

the women's
the royal women's hospital

our stories

Issue No. 18 May 2011



MATERNITY ISSUE

HOW YOUR BABY COMMUNICATES

BREASTFEEDING HELP

HOW A REVOLUTIONARY TREATMENT HELPED

A YOUNG COUPLE REALISE THEIR DREAM

IF NOT FOR THE WOMEN'S...



The Women's began 155 years ago as a place where under-privileged women could give birth and receive proper medical attention. Today we are the largest maternity hospital in Australia, and our services have been designed and developed to care for the needs of all women.

This issue of *Our Stories* describes two of our largest ever technology and research innovations. The first is the introduction of MRgFUS technology to Australia, which is enabling women with uterine fibroids to realise their dreams of motherhood. We are still the only public hospital to have this technology thanks to the generous support of Mrs Pauline Gandel and the Gandel Charitable Trust.

The second innovation was the creation of Australia's first Centre for Women's Mental Health, which was made possible by Mrs Heloise Waislitz and the Pratt Foundation. A particular focus for The Centre for Women's Mental Health is its perinatal mental research into anxiety and depression in pregnancy. Each year we treat hundreds of women who develop anxiety, grief and depression during pregnancy and after birth. These issues can affect a mother's capacity to cope and bond with their baby and we are investigating new ways to help these women.

Your support of the Women's is an investment in the health of women and newborns of today and for generations to come.

Dale Fisher, Chief Executive



BORN @ THE WOMEN'S

Were you born at the Women's? Did you give birth at the Women's? If you were, then we want to hear from you. Share your story at <http://www.thewomens.org.au/Bornatthewomens>

WE WELCOME YOUR CONTRIBUTIONS


So please write to us at:

Our Stories

The Royal Women's Hospital
Locked Bag 300
Parkville VIC 3052

Or email

admin.foundation@thewomens.org.au

 We are now on Facebook. Become a friend www.facebook.com/thewomens

THE ROYAL WOMEN'S HOSPITAL BOARD



Dr Rhonda Galbally, AO (Chair)
Mr Stewart Leslie (Deputy Chair)
Ms Elleni Bereded-Samuel
Ms Aileen Berry
Ms Maria Butera
Ms Christina Liosis
Ms Felicity Pantelidis
Dr Nicolas Radford
Mr Paul Slape

THE ROYAL WOMEN'S HOSPITAL FOUNDATION BOARD

Dr Rhonda Galbally, AO (Chair)
Ms Wendy Brooks
Ms Dale Fisher
Ms Elizabeth Kennedy
Mr Stewart Leslie
Ms Jacky Magid
Ms Felicity Pantelidis
Dr Leslie Reti
Dr Neil Roy



**INNOVATION AT THE WOMEN'S
HOW A REVOLUTIONARY TREATMENT
HELPED A YOUNG COUPLE REALISE
THEIR DREAM OF STARTING A FAMILY**

Amy and Calvin Cordle welcomed their daughter, Neroli, on 26 January, thanks to a revolutionary scalpel-free treatment for uterine fibroids available at the Women's.

In 2009, doctors told Amy, 31, not to attempt pregnancy because she had a large uterine fibroid.

Due to its size, and the fact that hormones in pregnancy would make it grow, doctors feared the fibroid could severely restrict the development of a baby in the uterus; and the position of the fibroid made surgery impossible. The Cordles feared they might never realise their dream of starting a family.

Amy's life changed when she was referred to the Women's.

In November 2009, Amy underwent a single treatment of the Magnetic Resonance guided Focused Ultrasound (or MRgFUS). At her follow up assessment four months later, the fibroid had shrunk by half and Amy and Calvin were given the green light to start a family. In May 2010, Amy was pregnant and on Australia Day, they welcomed baby Neroli, who weighed a healthy 3.2 kilos.

Amy's uterine fibroid has grown since, due to the hormones produced during pregnancy, however she is able to return for further treatment to reduce it again.

Treating Uterine Fibroids without Surgery

Uterine fibroids are benign tumours that grow in the wall of the uterus. Fibroids become more common as women age, especially during menopause, and can be caused by genetics, obesity and eating habits. Some of the symptoms and side-effects include heavy bleeding, painful periods, enlargement of the lower abdomen, frequent urination, pain during sex and lower back pain. Women with fibroids can have complications during pregnancy and labour.

The Women's is the only public hospital in Australia with a MRgFUS facility. This means we can treat uterine fibroids without a single incision. Ultrasound waves are used to heat and destroy the fibroid, without causing damage to the surrounding tissue. This new technology means that women can have a same day procedure and resume normal activities within a few days, thus avoiding the usual invasive surgery and weeks of recovery.

Special thanks to the Gandel Charitable Trust

The MRgFUS technology was made possible through the generous philanthropic support of the Gandel Charitable Trust, whose \$1 million donation, in addition to funding provided by the Department of Human Services New Technologies Program, enabled the Women's to purchase the technology and become the only public hospital in Australia able to treat fibroids without surgery.



THE CENTRE FOR WOMEN'S MENTAL HEALTH BUSTING THE MOTHERHOOD BLISS MYTH

“We know that anxiety and depression occur more commonly in women than in men. We also know that they are more common in women during pregnancy and after the birth of a baby. Having the Women's Centre for Mental Health integrated in the hospital, means that we can promote mental health issues and wellbeing to all our patients and work to prevent problems later down the track.”

Professor Fiona Judd
Director, The Centre for Women's Mental Health, at the Women's

AN INTERVIEW WITH PSYCHIATRIST DR LIA LAIOS



Psychiatrist, Dr Lia Laios

The Women's has established the first gender-based mental health centre in Australia. It offers psychological and psychiatric support for women suffering depression, grief, anxiety or a history of mental illness.

Beyond the walls of the hospital, we also provides extensive training for GPs, psychiatry registrars, psychologists, students and a range of other health professionals around Victoria.

The Centre is helping bust the myth that pregnancy and new motherhood protect women from anxiety and depression. Following is an interview with consultant psychiatrist Dr Lia Laios.

Q What is the motherhood bliss myth?

Motherhood can be a blissful time for women. Traditionally, it has been regarded as a time of emotional wellbeing for women, with an assumption that loving and nurturing a newborn is easy and instinctive. Society has tended to popularise only the 'good' aspects of mothering with the consequential expectation that women will cope with the bad aspects, like sleep deprivation.

For some women though, motherhood can be fraught with emotional hardship and distress. Around 10% of women develop depression or anxiety during pregnancy, and up to 16% of mothers develop depression or anxiety in the postnatal period.

Q For a new mum, is it normal to feel overwhelmed?

It most certainly is. Alongside all the normal physiological changes of childbirth and the early postnatal period, a new mother can suddenly find herself faced with a multitude of emotional challenges: the recognition that she has primary responsibility for the baby's needs (if this is what she chooses to do), managing sleep deprivation and its impact on her mood, and making sense of her experience of childbirth, especially where there has been an unexpected outcome, or labour has been perceived as traumatic.

Q What kind of support is helpful to new mothers?

It is important that there is some acknowledgment of the challenges and hard work involved in being a mother with a newborn baby. Simple things such as making an enquiry about how the new mother is coping, reinforcing that she is doing a good job, offering to take on some of the household chores, and giving her one or two hours where she can have time to herself, can make a huge difference to her emotional wellbeing. Partners can also offer to help with such things as nappy changes, bathing and taking the baby out for a walk in the pram.

Q What do we refer to as the baby blues?

Up to 80% of women experience what we call the 'baby blues', a brief episode of mood swings, tearfulness, anxiety and sleep disturbance occurring in the first week post-partum. It is thought to be associated with the stress of labour and delivery, as well as the rapid hormonal changes that accompany childbirth. Symptoms typically settle within a few days and require no treatment other than adequate rest and support.



AN INTERVIEW WITH PSYCHIATRIST DR LIA LAIOS

Q How does postnatal depression differ from the baby blues?

The 'baby blues' is a very common, brief period of sadness and/or mild anxiety that occurs during the first week after birth.

However, it might be clinical depression if those baby blues persist beyond a week, symptoms become more severe, and/or are accompanied by some or all of the following: appetite disturbance, loss of pleasure in things she would normally enjoy, recurrent guilty or negative thoughts, a sense of fear and/or panic, recurrent worrying, avoidance of her baby, and suicidal ideation or thoughts of harming her baby, then it is imperative that the woman seeks a medical or psychiatric assessment to exclude postnatal depression.

Postnatal depression can have a devastating impact on a new mum, including a reduced ability to care for and interact with her baby. This in turn can lead to a sense of inadequacy and failure as a mother and relationship turmoil with her partner. Postnatal depression is a very serious health issue that should never be ignored.

Q Who may be at risk of postnatal depression?

It can be hard to predict who will develop postnatal depression.

Women at greater risk may include those who have experienced:

- a past history of depression or anxiety
- a difficult or medically complicated pregnancy
- uncertainty about having fallen pregnant or about becoming a mother
- breastfeeding difficulties
- medical complications in the postnatal period
- feeling unsupported by their partner or significant other
- recent stressful life events (e.g. bereavement, moving house, separation)
- personality factors such as a tendency towards perfectionism and the need to be in control
- a history of physical and/or sexual abuse.

There is also a greater likelihood that women with untreated depression or anxiety during pregnancy will go on to develop postnatal depression.

Q What help is available to women with postnatal depression?

It is very important for women to talk to a health professional they feel comfortable with – perhaps their GP or a Maternal Child Health Nurse in the first instance. From there, they can be referred on to an appropriate support service which may include a private psychiatrist or psychologist, an early parenting or mother baby unit, a public mental health community clinic or a self-help group such as Panda. We also have a postnatal psychiatric clinic that provides ongoing psychiatric review and support for our patients experiencing mental health problems up to six months after the birth.



BREASTFEEDING RIGHT FROM THE START

WHAT THE WOMEN'S IS DOING TO HELP

The Women's is committed to supporting mothers to breastfeed right from the start and was the first public Australian hospital to be accredited as 'Baby Friendly', a world-wide UNICEF initiative to support breastfeeding.

The Women's offers a specialised Breastfeeding Clinic and Lactation Disorder Clinic for new mothers. These free clinics can be accessed by women, after they have given birth at the Women's hospital, to help with issues ranging from correct attachment to babies with tongue tie.

We have also introduced a new *Right from the Start* strategy in the Newborn Intensive and Special Care Nursery, to provide mothers of preterm and sick babies with consistent breastfeeding support and advice.

Kaye Dyson, the Manager of Breastfeeding Education and Support Services (BESS), believes that the key to a successful start in breastfeeding is by having a positive support system behind you.

"Taking care of a newborn baby is a full time job, and breastfeeding up to ten times in 24 hours means women get little sleep in the first few months," said Kaye.

"Support and understanding for a new mother, from family, friends and the wider community, is important to the health and happiness of not just her, but also her newborn baby."

Partners are a key ingredient into having a positive support network. Kaye explained that it is important for couples to respect each other's roles and acknowledge that despite their different occupations both of them are working full-time.

"Partners should understand that by choosing to breastfeed the mother is giving their baby the best start in life," said Kaye.

For breastfeeding help or to book an appointment at our breastfeeding clinic call (03) 8345 2400.

Special thanks to Our Supporters

The *Right from the Start* strategy was funded by you, supporters of the Women's Foundation. Several other hospitals in Australia have expressed interest in adopting this strategy – a great example of how your donations are improving the health of newborns around Australia.

CALENDAR

MOTHER'S DAY

May 8th

With over 6,500 births a year, every day is mother's day at the Women's. Each year, we treat hundreds of women who have developed mental health issues during pregnancy and after birth. Please donate to the Women's today and help us support new mothers.

You can donate online

www.thewomens.org.au/mothersdayappeal

THE LONG RUN

May 14th & 15th

The Women's own Abbey Eeles, a Neonatal Occupational Therapist, is deep in training to compete in the North Face 100, a 100km running race set in the Blue Mountains. Abbey is running to raise funds for reclining Kanga Care Chairs that are needed in the Newborn Intensive and Special Care Nursery.

Support Abbey's cause by donating today at www.thewomens.org.au/thelongrun

THE WOMEN'S GALA BALL

November 26th

The Women's Gala Ball will celebrate our 155th Anniversary at the Myer Mural Hall in Melbourne. The event will celebrate progress and raise money for the hospital with a live auction.

Save the date!

For further information email foundation@thewomens.org.au



MOTHER AND BABY BONDING

“The bonding between mothers and their babies is a very important step in the social, emotional and cognitive development of a child.

A key way to get to know and understand your baby is by observation. From the moment they are born, babies have the ability and the desire to communicate and bond with you.”

According to Frances Salo, an Infant Mental Health Clinician at the Women's, we are all born with an instinctive desire to form attachments.

Frances, whose role is to empower parents to bond with their babies, knows too well that the bond between parents and babies may not be an immediate process and there are many things that mothers (and fathers!) can do to help improve the connection with their newborn.



HOW YOUR BABY COMMUNICATES

- **Your baby can recognise your voice from birth** and will track your movements by your voice
- **Even in the first hour, your baby can copy simple movements** that you make with your face
- **Your baby may smile at you in pleasure** within the first week
- **Even on the first day your baby can reach out** his or her hand a little way towards you
- **Your baby will communicate when he or she is overwhelmed** by blinking or looking away
- **Your baby's crying lets you know when they feel hungry and tired** or would like you to do something so they don't feel alone

WAYS TO IMPROVE THE BOND WITH YOUR BABY

- **Spend time with your baby** - Your baby can recognise your face from birth and prefers your face to anything else
- **Talk to your baby** - Vocalising shows your baby you are there and that your baby is safe
- **Hold and touch your baby** - Skin-on-skin contact has been proven to help reduce the stress levels of babies and improve their breathing and heart rate
- **Breastfeeding** - If you choose to breastfeed the warmth and skin-on-skin contact can create a close bond
- **Soothe your baby** - When you soothe your baby, you are showing your baby that they matter and that they are not alone

RESEARCH: ADOLESCENT MOTHERS AND THEIR BABIES

Some women, including many adolescent mothers, have difficulty forming a significant bond with their baby. Dr Susan Nicolson is conducting research at the Women's to examine whether it is possible to measurably improve the relationship between young mothers and their babies.

Participants are shown a video prior to birth and then visited at home after birth, to help demonstrate the capacity and inclination of newborns to seek connection with their parents.

The project, *Adolescent Mothers' Project (AMPLE): Let's Meet Your Baby as a Person*, aims to give expectant young mothers a sense of their baby as a person, to enhance their enjoyment of new parenthood and increase their self-esteem as a new parent.



THE CONTINENCE NURSE

Establish good bladder habits and avoid constipation.

Minimise your intake of caffeine and fizzy drinks and drink water every day.

Don't delay going to the bathroom. Take your time and position yourself correctly.

THE PSYCHIATRIST

Caring for a baby is full-time work. Acknowledging that, is a great start.

As a couple, talk about how you are going to support one another. Talk about how you are going to balance family/work life and household chores.

Show your support of a new mother by asking how she is coping. Reinforce that she is doing a great job. Help out with nappy changing, bathing and walks in the pram.

THE INFANT MENTAL HEALTH CLINICIAN

Spend time with your baby. Babies have the desire to communicate and bond with you from the moment they are born.

Talk, hold, touch & soothe your baby. Let your baby know he/she is not alone.

WHAT SOME OF OUR EXPERTS HAVE TO SAY AFTER BIRTH...

THE LACTATION CONSULTANT

Breastfeeding is the perfect food for your baby. It protects your baby against gastroenteritis, diarrhoea, allergies, diabetes, ear and chest infections.

Skin-to-skin contact with your baby is important after birth. A feeling of closeness will produce a hormonal response which is linked to greater breastfeeding success.

Breastfeeding takes practice. It takes time and patience to get breastfeeding right.

THE PHYSIOTHERAPIST

Get your pelvic floor back in shape. Do your pelvic floor exercises every day.

Take care of your back. Especially when you are lifting, breastfeeding or changing nappies.

Over time, get back to your pre-pregnancy weight and fitness. Do 30 minutes of moderately vigorous exercise on all or most days of the week. Go walking, to the gym or back to your sport.



**EVERY DAY IS
MOTHER'S DAY
AT THE WOMEN'S**

Motherhood can be a blissful time for many women. For others, it can be tricky.

Each year, we treat hundreds of women who have developed mental health issues, particularly anxiety, grief and depression during pregnancy and after birth. These issues can affect a woman's capacity to cope and to bond with her baby.

Our Centre for Women's Mental Health, the first of its kind in Australia, is investigating new ways to support women with these issues.

Please donate to the Royal Women's Hospital today. Your help will support women in one of the most important roles in their life – motherhood.

Please donate today
www.thewomens.org.au/mothersdayappeal

**YES! I WANT TO HELP
THE CENTRE FOR
WOMEN'S MENTAL HEALTH**

(Title/name) Mr/ Mrs/Miss/Ms/ Dr/ Other: _____

Address: _____

Postcode: _____

Ph (H): _____ Ph (W): _____

Mobile: _____

Email: _____

Enclosed is my cheque or money order for the amount I have indicated:

\$100 \$50 \$25 \$500 \$2,500

My choice \$ _____

Please debit the amount I have indicated from my:

VISA Mastercard AMEX

_____/_____/_____/_____

Expiry ____/____

Cardholder's name _____

Signature _____

For regular monthly donations

I authorise the Royal Women's Hospital Foundation to make automatic monthly deductions (\$15 minimum, debited on the 15th of each month) from my credit card until further notice.

Monthly amount \$ _____

I would like my gift to remain anonymous

Please send me information about:

Making a bequest in my Will

All donations \$2 and over are tax deductible.
ABN 70077725261

If you do not wish to receive further communications from the Women's Foundation please write or telephone.

The Royal Women's Hospital Foundation,
Locked Bag 300,
Parkville, VIC 3052
Ph: 03 8345 2954
E: admin.foundation@thewomens.org.au

thewomens.org.au/SupportTheWomens

Please return in envelope supplied



EVERY DAY IS MOTHER'S DAY AT THE WOMEN'S

Motherhood can be a blissful time for many women. For others, it can be tricky.

Each year, we treat hundreds of women who have developed mental health issues, particularly anxiety, grief and depression during pregnancy and after birth.

Our Centre for Women's Mental Health, the first of its kind in Australia, is investigating new ways to support women with these issues.

**Please donate to the Royal Women's Hospital today.
Your help will support women in one of the most important roles in their life – motherhood.**

OUR NEWEST SUPPORTERS

The Women's Foundation welcomes and thanks our newest donors.

- | | | |
|--------------------|----------------------|-----------------------|
| Roland Bannister | Martin Healey | Stephanie Prvcic |
| David Beitzel | Wayne Henderson | Julie Robinson |
| William Bisset | Hinks IT Pty Limited | Alice Samawi |
| Grant Briggs | Stephen J Humphreys | Ian Scott |
| Scott Bristow | Jo Iskandar | Rosa Scroggie |
| Lucy Burgmann | Kellie Jones | Nina Simonov |
| Kate Burridge | Brendan King | Pam Temby |
| Paul Carr | Michael Komarnycki | Aik Chuan Teoh |
| Katarina Cobain | Ashley Lance | Mat Tippet |
| Maurice Cococcia | Rob Maslak | Grace Tippet |
| Jason Cran | Lorraine McEntee | Lorraine Troy |
| Laura Di Marco | Jo McInerney | Turnaround |
| Brigid Djatschenko | Noel McMahon | Business Consulting |
| Zoe England | Suzanne McManus | Group Pty Ltd |
| Melanie Fisher | Melbourne | Urban Communities Ltd |
| Amanda Fleming | Telephone Sales, | Olivia Verrocchi |
| Suzanne Fuzzard | Qantas Airways Ltd | Nicole Wain |
| Catherine Graham | Dolly Mikhael | Michael Walker |
| Kim Grose | Guy Mills | Jennifer Watson |
| Craig Gurrie | Jaimie Montebello | Fred Whitfort |
| Carrie Hamilton | Belinda Mostyn | Garry Whitfort |
| Daniel Harrison | Meredith Poyner | Neil Youren |

All of the Women's top donors can be found online at:
www.thewomens.org.au/OurSupporters