



MARCÉ SOCIETY AND HELEN  
MAYO HOUSE JOINT  
**PERINATAL MENTAL HEALTH  
CONFERENCE 2023**

**7, 8 & 9TH**

SEPTEMBER  
ADELAIDE, SOUTH AUSTRALIA

**PROCEEDINGS**

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#MarceHelenMayoConference23

## Day 1 – Friday 8th of September 2023

### **Plenary Session 1: Disparities in perinatal mental health problems experienced by women: inequality or inequity?**

#### **Jane Fisher**

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Investigations of the prevalence of perinatal mental health problems in high income countries have accrued since the 1960s. In one of the first intercountry comparisons John Cox, with expert co-researchers, using qualitative methods in 10 countries, concluded in 2004 that prevalence is similar in all settings.

In 2012, the first systematic review of the nature, prevalence and determinants of perinatal mental health problems experienced by women in low- and lower-middle income countries found that however, that there were substantial differences in prevalence between and within countries. The highest prevalence is among women in the community with the least access to resources and services.

This reflects inter and intra-country inequalities in distribution of wealth, recognition and prioritisation of mental health, and access to services. However, it also reflects gender-based inequities in access to personal safety, education, income-generating work, and reproductive rights. While the health sector remains central to the provision of perinatal mental health care, the data indicate that structural changes, including in non-health sector policies are needed to improve women's lives and perinatal mental health.

## Day 1 – Friday 8th of September 2023

### Plenary Session 2: Replanting the Birthing Trees: recreating safe and sacred spaces to support Aboriginal families

#### Cath Chamberlain

Head, Indigenous Health Equity Unit | NHMRC Career Development Fellow

Kinship systems and connectedness have been central to the functioning of Aboriginal and Torres Strait Islander societies as the social fabric for nurturing healthy, happy children for over 60,000 years. Since colonization a mere 200 years ago, Aboriginal and Torres Strait Islander communities have been impacted by colonial violence, genocidal policies, destruction of social systems and culture, and discrimination, including the forced removal of children from their families. This has left a legacy of compounding cycles of intergenerational trauma which are driving persistent health inequities. In this presentation, Professor Chamberlain will:

1. Outline Aboriginal and Torres Strait Islander understandings of connectedness to foster social and emotional wellbeing, and the impact of colonization on knowledge and health.
2. Highlight the unique life course opportunity for healing the past by nurturing the future and provide holistic and wise social and emotional care, as well as expert medical care in the first 2000 days.
3. Discuss what trauma-aware healing-informed care services look and feel like, including practical suggestions, how to recognise when time is right and options if not, and tips for minimising risk of support being experienced as a threat.

## Day 1 – Friday 8th of September 2023

### Plenary Session 3: 'First 1000 days' series of workshops for indigenous parents of newborns, in South Auckland, Aotearoa, New Zealand

#### Tawera Ormsby

'First 1000 days' series of workshops for indigenous parents of newborns, in South Auckland, Aotearoa, New Zealand.

Tawera Ormsby, Ohomairangi Trust Early Intervention Service.

Following our Kaupapa Māori service principles, our team collaborated with parents of newborns, to develop purpose designed workshops to meet their interests. Empathy interviews between these parents exploring their perinatal experiences, produced a group designed, 10 week programme of topics they felt they needed to support them develop secure relationships with their babies or skills that would help them parent as they and their baby/ies journeyed together. The group suggested speakers, ideas were shared, planning processes were designed and parents with skills offered to share them. Topics ranged from engaging with bureaucratic processes to self care. Free play and 'learning through play' sessions with their babies were set up as relationships between parents and their babies, and relationships between the parents in the group were strengthened. They became keen to provide peer support for other parents in groups that

1. followed.

## Day 1 – Friday 8th of September 2023

### Plenary Session 4: Supporting a whole of society response to women's mental health in the perinatal period

#### Helen Herrman

Orygen and Centre for Youth Mental Health, The University of Melbourne

Women and men exposed to poverty, violence and other social adversities are vulnerable to mental disorders, in the perinatal period as well as at other times, and less likely to experience good mental health. Their capacity to nurture children and participate in family and community life is frequently compromised. Despite the power of these social determinants, mental health in the perinatal period can be improved in any community through interventions at societal and community levels and with individuals and families.

There are two broad categories of interventions. The first is addressing insecurity and poverty and protecting women from human rights abuses, especially violence in families. Health professionals have an important role to raise awareness of the relevance of mental health to social development in countries, and the growing evidence for the role of family support, schools, green spaces, and workplace and other interventions in promoting mental health and preventing mental ill-health in the perinatal period. They also have a direct role in recognizing and supporting care for those affected by violence.

The second group of interventions is providing for early identification and treatment of depression and other mental health problems in primary and maternal health care. Participatory approaches to health and collaborating with women and their families are critical. Collaborative care is becoming more widely adopted and shown as effective in mental health care in countries of all types.

## Day 1 – Friday 8th of September 2023

### **Symposium A41: A National Infrastructure to support Best Practice in Perinatal Mental Health**

COPE was established in 2013 to develop a national infrastructure to support a measurable, inclusive and sustainable approach to implementing best practice in perinatal mental health (PMH).

Ten years on we examine how far we have come, what we have learned and what needs to come next to ensure Australia remains a world leader in PMH.

The symposium will cover progress across four main areas:

#### **Paper 1: Raising awareness of PMH and stigma reduction**

##### **Ariane Beeston**

Details outcomes of COPE's qualitative research with consumers (N=2112), Stakeholder organisations (N=25) and Clinicians (N=120) to inform the development of a national awareness campaign #thetruth in 2022. Campaign learnings, outcomes and implications for future awareness campaigns is discussed.

#### **Paper 2: Innovative approaches to psychoeducation**

##### **Ariane Beeston and Nicole Highet**

Reviews current approaches to psychoeducation in the digital age. Uptake and outcomes of the Ready to COPE guide and its transition into a mobile application will be detailed. Evaluation of the tool's effectiveness as a sustainable approach to education will be assessed.

#### **Paper 3: Routine Universal Screening to support early detection in the digital age**

##### **Nicole Highet**

Under the Commonwealth's PMH Check Program, iCOPE has been implemented across multiple jurisdictions. With over 80,000 screens conducted to date, this paper details how technology is applied, the pros and cons of digital screening, and forecast what the future might look like in the digital age. A local South Australian case study will also present on their experience.

#### **Paper 4: Workforce development and referral to care pathways**

##### **Natasha Lindros**

With increased screening and early detection comes greater demand for services, this paper outlines innovative, national approaches to increasing workforce capacity and supporting early access to timely and appropriate care.

## Day 1 – Friday 8th of September 2023

### **Concurrent sessions A36: ‘No one told me I would actually have to give birth if I were to terminate’: Australian Women’s experiences and recommendations regarding termination of pregnancy**

#### **Dr Viktoria Wing**

Dr Nicole Reilly , Dr Christine Metusela , Dr Nicole Highet , Ariane Beeston  
viktoria.wing@act.gov.au

Termination of pregnancy (ToP) is a common medical procedure that, as of 2022, became decriminalised in all states and territories in Australia. The most recent published estimate puts the number of terminations of pregnancy at approximately 88,000 per year, using 2017-2018 data. Despite the number of terminations that occur in Australia, there is a lack of research which examines women’s lived experiences of ToP.

While ToP is a positive experience for some women, with relief being a commonly reported emotion, for others – particularly those who terminate for reasons of foetal anomaly – it can be a difficult and emotionally challenging experience. Previous research, primarily based outside of Australia, has identified some of the factors that contribute to a good experience of ToP for women, or conversely, a poor experience, but few of these studies have framed the research in terms of their recommendations for other women, or recommendations for changes to practice.

The present study aimed to address this gap in the literature and explore women’s experience of ToP in Australia. Qualitative survey data was collected from 33 women who had undergone a ToP, and these were then analysed using thematic analysis. The results of this study found that women’s needs and recommendations fell under three main themes: access to support and counselling, access to information and education, and the importance of empowerment.

This study highlighted the need for clear, timely information to be provided to women undergoing a ToP, better access to counselling before and after a ToP, greater access to education surrounding ToP, and for women to feel validated in their grief following a ToP. Delineating between ToP for foetal anomaly and ToP for any reason could provide greater clarity, and qualitative interviews could improve the depth of information gained on this topic.

## Day 1 – Friday 8th of September 2023

### Concurrent sessions A35: The Matrescence Project: Self-determination, identity, and the transition to motherhood

#### Danielle Wagstaff

Stacey Whitelaw, Rhian Cramer, Carolyn Bailey, Dixie Statham, Zali Yager  
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The transition to motherhood, while often joyous, can sometimes be difficult and confusing. According to the 'Comprehensive Model of Mental Health During the Perinatal Period', the experiences of Matrescence ('becoming' a mother) play a key role in mental health and maternal-child outcomes. As individuals become mothers, they must accommodate their new identity as mother, and may find they have many conflicting identities. According to self-determination theory, satisfying basic psychological needs are important factors to a quality identity integration process. In this study we explored the impact of self-concept clarity and basic psychological needs on maternal wellbeing and adjustment to parenthood. We also considered potential protective and exacerbating factors, as avenues for future intervention. Based on the results of 197 mothers' survey responses (Mage = 32.9 years, Range 20-40), we found that low self-concept clarity and unmet basic psychological needs are predictive of stress, anxiety, depression, and poor transition to parenthood. Having poor self-concept clarity also predicts increased social comparison, which decreases satisfaction with the transition to parenthood. Importantly, self-compassion played a protective role, acting as both a moderator and mediator of the relationship between self-concept/basic psychological needs and wellbeing. These results imply self-compassion is a suitable target for intervention in mothers not adjusting well to the parenting role. The results also indicate that prenatal preparation for the impact of motherhood on identity disruption is warranted.



## Day 1 – Friday 8th of September 2023

### Concurrent sessions A35: Living with Loss: Evaluation of an online bereavement program to support parents following perinatal loss

#### Siobhan Loughnan

Frances Boyle, David Ellwood, Ann Lancaster, Julie Dean, Dell Horey, Emily Callander, Claire Jackson, Antonia Shand, Sean Seeho, Keren Ludski, Amanda Bowles, Vicki Flenady  
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Stillbirth and neonatal death are devastating outcomes with long-lasting psychosocial consequences for parents and families, and wide-ranging economic impacts on health systems and society. It is essential that parents and families have access to appropriate support, yet services are often limited. Internet-based programs may provide another option of support for parents. The Living with Loss (LWL) online program consists of 6 modules including content and practical strategies across a broad range of topics that bereaved parents and healthcare professionals have highlighted as important including understanding grief, changes in relationships and planning for the future.

A randomised controlled trial was conducted between 2021-2022 to evaluate the efficacy and acceptability of LWL compared with usual care. Baseline, post-program, and 3-month post-program assessments were conducted. The primary outcome was change in psychological distress. Secondary outcomes include perinatal grief, anxiety, depression, program satisfaction and acceptability, and adherence.

95 parents were randomised to LWL (n=48) or the control group (n=47). Most participants were mothers (94%), most resided in major cities (71%), and were aged between 30-44 years (76%). There was a significant interaction (time x group) effect for psychological distress ( $p=0.0158$ ) with parents in the LWL group self-reporting greater reductions in distress at post-program, compared to the control group (between-group difference: -4.66, 95% CI (-7.96, -1.35),  $p=0.006$ ). LWL module completion rates ranged from 31% - 65% and post-program satisfaction scores were high. Participant attrition from the RCT over 3 timepoints (21 weeks) was high (50%).

LWL has potential to be scaled nationally as a self-guided evidence-based support option for parents following perinatal loss. Further evaluation is needed to explore effectiveness and program adherence in 'real world' settings and whether additional guidance and support (e.g., telephone counsellor) improves outcomes.

## Day 1 – Friday 8th of September 2023

### Concurrent sessions A53: Perinatal Outcomes in Patients with Alcohol and other Drug Presentations, A Quality Improvement

#### Harriet Burnham

Felice Watt

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The use of alcohol and other drugs (AOD) in the perinatal period is a significant public health concern with adverse impacts on the future generation. Recommendations state that no level of AOD use is safe in pregnancy, yet it remains a complex management challenge for clinicians. This quality improvement project aims to provide a summary of the backgrounds and outcomes of those patients who use alcohol and other drugs during pregnancy in order to inform the development of a new perinatal AOD service.

This project examined the demographic, medical, psychiatric, and obstetric data of 116 pregnant patients who were referred to maternity social work at a tertiary metropolitan hospital over a two-year period, January 2020 – December 2021. The digital medical records of all maternity SW referrals where the patient was referred for substance use were used. Patients were excluded if their substance use stopped before pregnancy or suffered first trimester pregnancy loss.

The cohort were likely to be under 25 years old (35.34%), identify as Aboriginal (33.62%) and experience domestic violence (28.45%). The most used substance in the group was cannabis (79.31%), followed by alcohol (22.41%) and methamphetamine (21.55%). Rates of psychiatric illness were high (68.96%) with mood disorders being the most common (55.17%). Many patients had a comorbid medical condition (79.31%) and 21.55% of the patients received minimal or no antenatal care. Neonatal complications such as NICU admission or prematurity were common with 17.24% and 24.14% respectively. In 14.65% of cases there was an adverse outcome such as fetal death in utero, or a child being removed into care.

The complexity of biopsychosocial risks faced by this cohort support the development of an adequately resourced multidisciplinary AOD service which includes Aboriginal liaison and has close links to specialist hospital and community services.

## Day 1 – Friday 8th of September 2023

### **Concurrent sessions A22: The value of collaborating with people with lived experience to co-design and deliver bereavement services and resources**

#### **Keren Ludski**

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Effective and responsive support is vital to the wellbeing of parents and families when a baby dies. This presentation will explore what true co-design looks like its importance in the perinatal bereavement space; methods to encourage people with lived experience to lead, take part and encourage change and strategies to ensure the welfare of people with lived experience with in the advocating role.

Co design is about capturing different perspectives and experiences to work together towards better solutions to support bereaved parents. Over the last 18 months Red Nose has worked with people with lived experience from a diverse range of backgrounds, Aboriginal and Torres Strait Islander people and people who are culturally and linguistically diverse. We have captured their experiences through surveys, working groups, phone and email consultations.

People can add huge value through their lived experience. Tapping into existing networks and connections allowed us to empower parents to see the value in their contribution. Through fostering a safe space and developing relationships with parents we built trust. Preparing parents allowed them to process their own experience and begin to think about what they would like to share.

Lived experience and parent voice are critical components in ensuring high quality, sensitive, culturally safe support services. True co-design happens over a period of time with many touch points and opportunities to give feedback. From this process we are able to begin the process of developing and delivering bereavement services and resources to better support parents.

## Day 1 – Friday 8th of September 2023

### Concurrent sessions A55: A Mixed Methods Comparison of Australian Altruistic Gestational and Traditional Surrogate Experiences

#### Narelle Dickinson

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Many Australian Assisted Reproductive Technology (ART) units refuse to facilitate traditional surrogacy (TS) arrangements, and some state legislations prohibit ART units from undertaking TS. This is largely driven by an assumption that TS is riskier than gestational surrogacy (GS), with concerns that surrogates will be less likely to relinquish a child born through surrogacy if they are the biological mother. As access to TS is limited, most intending parents who cannot use their own oocytes need to locate an oocyte donor in addition to a surrogate. Others undertake TS without support and guidance from medical, nursing and counselling professionals working within ART units. The assumptions, policies and legislative restrictions surrounding TS are not based on empirical evidence, and in fact, literature relating to psychological, social, financial, and legal implications of TS is almost entirely absent. The current study will contribute to Australian surrogacy literature by comparing the experiences of Australian altruistic surrogates undertaking TS and GS. Self-report surveys have been utilised to gather qualitative and quantitative data about the experiences of surrogates who are currently, or have previously undertaken, altruistic surrogacy arrangements in Australia. Measures assessed surrogate experiences, including relinquishment of the infant born through surrogacy, to identify between-group differences of TS and GS surrogates. Results of follow-up semi-structured interviews provide further insight into each surrogate's unique experience. We hypothesise that psychological, social, financial, and legal outcomes will not significantly differ between GS and TS arrangements, and that traditional surrogates will not report any additional difficulties with relinquishment than gestational surrogates. This study will directly influence surrogacy implications counselling practice, with capacity to impact clinical policy and legislative reform.

## Day 1 – Friday 8th of September 2023

### **Concurrent sessions A1: Body dissatisfaction and degree of self-compassion amongst postpartum women: A cross-sectional cohort study**

#### **Zara Zia & Min Loo**

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The perinatal period is a highly sensitive stage in life. Pregnancy leads to rapid fluctuations in body weight and shape. Body dissatisfaction in the postpartum period can arise as a result of discrepancies between current appearance and desire to return to pre-pregnancy weight/shape, and is a risk factor for psychopathological phenomena. Self-compassion encompasses nonjudgement, balance, acceptance of imperfections/flaws, and acceptance of experiences, and functions as a protective factor against psychopathology. The study aims to add to existing research in relation to body dissatisfaction in postpartum women and to explore a potential link between body dissatisfaction and self-compassion. The authors anticipate that there will be both a high prevalence of body dissatisfaction, as well as an association between body dissatisfaction and low self-compassion, in postpartum women. This is a prospective study with a cross-sectional design using electronic medical record generated client list for the clinic and identifying those who meet the inclusion criteria for study participation. Inclusion criteria are postpartum women who are clients of Raphael Services Berwick, an outpatient perinatal mental health service, at the time of the research. Exclusions: clients who have not given birth before. It is anticipated that there will approximately 100 participants after recruitment. Participants will be given written information and invited to provide informed consent. Upon informed consent, forms (Body Image Questionnaire, Self-compassion Scale and original survey questions generated for the purpose of research) will be given to the participants to complete, as facilitated by administrative staff and/or clinicians within the service. This information will then be collated, de-identified and analysed prior to write-up. Should this study yield results suggestive of high levels of body dissatisfaction postpartum and low levels of self-compassion, the authors will aim to develop a group program tailored to promote body satisfaction, healthy lifestyle strategies and self-compassion in postpartum women.

## Day 1 – Friday 8th of September 2023

### **Concurrent sessions A28: Holistic Care for Parents in Subsequent Pregnancies following Perinatal Loss in Australia: Exploring Support for Optimising Psychosocial Wellbeing Outcomes**

#### **Kelly Robinson**

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A subsequent pregnancy after perinatal loss is a daunting experience fraught with anxiety and uncertainty. Additionally, the risk of stillbirth reoccurrence is five times the general population risk. Many families embark on a subsequent pregnancy within twelve months of their loss, and for many their pregnancy experience co-exists with intense grief and often unresolved trauma. Standard antenatal care is unlikely to adequately meet the psychosocial needs of these families during this time. Care is commonly fragmented and medicalised, primarily focusing on preventing the recurrence of loss.

This systematic review identifies global examples of midwifery-led care pathways for subsequent pregnancy after perinatal loss. The study aims to determine the psychosocial needs of bereaved families in a subsequent pregnancy to improve antenatal care pathways. Women's self-reported experiences during pregnancy after loss, and any reports of the impact continuity of midwifery care had on their pregnancy after loss experience is also considered.

Methods: Search terms encompassing continuity of care, psychosocial wellbeing and subsequent pregnancy after perinatal loss were used in seven databases to find studies published between 2011-2023 (PROSPERO CRD42023383978).

Studies were reviewed for eligibility and quality, and data were extracted and analysed using Covidence and nVivo software.

The findings and implications of existing research were thematically synthesised to highlight current care pathways and psychosocial needs for families pregnant following a perinatal loss. Results indicate that increased psychosocial support is needed for the anxiety, fear and bonding and attachment issues these bereaved families commonly experience. Midwifery care was shown to offer empathetic care tailored to their increased needs.

The findings of this review will shape further studies exploring the psychosocial impact of subsequent pregnancies after perinatal loss for women and families. We aim to ascertain whether a midwifery continuity of care model would support the psychosocial wellbeing of bereaved families.

## Day 1 – Friday 8th of September 2023

### **Concurrent sessions A33: Trauma informed and Equitable: The evolving Model of Care for Pregnant women in Custody in NSW**

#### **Nicole Hodgson and Finbarr O’Neill**

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NSW has the highest female prison population in Australia, where most pregnant incarcerated women are either young, Aboriginal, have a history of trauma, mental health and/or substance abuse.

The number of pregnant women entering the NSW Correctional system has been increasing annually. Few of these women have attended health care services prior to their incarceration, increasing the risk of poor maternal health and pregnancy outcomes. Associated with maternal incarceration is the well-established risk factor for the development of child mental health problems.

A Trauma-informed practice model of care is one that is grounded in and directed by a complete understanding of how trauma exposure affects a patients neurological, biological, psychological and social development’. In this, trauma-informed practice assumes an individual has come into contact with trauma, and views potential responses to any intervention or interaction through this lens, with an emphasis on creating an environment that fosters and develops safety and trust. Considering the risk factors of custodial patients, a trauma informed, patient led and equitable model of care has been established within Justice Health to address the mental health, substance use and psychosocial issues impacting this vulnerable population.

This presentation will discuss the development of the model of care and how it is implemented in practice. A case study presentation will highlight how this model of care improved the patient outcomes in a custodial setting.

## Day 1 – Friday 8th of September 2023

### **Concurrent sessions A65: Training a Perinatal Mental Health Lived Experience (Peer) Workforce: Ensuring availability of emotionally safe Peer-led services for parents**

#### **Viv Kissane & Rani Farmer**

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The mental health system is increasingly recognising the substantial contribution of a Lived Experience (Peer) Workforce (LEW) in the delivery of strengths-based, recovery-focused mental health services. Further, the Australian government has demonstrated genuine commitment to reducing gaps in health equity and improve diversity of existing workforces by growing, developing and appropriately utilising those working from a lived experience perspective of mental health challenge(s).

Over the past ten years, through heartfelt (and challenging!) trial and error, Peach Tree has collated feedback and observations to identify key learnings and insights specific to the PMH Peer Worker skill set. This skill set has been mapped against the broader Core Competencies of the Certificate IV in Mental Health Peer Work to inform a niche PMH Peer Worker training and support framework. Limited opportunities currently exist for PMH Peer Workers regarding training, professional development, and/or mentorship. As a result, Peach Tree is working to ensure Peer Workers using their lived experience of PMH challenge(s) within organisations are equipped with a sophisticated range of training, knowledge, and skills in order to support expecting and new parents in a purposeful way.

During this presentation, Peach Tree will summarise the national LEW movement, in addition to sharing our own experiences of employing and working with a PMH-LEW. We will offer thought-provoking considerations and work with delegates to inform current concerns regarding LEW engagement, including organisational commitment and acceptance, emerging best practice strategies, and influencing a positive and psychosocially safe workplace culture.

Peach Tree's ultimate goal is to ensure delivery of a professional training program for the PMH-LEW, incorporating ongoing skills development opportunities and support. Such support will ensure PMH Peer Workers feel personally strong, self-aware, self-accountable, and resilient in their peer practice, while confident and well equipped to support emotionally strong and resilient families through the perinatal period.



## Day 1 – Friday 8th of September 2023

### **Concurrent sessions A4: Striving for equitable access to holistic care for parents who receive a prenatal diagnosis of a fetal anomaly**

#### **Pieta Shakes**

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The transitional time of pregnancy can be abruptly interrupted by the identification of a fetal anomaly. Research highlights the high incidence of shock and trauma experienced by parents who receive unexpected news, grapple with understanding new and complex health information and are thrown into making decisions about the outcome of their pregnancies. Australia has established pathways of care that centre on prenatal counselling, a diagnostic and information-giving process. However, the psychosocial aspects of receiving a prenatal diagnosis remain overlooked in guidelines, standards, and many services. While some parents receive therapeutic support, many are left in isolation to process information and attempt to understand what it means for them, their family, and their baby. Furthermore, some parents are harmed through human and systems factors that overlook the complexity of the experience. There is inequitable access to holistic care for parents who receive a prenatal diagnosis, a key driver being the hidden and overlooked nature of the experience.

A national health promotion charity, Through the Unexpected, strives to improve equitable access to holistic care through addressing the hidden and overlooked psychosocial aspects of prenatal diagnosis. The three-year project, Facing the Unexpected, comprises a collaborative interdisciplinary program of research to inform the development of co-designed online training for health and allied health professionals. The innovative training will address striking gaps in education and interdisciplinary collaboration to establish equitable pathways of care and ensure that professionals working with women and families who receive unexpected news feel confident to deliver high-quality holistic support which empowers women and nurtures adaption through pregnancy and beyond, whatever their pathway. This presentation explores the novel research program, co-design process and current outcomes.

## Day 1 – Friday 8th of September 2023

### Concurrent sessions A47: MUMMYING IN THE DARK

#### Dinah Thomasset

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When I first became a mother, 18,000km from home, I quickly realised that I was unprepared. I experienced overwhelming anxiety and self-doubt, hoping for more support from experienced mothers and experts. Despite seeking help, I still struggled and felt invisible for months.

When my second child was born, things were worse. My baby would not sleep due to allergies and I experienced severe sleep deprivation which triggered postnatal depression.

I was denied immediate access to the care I needed because I was not considered as “vulnerable enough” and was put on a wait list. I was devastated because I knew I was slowly falling into a dark hole. I, once again, felt invisible and wanted to disappear to not burden my family.

My liver suddenly failed and I was rushed to the ER believing I was going to die. At that moment, I remember thinking “as soon as Shane arrives, I need to tell him to get over me and find our children a mother; any woman who would love them”.

Then it hit me! All I truly wanted for my children was to be loved. Nothing more. Loving my children was enough I thought. I was enough.

At that point, my mindset completely shifted.

Few months later, I went back home with my family to help my recovery. There I had a massive breakdown followed by an incredible breakthrough. I discovered my purpose in life and decided to create a centre for mums where every mum would be reminded that she is more than enough. There Villagehood Australia was born.

Since then, I have been advocating to close the maternal mental health gap so all pregnant and postpartum women receive the care they need when they need it; because postnatal depression does not discriminate and cannot wait.

## Day 1 – Friday 8th of September 2023

### **Concurrent sessions A31: The State of Early Pregnancy Loss Report - Pink Elephants**

#### **Samantha Payne**

**Dr Melanie Keep, Dr Jane Carland, Amanda Tipping**  
**Sam@pinkelephantssupport.com**

Pregnancy loss may be an individual journey but no one should have to walk it alone. Pink Elephants provides the latest resources, information and peer-support for anyone impacted by early pregnancy loss. Using evidence, empathy and connection, our unique digital-first approach offers a single source of specialist support, whenever and wherever it's needed — for anyone who has directly experienced it, for family and friends, corporate partners or healthcare professionals seeking proven ways to help.

With so much of the current experience of miscarriage based on old science, outdated perceptions, social anxiety and mistruths, Pink Elephants aims to right the story of early pregnancy loss by smashing the stigma and leading a new narrative, creating a healthier experience for all. Founded in Sydney, Australia, in 2016, Pink Elephants is a registered not-for-profit. For support, or to learn more, please visit: [www.pinkelephantssupport.org.au](http://www.pinkelephantssupport.org.au)

## Day 1 – Friday 8th of September 2023

### **Concurrent sessions A44: Borderline Personality Disorder and parenting capacity: understanding population characteristics and assessment recommendations**

#### **Samantha Finan**

Dianna Bartsch, Tessa Kong & Jacqui Beall  
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Many women and their partners who have children placed in out-of-home-care experience difficulties regulating emotion and interpersonal dysfunction which are core features of borderline personality disorder (BPD). Further, they often have experienced additional adversities including Adverse Childhood Experiences (ACEs), substance use, and domestic violence. There is limited research into the rates of parental BPD within child protection populations in Australia leading to little understanding about the overall level of adversity experienced by these parents, implications for assessment of parenting capacity and recommendations around reunification decision-making.

This study aimed to explore parent characteristics and parenting capacity assessment recommendations of mother and fathers within families who attended SALHN CPS between March 2019 to June 2022. The sample was split to compare potential differences between two groups 1) consumers with a diagnosis of BPD and/or parents high in borderline symptoms without a formal diagnosis and 3) those with low borderline symptoms.

A retrospective case review audit of 150 parenting capacity assessments (N=253 parents) was conducted. The final sample included 107 parents who either endorsed at least one borderline symptom on the Mclean's Screening Instrument-BPD or had a formal diagnosis of BPD (71 mothers and 36 fathers) with 46% of families being reviewed having a child under the age of 1 year (range in utero – 16 years). Demographic characteristics, ACEs and parenting assessment outcomes were reported.

The audit revealed that the rate of BPD diagnosis was increased in relation to what typically occurs in general population and 40% of the participants endorsed five or more borderline symptoms on a self-report measure. Group comparisons across multiple child maltreatment risk factors including substance use, domestic violence, and their own trauma histories will be reported and implications for Care and Protection Orders and therapeutic recommendations will be discussed.

## Day 1 – Friday 8th of September 2023

### **Concurrent sessions A69: Evaluating Peer-led models of support in an everchanging world: How can we better support parents through adversity during the perinatal period?**

#### **Rani Farmer & Viv Kissane**

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In a world of ever-changing adversity, parents are feeling disempowered and helpless to access affordable PMH health care. Despite public health messaging promoting parents to utilise online resources, hotlines, and/or seek support from PMH practitioners, such advice counterproductively increases PMH awareness without broader consideration for the actual capacity of existing services. Similarly impacted are the PMH Peer Workers providing safe, non-judgemental spaces for parents within community-settings. The increased complexity of needs and care exhibited by attending mothers is fast moving beyond what Peach Tree identifies as PMH Peer Workforce scope of practice.

Over the past three years (2020-2022), Peach Tree has designed, development and implemented PMH programs and service delivery options, including robust evaluation frameworks identifying process and maternal impacts. Impact outcomes indicate both clinically and statistically significant results, while process outcomes highlight service experiences for both attending parents' and facilitating PMH Peer Workers' as reassuring, normalising, and validating.

Peach Tree is aware of the vast successes, complexities, and challenges of PMH Peer-led service delivery, including the continued and uncontrollable changes to workplace structure and modalities of connection with parents. The perinatal period is a vulnerable life stage which has been exacerbated in Australia by not only a global pandemic, but a range of natural disasters such as bushfires and floods.

With ever-lengthening waitlist times for parents to access both public and private PMH clinical care, the purpose of this workshop is to engage with delegates to:

- identify what “appropriate support” looks like from a non-clinical, PMH Peer Workforce scope of practice;
- determine what are effective and efficient “indicators of success” when utilising a PMH Peer- led model of support for parents with complex needs; and
- explore what interdisciplinary work can be achieved across the PMH continuum of care to ensure parents experiencing adversity are not being failed by an already overwhelmed healthcare system.

## Day 1 – Friday 8th of September 2023

### Concurrent sessions A30: Factors contributing to women's experiences of birth trauma and obstetric violence in Australia

#### Dr Hazel Keedle

Warren Keedle & Professor Hannah Dahlen

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In Australia it is estimated that a third of women experience a traumatic birthing event and one in 10 women experience obstetric violence. The United Nations identified obstetric violence (OV) as a form of gendered violence and can result in physical, sexual, or psychological harm and include threats of coercion. The ongoing impact of birth trauma and OV can lead to mental health issues such as post-traumatic stress disorder (PTSD), postnatal depression, anxiety and bonding issues. In 2021 The Birth Experience Study (BEST) surveyed women who had birthed in Australia 2017-2021 to explore a variety of factors contributing to pregnancy, birth and postnatal experiences.

The aim of this presentation is to explore the factors contributing to the experience of birth trauma and obstetric violence in Australia.

This section of the study utilised a mixed methods approach to understanding birth trauma and OV in Australia. Quantitative descriptive statistics were undertaken on the factors contributing to birth trauma and OV.

From 8,804 completed responses, a third of survey participants indicated they experienced birth trauma and one in 10 experiences OV in their last birth. The quantitative analysis found continuity models of care, feeling in control, being active and upright during labour and birth and having a vaginal birth were protective factors for women to not experience obstetric violence or birth trauma.

Health care professionals, policy makers and health authorities need to understand the experiences and factors that contribute to women experiences of birth trauma and OV to unite and design maternity services that promote respectful maternity care.

**Day 1 – Friday 8th of September 2023**

**Concurrent sessions A10: Self-Compassion and Mental Health in  
Australian Women Who Have Experienced Pregnancy Loss**

**Suzanne Schilder**

**Lea Maagh, Elly Quinlan, Staci Vicary & Christine Carey**  
**slg72@uowmail.edu.au**

Mental health challenges are common during the perinatal period, particularly following pregnancy loss. This longitudinal study investigates the role of self-compassion in the mental health of perinatal women having previously experienced (n=45) or not having experienced (n=123) pregnancy loss. Archival data was utilised to compare levels of perinatal depression, psychological distress, and self-compassion for women receiving psychological therapy at session one and session six. Results indicated that both participant groups reported similar levels on all variables at baseline. There were significant increases in self-compassion and decreases in perinatal depression and psychological distress after six sessions of therapy for both groups. A regression showed changes in self-compassion following six sessions of therapy was predictive of psychological distress, particularly for women who reported pregnancy loss. Self-compassion may represent a viable intervention for psychological distress in a perinatal population particularly following pregnancy loss.

## Day 1 – Friday 8th of September 2023

### Concurrent sessions A23: Understanding and Supporting Perinatal Loss

#### **Keren Ludski**

[kerenludski@rednose.org.au](mailto:kerenludski@rednose.org.au)

Perinatal loss refers to the death of a baby during gestation and up to 28 days after birth. Because these deaths are often sudden, without warning and completely unexpected, the grief that follows these losses is often intense and disenfranchised.

It is widely stated in the literature that the death of a child is one of the most intense forms of grief. The death of a child seems to violate the very laws of nature. Parents may feel that they have failed in their fundamental roles as parents — to protect their child. They may struggle due to the lack of information and reasoning behind the death of their baby. Often the relationship between parents and child is not recognised if the child dies prior to birth.

Supporting the perinatally bereaved is often challenging. Mothers report strong feelings of guilt and shame that seem immovable. Fathers (partners), on the other hand, often report a sense of helplessness and hopelessness in supporting their partners; whilst at that the same time trying to navigate their own grief experience. Over the last two years, Red Nose has supported families through Counselling, Hospital to Home program, Peer support and informal get togethers.

Through the support given, patterns of grief have been identified and different strategies implemented to help these families attend to the gamut of physical and psycho social effects of their grief. A range of factors have been identified that may be useful in understanding and assisting post-loss adjustment.

Timely, compassionate and empathic care provides the best opportunity for perinatally bereaved parents to navigate their grief experience. Individualised and appropriate support interventions are critical components in ensuring bereaved parents are best set up to integrate their grief.



## Day 1 – Friday 8th of September 2023

### **Concurrent sessions A27: Providing Sensitive Perinatal Mental Health Care: Protective and Predictive Factors of Good Outcomes in Mentally Ill Women in the Perinatal Period Involved with Child Welfare Services**

**Chamali Wanigasekera**

Anne Buist

[Chamali.WANIGASEKERA@austin.org.au](mailto:Chamali.WANIGASEKERA@austin.org.au); [a.buist@unimelb.edu.au](mailto:a.buist@unimelb.edu.au)

Mental Illness is common in the perinatal period, and given the dependency of infants, additional factors such as lack of support, family violence and comorbid drug use may place the infant at significant physical and psychological harm. Ninety-nine women were admitted in 2021 to the Austin Parent Infant unit; 19.9% had Protective services involvement. Anecdotal information suggests many of these women do not have adequate support on discharge. Still, the factors that predict and protect these families in remaining together and functioning in a “good enough” manner are unclear.

To review the current literature examining protective service involvement in the women who present with mental illness in the perinatal period

A systematized review of the literature was conducted through a comprehensive search of databases for psychosocial and medical research (MEDLINE, PsycINFO, Embase, Emcare, Cochrane Library) and a targeted search of the grey literature to select the relevant studies that meet the inclusion criteria. Original papers were included if they were written in English and published before 1st September 2022. Sixteen studies were selected for inclusion.

Results will be presented as well as the research study outline which will follow up with women until three years postpartum. The study group will comprise women admitted to the Austin Parent Infant Unit with Protective Service involvement. They will be matched to women from the unit without Protective concerns on age, parity and diagnosis.

Results of this research will discuss recommendations about how to provide sensitive perinatal mental health care.

## Day 1 – Friday 8th of September 2023

### Concurrent sessions A43: Implementing Peer Support in a Mother-Baby Unit

#### Leanne Norman & Rebecca Hill

Kat Evans & Kayla Hann

[leanne.norman@sa.gov.au](mailto:leanne.norman@sa.gov.au)

Evidence for the value of peer-to-peer support in recovery from mental health disorders has accumulated over the last two decades. Women with perinatal mental health disorders often feel isolated and shamed by their experience of mental ill-health, and it has been shown that connection to peers with similar lived experience has power to relieve these feelings and instil hope for recovery. Although these benefits have been described in community-based treatment, there are no studies addressing the implementation of peer support in a Mother-Baby Unit (MBU) such as ours. In 2021 our Unit received funding for a peer support worker to connect directly with the mothers and infants during their stay in the MBU. It took some time to develop a workable model, with aspects to be worked through including line of governance, supervisory support, scope of practice (eg whether post-discharge follow-up was within scope), and preparing the clinical workforce to welcome and support the peer support worker in this novel role within the team. The peer support worker has gone on to lead group activity sessions and to provide one-on-one supportive encounters with individual mothers in day-to-day contacts but has had an even more important and fundamental impact on many aspects of the Unit's physical milieu and treatment approach by providing a consumer voice that is embedded in the multidisciplinary team.

In this talk, we will discuss the issues and experiences arising from our implementation of peer support in an MBU, and report on a survey of consumer feedback. We conclude that peer support has a pivotal role to play in recovery-oriented care. Our initial experiences and survey results underscore this fact in an MBU setting. Clear role definition and education for peer- and non-peer workers are recommended for successful implementation.

## Day 1 – Friday 8th of September 2023

### **Keynote Address: King's College London Domestic abuse and suicidality in the perinatal period**

#### **Professor Louise M Howard**

There is strong evidence that domestic abuse is a risk factor for perinatal mental disorders. However, there is less evidence on its association with suicidality and suicide nor how to best identify and support women experiencing domestic abuse in the perinatal period. I will present evidence on suicidality and mental disorders linked to domestic violence and abuse and then discuss assessment and management. This will build on work carried out mainly in high income countries including in minoritized groups but a brief overview of evidence in low income countries will also be reviewed.

## Day 2 – Saturday 9th of September 2023

### **Keynote Address: Secondary traumatic stress in clinicians: Is there a cost for caring?**

#### **Cheryl Beck**

An occupational hazard exists for clinicians who care for persons who have been traumatized. Figley called this cost of caring secondary traumatic stress which is a syndrome of symptoms similar to PTSD that results from clinicians indirectly exposed to traumatic events through caring for patients who have been traumatized. It is stress that can result from helping or wanting to help a traumatized or suffering. In this keynote prevalence rates and symptom severity of secondary traumatic stress in obstetrical clinicians are discussed. Specific experiences of secondary traumatic stress in labor and delivery nurses, certified nurse-midwives, and NICU nurses are detailed to illustrate the quantitative rates. Programs designed to help clinicians with secondary traumatic stress are identified. The keynote will end on a positive note as the possibility of posttraumatic growth in clinicians is explained.

## Day 2 – Saturday 9th of September 2023

### **Plenary session 5: Attachment trauma: Overcoming the past to secure the future. Working with Borderline Personality Disorder in the perinatal period. Learnings from a LAMI country**

#### **Ashlesha Bagadia**

Borderline Personality Disorder (BPD) is strongly associated with attachment trauma, which in turn can be a risk factor for mental health issues in the perinatal period. Despite rising awareness, BPD still remains a poorly understood condition in LAMI countries, including amongst healthcare professionals. Even as stigma remains a key challenge, presence of family networks and deeply enmeshed relationships can be both helpful and harmful for the traumatised mother. This session will cover both the challenges and rewards of working with this population in the developing world.

**Day 2 – Saturday 9th of September 2023**

**Plenary session 6: Attachment trauma: Working together to include fathers in perinatal mental health – good for dad, mum & baby**

**Associate Professor Richard Fletcher**

SMS4dads has evolved through trials in SA, NSW, TAS and QLD. It now provides a national communication channel to reach fathers over the perinatal period. Following a pilot texting partners of mothers with severe mental health distress we have co-designed texts for fathers whose partners are experiencing mental distress. Comprehensive text-based support is also available for First Nations fathers (SMS4DeadlyDads) and fathers with a baby in NICU and after stillbirth. In this presentation, a framework for clinicians and SMS4dads to collaborate toward common mental health targets will be described.

## Day 2 – Saturday 9th of September 2023

### Plenary session 7: Attachment trauma: There is no such thing as a parent: Creating a service system led by infants' needs

#### Nicole Milburn

Winnicott said 'I once said "there is no such thing as an infant", meaning of course, that whenever one finds an infant one finds maternal care, and without maternal care there would be no infant'. Much has been made of this statement from the perspective of the importance of maternal care for the development of the infant. In this plenary by the Australian Association for Infant Mental Health, Winnicott's emphasis on the infant, and the infant's role in the relationship, will be explored from the infant's perspective in terms of what they need in a parent. Winnicott emphasised the unique adaptive relationship between infant and mother, and we can see that the infant needs to create the parent just as much as the parent needs to create the infant. This premise will then be used to reinterpret intervention services, and examples will be shared to both explore different ways of approaching infant-parent difficulties through case material, through the lens of Child Parent Psychotherapy and through a whole of system approach in Child Protection and the Children's Courts. Winnicott warned against generic parenting services more than 60 years ago, and this presentation will contribute to the development of a holding environment within which we can all create infant-led services. Participants will be encouraged to re-align their own services to lead from the needs of the infant. As Socrates said 'the secret of change is to focus all of your energy, not on fighting the old, but on building the new.'

## Day 2 – Saturday 9th of September 2023

### **Symposium A45: Sensitive care in MotherBaby Units (MBUs) in the modern age: Challenges and opportunities**

This symposium will address some of the knottier challenges inherent in providing inpatient psychiatric care to mother-infant dyads. By sharing some real-life examples, the speakers will explore the opportunities and the limitations of this treatment modality. Is it realistic to provide care for all mothers with their infants across the diagnostic spectrum, or are there limits? How could these be defined? Where can we innovate to extend our reach and effectiveness? Clinicians from four different Australian MBUs will address these questions.

#### **Paper 1: When the interests of mother and infant collide: To treat or not to treat in the MBU**

**Rebecca Hill**

rebecca.hill@sa.gov.au

Mother-Baby Units (MBUs) exist to support ongoing proximity and bonding between mother and infant; however, a number of factors may mean that it is not always the best treatment venue for a given mother or infant. While it can be relatively straightforward to identify when the mother is too symptomatic to cope in the setting, assessing the relative risks/harms and benefits for the infant can be more difficult. Vignettes will be presented that illustrate these challenges. Usually these can be found to fall into one of two broad areas in which benefit/harm for the infant is questionable. One, where the social setting is unlikely to support the mother to safely care for the infant after discharge (and thus child protection intervention is likely) leading to a poor risk: benefit analysis for the infant who may be attaching to mother while co-admitted in the MBU and then suffer the stress of the loss of this relationship and the need to attach to another caregiver. Secondly, where the mother's symptom burden is such that, although she can manage from a psychiatric standpoint in a low intensity nursing environment, infant care will effectively be given by staff, leading to the known psychological strain for the infant of rotational care. In these scenarios it could be argued that the infant's best interests are not served by coadmission, though this may occasion considerable distress in the mother and others. The level of complexity involved in weighing up the mother and the infant's interests can be compounded by the anxiety aroused in all involved persons (patients, family and also staff), due to the near-universal sensitivity regarding potential separation of a mother and infant. A nuanced understanding of infant mental health principles can assist us to hold in mind the dual facts that dyads are interconnected and also have individual needs that must be taken into account. There are currently no evidence-based or consensus-based guidelines to inform decision making about timing or appropriateness of admission to an MBU, however some recommendations will be proposed to assist this process.



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#### **Rebecca Hill**

Paper 1 Title: When the interests of mother and infant collide: To treat or not to treat in the MBU

#### **Susan Roberts, Aleshia Ellis & Grace Branjerdporn**

Paper 2 Title Failing to thrive: Exploring the challenges of management of eating disorders in the mother and baby unit setting

#### **Ciara Maher, Maliththa Muwanwella and Felice Watt**

Paper 3 Title: The Role of the Mother Baby Unit in Treatment of Active Substance Use Disorder and Co-Morbid Perinatal Mental Illness

To describe by means of case presentation a novel approach to treating active substance use disorder and co-morbid perinatal mental illness in inpatient Mother Baby Units (MBUs).

#### **Sylvia Lim Gibson, Tracey Fay-Stammbach and Sophie Isobel**

Paper 4 Title: The gestation and birth of a new unit: unexpected lessons learned from the first 12 months of a mental health parent and baby unit

## Day 2 – Saturday 9th of September 2023

### Concurrent sessions A66: Breastfeeding and Lithium - a case study and discussion

**Rosalind Powrie**

[Ros.powrie@sa.gov.au](mailto:Ros.powrie@sa.gov.au)

This paper presents a case study along with recent evidence which challenged my usual practice of not prescribing Lithium in a breastfeeding mother. Up until recently the consensus regarding lithium and breast feeding has been weighted in favour of either not breastfeeding or changing to an alternate safer medication if a mother wishes to breast feed.

Breastfeeding is recommended by WHO for infants and maternity services are encouraged to adopt these recommendations the “Baby Friendly Health Initiatives” (BFHI). Lithium prophylaxis for pregnant mothers with Bipolar Disorder is considered a highly effective treatment in the prevention of relapse in pregnancy and post-partum although there are alternatives which can be substituted, pre-pregnancy or during pregnancy. Mothers to be who have been stable on Lithium for a long time may prefer not to make changes during pregnancy recognising the importance of their own mental health in the care of their infant, however this is often accompanied by feelings of guilt and sometimes regret that they have not offered their infant the best nutrition to promote their development as recommended in the BFHI, along with the other benefits of breastfeeding on bonding.

This case presentation will describe how a patient and myself navigated her wish to remain on lithium and breastfeed her second child, in the context of emerging evidence and case studies brought to my attention. In this case there were very positive benefits both regarding her mental health and connection with her baby who is developing typically.

## Day 2 – Saturday 9th of September 2023

### Concurrent sessions A64: A State-wide Survey of Women's Experience of Screening and Referral for Mental Health and Psychosocial Concerns

#### Virginia Schmied

Nicole Reilly, Lynn Kemp, Ann Dadich, Emma Collins, Hannah Dahlen  
V.Schmied@westernsydney.edu.au

National guidelines recommend all women are screened for mental health and psychosocial concerns early in pregnancy and following birth and offered a supportive and coordinated service response. This practice has been mandated in New South Wales since 2009. It is timely to hear women's views about what is working well and where improvements can be made.

This study aimed to gather insights into women's experiences of routine mental health screening, psychosocial assessment and referral.

Women who were pregnant or who had given birth in NSW in the past 12 months were invited to take part in an anonymous cross-sectional survey.

511 women from across NSW responded to the survey. Around 80% of these women recalled being screened, mostly by a midwife at an antenatal booking visit. Women cared for by a private obstetrician were less likely to be screened. Over 90% of women said they understood why they had been asked the questions, and a majority of indicated they were comfortable with the way the questions were asked and felt the questions had been explained well. Most women preferred to be asked the questions by a health professional. although notably, only 54% of women indicated they were honest in their responses all the time. Half of those who disclosed a concern received some feedback from the health professional at the time; 66% said this was helpful and half the women referred for additional support accessed that support. Women's open-ended responses highlighted perceived benefits of screening and emphasised the importance of clinicians conducting screening as a conversation best supported by relationship-based care.

Women are favourable towards mental health and psychosocial screening particularly when they can talk about their aspirations, needs and concerns in a conversational way with a clinician. Psychosocial enquiry is best supported by relationship-based care.

## Day 2 – Saturday 9th of September 2023

### Concurrent sessions A3: Associations between self-efficacy and health literacy among expectant and new fathers: findings from a global survey

**Karen Wynter**

**Vanessa Watkins, Shane Kavanagh, Sarah Hosking, Bodil Rasmussen, Helle Terkildsen Maindal & Jacqui Macdonald**

Paternal self-efficacy, i.e. expectations for successful coping in fatherhood, plays an important role in father-child relationships. Understanding fathers' health literacy levels may inform health services' ability to meet their needs and improve family health during the transition to parenthood; however, associations between paternal self-efficacy and health literacy have not yet been investigated. The aim was to examine associations between paternal self-efficacy and health literacy.

Cross-sectional study. Fathers were recruited through an international paid online survey platform. The survey included socio-demographic and health characteristics, the 9 scales of the Health Literacy Questionnaire (HLQ) and the Efficacy subscale of the Parenting Sense of Competence Scale. Associations between self-efficacy and socio-demographic and health variables and HLQ scale scores were investigated first univariately using Mann-Whitney U-tests, Kruskal Wallis tests and Spearman's  $\rho$  and subsequently using linear regression.

Surveys were completed by 725 fathers. Respondents primarily resided in USA (31%), UK (27%) and South Africa (18%). Higher paternal self-efficacy scores were univariately significantly associated ( $p < 0.05$ ) with higher parity, better physical and mental health, higher education levels, residing in the US or South Africa compared to the UK or other countries, and all HLQ scale scores. The following variables made significant, independent contributions ( $p < 0.05$ ) to self-efficacy scores in the linear regression model: having  $\geq 2$  children (compared to one), better mental health, higher education level, and scores on two HLQ scales: Actively managing health and Social support.

Supporting fathers to actively manage their own health during the transition to parenthood may contribute to improved self-efficacy, with benefits for the whole family. Health professionals should be particularly aware of first-time fathers and those with lower education levels or symptoms of poor mental health.

## Day 2 – Saturday 9th of September 2023

### **Concurrent sessions A39: Childhood trauma vs lifetime trauma: Understanding their impact on depression and parenting self- regulation in an early parenting services cohort**

#### **Alice Dwyer**

Anne Marie Maxwell

[alice.dwyer@health.nsw.gov.au](mailto:alice.dwyer@health.nsw.gov.au)

Traumatic experiences and their impact on parenting continue to be a key focus of perinatal and infant mental health research. A key question is whether abusive or traumatic experiences in the childhood of the parent, as opposed to lifetime experiences of trauma, confers particular risk on the development of depressive symptoms and/or parenting capacities in the postnatal period.

This question will be explored by examining data collected in an early parenting service. Different types of abusive or traumatic experiences as reported on the Postnatal Risk Questionnaire (PNRQ) will be analysed in relation to how they are associated, or not, with depressive symptoms as measured by Edinburgh Postnatal Depression Scale (EPDS) and parenting self-regulation as measured by the Measure as a Parent Scale (MaaPs).

Childhood emotional abuse alone, or in conjunction with lifetime physical or sexual abuse, confers a significantly greater risk of depressive symptoms and/or parenting self-regulation problems, than either no reported abuse, or lifetime sexual or physical abuse alone.

150 de-identified archival admission score sets will be randomly selected from parent-infant dyads (0-3 years) who accessed day and residential services for sleep and settling, feeding, child behavioural issues and/or parental emotional distress. Scales include PNRQ, EPDS and MaaPs.

The implications of study findings will be explored, with a focus on whether childhood emotional abuse and/or lifetime traumatic experiences are particularly associated with depressive symptoms or parenting issues. The discussion will include an exploration of how this knowledge may inform clinical interventions and response to parenting distress in an early parenting services setting, together with future research priorities.

## Day 2 – Saturday 9th of September 2023

### **Concurrent sessions A32: Grief and Support Needs of Grandparents Following a Child's Perinatal Loss**

#### **Jane Lockton**

Dr. Melissa Oxlad

[jane.lockton@adelaide.edu.au](mailto:jane.lockton@adelaide.edu.au)

Perinatal loss is a devastating event for parents, however the experiences of grandparents are not well understood. Our previous work found that the loss of a grandchild in the perinatal period was described as the most difficult participants had experienced, with little available support avenues. Very little research has considered the longer-lasting impacts (if any) for grandparents who experience this type of loss.

The aims of the study were to explore the experiences, outcomes and support needs of grandparents who had experienced the loss of a grandchild/ren in the perinatal period 10-20 years previously.

Twelve grandmothers and grandfathers who had experienced perinatal loss of a grandchild 10-20 years ago were interviewed, and reflexive Thematic Analysis used to analyse the data.

Four themes were developed as a result of the analysis, including the ongoing nature of grief following perinatal loss of a grandchild, the challenges of subsequent pregnancies, family adjustments and changes in relationships, and discussions around family coping. Families at higher risk for long term complications include those where family members are geographically distant, where there are complicated family dynamics, and where the family unit has experienced multiple losses, which then have a cumulative effect. Impacts may include difficulty processing the loss, long term disruption to family relationships, anxiety during subsequent pregnancies, and impairment of physical and mental health.

Our study affirmed that grandparent grief is compounded and disenfranchised, with specific support difficult to find. However, providing information and support to grandparents may provide long-term benefit not only to grandparents themselves, but also the whole family. As such supporting grandparents following perinatal loss is an important consideration for health services working in the perinatal health space.

## Day 2 – Saturday 9th of September 2023

### **Concurrent sessions A6: Perinatal Obsessive Compulsive Disorder: A Case Series**

#### **Dr Kate Jarvis**

Kate.Jarvis@sa.gov.au

This presentation will discuss the progress and recovery of 4 women diagnosed with Obsessive-Compulsive Disorder (OCD) in the perinatal period. It will describe their history of presenting symptoms with a focus on the specific challenges of managing this disorder from a biopsychosocial perspective.

Women in the perinatal period have an increased risk of the onset on a new diagnosis of OCD, or an exacerbation of pre-existing OCD. They may experience perinatal-specific obsessions or compulsions which are ego dystonic and very distressing. This case series will highlight how the women's symptoms of OCD impacted on their Mother-Infant attachment relationships and general parenting tasks.

Women in the perinatal period who have been diagnosed with OCD have high levels of functional impairment and distress, especially when obsessions concern infant-related harm. This case series will explore the importance of assessing risk in the presence of these types of obsessions (often sexual and aggressive) and the role of psychoeducation, diagnostic clarification and the importance of assisting women to manage their infant related obsessions without compromising the attachment relationship.

OCD is an under diagnosed and under recognised disorder. Subthreshold symptoms are often present in the perinatal period and rarely asked about, with symptoms often being attributed solely to depression or anxiety or even wrongly attributed to an emerging perinatal psychosis.

All women expressed anxiety about seeking help for their symptoms, for fear that their child could be removed by child protection or that they would be perceived by health care professionals to be unfit to care for their infant. All 4 cases demonstrate how variable the trajectory of symptoms is for women during pregnancy and in the post-partum period, and how concept of “recovery” is understood.



## Day 2 – Saturday 9th of September 2023

### Concurrent sessions A15: Perinatal Psychosocial Assessment, the Views of Health Professionals Working in the Private Obstetric Sector

#### Dr Tanya Connell

tanya\_connell@bigpond.com

Women are not universally or routinely screened ante-or postnatally for psychosocial risk factors, depression and anxiety in the private sector in Australia. There are limited studies that explore health professionals' views on screening or perceived barriers to the screening process.

The aim of this study was to discuss the health professionals' views of psychosocial screening and assessment who work in the private obstetric sector.

Semi-structured face-to-face interviews were completed with 11 midwives, 1 social worker and 2 obstetricians. Three hospital sites were chosen, of which only one currently screens women for psychosocial risk factors. Thematic analysis was applied to interview transcripts. Three researchers then discussed reoccurring themes and a consensus in themes and sub-themes was reached.

There was an identified concern by midwives that obstetricians did not take seriously any concerns highlighted by the midwife about women's psychosocial problems. There was a sense of a lack of 'ownership' of the women, therefore a feeling of helplessness in addressing their needs. Suggestions were made: appropriate education and training of midwives, flagging high risk women, more in-house resources and external resources/community links and employing a central midwife with interest and expertise in psychosocial screening.

## Day 2 – Saturday 9th of September 2023

### **Concurrent sessions A40: Exploring fathers' perspectives as a parent in the neonatal intensive care unit (NICU): Preferences for support and intervention**

#### **Dr Vincent Mancini**

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Parents who experience an admission to the neonatal intensive care unit (NICU) are at substantially greater risk of developing a postnatal mental health condition. The mental health impact of a NICU birth is no longer thought to be limited to mothers, with growing attention placed on the impact that a NICU birth has on fathers, and the family as a system. Routine screening and intervention programs tailored to NICU fathers remain limited, despite compelling evidence that articulates the potential downstream consequences that unresolved mental health difficulties following a NICU birth place on fathers and those family members in close proximity.

In response to the paucity of policies and programs embedded in Australian birthing hospitals, this program of research has sought to address the following objectives.

1. To identify the role that fathers play during a NICU admission.
2. To facilitate a consumer-led approach to understanding the challenges of fathers in the NICU and to have fathers offer ideas to provide tailored and targeted opportunities to deliver support.
3. To develop and pilot the NICU Dads intervention at a large NICU located in Perth, Western Australia.

Objective 1 was recently completed and published and used to complement the activities currently being undertaken as part of activities 2 and 3. Approximately 100 NICU fathers have participated in study that sought to understand their experience as a non-birthing parent and also shared their ideas about how fathers can be better supported as part of routine care. Though data collection and analysis remain ongoing, preliminary analysis of the currently available findings suggest that there was a strong preference for of a peer-led component to receiving support, and for educational materials about how they can care and support their babies and families whilst in the NICU – although contact with healthcare professionals is also strongly endorsed.

## Day 2 – Saturday 9th of September 2023

### Concurrent sessions A25: Breaking the Cycle: A Trauma Responsive Approach in the Perinatal Period

#### Chantal Dodd and Gaynor Trezona

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Kids in Focus (KIF) is a voluntary, outreach, home-visiting service which supports parents whose substance use impacts on their pregnancy and/or care of their children. KIF families face multiple interacting complexities including social isolation, poverty, homelessness, domestic violence, disability, and mental health. Experiences of intergenerational trauma, loss and adversity are common for KIF participants, even prior to becoming parents themselves. The interaction of these complexities within the perinatal period can lead to significant barriers to accessing services.

Families may experience shame and guilt regarding their substance use, fear judgement by professionals, have a distrust of systems and fear the loss of their children. These experiences increase the vulnerability of the client and erode their sense of agency. This makes seeking support challenging and impacts how and when families interact with supports.

Through responding holistically to the multiple interacting complexities that face parents in the KIF program, we are better able to support families to make and sustain change and increase family safety and wellbeing.

Without a trauma informed approach to care, we run the risk of families disconnecting and becoming isolated, perpetuating intergenerational cycles of trauma for the parent, and decreasing our opportunities to intervene early with the child.

At Kids in Focus, work with families is guided by Centacare's Therapeutic Framework which goes beyond being trauma informed towards targeted, trauma responsive, psychotherapeutic interventions. The Therapeutic Framework draws on research including the work of Dr Jacqueline Amos and focuses on the causes and treatments for intergenerational trauma.

With a trauma responsive approach, we have the opportunity to intersect in order to break the cycle, to shift the direction, to create a space for the child and parent to thrive. We say to families, "I can handle what you're sharing with me, and we can work this out together".

## Day 2 – Saturday 9th of September 2023

### Concurrent sessions A63: Building sensitive interprofessional collaboration in perinatal mental health using augmented reality (AR) education resources

#### Louise Everitt

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Midwives and other maternity clinicians working with women and families often lack confidence and skills in assessing, supporting and referring women with perinatal psychosocial concerns. The Perinatal Interprofessional Psychosocial Education program for Maternity Clinicians (PIPE-MC) is a novel, skills-based education program designed to strengthen clinicians' skills to sensitively respond to women's psychosocial needs and to collaborate across disciplines and services.

With support from the Australian government, the PIPE-MC team established a codesign team with over 20 members including six maternity consumers with lived experience of perinatal mental health concerns and a diverse group of interprofessional clinicians. This codesign team developed the PIPE-MC program and scripted the Augmented Reality (AR) scenarios based on the lived experience of consumers and clinicians in the team. The AR scenarios offer an opportunity for effective and innovative learning to practise skills in a safe, simulated environment. The scenarios cover a range of perinatal psychosocial concerns including perinatal mental health, pregnancy loss and trauma, cultural diversity with the use trauma informed principles to underpin the learning process.

The aim of this workshop is to facilitate an interactive skills practice session using the codesigned AR scenarios to explore the following issues/topics:

- Use of a debrief model to explore what happened in the scenario, and how each 'actor' - woman, clinician and others including workshop participants - is feeling
- The skills that the clinician demonstrated (or not) in the scenario and explore different approaches proposed by participants
- Ensuring culturally sensitivity
- Balancing use of risk screening tools while simultaneously exploring women's strengths
- The roles of the interprofessional team to address psychosocial concerns and supports required for individual women and families

Participants will have the opportunity to consider and share with each other how this AR scenario and the interactive discussion applies to and may influence them in practice.

## Day 2 – Saturday 9th of September 2023

### Concurrent sessions A38: Evaluating the Long-Term Offspring Impacts of Perinatal Anorexia Nervosa Exposure: A Systematic Review

#### Tina Yutong Li

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Anorexia Nervosa (AN) is a low-prevalence, high mortality eating disorder that has significant physical and psychiatric complications. Women with active AN in pregnancy experience a disproportionate increase in morbidity and mortality. The long-term impacts upon offspring of women with active AN during pregnancy are lesser known. The aim of this paper is to explore the long term psychological and physiological sequelae of offspring born to women with AN during pregnancy.

The literature was searched using PubMed, PsycINFO, CINAHL and SCOPUS and by additional hand searches and grey literature searches. This was conducted in accordance with the PRISMA guidelines from the databases' inception to May 2021 and repeated in June 2022 prior to submission.

The systematic review examined five predominant domains of offspring outcomes: growth development, neurological development, physical health, psychological health and feeding patterns. Poorer growth development, psychological outcomes and feeding patterns were found in offspring born to mothers who experienced active AN during pregnancy.

Offspring born to mothers with active AN during pregnancy experience long-term sequelae throughout childhood. The goals of clinical management should therefore be to enhance decision-making, ensure maternal-offspring safety and minimise long-term adverse outcomes.

## Day 2 – Saturday 9th of September 2023

### **Concurrent sessions A68: ForWhen: A national care-navigation service for new parents experiencing mental health challenges in the perinatal period**

#### **Jane Kohlhoff**

Megan Leuenberger, Michelle Harrison, Catherine Wade, Angela Reid, Grainne O'Loughlin, Valsamma Eapen  
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In Australia, an estimated one in five mothers, and one in ten fathers/non-birth partners, experience perinatal mental health (PIMH) issues. Many parents do not access the PIMH services due to system-level barriers including fragmentation, lack of appropriate services, stigma, and service navigation difficulties. Patient Navigation provides a promising solution to these issues by introducing the role of a 'navigator' who connects clients to available services as a way of facilitating timely access to care, and in the process fostering patient self-management through education, capacity building, and support.

In 2021, the Australian Federal government funded the National 'ForWhen' PIMH navigation program. ForWhen was implemented by Karitane, the Australasian Association of Parenting and Child Health, Parenting Research Centre, and University of New South Wales. The program is delivered by 15 navigators and 3 Aboriginal Liaison Officers across all states/territories of Australia. From Feb 2022-Feb 2023, over 1500 parents, family members and health professionals accessed the ForWhen program via a national PIMH call line and were provided with triage/screening and navigation to local services.

This symposium will comprise four papers. Paper 1 will describe the ForWhen program with a focus on: service provision and reach; navigator roles, training and supports; governance. Paper 2 will describe the practice design and continuous quality improvement processes that guided early implementation and ensured ongoing fidelity and service delivery quality. Paper 3 will present results of the ForWhen evaluation including program description (phase 1), implementation evaluation including assessment of program acceptability, feasibility, fidelity, and cost-benefit (phase 2), and clinical outcomes evaluation (phase 3). Finally, paper 4 will present a series of personal accounts, vignettes and case studies - told from the perspectives of navigators, aboriginal liaison officers, and consumers - to illustrate the ways in which the program works, clinical outcomes, and barriers/facilitators to program success.

## Day 2 – Saturday 9th of September 2023

### **Concurrent sessions A9: Interventions with fathers to prevent or reduce partner violence against women during pregnancy and early parenthood: what works?**

#### **Karen Wynter**

Paternal self-efficacy, i.e. expectations for successful coping in fatherhood, plays an important role in father-child relationships. Understanding fathers' health literacy levels may inform health services' ability to meet their needs and improve family health during the transition to parenthood; however, associations between paternal self-efficacy and health literacy have not yet been investigated. The aim was to examine associations between paternal self-efficacy and health literacy.

Cross-sectional study. Fathers were recruited through an international paid online survey platform. The survey included socio-demographic and health characteristics, the 9 scales of the Health Literacy Questionnaire (HLQ) and the Efficacy subscale of the Parenting Sense of Competence Scale. Associations between self-efficacy and socio-demographic and health variables and HLQ scale scores were investigated first univariately using Mann-Whitney U-tests, Kruskal Wallis tests and Spearman's  $\rho$  and subsequently using linear regression.

Surveys were completed by 725 fathers. Respondents primarily resided in USA (31%), UK (27%) and South Africa (18%). Higher paternal self-efficacy scores were univariately significantly associated ( $p < 0.05$ ) with higher parity, better physical and mental health, higher education levels, residing in the US or South Africa compared to the UK or other countries, and all HLQ scale scores. The following variables made significant, independent contributions ( $p < 0.05$ ) to self-efficacy scores in the linear regression model: having  $\geq 2$  children (compared to one), better mental health, higher education level, and scores on two HLQ scales: Actively managing health and Social support.

Supporting fathers to actively manage their own health during the transition to parenthood may contribute to improved self-efficacy, with benefits for the whole family. Health professionals should be particularly aware of first-time fathers and those with lower education levels or symptoms of poor mental health.

## Day 2 – Saturday 9th of September 2023

### **Concurrent sessions A7: Antenatal Use of Eye Movement Desensitisation and Reprocessing Therapy (EMDR) to Heal the Trauma of Perinatal Loss, Birth Experience Adversity During a Subsequent Pregnancy**

#### **Chris Ciancio**

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The World Health Organisation (WHO) has recognised EMDR as an effective treatment for trauma since 2013. Medicare approved EMDR for use in Australia as a Focussed Psychological Therapy (FPT) in 2020. There is, however, little empirical evidence so far of the use of EMDR in the antenatal space. This clinician has used EMDR anecdotally at WCH with a number of antenatal women, with a history of birth trauma, enabling reduction in anxiety for the birth and a renewed sense of hope for the future with their new baby.

This presentation will take the form of a case study of two women at the WCH using EMDR in the antenatal period to reduce PTSD symptoms and anxiety to prepare them for the birth of their next baby. The first suffered the loss of her baby in traumatic circumstances and struggled to find space in her heart for the lost child as well as the new baby she was carrying. The second, of a woman so traumatised by the previous birth, she was unable to tolerate the obstetric care necessary for safe delivery of the new baby she was carrying.



## Day 2 – Saturday 9th of September 2023

### **Concurrent sessions A57: The impact of the SARSCoV-2 COVID-19 pandemic on mental health disorder prevalence and service engagement among new mothers at Fiona Stanley Hospital's Mother and Baby psychiatric inpatient unit: A pre/post-observational cross-sectional study**

#### **Mitchell Graham**

Perinatal women have unique mental health needs and have become increasingly vulnerable in the context of the COVID-19 pandemic. Given that mother and baby units (MBU) provide care for an important subset of these women, it is important to develop an understanding of the impact of the pandemic on this group of women and their care.

To evaluate the impact of COVID-19 pandemic on ward acuity and service demand on a MBU.

A pre/post-observational cross-sectional study was conducted retrospectively. Groups were created based on dates of significant public health care intervention implementation. The study was approved by the hospital audit committee.

The study duration was divided into three periods based on pertinent government implemented public health care measures. The pre-restriction period -August 1st, 2019 to March 24th, 2020. The second time period was from first lockdown and the gradual ease of restrictions until the day before the second lockdown (March 25th, 2020 to January 31st, 2021). The final time period was February 1st, 2021 to June 30th, 2022 with increasing community spread of COVID19 and the easement of public health care measures. A total of 376 admissions were studied during these 3 periods. The average length of stay decreased over the course of the pandemic ( $p = 0.002$ ), while the average age on admission reduced in Group 2, the second Covid wave period ( $p = 0.001$ ). Women whose primary language was not English (CALD- culturally and linguistically diverse) were admitted significantly more often in the latter phase of the study period ( $p = 0.045$ ).

Conclusion: Overall there was an increase in service demand and ward acuity as the pandemic progressed. The data related to CALD women indicates an at-risk group who may require enhanced access to care during future pandemics.

## Day 2 – Saturday 9th of September 2023

### Concurrent sessions A48: Homelessness and the Mother and Baby Unit

#### Felice Watt

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Rising homelessness has continued to outstrip Australia's growing population. Between 2020-22 there was a sizeable spike in rent inflation in the private market across Australia, which has impacted on low-income households, pushing many into homelessness. Women with mental illness and their families are an at-risk group, with homelessness adding to the compound social adversity that frequently contributes to mental health presentations.

To discuss the impact of homelessness on the Mother and Baby Unit (MBU) Model of Care using two accounts of homeless women receiving treatment and care at a metropolitan MBU during the last twelve months.

The presentation focuses on the stories of two deidentified inpatients at the MBU and the impact of homelessness on their treatment, outcomes, and discharge process. The consequences of protracted and uncertain discharge planning on patients, their families and the treating team is discussed.

The MBU model of care is ideally woman and infant centred, multidisciplinary, trauma informed, and attachment based, with preparation for discharge involving connection with and fostering community supports. Homelessness challenges the capacity of the MBU to provide the required level of care. The use of advocacy both within and outside health sector is described as is the powerful dynamic of victim, persecutor and rescuer which was observed to play out in the experiences of the patients and treatment team.

Conclusions These findings have stimulated the MBU to consider new pathways and processes for patients identified as homeless prior to, or after admission. There is an urgent need for pathways allowing collaboration between government services and for the provision of appropriate residential step-down facilities.

## Day 2 – Saturday 9th of September 2023

### **Concurrent sessions A62: Evaluation of a state-wide outreach perinatal mental health service: Translating findings into actions**

#### **Tracey Fay-Stammbach**

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Governments have a mandate to allocate resources to ensure effective mental health interventions are offered to as many people as possible, regardless of geography and other social determinants of health. Health ministries also have an obligation to monitor and evaluate whether services are equitable and accessible. Evaluations are useful because they inform strategic direction in terms of service planning, whether the service should be adapted, improved, replicated, scaled up or closed.

The New South Wales State-wide Outreach Perinatal Services - Mental Health (SwOPS) program was established in 2012 to deliver specialist perinatal consultation-liaison services to rural and remote mental health clinicians who care for perinatal women with severe or complex mental ill health.

This presentation focuses on a recent evaluation of SwOPS and the impact of the evaluation findings on service planning. A mixed-methods evaluation was used to examine participants experiences with SwOPS, using both an online survey and focused interviews. The findings identified benefits (e.g. increased knowledge), facilitators (e.g. staffing) and barriers (e.g., cultural sensitivity) for the service, including key recommendations for service improvement and expansion.

This paper highlights the service and policy changes which resulted from the evaluation, and the value in involving researchers, policy makers, clinicians, and consumers throughout the evaluation process.

## Day 2 – Saturday 9th of September 2023

### Concurrent sessions A46: ‘Supporting recovery from perinatal trauma with developmentally sensitive clinical interventions’

#### **Bianca Bird**

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One of the biggest challenges for clinicians is finding developmentally sensitive interventions to promote healing and recovery for children who have experienced perinatal trauma. How do we provide interventions that honour the child’s body, brain, nervous system and attachment needs when the ‘point of disruption’ was at such a critical stage of development? How do we support unconscious processing and sub-cortical strengthening that is ‘beyond words’ to promote healing and recovery?

The Neuro Sequential Model of Therapeutics (NMT) is a developmentally sensitive intervention developed by Dr Bruce Perry and the Child Trauma Academy. It integrates neurobiological science with the therapeutic work with children, families and their communities. The NMT process examines both past and current experiences and functioning, and a review of the history of adverse experiences and relational health factors. This helps create an estimate of the timing of developmental risk that may have influenced brain development and the severity of risk and resilience factors.

NMT gives clinicians the trauma informed and developmentally sensitive guidance to clinical decision making and therapeutic interventions for children who have experienced perinatal trauma. Through this case study we will examine a child’s progress through the evidence-based and clinical intervention of play therapy as measured through the NMT brain metric. Throughout the therapeutic process, NMT measured progress towards healing/recovery, as evidenced in functional domains of sensory-integration and self-regulation, relational functioning, and cognitive development.

This clinical example integrates play therapy and NMT and offers an evidence-based understanding to how these interventions combined can provide the clinical guidance to support recovery from perinatal trauma. Through an NMT brain metric, we can see the impact of perinatal trauma from a neurobiological perspective, as well as the effectiveness of the interventions provided and future recommendations for the ‘therapeutic web’ to further support healing and recovery.

## Day 2 – Saturday 9th of September 2023

### **Concurrent sessions A21: “Google is my best friend”: Culturally and Linguistically diverse fathers’ experiences of accessing and receiving support in the perinatal period**

#### **Dr Rakime Elmir**

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In Western Societies fathers/partners are expected to be present at the birth of their child and provide support for their partners. Research demonstrates that fathers<sup>[1]</sup> have a significant impact on maternal well-being. The challenges faced by fathers in the perinatal period can be even greater for fathers who are from CALD backgrounds particularly men who are recent migrants or refugees because the social and cultural expectations of fathers differ across cultures. The ability to seek support can be influenced by religion and culture including an understanding of gender roles, faith and socio-economic status.

To explore the expectation and experiences of culturally and linguistically diverse (CALD) fathers seeking and receiving support in the perinatal period.

A qualitative methodology informed the study. Fourteen culturally and linguistically diverse fathers from NSW and QLD participated in telephone or video conferencing interviews and demographic data were obtained.

Thematic analysis was used to analyse the data and emerging findings suggest access to support in the postnatal period is non-existent, unavailable or inaccessible. Many fathers googled information and preferred information that could hold and read. Fathers relied on support from family, friends and social support networks.

While fathers found midwives and doctors supportive in terms of informational support, they also wanted to increase their own knowledge and be informed about where to access support. In an attempt to tailor support needs for fathers, resources need to be co-designed and developed with CALD fathers to address disparities in accessing information.

[1] For the purpose of this project, the term father is used as we are interested in men becoming fathers who are from CALD backgrounds.