part of routine care.

Conclusion
Although participants believed that it was important and although resources were available, these first-time mothers did not undertake comprehensive assessment for risk of mental disorder as part of routine, coordinated perinatal care.

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Private Maternity Hospital Support Services; Parenting Self-efficacy and Risk of Mental Illness

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Deborah Sims is a mixed methods researcher, midwife and child and family health nurse with both clinical and research experience in early parenting support and in perinatal mental health.

Background
This presentation aligns with the conference theme of early detection and treatment, prevention and community support. Perinatal social support services for first-time mothers can facilitate parenting self-efficacy and ameliorate the risk of mental illness. This study aims to explore parenting self-efficacy in social support services, from the experiences of the main stakeholders of private hospital maternity care.

Methods
A qualitative methodology explored and interpreted experience of social support services through semi-structured interviews and focus groups from three stakeholder groups: first-time mothers who had received hospital maternity care, clinicians who provided hospital maternity care and administrators who managed hospital maternity care. This study was undertaken at two private hospitals. Thematic analysis provided interpretation of social support service themes using an a-priory template of parenting self-efficacy determinants.

Results
Interview data were gathered from eight mothers, eleven midwives, three nurses, six obstetricians, three paediatricians and three hospital administrators. The main parenting self-efficacy themes were 1) anticipatory guidance and infant feeding; issues with support, 2) preferring parenting reassurance through peers-group support and online support; traditional models of support were insufficient and 3) help-seeking; facilitating access to support services for these 'millennial moms'.

Conclusion
Services may not provide anticipatory guidance, may not support women to set realistic parenting goals or may not facilitate access to support of parenting self-efficacy.

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Fear of Loving: A Group Program to Prevent Mental Health and Relationship Issues in Pregnancy after ART (Assisted Reproductive Technology)

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Dr Julia Feutrill is a perinatal and infant mental health specialist who had co-founded The Elizabeth Clinic. She has experience working in non-government and government sector services. She understands how difficult it can be to negotiate health care and advocates for comprehensive and coordinated care for all her patients.

Fertility struggles take their toll on everyone and can make the transition to pregnancy a particularly anxious and stressful time. Pregnancy after fertility treatment is a high stakes pregnancy and usually represents a considerable investment of time, emotion, energy, money and medical treatments. Once the pregnancy is achieved, the psychological and physical changes adjustments are considerable. We have developed an antenatal group program for couples who become pregnant following a period of infertility. This 3-session group offers an opportunity to process the transition from getting pregnant to being pregnant, so that parents can participate in the ordinary richness of really feeling the psychological and emotional changes that are a normal part of pregnancy. The group aims to increase the participants understanding of the internal changes they have experienced as they are becoming a parent; to reflect on their relationship with their partner and to learn strategies for dealing with stress such as mindfulness. We know from both experience and the literature that a supportive relationship alongside targeted guidance and information in pregnancy can prevent women experiencing mental health problems in the postpartum period.

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Having a Second Child, when your first has Autism: A qualitative study of parental experiences

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Dominique Cleary is a provisional Clinical Psychologist completing a combined Masters of Clinical Psychology and PhD of Clinical Psychology program. Her research focusses on the experiences of parents who have a child diagnosed with autism.

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Background

Around 20% of infants who have an older sibling with Autism Spectrum Disorder (ASD) develop ASD themselves (Ozonoff et al., 2011), and a further 20–30% develop broader developmental difficulties (Messinger et al., 2013).

Objectives

This study sought to better understand the impact of this familial risk on parents, and the experiences of parents of a child diagnosed with ASD around the conception, pregnancy and early developmental period of a subsequent child.

Methods

The current ongoing study involves in depth interviews with (1) parents of a child diagnosed with ASD, who have a subsequent child (with or without ASD); and (2) parents of two typically developing children. Recruitment of 10 parents in each group reached thematic saturation. Interviews with parents involved a set of open-ended questions developed to explore parental experiences around the pregnancy and early developmental periods of the subsequent child. Interviews lasted between 1-1.5 hours and were transcribed verbatim. Data analysis has been concurrent with data collection and involves a thematic analysis of the data.

Results

Preliminary analyses have found three main themes. The first of these focuses on parents' experiences of 'uncertainty', the second of these focuses on 'balancing roles' and the third theme 'getting through' explores parents' methods of supporting their children and finding support for themselves. Final themes and sub-themes will be discussed.

Conclusions

Identifying the unique experiences of parents around the pregnancy and early development of a subsequent child when the first has ASD include the identification of psychoeducational focuses and resources that would be important for future parents. The results of this study have broad implications for clinicians and researchers working with the parents of children with ASD.

ST JOHN OF GOD
Raphael Services

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Embedding Drug and Alcohol Screening into Perinatal and Infant Mental Health Care

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The adverse effects of alcohol and other drugs such as tobacco, psychostimulants and opioids on fetal and early childhood development are well known. Pregnancy has been described as the opportune time to address maternal alcohol and other drugs use: studies have found that interventions provided during this time of heightened motivation to change have the potential for stopping or reducing alcohol and other drugs (AOD) use.

St John of God Raphael Services are dedicated to treatment, prevention, early intervention and health promotion. They provide secondary level specialised mental health (including psychiatric) services to families in the perinatal and infancy stages, from conception up until the child's fourth birthday.

In 2017 Raphael Services in Western Australia secured funding through the Western Australia Primary Health Alliance to improve the capacity of Raphael Services mental health caregivers to screen, assess and where relevant, provide an intervention to clients with co-occurring perinatal mental health and mild to moderate AOD issues. The project aimed to improve outcomes for families in the perinatal period by increasing client understanding of the risks of alcohol and other drug use and improve referral pathways to alcohol and other drugs services.

In 2018 the project was extended to provide capacity building for general practitioners, midwives and nurses working with families in the perinatal period to undertake AOD assessments, provide appropriate referral and access resources; and to develop an eLearning package to support Raphael Services caregivers.

To date we have provided capacity building for over 200 allied health, medical practitioners, midwives and nurses. We have provided individualised training, established new assessment processes, regular supervision, and implemented referral pathways across all Raphael Services nationally.

This presentation will provide an overview of the planning, implementation and resources developed to support health professionals to embed AOD screening when indicated into routine client care.

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The (re)establishment of trust: An ethnographic study on perinatal care for families with psychosocial vulnerability factors

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Background
The first years of a child's life has impact on their future health and well-being. Within maternity health care focus is on early detection and prevention to promote social equity in pregnancy. In Denmark, the maternity health care sector aims at offering individualized services to families depending on their needs where families facing social, medical or psychological challenges are viewed as particularly vulnerable. The aim of this study was to how families living with psychosocial vulnerability experience receiving targeted maternity health care, and how trust and mistrust shape these experiences.

Method
The study is set in a Danish municipality and has a longitudinal ethnographic field design. Participant observation and semi-structured interviewing has been conducted between April 2018 and September 2019. In this period, twenty-five families with psychosocial vulnerability factors have been followed and interviewed throughout their care pathways.

Findings
Preliminary findings suggest that trust and mistrust play a central role on the journey through the maternity health care sector. Some are afraid of being judged on their parenting skills or viewed as unstable or unfit parents. In some cases, this comes down to fear of having their child removed, whereas others associate vulnerability with shame and stigma. Hence, there may be a constant negotiation between telling and withholding information in encounters with health professionals due to the uncertainty about the consequences of being honest. This may be a barrier to offering and accepting help as well as for families to disclose their problems. Thus, the analysis points to how the (re)establishment of trust is seen as crucial for families to feel supported.

Conclusion
This study may play an important role in improving the future of maternity health care services targeted at families living with psychosocial vulnerability factors. Final conclusion and recommendations will be ready for presentations in October 2019.

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