



The Women's Research Report 2025



the women's
the royal women's hospital



Acknowledgements

Acknowledgement of Country

The Women's acknowledges the Wurundjeri Peoples of the Kulin Nation, as the Traditional Owners of the land where we are privileged to work and provide care. We extend that respect to the Traditional Owners of neighbouring lands where we operate programs and provide services.

We pay our deepest respect to Elders, Ancestors and all Aboriginal and Torres Strait Islander peoples. We recognise that sovereignty was never ceded, and that colonisation continues to impact the health and wellbeing of Aboriginal and Torres Strait Islander communities.

We are committed to walking alongside First Peoples in the spirit of truth, justice and self-determination. At the Women's, we strive towards health equity for Aboriginal and Torres Strait Islander people, children, and families. We honour the enduring cultural traditions, knowledge systems, spiritual practices, and deep connection to Country that are essential to health and wellbeing. We acknowledge the strength of kinship networks, community ties, and cultural identity as powerful protective factors that uphold health and resilience.

Respect for gender diversity

We recognise that gender is diverse and we are committed to fostering a safe, respectful and inclusive environment for people of all gender identities. While this report refers to 'women' and 'girls', this reflects the primary population we serve. It is not intended to exclude people of other genders who may access our services or participate in our research.

We remain committed to respecting and embracing the diverse experiences, bodies, identities, relationships and beliefs of all people, and to ensuring our care and research are inclusive, equitable and responsive.

Thank you to our contributors

We extend our sincere thanks to all who make this work possible including our funding partners, Research Advisory Committee, hospital leadership, research staff, clinical teams and academic collaborators.

Most importantly, we acknowledge the patients and families who generously contribute to our research. Your trust, time and lived experience are at the heart of every discovery, helping to drive meaningful change in care and outcomes.



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Foreword

Welcome to the Women’s Research Report.

This year, our research teams have continued to advance discovery in reproductive health, identify safe interventions for complex pregnancy, and make significant progress in neonatal medicine. This is critical work, and we proudly embrace our role as a local and global leader ensuring that care for women and newborns is grounded in the best available evidence and translated into practice.

The Women’s has also progressed research that addresses persistent inequities in health outcomes and seeks to better understand conditions and life stages that have historically received insufficient research attention.

Over the past year, we have contributed significantly to sector-wide conversations on the impacts of sex and gender on health, and the need for greater research and investment in this space. Sex and gender influence health outcomes across the life course, as do where a person lives, how they identify, and their psychosocial circumstances. We have been thinking deeply about this and have taken critical steps to strengthen our research partnerships and advance opportunities for greater focus and investment in these areas.

We are now shaping the next chapter of our research program. Over the coming months, we will focus on expanding our collaborations, developing initiatives to accelerate discovery, and translate research into tangible improvements in care for women and newborns.

We hope you enjoy reading this year’s Research Report. This work has been made possible through a powerful combination of clinical expertise, research excellence and a shared commitment to evidence-based care. It reflects a program of work that is focused, purposeful and grounded in impact.

We congratulate all our researchers on their outstanding achievements.



Professor Sue Matthews
Chief Executive Officer

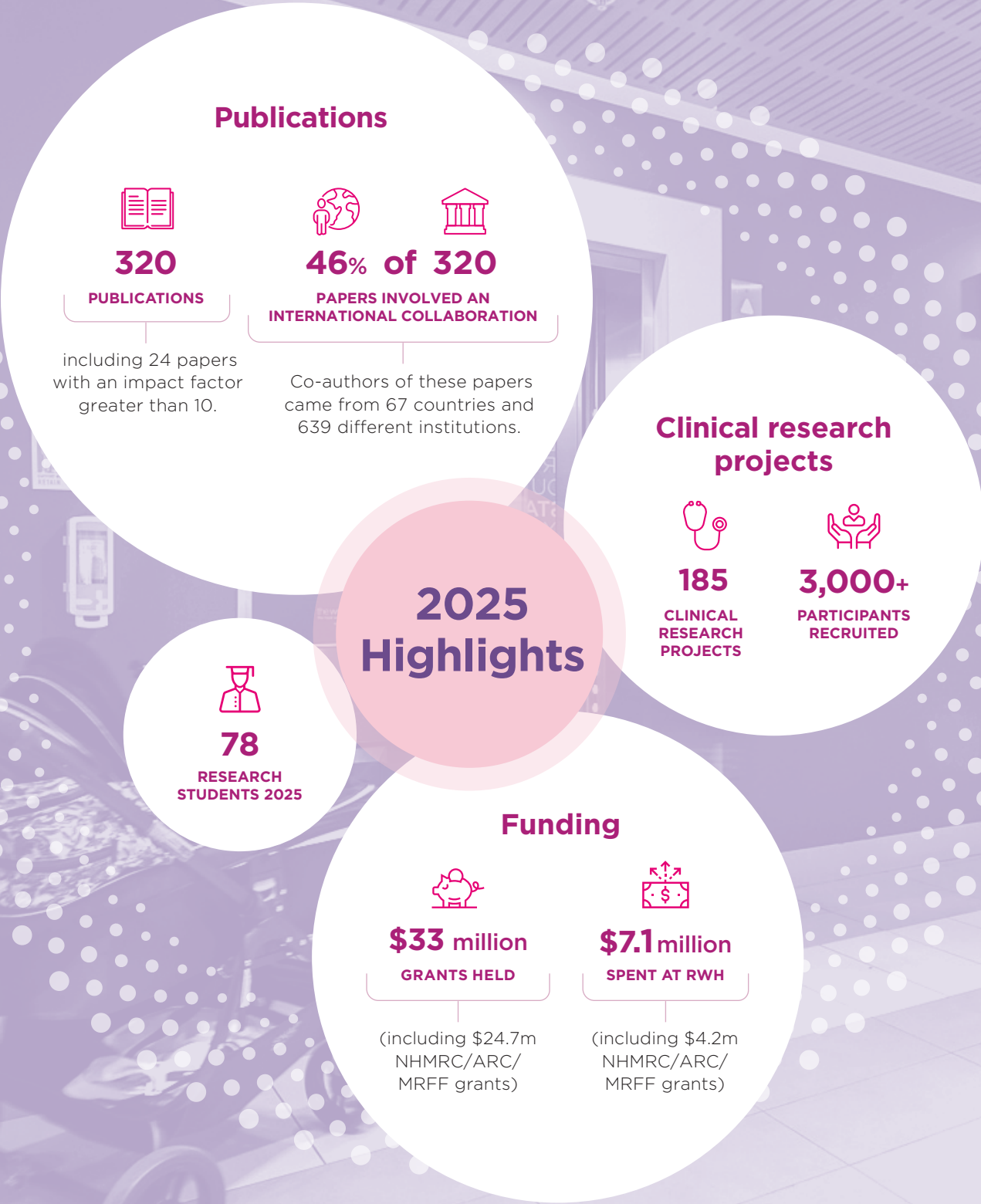


Dr Nicola Yuen
Chief Medical Officer



Laura Bignell
Chief Midwifery and Nursing Officer

Research at a glance



Research highlights:

Discovery that changes women's lives

Research at the Women's is shaping the future of care for women and newborns by advancing knowledge, influencing systems, and delivering measurable impact where it matters most.

From global leadership in menopause, to promising new work in fertility care, our research is grounded in women's lived experience and creating real-world change.

As a tertiary referral centre, the Women's integrates research directly into clinical practice and standards of care, ensuring patients benefit from the latest evidence and innovation. This creates a powerful cycle of impact supporting more targeted interventions and better outcomes across the conditions that affect women through the life cycle.

In areas that have historically been under-researched, underfunded, and misunderstood, our research is closing critical evidence gaps and reducing the burden of disease locally and globally through early intervention and innovation.

Together, these highlights demonstrate not only what we have achieved, but the scale of opportunity ahead.

To read more about the latest in Women's research, please visit thewomens.org.au



Leading advancements in menopause care

New global study into cardiovascular risk and menopause

Professor Martha Hickey and Associate Professor Sarah Price

The Women's is co-leading a new US\$10 million multi-country research initiative with the University of Cambridge, examining cardiovascular risk during menopause. Through a large clinical trial, the SHE-HEALS initiative is testing new interventions to prevent heart disease before symptoms appear. This exciting program of work will transform our understanding of cardiovascular risk in women and position the Women's at the forefront of global women's heart health research.

Understanding the health impacts after menopause

Professor Martha Hickey and Associate Professor Sarah Price

The WHAM (what happens after menopause) study has generated more than 12 peer-reviewed publications this year, demonstrating that women undergoing risk-reducing surgery may experience a number of significant early menopause-related changes. This work is informing improvements to care and support including counselling, follow-up care, long-term management, survivorship, and patient outcomes.



Neonatal intensive care research

Transforming care for preterm babies through adaptive trials

Associate Professor Clare Whitehead, Dr Kate Hodgson, and Dr Liz Baker.

The Platform for Adaptive Trials in Perinatal Units (PLATIPUS) is a world-first clinical trial aiming to improve outcomes for babies born prematurely or at risk of preterm birth (before 37 weeks). Led by A/Prof Clare Whitehead, the trial is being conducted at the Women's with partners across Australia, Aotearoa New Zealand, and the UK.

PLATIPUS uses an innovative adaptive platform design, allowing multiple study 'domains' to run at the same time while comparing different treatments.

Unlike traditional trials, it evolves by regularly reviewing data, continuing effective therapies and discontinuing those that are less beneficial. This approach accelerates the generation of high-quality evidence to guide care in pregnancy and for preterm infants.

Two initial domains are underway. PROMOAT investigates the most effective antibiotics for preterm prelabour rupture of membranes, while BabyCCINO explores optimal caffeine dosing for very preterm infants with apnoea in the Neonatal Intensive Care Unit (NICU).

"PLATIPUS represents a new way of doing clinical trials," says A/Prof Whitehead, enabling faster identification of the best treatments for mothers and babies.



Research impact

Max's early arrival and time in the NICU highlight both the fragility of premature life and the critical importance of newborn research.

Born at 25 weeks and requiring specialised care, Max depended on advanced monitoring, breathing support and clinical expertise to survive his first days and weeks.

Behind this care is decades of research that continues to improve survival rates and long-term outcomes for the smallest and sickest babies. Ongoing research is focused on developing better treatments, reducing complications and giving premature babies the best chance of a healthy future.

Max's journey reflects the real-life impact of this work. As research translates into clinical practice, it not only saves lives but also helps families navigate one of the most challenging experiences of their lives with greater hope and confidence.



Research impact

At nearly 36 weeks pregnant, Katie James experienced mild swelling and a headache. Within hours this escalated to severe organ failure, requiring an emergency caesarean to deliver her son. Four years later, despite recognising symptoms early in a second pregnancy, preeclampsia progressed quickly for Katie, leading to the premature birth and sadly, the death of her daughter, Ivy, due to complications.

Preeclampsia affects around 5% of pregnancies and can deteriorate with little warning, underscoring the need for early detection. Advances such as the Preeclampsia Ratio Test (PERT) at the Women's are transforming care by enabling earlier diagnosis and clinical intervention. With close monitoring and preventive treatment informed by research, Katie went on to have two further pregnancies without developing the condition. Her story demonstrates how research-driven innovations are saving lives and giving families safer pathways through pregnancy.



Translating discovery into care and access

Improving outcomes for women with preeclampsia

Professor Shaun Brenneke AO

Research at the Women's aims to improve outcomes for women with preeclampsia by using state-of-the-art predictive testing and by conducting a world-first clinical trial evaluating an investigational therapy for preterm preeclampsia. Preeclampsia can develop rapidly, causing high blood pressure and organ damage that threaten both mother and baby.

The Preeclampsia Ratio Test (PERT), pioneered in Australia at the Women's, identifies women at risk before severe complications occur, thereby allowing faster decision-making, closer monitoring and earlier intervention when needed. The CURE-PE trial assesses a novel therapy inhibiting a protein causing preeclampsia.

These research initiatives aim to reduce pregnancy complications and improve outcomes for mothers and babies. For families, they offer greater reassurance when facing high-risk pregnancies, demonstrating the critical impact of research-led innovation in maternity care.



Restoring Hope in IVF: A new approach for recurrent implantation failure

Associate Professor Wan Tinn Teh, Dr Genia Rozen, Dr Sarah Lensen, Dr Louie Ye, Associate Professor Kate Stern AO.

The Women's is leading an innovative clinical trial exploring a promising new approach to help patients who have experienced repeated failed IVF cycles to achieve a successful pregnancy. For many, high-quality embryos are available, yet implantation does not occur, creating significant emotional and physical strain.

This study investigates the use of platelet-rich plasma (PRP), derived from a patient's own blood and rich in growth factors, to enhance the uterine lining and improve its receptivity to an embryo. While PRP has shown potential in other areas of medicine, evidence in fertility care remains limited and inconsistent. This rigorously designed trial aims to provide robust, reliable data on its effectiveness.

Led by the Women's Moyna Fox Fertility Research Centre, the study is being conducted in collaboration with multiple IVF providers, including City Fertility, Genea, Stellar Fertility and Melbourne IVF. If successful, this research could significantly improve outcomes for patients with recurrent implantation failure, who currently have few treatment options.

Lead researcher Associate Professor Wan Tinn Teh said the team hopes the trial will deliver meaningful progress for patients navigating the challenges of infertility.



Research impact

After easily conceiving their first child, Jess faced more than a year of unexplained secondary infertility. Private IVF felt financially out of reach, adding stress to an already emotional journey.

Through Public Fertility Care, led by the Women's and supported by the Victorian Government, they were able to access timely, affordable treatment.

Jess received care within months, she underwent egg collection, and had several embryos created. Her first transfer was successful, resulting in a long-awaited second child.

Public Fertility Care demonstrates the importance of investment in fertility research and public health innovation, ensuring more evidence-based, accessible pathways to parenthood. By reducing financial barriers and translating research into clinical practice, the program improves outcomes and equity for families. Jess hopes greater awareness will help others benefit, showing how research-driven services can ease both emotional and financial burdens while making family building possible.



Research impact

Women's research in lived experience of family violence informs the critical role hospitals play in shaping trauma and violence informed care.

Listening to women with lived experiences has driven practical changes, including staff training and hospital-wide resources to better recognise and respond to trauma.

After disclosing a history of family violence, Carmen often felt unheard, unsafe and unsupported in clinical settings. It was only when a staff member listened with compassion and acted on her needs that her experience changed, restoring her sense of safety and trust in care.

This underscores how research including that of people with lived experiences, can transform care within a hospital setting, ensuring patients feel heard, respected and supported.

Research grounded in women's lived experience

Shaping trauma and violence informed care

Dr Elizabeth McLindon and Professor Kelsey Hegarty

A new study has revealed how intimate partner violence develops over time, offering critical opportunities for earlier intervention. Led by the University of Melbourne and the Women's, researchers surveyed 815 Australian women, mapping the sequence of abusive behaviours in their relationships. Findings show emotional abuse was almost universal amongst those surveyed, and typically the first warning sign, often began before major relationship commitments, such as moving in together or having children. Isolation and controlling behaviours commonly preceded

physical and sexual violence, which tended to emerge later. The study found for women with children, abuse sometimes escalates after childbirth. Alarmingly, many women who responded to the survey said they continue to fear current or former partners. This research, part of the UNCOVER Project (Understanding coercive control and psychological violence to inform health sector change), provides new evidence to guide earlier detection and prevention, strengthening health system responses and improving safety and outcomes for women and families affected by violence.



Strengthening research through First Nations partnership

Improving outcomes for First Nations mothers and babies

Professor Della Forster, Dr Fiona McLardie-Hore, Gina Bundle OAM, Rebecca Hyde, Robyn Matthews, Associate Professor Sue Jacobs

Addressing inequities in perinatal outcomes for First Nations families is a critical priority. 'Baggarrook Yurongi', is a culturally tailored midwifery-led model of care. The care is delivered at the Women's, the Mercy Hospital for Women, Joan Kirner Hospital for Women and Children and First Nations communities and organisations in partnership with La Trobe University.

Grounded in cultural safety and respect, this evidence-based model provides continuity of care throughout pregnancy, birth, and the early postnatal period, recognising culture as central to identity and wellbeing. Uptake and satisfaction

have been high across all three sites and continue to grow, supported by an expanding First Nations midwifery workforce.

In comparing clinical outcomes before and after implementation, the team has identified that women receiving Baggarrook Yurongi care were more likely to have healthy babies, born at term, of normal weight, and not requiring neonatal intensive or special care. Babies were also more likely to commence breastfeeding.

Published in The Lancet eClinicalMedicine, these findings are significant given the long-term impact of perinatal health. They demonstrate that culturally safe, continuous models of care can improve outcomes for First Nations families and highlight the need for broader implementation, adapted to the needs of local communities, and supported by policymakers.

Embedding cultural safety and partnership in research

The Women's is committed to ensuring research is culturally safe, respectful and undertaken in partnership with First Nations communities. The Aboriginal Advisory Committee is consulted on research projects and given the opportunity to review and provide feedback and guidance on cultural appropriateness and meaningful engagement from design through to implementation. This process aligns with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) Research Accord (marra ngarrgoo, marra goorri), supporting self-determination, ethical practice, and community benefit. By embedding these principles, the Women's is strengthening the quality and impact of its research, ensuring it reflects First Nations knowledge, priorities and perspectives, and contributes to improved health outcomes for Aboriginal and Torres Strait Islander peoples.

Clinical trial research

As Australia’s largest specialist hospital for women and babies, the Women’s leads clinical trials across maternal, neonatal, and women’s health.

Including women, pregnant women and newborns in research is essential to ensure care is evidence-based and tailored to their needs, resulting in safer pregnancies, healthier births and better long-term outcomes.

Summaries of recent clinical trials at the Women’s are outlined below.

Telehealth exercise for continence after gynaecological cancer

Prof Helena Frawley, A/Prof Orla McNally

The TELE-CONNECT study explored innovative ways to support women experiencing urinary incontinence after gynaecological cancer treatment. It was the first study to test whether a physiotherapist-supervised pelvic floor muscle training program, delivered via telehealth and supported by a home-based biofeedback device, can improve outcomes compared to usual care.

Participants were recruited through gynaecological oncology clinics, at the Women’s, and community networks. Women who had completed cancer treatment and experienced ongoing incontinence were assigned to either usual care (advice and a single telehealth consultation), or a 16-week telehealth intervention (individualised physiotherapy sessions and a structured home program).

The study evaluates changes in urinary incontinence and broader health outcomes over time, offering

important insights into accessible, evidence-based models of survivorship care, with the potential to restore bladder control for women following gynaecological cancer treatment.

Surgical antibiotic prophylaxis in laparoscopy

Dr Charlotte Reddington

For women undergoing gynaecological laparoscopic surgery, avoiding post-operative infection is key to a safe and smooth recovery. Antibiotics are sometimes given at the start of surgery to reduce this risk, but routine use may expose patients to unnecessary side effects and contribute to antibiotic resistance.

This clinical trial recruits women having laparoscopy to receive either antibiotics or a placebo at the start of their procedure. By comparing recovery and infection rates between the two groups, researchers aim to determine whether antibiotics make a meaningful difference to patient outcomes. The findings will help ensure women receive the right care, targeting antibiotic use to those who benefit most, while reducing unnecessary treatment and supporting safer, more effective recovery.

The NeoBeat Mini study

Dr Liz Baker, A/Prof Marta Thio, Ms Erin Cummings

The NeoBeat Mini study evaluated a novel device designed to measure the heart rate of premature infants immediately after birth. Rapid and accurate heart rate assessment is critical in guiding care and supporting a newborn’s transition to life outside the womb.

Traditional monitoring methods can be difficult to apply in the delivery room and may delay reliable readings. The study found that the device was quick and easy to use,

providing accurate and dependable measurements within the first minutes after birth. These findings suggest the device could improve early clinical decision-making and support better outcomes for premature infants during this critical period.

Treatable traits for asthma management in pregnancy

A/Prof Sarah Price

For women with asthma, pregnancy can bring uncertainty due to changing symptoms and concerns for both mother and baby. The Treatable traits for asthma management in pregnancy study, coordinated by the University of Newcastle, is being conducted across 10 hospitals in Australia, including the Women’s, to better understand asthma during pregnancy and improve care.

This observational study focuses on identifying “treatable traits”, specific factors that influence asthma control and matter most to pregnant women and their care teams. Participants complete questionnaires, attend study visits with assessments and lung function testing, and take part in postnatal follow-up. By linking patient experiences with clinical findings, the study will identify key traits affecting asthma control and support more personalised care, reducing flareups and improving outcomes.

In vitro maturation of oocytes

Dr Anastasia Kirillova, Dr Louie Ye, A/Prof Kate Stern, Dr Deb Gook

During ovarian tissue preservation, immature oocytes are often recovered but routinely discarded, representing a missed opportunity in fertility care. This study explores whether these oocytes can be matured in the laboratory to expand options for patients. The research investigates in vitro maturation

(IVM), culturing oocytes with and without specific biological molecules that may support development. By assessing markers of oocyte quality and developmental potential, the study aims to identify conditions that promote normal maturation. Using oocytes that would otherwise be lost could strengthen fertility preservation strategies and expand options for patients, particularly those with limited reproductive material, improving access to effective reproductive care.

Microfluidic sperm selection

Dr Michal Kirshenbaum, A/Prof Wan Tinn Teh, Michael Chan, Dr Alex Polyakov, Celine Lawler

For some couples undergoing IVF, low embryo utilisation rates can limit the chance of pregnancy. This study examines whether microfluidic sperm selection (MFSS), using the ZyMot device, can improve outcomes for this group.

MFSS separates the healthiest and most motile sperm through gentle microfluidic channels, improving factors such as motility, morphology and DNA integrity compared with conventional methods. While previous studies in general IVF populations have shown limited benefit, this trial focuses on patients more likely to gain advantage—those with poor blastocyst development or low embryo utilisation. The findings will help guide more personalised fertility treatments and support better outcomes for couples facing complex reproductive challenges.

Preventing constipation after laparoscopy

Dr Avelyn Wong

Constipation is a common issue following benign gynaecological laparoscopy, often linked to reduced activity and opioid pain relief. This study examined whether early use of a laxative could prevent this complication.

Participants were randomly assigned to receive either polyethylene glycol or a placebo for the first seven days after surgery. The aim was to determine if proactive treatment could reduce constipation and improve recovery. Results showed that while the laxative softened stools, it did not meaningfully reduce overall constipation rates.

This indicates that laxatives alone may not be sufficient to address post-operative bowel changes. The findings highlight the need to explore alternative or combined approaches to better support recovery and improve comfort for patients after laparoscopic surgery.

Improving breathing support at birth in preterm infants

A/Prof Louise Owen, Prof Peter Davis, Prof Jeanie Cheong, Dr Stacey Peart

Since 2022, the AIROPLANE Trial has brought together clinicians across 26 hospitals in Victoria and New South Wales, including the Women’s, to answer a critical question in newborn care: how much oxygen should preterm infants receive at birth? More than one-third of babies born between 32 and 35 weeks of pregnancy need breathing support immediately after birth, yet the optimal starting level of oxygen is not known.

Nearly 2,000 babies took part in AIROPLANE. This landmark study is the first to compare the two commonly used oxygen treatment levels at birth. By examining outcomes after birth, researchers can work out which approach best supports their breathing, and reduces the likelihood of needing longer breathing support before discharge. The findings will help guide safer, more effective care for preterm babies.

Guiding surgical care for women with endometrial cancer

A/Prof Orla McNally

ENDO-3 is an international Phase III randomised trial evaluating the role of sentinel lymph node (SLN) biopsy in early-stage endometrial cancer. The Women’s, a pioneer of SLN use in Australia, is a key contributor to this global study.

Lymph node assessment can guide treatment decisions but is associated with complications, particularly lymphoedema. SLN biopsy offers a less invasive alternative, though its overall benefit compared with no node dissection remains unclear.

This study aims to provide high-quality evidence to guide surgical care, with the potential to reduce unnecessary procedures, minimise harm, and support safer, more

personalised, patient-centred treatment for women with endometrial cancer.

Evaluating midwife-led group pregnancy care on birth outcomes and infant health

Prof Della Forster, Dr Stefan Kane, Rebecca Hyde, Robyn Matthews, A/Prof Sue Jacobs

The way pregnancy care is provided affects outcomes, so it is important to identify models that have a positive impact on clinical outcomes, are acceptable to women and providers, and are scalable and sustainable. The Group Education and Midwifery (GEM) multi-site randomised controlled trial compares the effectiveness of midwife-led group pregnancy care with standard individual-based pregnancy care. We aim to recruit 3,083 women of low to moderate obstetric risk, having their first baby, and evaluate the impact on a range of clinical outcomes. The model integrates pregnancy care, childbirth preparation and parenting education into small group sessions including 6 to 10 women of a similar gestation and their support people.

Advancing understanding of early menopause and care

Prof Martha Hickey and A/Prof Michelle Peate

Early menopause can significantly affect a woman’s health, fertility and wellbeing, yet its causes and best approaches to care are not always clear. The Advancing understanding of early menopause and care

(AURA) study aims to improve both understanding and support for women experiencing this condition.

Bringing together leading research teams across Australia, the study focuses on three key areas: identifying genetic causes of early menopause, developing a practical clinical tool to support earlier diagnosis and personalised care, and creating tailored resources for culturally and linguistically diverse communities. By linking scientific discovery with real-world care, AURA aims to ensure women receive earlier diagnosis, clearer information and more individualised support for women affected by early menopause.

Next generation researchers



Dr Niveditha Rajadevan:

Advancing personalised care in rare gynaecological cancers

Dr Rajadevan is a specialist gynaecological oncologist at the Women's, focused on improving outcomes for women with complex and rare cancers.

Early in her career at the Women's, Dr Rajadevan led a study on HE4 (a biomarker for gynaecological cancer) in early-stage endometrial cancer. She later worked as a consultant gynaecological oncologist in New Zealand, where she further developed her research into the genomic and clinical characteristics of pre-menopausal women with endometrial cancer.

Since returning to the Women's in 2021, Dr Rajadevan has combined clinical work with a PhD through the University of Melbourne and the Peter MacCallum Cancer Centre's Department of Oncology. Her research focuses on developing new treatment options for mucinous ovarian cancer, a rare subtype with poor outcomes and limited therapies. Her work aims to address this unmet need through more targeted approaches, including a clinical trial using patient-derived organoids to guide personalised treatment.

Dr Rajadevan also contributes to the field as an academic editor for the Asia Pacific Journal of Clinical Oncology and in a research and education role with the Victorian Comprehensive Cancer Centre. She was recently awarded the Michael Friedlander Award, recognising emerging early career researchers in gynaecological oncology.



Dr Amir Zayegh:

Advancing ethical research in neonatal care

Dr Zayegh is a consultant neonatologist at the Women's and an early career researcher in research ethics, currently completing a PhD at the University of Melbourne.

He completed most of his neonatal training at the Women's, where a robust clinical culture and strong research environment inspired his career in neonatology. He later undertook a neonatal fellowship in Oxford, UK, where he also completed a Master of Practical Ethics at the University of Oxford.

On returning to the Women's, Dr Zayegh combined his clinical work with a growing focus on ethics in research. He became co-chair of the Consent and Ethics Working Group for the PLATIPUS trial, the world's first adaptive platform trial in perinatal units, and commenced a PhD focused on improving consent and recruitment processes in perinatal clinical trials.

His research integrates normative ethics and empirical methods to address gaps in evidence-based care for pregnant women and newborns. This includes developing ethical, patient-centred and flexible approaches to recruitment, as well as co-designing a decision-support matrix to guide clinicians and ethics committees in consent processes.

"Research is crucial to reducing uncertainty and harm in clinical care," says Dr Zayegh. "We need to normalise research while also developing recruitment processes that are patient-centred and flexible."



Dr Elizabeth McLindon:

Advancing research in domestic, family and sexual violence

Dr McLindon began her career at the Women's in 2008 as a clinician at the Centre Against Sexual Assault, where her work with survivors shaped a deep and enduring commitment to improving responses to domestic, family, and sexual violence (DFSV). This clinical foundation has driven her rapid emergence as an early career researcher and future leader in the field.

Dr McLindon's research focuses on critical and underexplored areas of DFSV, including violence against healthcare practitioners and its impact on clinical practice, innovative approaches to recovery and healing, particularly following sexual violence and the development of robust survey tools and measures to better understand DFSV.

She is now recognised nationally for her work on DFSV affecting healthcare practitioners and is building a growing international profile. Her research is characterised by strong engagement with lived experience, ensuring it remains clinically relevant and readily translatable into practice.

Dr McLindon has led multiple research grants and contributed to funded projects totalling more than \$1.27 million, alongside a strong track record of publications, reports, and student supervision.

"What I love about my roles as a clinician and researcher is carefully listening to people and data. The experiences that survivors of DFSV share with me influences the research questions I ask, my approach to finding answers and my commitment to knowledge translation for better pathways to recovery."



Research areas at the Women’s

Chief Medical Officer

Dr Nicola Yuen

Chief Midwifery and Nursing Officer

Laura Bignell

Director of Research

Professor Peter Rogers
(retired December 2025)

Research Advisory Committee

Associate Professor Martin Healey

Newborn Research Centre

Professor Peter Davis
(retired December 2025)

Centre for Women’s Infectious Diseases

Professor Suzanne Garland AO
(retired November 2025)

Gynaecology Research Centre

Professor Martha Hickey and
Professor Eva Dimitriadis

Women’s Cancer Research Centre

Associate Professor Orla McNally

**Midwifery and Maternity Services
Research Unit**

Professor Della Forster

Centre for Family Violence Prevention

Professor Kelsey Hegarty

Allied Health Research

Associate Professor Helena Frawley

Pregnancy Research Centre

Professor Shaun Brennecke AO

Social Model of Health Research

Clare Manning

Anaesthetics Research

Dr Patrick Tan

Moyna Fox Fertility Research Centre

Associate Professor Wan Tinn Teh

Obstetric Medicine Research Group

Associate Professor Sarah Price

Perinatal Research

Associate Professor Clare Whitehead

Philanthropy – the power behind discovery

As a leading public hospital, the Women’s relies on the generosity of our donors and philanthropic partners to advance research, accelerate innovation, and deliver meaningful impact across generations.

Philanthropy is at the heart of our ability to pursue world-class clinical research. It enables us to turn bold ideas into real-world outcomes—transforming discovery into better care for women, babies and families. From pioneering early breakthroughs to driving system-wide change, philanthropic investment empowers us to address the most urgent and complex health challenges, today and into the future.

This year, we were privileged to benefit from over \$1.3 million in support from our dedicated community of philanthropic partners whose commitment is helping to redefine what’s possible in women’s and newborn health. Some of these are detailed below:

Moyna Fox Fertility Research Centre

The Moyna Fox Fertility Research Centre is transforming the future of fertility care by advancing research that improves treatments, expands access and deepens understanding of human reproduction, so that every individual and family can realise their dream of parenthood. With thanks to the Stafford Fox Medical Research Foundation.

In Time – fertility preservation for young cancer patients

Thanks to the generous support of The Children’s Cancer Foundation and My Room Children’s Cancer Charity, three research projects exploring in vitro maturation, testicular tissue preservation and leukemia elimination will improve future reproductive outcomes of young cancer patients.

Family Violence Lived Experience Collective

A collective of victim survivors, health practitioners and researchers are shaping the health system and helping survivors disclose and escape family violence, with thanks to the Phyllis Connor Memorial Trust.

Improving the chances of conception

Thanks to the generosity of the Sylvia and Charles Viertel Charitable Foundation, our researchers are investigating the effects of intrauterine platelet-rich plasma infusion on pregnancy outcomes in women with repeated implantation failure.

Endometriosis longitudinal fertility study

A research project hoping to inform future solutions by providing accurate, monthly data from women who have been diagnosed with moderate to severe endometriosis and who are either trying to conceive or desire future fertility. With thanks to Ben Gray.

Improving therapies for ovarian cancer resistant to traditional chemotherapy

A research project using high throughput RNA-sequencing to comprehensively understand the mechanisms by which some mucinous ovarian cancer organoids respond to certain chemotherapies, whilst others do not. With thanks to Love Your Sister Foundation.

Enhancing informed choice: A decision aid for menopausal hormone therapy

A project to build an evidence-based decision aid for menopausal hormone therapy will provide women with the information and evidence needed to make informed decisions about taking menopausal hormone therapy. With thanks to The Margaret Lawrence Bequest.



The Women’s Research Innovation Fund

With thanks to the generous support of Robert Kirby AO and Mem Kirby OAM, our team is working to expand the depth and breadth of the Women’s research program.

Cultural perceptions of menstruation

With thanks to the Norman Beischer Medical Research Foundation, we are conducting a study exploring how menstruation is experienced differently due to cultural beliefs, practices and backgrounds and how this information impacts women and their menstrual health.

The causes and treatments of ovarian cancer

Thanks to the generous support of Margaret Quinn and the ‘Giving Gold for Lou’ Fund, we are conducting research into the causes and treatments of ovarian cancer.

Our thanks

The Women’s warmly acknowledges and thanks our community of supporters, including individuals, charitable trusts and foundations, and past and present patients.

Your generosity is more than a contribution—it is a partnership. Together, we are transforming care, reducing health inequities, and shaping a future where every woman and every baby has access to the best possible outcomes.

Support our research

Philanthropy plays a vital role in accelerating progress at the Women’s. Donations, bequests and research funding make the breakthroughs highlighted in this report possible—and ensure they translate into tangible improvements in clinical care.

With your support, we can continue to push the boundaries of what is possible in women’s health.

If you would like to partner with us, please consider making a donation at: thewomens.org.au/donate

For more information, please contact our Philanthropy and Community Investment team:

Jason Smith
Executive Director, Philanthropy and Community Investment

Phone: (03) 8345 2954

Email: give@thewomens.org.au



Grants

Australian Research Council (ARC)

- Dimitriadis E, Zhou W, Green M. *microRNA 124, a key modulator of uterine receptivity to establish pregnancy.* \$756,210; 2025-2029
- Tarzia L, Fileborn B, Loxton D, et al. *Sexual violence against older women: Enhancing recognition and response.* \$479,000; 2025-2028
- Sheeran N, Tarzia L, Douglas H, et al. *Addressing reproductive violence in migrant and refugee communities.* \$561,091; 2025-2028

National Health and Medical Research Council (NH&MRC)

Clinical Trials and Cohort Studies Grants

- Mishra G, Hickey M, Dobson A et al. *Maternal and early life origins of adolescent menstrual disorders and pelvic pain.* \$ 1,475,456; 2022-2027
- Said J, Groom K, Crowther C, Doyle L, Karahalios A. *PRECeDe: Prevention of neonatal Respiratory morbidity with antenatal corticosteroids prior to Elective Caesarean section in women with Diabetes: A Randomised trial.* \$3,409,951; 2022-2027
- Whitehead, C., Manley, B., Groom, K., et al. *PROMOAT: an adaptive platform trial of antibiotic therapy to improve outcomes from preterm prelabour rupture of membranes.* \$4,388,940. 2024-2029
- Roberts, C., Manley, B., Davis, P., Owen, L., et al. *A Surfactant Treatment Method for Modern Neonatal Care: SURFactant by SUPraglottic Airway (The SURFSUP RCT).* \$1,707,835; 2022-2027
- Manley B, Whitehead C, Hodgson K, Davis P, Cheong J, et al. *BabyCCINO: An Adaptive Trial of Caffeine Dosing to Improve Outcomes for Very Preterm Infants.* \$3,014,066; 2025-2030

Centre for Clinical Research Excellence

- Canfell K, Brotherton J, Saville M, Vallely A, Garland S, et al. *Centre for Research Excellence in Cervical Cancer Control (C4).* \$2,500,000; 2023-2027.
- Mazza D, Black K, Tarzia L, et al. *SPHERE - The Centre of Research Excellence in Women's Sexual and Reproductive Health in Primary Care.* \$2,500,000; 2023-2028.
- Cheong, J., Spittle, A., Owen, L., Davis, P Hodgson, K et al. *EPIC - Extremely Preterm Infant CRE: Innovative methods to improve the health and development of our most immature infants.* \$3,000,000. 2025-2029

- Tarzia L, Hegarty K, Loxton D, et al. *RESTORE Centre of Research Excellence: Transforming health systems to restore wellbeing and enhance access to healing after sexual violence in adulthood.* \$3,000,000. 2025-2029

NHMRC-NIHR Collaborative Research Grant

- Roberts, C., Manley, B. J., Davis, P. G, et al. *The neoGASTRIC trial: Avoiding routine gastric residual volume measurement in neonatal critical care, a multi-centre, randomised controlled trial.* \$739,020; 2022-2025

Ideas Grants

- Menkhorst E, Dimitriadis E, Nicolaides K, Zhou W. *Uncovering and detecting placental dysfunction in late-onset preeclampsia.* \$1,222,195; 2023-2025
- Tarzia L., Hegarty, K., Khalsa, S., et al. *Measuring the beNefits of TRAuma-sensitive yoga for survivors of sexual violence in adulthood (MANTRA Study).* \$639,804; 2023-2027.
- Melton P, Moses, Blangero, Brennecke, S. *Epigenetic Biomarker Discovery for Cardiovascular Disease Risk Stratification of Women Following Preeclampsia.* \$1,275,101; 2022-2026
- Donoghue, J., Tinn Teh, W. and Healey, M. *Molecular Mechanisms of Abnormal Uterine Bleeding.* \$1,578,126. 2025-2027
- Dimitriadis, E., Tinn Teh, W. and Rombats, L. *A new way to see endometrial receptivity defects and implantation failure.* \$1,119,788. 2025-2027

Investigator Grants

- Garland S. Leadership 3. *Improving Reproductive Health Through Infectious Diseases Research.* \$1,957,108; 2021-2025
- Hickey M. Leadership 2. *Better evidence and new tools to improve health after surgical menopause.* \$1,855,260; 2021-2025
- Lensen S. Emerging Leadership 1. *Towards evidence-based use of IVF add-ons in Australia.* \$645,205; 2021-2025
- Price S. *Improving maternal metabolic health prior to pregnancy to prevent metabolic disease in the offspring.* \$650,740; 2022-2026
- Scott C. *Super-Responders and Super-Survivors – how to dramatically improve cancer outcomes.* \$2,372,570; 2022-2027
- Cheong J. *Optimising lifelong health and development for our most immature newborns.* \$2,505,432; 2023-2027

- Owen L. *Lungs for life: a programme of clinical trials to improve respiratory outcomes for premature babies.* \$1,345,834; 2023-2027
- Hodgson, K. *Improving respiratory outcomes for preterm infants.* \$496,224; 2024-2028
- Spittle, A. *Optimising developmental outcomes for children born preterm using digital health solutions.* \$2,924,080. 2025-2029

Partnership Projects

- Koplin J, Clifford V, Amir L, Price S, Tottman A, *et al.* *Pasteurised donor human milk supplementation for term babies.* \$1,126,309; 2023-2028

Project grants

- Chamberlain C, Atkinson C, Mohamed J, *et al.* *Healing the past by Nurturing the Future: perinatal awareness, recognition, assessment and support for Aboriginal and Torres Strait Islander parents experiencing complex trauma – Phase 3.* \$1,100,000; 2022-2026

Special Initiative: Mental Health

- Palmer V, Gunn J, Hegarty K, *et al.* ALIVE - A National Research Translation Centre to implement Mental Health Care at Scale; \$10,000,000; 2021-2026

Targeted Research

- Forster D., Shafiei, Kane, S., Hyde, R., Cheong, J. *et al.* *Does offering a combination of video health and face-to-face visits for antenatal care result in improved patient experience and is it as safe as standard (face-to-face) care? A co-designed non-inferiority randomised controlled trial.* \$999,585.40. 2024-2028

Medical Research Future Fund (MRFF)

Emerging Priorities and Consumer Driven Research

- Rogers P, Healey M, Holdsworth-Carson S, Donoghue J, Frawley H, Cheng C. *Improving treatment and diagnosis of endometriosis.* \$3,929,234; 2020-2025
- Hickey M, Bandyopadhyay M, Peate M, Price S, *et al.* *Understanding mechanisms and optimising health after early menopause.* \$978,059; 2025-2028
- Mishra G, Abbott J, Hickey M, *et al.* *Perimenopause and Menopause (A-PaM).* \$ 4,999,959; 2025-2030
- Teede H, Baker S, Lensen S, *et al.* *Identifying and addressing physical, emotional and psychological impacts of fertility treatment and its outcomes on prospective parents* \$1,999,727; 2025-2030

Clinical Trials Activity

- Said J, Groom K, Crowther C, Forster D, Whitehead C, *et al.* International Clinical Trials Collaborations. *The C*STEROID Trial: An international, randomised placebo-controlled trial to determine the effect of antenatal corticosteroids on newborn health when given prior to planned caesarean section birth from 35+0 to 39+6 weeks of pregnancy.* \$2,151,495; 2021-2025
- Tingay D, Owen L, Davis P, *et al.* *A randomised control trial of positive end-expiratory pressure levels during resuscitation of preterm infants at birth (The POLAR Trial).* \$1,387,653; 2019-2025

- Hickey M, Fox S, Scott C, McNally O, *et al.* *Salpingectomy with delayed oophorectomy to prevent ovarian cancer (TUBA WISP II).* \$2,023,568; 2024-2029
- Whitehead C, Davis P, Giles M, Groom K, Hodgson K, *et al.* *PLATIPUS: a platform for adaptive trials in perinatal units.* \$3,998,773; 2024-2029

Preventative and Public Health Research

- Chamberlain C, Marriott R, Langton M, Forster D, Bundle G, *et al.* *Replanting the birthing trees to support First Nations Parents and Babies.* \$4,999,905; 2022-2025
- Forster D, Kane S, McLachlan H, Jacobs S, Shafiei T, *et al.* *Exploring the impact of midwife-led group antenatal care on caesarean section rates and infant health: a multi-site randomised controlled trial.* \$1,284,106; 2021-2026
- Giles M, Kollmann T, Davey M, Amenyogbe N. *The protective effect of maternal immunisation on obstetric outcomes: characterising the underlying mechanisms and impact on newborn immune function.* \$1,146,489; 2021-2025
- Forster D, Andrews J, Bundle G, Kane S, McLardie-Hore F, Muhl K, Shafiei T, Springall T, *et al.* *Implementing and expanding culturally safe continuity of care for women having a First Nations baby in Victoria: a co-design approach to improve outcomes for mothers and babies.* \$2,999,994; 2025-2030

Primary Health Care Research

- Hegarty K, Boyle D, Chondros P, Tarzia L, *et al.* *Promoting Safer Families: Strengthening primary care to sustainably address domestic and family violence.* \$2,638,296; 2024-2028.

Indigenous Health Research

- Bailey S, Finlay SM, Forster DA, Springall T, *et al.* *Decolonising lactation care to support the initiation and maintenance of breastfeeding among First Nations women.* \$973,863; 2023-2025

Research Data Infrastructure

- Hastie R, Lindquist A C, Forster D, *et al.* *The Australian Perinatal Data Linkage Platform.* \$2,499,192; 2025-2029

Million Minds Mental Health Research Mission

- Palmer V, Baker E, Hegarty K, Tarzia L, *et al.* *Casting the Net for What Matters: The ALIVE National Consortium for Equitable WellBeing and Mental Health Systems Transformation.* \$10,000,000; 2025-2030

Clinician Researchers

- Jayasinghe Y, Anazodo A, Stern C, Lantsberg D, Rozen G, *et al.* *The Australian New Zealand Oncofertility Clinical Trials Network.* \$2,999,970; 2021-2025
- Whitehead C, Manley B, Groom K, Davis P, Forster D, Cheong J, *et al.* *Transforming Clinical Research to Improve Outcome for Preterm Infants.* \$2,642,199; 2021-2025

Publications 2025

In 2025, Women’s researchers published 320 peer-reviewed papers.

The selected publications below highlight research of national and international significance, chosen from journals with an impact factor >10 (top 2-5% globally) and are considered highly influential in their field.

Beizae F, Cheong JLY, Spittle AJ, *et al.* *Harmonizing flows: Leveraging normalizing flows for unsupervised and source-free MRI harmonization.* **Med Image Anal.** 2025 Apr;101:103483.

Chua TP, Murray GL, Danielewski JA, Garland SM, *et al.* *Evolving patterns of macrolide and fluoroquinolone resistance in Mycoplasma genitalium: an updated systematic review and meta-analysis.* **Lancet Microbe.** 2025 Jul;6(7):101047.

Dakic JG, Frawley HC *et al.* Infographic. *Having pelvic health conversations within sports settings.* **Br J Sports Med.** 2025 Feb 20;59(5):347-348. PMID: 39805686.

De Luca D, Davis P, Tingay DG, *et al.* *The Lancet Child & Adolescent Health Commission on the future of neonatology.* **Lancet Child Adolesc Health.** 2025 Aug;9(8):578-612.

Doyle LW, Mainzer R, Cheong JLY. *Systemic Postnatal Corticosteroids, Bronchopulmonary Dysplasia, and Survival Free of Cerebral Palsy.* **JAMA Pediatr.** 2025 Jan 1;179(1):65-72.

Du Berry C, Doyle LW, Simpson SJ. *Trajectories of prematurity-associated lung disease: lifelong lung health.* **Lancet Respir Med.** 2026 Jan;14(1):72-84.

Duan J, Ji JS, Chen R, Hickey M, Zhu L. *The role of distress in female sexual dysfunction during menopause.* **Nat Med.** 2025 May;31(5):1381-1383.

Hock DH, Vasudevan *et al*; MitoMDT Diagnostic Network for Genomics and Omics. *Untargeted proteomics enables ultra-rapid variant prioritisation in mitochondrial and other rare diseases.* **Genome Med.** 2025 May 22;17(1):58.

Hughes KM, Brennecke S, *et al* . *Prognostic value of cervical length for spontaneous preterm birth in asymptomatic women with twin pregnancy: meta-analysis of individual participant data.* **BMJ Med.** 2025 Apr 16;4(1):e000877.

Lee CK, Quinn MA, Scott CL, *et al.* *Olaparib, durvalumab, and cyclophosphamide, and a prognostic blood signature in platinum-sensitive ovarian cancer: the randomized phase 2 SOLACE2 trial.* **Nat Commun.** 2025 Nov 5;16(1):9756.

LeJeune CL, Shadbolt C, *et al.* *Abdominal shielding not recommended for diagnostic imaging with ionising radiation during pregnancy.* **Lancet Oncol.** 2025 Nov;26(11):1413-1416.

Manley BJ, McKinlay CJD, Lee KJ, Groom KM, Whitehead CL. *Adapt to survive and thrive: the time is now for adaptive platform trials for preterm birth.* **Lancet Child Adolesc Health.** 2025 Feb;9(2):131-137.

Melville M, Hickey M, *et al.* *Menopause hormone therapy and risk of mild cognitive impairment or dementia: a systematic review and meta-analysis.* **Lancet Healthy Longev.** 2025 Dec;6(12):100803.

Mills G, Cutts B, *et al.* *Position statement on the diagnosis and management of acute leukaemia and aggressive lymphomas in pregnancy.* **Lancet Haematol.** 2025 Feb;12(2):e151-e162.

Nash Z, Hickey M *et al.* *Menopause Priority Setting Partnership Steering Group. Top ten menopause research priorities.* **Lancet.** 2025 Dec 21;404(10471):2535-2536.

Oei JL, Travadi J, Davis P *et al.* *Targeted oxygenation in the respiratory care of premature infants at delivery-effects on outcome: a randomised controlled trial (Torpido 3060) study protocol.* **BMJ Paediatr Open.** 2025 Feb 12;9(1):e003262.

Publications continued...

Owen LS, Foglia EE, Davis PG et al. *Alternative consent processes in a neonatal resuscitation trial (SAIL): secondary analysis of an open-label, international, multicentre, randomised trial.* **Lancet Child Adolesc Health.** 2025 Oct;9(10):698-706.

Quang C, Garland SM, et al. *Systems serology analysis shows IgG1 and IgG3 memory responses six years after one dose of quadrivalent HPV vaccine.* **Nat Commun.** 2025 Mar 3;16(1):2130.

Rub DM, Davis PG, et al. *Respiratory Targets Associated With Lung Aeration During Delivery Room Resuscitation of Preterm Neonates.* **JAMA Pediatr.** 2025 Oct 1;179(10):1082-1089.

Savoia HF, Parakh A, Kane SC. *How I manage pregnant patients who are alloimmunized to RBC antigens.* **Blood.** 2025 May 15;145(20):2275-2282.

Schouten N, Lensen S, et al. *Development and validation of a gonadotropin dose selection model for optimized ovarian stimulation in IVF/ICSI: an individual participant data meta-analysis.* **Hum Reprod Update.** 2025 Mar 1;31(2):116-132.

Spittle AJ, Kwong A, et al. *Towards universal early screening for cerebral palsy: a roadmap for automated General Movements Assessment.* **EClinicalMedicine.** 2025 Jul 22;86:103379.

Starr M, Jayasinghe Y, et al. *Epidemiology of menstrual-related absenteeism in 44 low-income and middle-income countries: a cross-sectional analysis of Multiple Indicator Cluster Surveys.* **Lancet Glob Health.** 2025 Feb;13(2):e285-e297.

Vodstrcil LA, Murray GL, et al; StepUp Team. *Male-Partner Treatment to Prevent Recurrence of Bacterial Vaginosis.* **N Engl J Med.** 2025 Mar 6;392(10):947-957.



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