



Mercy Health
Care first

Mercy Health Research and Development Report 2012





Mercy Health gratefully acknowledges the research funding received from numerous sources. Without this support our researchers, clinicians and teachers could not contribute to the important work that is being done to improve care in health, aged and community services.

In particular we acknowledge the funding we receive from the Commonwealth Government, State Government of Victoria, Medical Research Foundation for Women and Babies, Mercy Health Foundation and the National Health and Medical Research Council.

Front cover image

Dr Martha Lappas: The University of Melbourne/Mercy Hospital for Women

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This report provides an insight into the ongoing research performed across Mercy Public Hospitals Inc, Mercy Health's Victorian health services.

Not all activity is included in each of our research reports. Departments with smaller research programs may only report every second or third year; however, each report does highlight the diversity and strength of the research effort.

My thanks go to all departments that submitted material for the *2012 Research and Development Report*. We congratulate everyone on their achievements and continue to nurture up and coming researchers – some of whom are collaborating on international projects. Our congratulations also go to those researchers who have secured substantial National Health and Medical Research Council grants for research in 2012-13.

Many different funding bodies support research at Mercy Health and we are grateful for this. The Medical Research Foundation for Women and Babies continues to support our organisation and provided more than \$300,000 in grants this year. We thank the Foundation, which is led by Emeritus Professor Norman Beischer.

Finally, I wish to thank the Mercy Health Human Research Ethics Committee. The efficiency of the chairman, Professor John Ozolins, the secretary, Ms Carole Branch, and the committee add a great deal to our research effort.

Associate Professor David Allen

Chairman, Academic Research
and Development Committee,
Mercy Health

Research is integral to the care we provide

As a ministry of the Institute of Sisters of Mercy of Australia and Papua New Guinea, Mercy Health is grounded in a rich history of providing compassionate care to people in need.

From our earliest beginnings, our purpose has been to respond to the current and emerging needs of the communities we serve and improve health outcomes for the vulnerable and disadvantaged.

Integral to all our efforts is research, teaching and training that translate into better outcomes – physical, social, emotional and spiritual – for those who entrust us with their care.

The needs of everyday people drive our research in women's health, neonatal care, maternal fetal medicine, perinatal mental health, mental health, palliative care and aged care services. And our values of innovation, stewardship and teamwork drive our work with universities and other health services so that we can increase the quality of care people receive in hospitals, at home and in the community.

We wish to thank our people who share a common bond to care for those in need. We also thank the Federal and State Governments, our project partners, sponsors, donors, funders and support staff who enable our dedicated clinicians and researchers to do the vital work they do.

On behalf of the Mercy Health Board and Executive Group, we congratulate our researchers for their achievements and the impact their work has on people's lives.



*Adjunct Professor
Stephen Cornelissen,
CEO*



*Mr Julien O'Connell AM,
Chairman*

Mission

Our mission is to follow Jesus Christ in His mission of mercy through the delivery of health, aged care and community services.

Vision

Our vision is to build an enduring capacity and passion to serve those with special needs.

Values

Our values reflect the key behaviours that guide our interactions with each other and those we serve.

Breaking *new ground*

Department of Obstetrics and Gynaecology, The University of Melbourne/Mercy Hospital for Women

Research activity is being sustained at a very high level across all groups within the department.

Dr Martha Lappas has again attained remarkable achievements as a lead research scientist. She was awarded a highly prestigious National Health and Medical Research Council (NHMRC) fellowship and received a number of large research grants. Together with Dr Ratana Lim, Ms Gillian Barker and Ms Marin Poljak (PhD student), Dr Lappas continues to be a world leader in the pathogenesis of preterm labour, premature rupture of membranes and gestational diabetes mellitus.

Dr Harry Georgiou, Dr Megan di Quinzio and Ms Stella Liong (PhD student) have made exceptional progress with their research into biomarkers of preterm labour. Ms Liong will complete her PhD later this year and leave with a number of landmark publications and new research questions to be answered in this important area of clinical obstetrics.

Professor Sue Walker, Dr Alison Fung and the Sleep Disorders Group at Austin Health are pursuing vital research into pre-eclampsia and placental insufficiency. Associate Professor Stephen Tong's Translational Obstetric Group goes from strength to strength with the near completion of three research trainees' PhDs. Ms Gay Fleming's long term leadership of the department's research midwives is also recognised.

Key activity

Understanding the mechanisms that govern birth

Dr Martha Lappas's research group is focused on understanding the cellular and molecular mechanisms that govern birth. Through better understanding of the mechanisms that regulate human labour and delivery, they aim to reduce the adverse consequences associated with being born too early.

One of their major projects in 2012 was to look at the effect of maternal diabetes and obesity on placental function and the implications for fetal growth and development. As maternal diabetes and obesity during pregnancy are associated with cellular and metabolic damage in the placenta, the result is increased susceptibility to a number of chronic diseases such as obesity, diabetes, cardiovascular disease and certain cancers later in life. The longer term aim of this project is the development of clinically useful interventions to improve health outcomes for babies.



L-R: Ms Gay Fleming, research midwife; Ms Asha Ferguson, research midwife; Ms Stella Liong, PhD student, Dr Harry Georgiou, senior research fellow.

Newly identified biomarkers associated with preterm birth

Dr Harry Georgiou's research group has worked for many years to understand the causes of preterm birth (less than 37 weeks gestation), which occurs in approximately 10 per cent of all pregnancies. Although survival rates for the extremely premature baby have increased, the associated morbidity for these survivors remains significant.

With the support of research coordinator Ms Gay Fleming and supervisors Dr Harry Georgiou and Dr Megan Di Quinzio, PhD student Ms Stella Liong has evaluated a number of newly identified biomarkers associated with preterm birth and preterm rupture of fetal membranes. These and a number of previously identified biomarkers have shown improved predictive capacity compared to currently available clinical tests.

Insights into complex pregnancies

Led by Professor Sue Walker, the Department of Perinatal Medicine continues to be involved in a range of exciting clinical projects with research teams at Mercy Hospital for Women, university departments, science groups and other hospitals.

Working in close collaboration with the Institute for Breathing and Sleep at Austin Health, the team has been examining the impact of sleep disordered breathing on a range of reproductive outcomes such as fetal growth restriction and hypertension in pregnancy as well as prediction of sleep disordered breathing in high risk women.

Dr Alexis Shub and Dr Elizabeth McCarthy have continued their research into maternal obesity. During the year they conducted a randomised controlled trial involving nearly 400 women examining the impact of a behavioural intervention to minimise excessive gestational weight gain. Analysis is nearly complete and this data should be available for publication in 2013.



Pursuing new therapies

The Translational Obstetrics Group focuses on scientific discoveries that can directly impact on patient care. One of their major projects is to find medication based treatments that can replace surgery for life threatening ectopic pregnancies. The group has developed a particularly promising treatment approach that consists of a single injection of methotrexate and oral gefitinib.

In 2011 the group first took this approach to treating ectopic pregnancies from the laboratory to the patient's bedside. They led an international phase 1 study in Melbourne and Edinburgh and found the treatment was safe and resolved ectopic pregnancies faster compared to single agent methotrexate.

In 2012 a follow on phase 11 study was rolled out to test whether this new medical therapy could treat ectopic pregnancies of any size, including much larger ectopic pregnancies that previously were exclusively managed surgically. The trial, headed by the Translational Obstetrics Group, is an international study with three recruitment sites: Mercy Hospital for Women, Monash Medical Centre and Royal Infirmary of Edinburgh.

In addition, the group completed laboratory work to assess the potential of nanoparticle therapy to treat ectopic pregnancy. This work was published in the prestigious journal *Endocrinology* and is unique in the field of obstetrics and gynaecology to describe the use of nanoparticle technology to treat diseases of pregnancy.

The group is also undertaking scientific studies to better understand the biology of pre-eclampsia with a focus on discovering new avenues to develop effective therapies. In 2012 they published a breakthrough paper demonstrating the final release mechanism of one of the key toxins of pre-eclampsia, highlighting a new target for the development of novel therapies for pre-eclampsia. This work formed the basis of a successful NHMRC New Investigator grant awarded to Dr Tu'uhevaha Kaitu'u-Lino to fund ongoing research in this area from 2013-15.

Another major project focuses on diagnostics to monitor a sick fetus in the womb. The Translational Obstetrics Group has discovered molecules that are released from the placenta into the mother's bloodstream when the fetus is significantly starved of oxygen and in peril. Having secured a large NHMRC grant in 2012 the group implemented a multicentre international study (Australia, New Zealand and Scotland) to see if this approach can be used as a clinical test to improve pregnancy care. The hope is that such diagnostics might help clinicians better time delivery in order to decrease the numbers of babies lost to stillbirth.

Gestational Diabetes Follow Up Project

The Gestational Diabetes Follow Up Project is an adjunct to the well known Gestational Diabetes Follow Up Program, which is Australia's longest running clinical service and epidemiological study into the development of Type 2 diabetes among women with a history of gestational diabetes mellitus. The project has been funded over several years by the Medical Research Foundation for Women and Babies and acknowledges the previous work of Emeritus Professor Normal Beischer who made significant contributions to our understanding of gestational diabetes and its consequences.

Research coordinators Ms Connie Louizos and Ms Debra Jinks have made an enormous effort to ensure that women who previously experienced gestational diabetes mellitus are followed up regularly so that their blood sugar and fatty acid

levels are monitored. With substantial funding from the Medical Research Foundation for Women and Babies, the research has focused on the evaluation of numerous blood borne biomarkers that are thought to precede the onset of Type 2 diabetes. These include various metabolic hormones, growth factors and inflammatory mediators. More recently a comprehensive analysis of blood borne lipids and fatty acids has been undertaken in collaboration with colleagues at the Baker IDI Research Institute. The early detection of Type 2 diabetes would allow early intervention strategies to be implemented so that the common debilitating complications of diabetes such as cardiovascular disease, kidney disease and blindness can be prevented or delayed.

Academic achievements and awards

- Ms Courtney Wall: Bachelor of Science (Honours) – First Class Honours (H1)
- Ms Kathleen MacIntire: Bachelor of Science Honours student – First Class Honours (H1)
- Dr Kirsten Palmer: ANZPRA/SRB New Investigator Award – Best Oral Presentation, SRB Annual Scientific Meeting, Gold Coast, Queensland
- Dr Monika Skubisz: Early Career SGI Poster Award – Society for Gynecological Investigation ASM, San Diego US
- Dr Monika Skubisz: The Oregon Award for Best Trainee Presentation – Royal Australian and New Zealand College of Obstetricians and Gynaecologists Victorian State Committee Research Symposium
- Dr Clare Whitehead: Arthur Wilson RANZCOG Fellowship
- Dr Ratana Lim: Harold Mitchell Foundation Travelling Fellowship
- Dr Ratana Lim: YW (Charlie) Loke Travel Award
- Dr Tu'uhevaha Kaitu'u-Lino: Best poster award – SRB Annual Scientific Meeting, Gold Coast, Queensland
- Dr Tu'uhevaha Kaitu'u-Lino: Victorian Young Tall Poppy of the Year
- Dr Tu'uhevaha Kaitu'u-Lino: XVIII ISSHP World Congress – Poster award, Geneva, Switzerland

Forums and presentations

2012 Australian and New Zealand Placental Research Association Satellite Meeting Program, Gold Coast, Queensland, August 2012

- “Placental mitochondrial dysfunction leads to cellular and metabolic damage in diabetic pregnancies.” Lappas M
- “Targeted nanoparticle delivery of doxorubicin to placental tissue: a potential therapeutic for ectopic pregnancy.” Kaitu’u-Lino TJ, Pattison S, Ye L, Tuohey L, Sluka P, MacDiarmid J, Brahmbhatt H, Johns T, Horne A, Brown J, Tong S

18th International Federation of Placenta Associations Meeting and the 20th meeting of Japan Placenta Association, Hiroshima, Japan, September 2012

- “FOX M1 is decreased with human preterm labour and regulates pro-labour cytokines in primary amnion cells.” Lim R, Barker G, Lappas M
- “SIRT6 regulates key terminal effector pathways of human labour: possible therapeutic target for the management of infection induced preterm birth.” Lim R, Barker G, Lappas M

43rd Annual Conference of the Society for Reproductive Biology, Gold Coast, Queensland, August 2012

- “Vitamin D binding protein as a predictor of human labour.” Liong S, Di Quinzio MKW, Permezel M, Georgiou HM

59th Annual Meeting of the Society for Gynaecologic Investigation, San Diego CA, USA, March 2012

- “Biomarker discovery in symptomatic women with impending preterm labour.” Liong S, Di Quinzio MKW, Permezel M, Georgiou HM
- “Biomarkers of impending preterm pre-labour rupture of fetal membranes.” Liong S, Di Quinzio MKW, Permezel M, Georgiou HM
- “Identification of biomarkers associated with approaching spontaneous preterm labour in asymptomatic women.” Liong S, Di Quinzio MKW, Permezel M, Georgiou HM

Annual Scientific Meeting of the Australasian Diabetes in Pregnancy Society, Gold Coast, Queensland, August 2012

- “Predicting Type 2 diabetes in an at risk population.” Georgiou HM, Lappas M, Louizos C, Jinks D, Permezel M

Austin LifeSciences Research Week, Heidelberg, Victoria, October 2012

- “Biomarkers of impending preterm pre-labour rupture of fetal membranes.” Liong S, Di Quinzio MKW, Fleming G, Permezel M, Georgiou HM
- “Corin, a protein involved in spiral arteriole remodelling in mice is expressed in human endometrium and the villous trophoblast.” Tuohey L, Kaitu’u-Lino TJ, Ye L, Menkhorst E, Dimitriadis E, Tong S
- “MMP-17: a negative regulator of soluble endoglin production?” Kaitu’u-Lino TJ, Tuohey L, Ye L, Tong S
- “Targeted nanoparticle delivery of doxorubicin to placental tissue: a potential therapeutic for ectopic pregnancy.” Kaitu’u-Lino TJ, Pattison S, Ye L, Tuohey L, Sluka P, MacDiarmid J, Brahmbhatt H, Johns T, Horne A, Brown J, Tong S

Australian Diabetes in Pregnancy Annual Scientific Meeting, Gold Coast, Queensland, August 2012

- “Why diabetes in pregnancy increases the risk of pre-eclampsia.” Tong S

International Society for the Study of Hypertension in Pregnancy, Geneva, Switzerland, July 2012

- “Corin is expressed in decidua and the cytotrophoblast of the pre-eclamptic placenta and is detectable in the serum during the time of spiral arteriole remodelling.” Kaitu’u-Lino TJ, Ye L, Tuohey L, Tong S
- “Jumonji domain containing protein 6 plays a key role in regulating sFlt-1 splice variant production in placental tissue.” Palmer KR, Ye L, Whitehead CL, Tuohey L, Kaitu’u-Lino TJ, Tong S
- “MMP-17 is expressed in the syncytiotrophoblast and regulates sEng production.” Kaitu’u-Lino TJ, Palmer K, Tuohey L, Ye L, Tong S



Ludwig Institute for Cancer Research, Melbourne, Victoria, 2012

- “Molecularly targeted diagnostics and therapeutics for pregnancy complications.” Tong S

Mater Medical Research Institute, Brisbane, Queensland, 2012

- “Molecularly targeted diagnostics and therapeutics for pregnancy complications.” Tong S

MRC Centre for Reproductive Health, Edinburgh, Scotland, July 2012

- “Molecularly targeted diagnostics and therapeutics for pregnancy complications.” Tong S

Perinatal Society of Australia and New Zealand Victorian Branch Special Symposium on pre-eclampsia, Mercy Hospital for Women, Heidelberg, Victoria, September 2012

- “Novel treatment approaches for pre-eclampsia.” Tong S

The Ritchie Centre, Colloquium, Monash Medical Centre, Clayton, Victoria, September 2012

- “EDVs are nanoparticles promoting targeted delivery of doxorubicin to human placental cells xenografted in vivo, causing regression: a potential therapeutic for ectopic pregnancy.” Kaitu'u-Lino TJ, Pattison S, Ye L, MacDiarmid JA, Brahmbhatt H, Nilsson U, Johns T, Tong S

Royal Women's Hospital Research Symposium, Parkville, Victoria, June 2012

- “Proteomics of labour.” Liong S

SGI 59th Annual Scientific Meeting, San Diego CA, USA, March 2012

- “Translating molecularly targeted treatments for ectopic pregnancy from the bench to bedside.” Tong S
- “Unique insights into preterm labour: understanding membrane rupture.” Lappas M

Society for Reproductive Biology Annual Scientific Meeting, Gold Coast, Queensland, August 2012

- “Corin, a protein involved in spiral arteriole remodelling in mice is expressed in human endometrium and the villous trophoblast.” Tuohey L, Kaitu'u-Lino TJ, Ye L, Menkhorst E, Dimitriadis E, Tong S
- “MMP-17: a negative regulator of soluble endoglin production?” Kaitu'u-Lino TJ, Palmer K, Tuohey L, Ye L, Tong S
- “Pre-eclampsia: new insights into the mechanisms of anti-angiogenic factor release.” Tong S

University of Queensland Centre for Clinical Research, Brisbane, Queensland, February 2012

- “Molecularly targeted diagnostics and therapeutics for pregnancy complications.” Tong S



Associate Professor
Stephen Tong

Stephen Tong

Choosing wisely

In his relatively short career, Associate Professor Stephen Tong has distinguished himself as a scientist, clinician and leader of highly successful research teams.

Stephen is based at Mercy Hospital for Women and holds two positions: Associate Professor of Obstetrics and Gynaecology, The University of Melbourne/Mercy Hospital for Women and consultant obstetrician at Mercy Hospital for Women.

His role as academic obstetrician is primarily focused on research and, as one of the hospital's staff specialists, he has an in depth understanding of the challenges women can face during pregnancy. These insights stand him in good stead when it comes to targeting research concepts that could advance the medical treatment of pregnant women.

Stephen currently leads a team that works across three research streams: medication based treatments for ectopic pregnancy, treatments for pre-eclampsia and diagnostics to identify sick unborn babies.

"We follow ideas that may be translated to bedside care in the not too distant future," said Stephen.

"I'm very fortunate that as I've started these three areas of research the funding has come through and the projects have moved quickly."

Much of Stephen's good fortune derives from a mix of hard work and wise choices. And there have been times when he has chosen less common paths to achieve success, scientifically and clinically.

"After my PhD I stepped back to finish my clinical training, which I completed at Mercy Hospital for Women. I absolutely loved the environment. After I obtained my specialist qualifications I realised I had two career options. I could undertake a clinical subspecialty such as maternal fetal medicine, which would have been a logical approach, or I could undertake further science training.

"I chose instead to spend two years in a top cancer laboratory. It had nothing to do with my field but there was real value in being able to step into this laboratory and learn very high level techniques

with people who are leaders in this area. "Being able to bring back concepts from another field is really important in generating new ideas."

This aspect of Stephen's work is very important to him. "I've got an innate research bug and research drive. I'm always greatly excited to see new data, new concepts and to chase them."

Stephen is very appreciative of his mentors and says they taught him the importance of working with the very best people.

"It sounds clichéd but what rewards me most is getting these three research streams moving, growing up my scientists and researchers, and mentoring my students. If I can get any of these research projects into clinical care it will be one of the biggest achievements I can aspire to. We've set a very high bar and are trying really hard to make discoveries that improve clinical care for women."

Having been guided well at the start of his own career, Stephen is very conscientious in the way he manages people.

"My primary devotion is to my core team. I want to make sure that the research is successful and I'm always very mindful of developing careers. What I try and do as a mentor is teach every one of my students to become independent scientists themselves. I'm very loyal to my group and the group is very loyal to each other."

In his academic role, Stephen supervises scientists of all levels, including postdoctoral scientists and research assistants. He currently supervises three PhD students, all of whom are clinicians.

"I'm proud of this because it's very hard to get clinicians to do PhDs. In total there are five obstetrics and gynaecology trainees undertaking PhDs at Mercy Hospital for Women, which is very exciting for the hospital."

While supporting many talented individuals at Mercy Hospital for Women, Stephen continues to contribute strongly to the research community nationally and internationally.

Stephen Tong has obtained research grants totalling over three million dollars and has published 63 papers, mostly in the top international journals.

Minimally *invasive* surgery

Department of Endosurgery, Mercy Hospital for Women

This department was established in 1994 under the leadership of Professor Peter Maher and has grown strongly over time.

In 2012 the department was restructured and now has two divisions. Endosurgery A is led by Professor Maher and focuses on patients with symptoms of pelvic pain and endometriosis. This division also collaborates with colorectal surgeons from Austin Health and is able to offer expert management and treatment for women with deeply infiltrating endometriosis involving the intestinal tract.

Endosurgery B is led by Dr Emma Readman, with a focus on menstrual irregularities and heavy menstrual bleeding. Dr Readman also manages the outpatient hysteroscopy clinic at the Mercy Hospital for Women.

A fellowship program was instituted early in the department with the aim of improving surgical skills in laparoscopic and hysteroscopic surgery. Thirteen gynaecologists have since completed their fellowship training.



Both Endosurgery A and B provide expertise in minimal access surgery in gynaecology.

Key activity

The department conducted a range of projects during the year to improve clinical outcomes for patients.

Dr Lenore Ellett, Dr Emma Readman and Professor Peter Maher created a pilot study to assist the informed consent process in patients undergoing laparoscopy for pelvic pain. They used a multimedia tool to explain operative laparoscopy, including risks and benefits, to see whether it might improve the informed consent process for patients.

In collaboration with the two endosurgery divisions at Mercy Hospital for Women, The Royal Women's Hospital and Monash Medical Centre, a database has been created to standardise information on complex patients with deeply infiltrating endometriosis which will aid in the assessment of outcomes following surgery. Dr Emma Readman, Dr Lenore Ellett, Dr Kate McIlwaine, Dr Janine Manwaring and Professor Peter Maher have played major roles in this project.

To spare women repeat laparoscopy, a randomised controlled trial was set up to look at whether an outpatient test might be useful to diagnose endometriosis. The trial focused on testing endometrial nerve fibres in endometriosis and their response to surgical and hormonal therapy.

As increased body mass index affects the difficulty of gynaecological laparoscopic surgery, a surgical audit was conducted on 308 patients. This audit aimed to assess and quantify the risks of laparoscopic surgery in overweight patients compared with those of normal weight. Surgical outcomes will be analysed and submitted for publication in 2013.

Forums and presentations

13th Annual Congress of the Asia Pacific Association for Gynecologic Endoscopy and Minimally Invasive Therapy, Pataya, Thailand, November 2012

- "Challenge of DIE surgery." Maher P
- "Laparoscopic hysterectomy: yesterday, today and tomorrow." Maher P

AAGL 41st Global Congress on Minimally Invasive Gynecology, Las Vegas, USA, November 2012

- AGES Pre Congress Workshop: "Olympus' tomorrow's technology today." Maher P (convenor, speaker)
- Professor's Round Table: Planning laparoscopy. Maher P
- Forum to "stump the professors". Maher P (panel member)

AGES XXII Annual Scientific Meeting APAGE Regional Meeting, Sydney, New South Wales, May-June 2012

- "The effect of heated humidified carbon dioxide on post operative pain and recovery times in patients undergoing laparoscopic surgery of duration greater than 90 minutes: a randomised controlled trial." Ellett L, Jagasia N, McIlwaine K, Cameron M, Readman E, Maher P

Australian Asia Pacific Minimally Invasive Gynecologic Forum, Beijing, China, October 2012

- Honorary member: Maher P
- "Challenges in surgery for severe endometriosis." Maher P (invited speaker)

Flinders Private Hospital, Bedford Park, South Australia, 2012

- "Mastering laparoscopic suturing" workshop. Maher P

Mercy Hospital for Women, Grand Round, Heidelberg, Victoria, June 2012

- "How to make an entrance: safe laparoscopic entry techniques." Ellett L

Mongolian Association of Gynecological Surgery and Endoscopy, Ulaanbaatar, Mongolia, June 2012

- "Australian Mongolian Medical Project, 2012." Readman E
- "The effect of fluid overload and fluid guidelines for hysteroscopic surgery." Readman E (lecturer)



Dr Lenore Ellett

Lenore Ellett

Knowledge: one of our most useful tools

Laparoscopic surgery, also called minimally invasive or keyhole surgery, is a surgical technique in which operations in the abdomen are performed through small incisions. This type of surgery makes use of images displayed on TV monitors to magnify the surgical elements.

“This type of procedure offers a number of advantages for patients,” said Dr Lenore Ellett, Department of Endosurgery Fellow. “These include reduced pain [because of the smaller incisions] and shorter recovery time.”

Lenore was drawn to laparoscopic surgery because of its technical challenges and because she believes that abdominal hysterectomy may become a thing of the past. “Women want to experience a minimally invasive approach and I felt that if I’m going to offer my patients the best care then I’ll need those skills.”

This two year fellowship in minimally invasive gynaecology, set up by Professor Peter Maher, offers an opportunity to learn new skills, operate with skilled endosurgeons and be involved with the department’s research projects. “This position was set up to coordinate the running of the unit,” said Lenore. “Often research projects are started by the fellow before and may take some years to get off the ground. That way, fellows can hand on the baton to the next fellow coming through the unit.

“One recent project was the development of a multimedia education module that patients can watch to improve their understanding of what keyhole surgery is all about. The Department of Endosurgery had earlier engaged a vendor to design a 15 minute interactive module that explains the reasons for keyhole surgery and the risks and benefits of this type of surgery. I thought it would be useful to turn this into a research project. The idea was approved and we set up a randomised controlled study.

“We randomised women into two groups in which they either went through the normal consent process or the normal consent process plus the education module. We created a quiz to test their understanding of the information and looked at which group performed better. We also looked

at their anxiety scores to see whether they became more distressed if they were given additional information.

“We discovered that their anxiety levels weren’t affected and women liked the module. They said that if they had surgery in the future they would like to watch something similar and felt they were better informed.”

Lenore said, “I think we get concerned that people may feel worse after receiving information, but we found that patients wanted to know all sorts of things. They wanted to know if there were alternatives to surgery, what the benefits of surgery were, what the chances were that surgery would not help them and they wanted to know about anaesthetics. Last of all they wanted to know about risks.

“What we’re discovering is that patients don’t actually become more anxious if you tell them a lot; in fact, it probably alleviates anxiety.”

Lenore presented the findings of this study at the annual Australasian Gynaecological Endoscopy and Surgery (AGES) Society conference in 2012 and received the prize for the best oral communication.

“It was a privilege to be recognised among my peers,” she said.

Lenore said another key role is education.

“We’ve set up two education rooms that have four laparoscopic stacks so that junior and senior registrars can practise their skills.

“We ran a course on laparoscopic hysterectomy and invited gynaecologists from outside the hospital to participate in a morning of lectures. In the afternoon we practised in the dry lab and the next day they came to theatre. We had a video link up to the seminar room and invited registrars and residents to come and watch the surgeries.”

Lenore says it’s a challenge “learning how to teach well”, but opportunities to work collaboratively are important as people find mentors who can help them hone their skills and develop their future careers.

Every moment counts

Mercy Palliative Care, Werribee Mercy Hospital

Palliative care improves quality of life for patients and their families who are facing the issues associated with terminal illness through the prevention and relief of suffering. Palliative care includes the early identification, assessment and treatment of pain and recognises the needs of the whole person: physical, emotional, social and spiritual.

Mercy Health's palliative care services are provided through inpatient and community services across the western metropolitan region of Melbourne. The Gabrielle Jennings Centre, an inpatient unit at Werribee Mercy Hospital, currently has 12 beds in which specialist palliative care is provided.

In addition there is a hospital based consultancy service to provide outreach across the hospital so that all patients have access to specialist palliative care advice. Mercy Palliative Care is a community service providing palliative care to patients in their own home.



Palliative care recognises the needs of the whole person: physical, emotional, social and spiritual.

Key activity

Ms Lucy Forrest, Music Therapist is undertaking a PhD research study: "The experience of music and music therapy for paediatric palliative care patients and their parents who come from diverse cultural backgrounds: a grounded theory study." Data collection for the study is ongoing, which includes interviews with parents, children and music therapists across several sites in metropolitan Melbourne.

Forums and presentations

38th Conference of the Australian Music Therapy Association, Sydney, New South Wales, September 2012

- "Building resilience in research: exploring the ethical and practical considerations of conducting music therapy research with a culturally diverse population in community paediatric palliative care." Forrest L
- "Creating connections through music: RMTs' observations of and beliefs about the experience of music therapy for paediatric palliative care patients and their parents who come from diverse cultural backgrounds." Forrest L

Palliative Care Nurses Australia Conference, Melbourne, Victoria, December 2012

- "Caring for Carers." Kannegiesser C, Layton D

Palliative Care Victoria Conference, Melbourne, Victoria, August 2012

- "Moving forward with care planning." Layton D
- "Western Health Symptom Control Outpatient Clinic." Gore F, Dabscheck A

Symposium on Music Therapy in Paediatric Oncology, Peter MacCallum Cancer Centre, Melbourne Victoria, February 2012

- "I sing, you sing, but we sing different songs: cultural diversity in the use of music and music therapy with children who have cancer." Forrest L (invited paper)



The healing power of music for people of all ages.

Poster presentations

Palliative Care Victoria Conference, Melbourne, Victoria, August 2012

- "Carer support in community palliative care." Lee S

Palliative Care Nurses Australia Conference, Melbourne, Victoria, December 2012

- "Soldiering on: importance and benefits of reflective practice." O'Dowd G, Layton D

Women's health

Department of Urogynaecology, Mercy Hospital for Women

Women with disorders of the bladder and pelvic floor are referred to the Department of Urogynaecology for specialist care of urinary incontinence and pelvic organ prolapse.

The department provides clinical services to patients, conducts research and fosters collaboration with international colleagues.

Dr Julio Alvarez is an international fellow from Santiago, Chile and is contributing his excellent work to the care of our patients and our research program.

Ms Elizabeth Thomas, in conjunction with Dr Alison De Souza and Dr Lore Schierlitz, started a perineal clinic for women with obstetric anal sphincter injury following delivery.

Forums and presentations

8th Urogynecology and Pelvic Floor Reconstructive Surgery Symposium, Beijing University, China, April 2012

- "Urogenital fistula in a specialist urogynaecology unit, Mercy Hospital for Women experience." Dwyer PL

Australian Gynaecological Endoscopy and Surgery Society Pelvic Floor Symposium, Melbourne, Victoria, March 2012

- "Prolapse and sexual matters symptoms after surgery for pelvic organ prolapse." Ulrich D, Dwyer P, Rosamilia A, Lim Y, Lee J

Australian Nurses National Conference, Surfers Paradise, Queensland, September 2012

- "A multidisciplinary pessary clinic, the advanced practice nurse." Thomas E



The department provides clinical services to patients, conducts research and fosters collaboration with international colleagues.

International Urogynecological Association
Annual Scientific Meeting, Brisbane, Queensland,
September 2012

- “Randomised controlled trial of post hysterectomy vaginal vault prolapse treatment with either vaginal uterosacral ligament mesh suspension or sacrocolpopexy (open/laparoscopic).”
Lim Y, Dwyer PL

International Urogynecological Association Pessary
Workshop, Brisbane, Queensland, September 2012

- “Credentialling training and models of care.”
Thomas E

International Urogynecological Association
Annual Scientific Meeting, Brisbane, Queensland,
September 2012

- “A cohort study to determine the outcome and complication rate and to classify complication using IUGA/ICS terminology following vaginal mesh for pelvic organ prolapse.” Lee J
- “A comparison of two different forms of mesh fixation.” Wong V, Shek K, Lee J, Rosamilia A, Rane A, Iyer J, Dietz HP
- “A long term follow up of the outcome of the monarc midurethral sling for urodynamic stress incontinence.” Dowling CR, Lee JK, Fitzgerald E, Polyakov A, Rosamilia A
- “A prospective study of sexual wellbeing at six months postpartum. Does mode of delivery matter?” De Souza A, Dwyer PL, Thomas E, Charity M, Schierlitz L
- “How common is fixation failure after mesh kit surgery?” Shek K, Wong VL, Rane A, Goh J, Krause H, Lee J, Rosamilia A, Dietz H
- “MiniArc and monarc suburethral sling in women with stress urinary incontinence: a randomised controlled trial.” Lee J, Rosamilia A, Dwyer P, Lim YN
- “Outcomes and complications following vaginal mesh for pelvic organ prolapse.” Cheong A, Avery D, Rosamilia A, Lee J

- “Prolapse and sexual matters symptoms after surgery for pelvic organ prolapse.” Ulrich D, Dwyer P, Rosamilia A, Lim Y, Lee J
- “Vaginal and sexual matters symptoms after surgery for pelvic organ prolapse.” Lee J

Peking University 8th Urogynaecology Pelvic Floor
Reconstructive Surgery Academic Exchange,
Clayton, Victoria, October 2012

- “MiniArc and monarc suburethral sling in women with stress urinary incontinence: a randomised controlled trial.” Lee J

The Ritchie Centre’s Annual Colloquium Women’s
Health – New Directions, New Treatments, Monash
Medical Centre, Clayton, Victoria, August 2012

- “Urogenital fistulae in present day Melbourne: diagnosis and treatment.” Dwyer P

Professional achievements

- Dr Yik Lim worked on the Urogynaecology Subspecialist Committee Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) as well as the Committee of the Australasian Urogynaecology Society
- Dr Joe Lee successfully obtained his Certificate of Urogynaecology
- Ms Christine Murray completed a Master of Nursing degree
- Dr Kristina Cvach was awarded the AMS (American Medical Systems)-UGSA (UroGynaecological Society of Australasia) Travelling Scholarship and attended courses and urogynaecology departments in the United States
- Ms Elizabeth Thomas was awarded the Conni Travel Scholarship and attended the International Urogynecology Meeting
- Professor Peter Dwyer continued his work as Editor in Chief of the *International Urogynecology Journal* and was visiting professor, teaching surgery and lecturing for the Faculty of Medicine Ramathibodi Hospital, Mahidol University Bangkok Thailand and Beijing University Peoples Hospital China

Evidence based practice

Midwifery Professorial Unit/ Professional Development & Research Unit (Nursing and Midwifery), La Trobe University/Mercy Hospital for Women

The Midwifery Professorial Unit encourages and facilitates multidisciplinary clinical research and higher degree education opportunities for all nurses and midwives.

The unit is committed to lifelong learning and fostering the development of evidence based practice. It is responsible for coordinating and conducting the midwifery and nursing research programs at Mercy Hospital for Women, which include re-entry/refresher clinical placement programs, graduate midwife and graduate nurse programs, Master of Nursing (Neonatal Intensive Care), graduate certificate/diploma in perioperative care, postgraduate midwifery, undergraduate midwifery and the student fellowship employment project for fourth year Bachelor of Nursing/Bachelor of Midwifery year students.

Simulated learning environments

The Clinical Placement Network and Simulated Learning Environment projects were introduced in 2011-12.

Health Workforce Australia, with the Victorian Government, provided funding for the Northern Clinical Placement Network, of which Mercy Hospital for Women is a member, and the Western Clinical Placement Network, of which Werribee Mercy Hospital is a member. Both hospitals were successful in receiving substantial grants to provide simulated learning equipment, infrastructure and training.

The project aims to deliver simulation based education and training that replicate aspects of real world maternity care in an interactive manner.



The unit is focused on creating an academic centre for high quality midwifery and nursing research that translates to clinical practice.

Education scenarios are being developed to assist multidisciplinary teams work together in planning and training.

Key activity

This year saw the opening of the much anticipated Mercy Education Research Precinct which enables all staff members, including midwifery, nursing, medical and allied health, to engage with each other and promote interdisciplinary research and education.

This approach is greatly valued and supported within Mercy Health and by our university partners. It exemplifies our people's commitment to excellence in care and modelling positive behaviours for our future workforce and research teams.

Research projects

- "Implementation and evaluation of a student midwifery fellowship model of employment." McDonald S, Keane J, Pollock W, Kyritsis V
- "Australian maternity outcomes surveillance system." Pollock W
- "Antibiotic lock for prevention of infection in neonates." (PhD project) Taylor J, McDonald SJ, Tan K
- "Roles and expectations of first time fathers during labour and birth." (PhD project) Bowman S, McDonald SJ, Fitzgerald L
- "Pattern and rate of blood product transfusion in obstetric haemorrhage." Pollock W, McDonald SJ
- "Management and support of women presenting with miscarriage." McCarthy M, McDonald SJ, Pollock W
- "A high acuity maternity modular education program for critical care nurses and midwives caring for critically ill pregnant and postpartum women." Pollock W, McDonald SJ

Academic achievements

- Department of Health Postgraduate Study Scholarship recipients: Collins E, Utai K, Webb C, Arton V



Simulated learning environments promote interactive education opportunities.

- Royal College of Nursing Australia Professional Development Scholarship: Sloggett D

Invited presentations

16th Annual Congress of The Perinatal Society of Australia and New Zealand and the Federation of Asia-Oceania Perinatal Society, Sydney, New South Wales, April 2012

- McDonald S (invited speaker)

Australian College of Critical Care Nurses 13th Institute of Continuing Education Critical Care Nursing, Melbourne, Victoria, June 2012

- "Caring for pregnant women in ICU." Pollock W

Richie Centre Colloquium, Monash Medical Centre – Women's Health Research New Direction, Clayton, Victoria, September 2012

- "Postpartum haemorrhage: why is it important?" McDonald SJ



Dr Wendy Pollock

Wendy Pollock

Critical care for pregnant women

Dr Wendy Pollock is a research fellow in the Midwifery Professorial Unit/Professional Development & Research Unit (Nursing and Midwifery), La Trobe University/Mercy Hospital for Women. The purpose of this appointment is to conduct and support research into severe complications in pregnancies that may result in critical illness or a life threatening event.

After her general nursing education, Wendy completed critical care nursing and midwifery certificates. “In 1992 I did a graduate diploma in critical care nursing and spent the year looking at maternal critical care as a combined topic,” said Wendy. “I did my first research project then, looking at obstetric admissions to a large intensive care unit in Melbourne and it was evident that there was no data on how many pregnant women got very sick.

“When I completed my diploma I continued my studies, including a PhD in critical illness in pregnancy.”

Over that time Wendy was able to focus deeply on the needs of critically ill women: how sick they became, what their needs were, what gaps there were in services and what resources were available to clinicians.

“In particular, I was looking to see how we could improve service delivery and outcomes for women,” she said.

As a research fellow, Wendy leads a number of research projects to increase the body of knowledge on this particular cohort. Current projects include “The pattern and rate of massive blood transfusion in women that experience a massive obstetric haemorrhage” and “Provision of mechanical ventilation to pregnant women with influenza”. Many projects are conducted collaboratively including the “Uptake of influenza vaccination study” and “Maternal critical care data project”.

“To improve our data collection at Mercy Hospital for Women, we created a new maternal critical care tab in the birthing system outcomes data. We set about gathering more detailed information on women who need high dependency level care, whether they’ve needed an arterial line to monitor their blood pressure, if they’ve had a central

venous catheter put in or if they’ve needed clotting products like platelets. This data is entered into the routine birthing outcomes system to help us know how many women have received this level of care. We are hoping to improve how we cater for these women in the future which will enable the mother and baby to stay together for care.”

In her role Wendy is able to cross pollinate ideas and is establishing a growing number of collaborative projects at Mercy Hospital for Women and Austin Health.

“We’ve set up a severe acute maternal morbidity clinical audit team, which has executive support from both hospitals,” said Wendy. “This project provides a clear process for intensive care doctors and nurses, anaesthetists and midwives to review pregnant or postpartum admissions to Austin Health’s intensive care unit. The audit team considers ways to improve the care of pregnant women who become critically ill, including the coordination of care across the two campuses.

“Recently we conducted a multidisciplinary maternal critical care education program, which was a pilot study across both hospitals. We included four Austin Health intensive care unit staff, two midwives from Mercy Hospital for Women’s emergency department, two midwives from the birth suite, two nurses from the post anaesthesia care unit, two nurses from the High Dependency Unit, two midwifery educators and support midwives from Mercy Hospital for Women.

“We evaluated each week of the program and the program as a whole. Consequently we have substantially expanded the program and have had strong demand for places in the program in 2013. Our long term aim is to develop the program into an elective subject at a postgraduate level for nurses and midwives.”

Wendy’s enthusiasm for finding clinical solutions and filling knowledge gaps remains high. She has built an impressive network of health professionals who are willing to contribute to research efforts.

“It is exciting to work with people and turn a clinical problem into a research project that can potentially improve the care of mothers and babies or improve a hospital process.”

Birth and beyond

Department of Paediatrics, Mercy Hospital for Women

This department provides neonatal and paediatric services through general and specialist clinics and the hospital's inpatient nursery.

Mercy Hospital for Women is one of only four Neonatal Intensive Care Units in Melbourne and also has a Special Care Nursery. The department is committed to providing leadership and excellence in patient care, education and research.

Key activity

Australian Placental Transfusion Study

A team of researchers, midwives, doctors and patients at Mercy Hospital for Women are participating in the Australian Placental Transfusion Study – a project that could change the way premature babies are cared for at birth.

Current medical practice dictates that when a baby is born, its umbilical cord is clamped and cut and the baby is quickly held up to show the mother or placed on the mother's chest so bonding can begin. For premature babies the process is fairly similar, though these babies can go on to develop a number of difficult conditions and health concerns.

The Australian Placental Transfusion Study is exploring the theory of “the golden minute”, posing the question: if a premature baby born at 30 weeks or less is held at or below the level of the placenta for up to 60 seconds immediately after birth, without clamping the umbilical cord, can this final natural transfusion from the placenta negate health complications such as infection, anaemia and neurological impairment in early life?

This study is very important as it may improve health outcomes for premature babies. A few small studies have been done in this area, but this is the first time the long term effects of deferred cord clamping will be recorded.

The Australian Placental Transfusion Study is a randomised, multicentre study instigated by Australian academic Professor William Tarnow-Mordi. The aim is to recruit 1,600 babies across Australia and New Zealand, 50 per cent of whom will receive immediate cord clamping (standard practice), while 50 per cent will receive deferred cord clamping (holding the baby at or below the level of the placenta for up to 60 seconds before clamping the umbilical cord). Mercy Hospital for Women is one of eight centres in Australia and two New Zealand centres participating in the study.



Geraldine Walsh, Research Nurse, and Jim Holberton, Neonatologist, are part of the Mercy Hospital for Women research team involved in the Australian Placental Transfusion Study.

Principal investigators Dr Andrew Watkins and Professor Sue Walker are leading the hospital's team of associate investigators, nurses, midwives, paediatricians and obstetricians who collect the data as each baby is born.

The Sibling Project

Research on sibling involvement in special care nurseries has, up until now, largely been overlooked.

The aim of the Sibling Project is to specifically address the needs of siblings of infants (born less than 32 weeks gestation) and the effects on the family unit and visitation when siblings are involved.

An initial survey was conducted to validate the idea and how researchers should best address the needs of older siblings in the Special Care Nursery at Mercy Hospital for Women.

The core materials to be used in this research are the "Sibling Pack", which includes books, crayons, pencils, sugar free treats, a toy and a specifically designed journal to:

- Alleviate boredom
- Help keep family units together by the bedside
- Involve siblings in family centred care
- Gain a deeper understanding of how the sibling is coping through the "All About Me" journal



The pack is gender and age specific allowing for ages less than three, four to six, seven to 10, and 10 and over.

A brochure relating to sibling involvement in the nursery is also in production, which will be distributed to parents with older children as part of the program.

Follow up surveys for parents and children to provide information as to how the hospital can better meet their needs will be conducted.

Pre and post surveys will form the basis of research reports to be conducted in the 12 months following program commencement.

Ms Geraldine Walsh RN and Ms Amanda Heffernan CNS are the key researchers in this project.

Research projects

- "Biomarkers of chronic lung disease and pulmonary hypertension in preterm infants (BICEPS study)." König K
- "Caffeine for apnoea of prematurity trial: follow up at age 11-12 years on the long term effects of therapeutic caffeine use for apnoea of prematurity." The International Multicentre Randomised Control Trial assessments are continuing. Opie G
- "Clinical audit/review of clinical practice: review of endotracheal tube position of babies intubated in delivery suite and operation theatre." König K
- "Correlation between plasma B-type natriuretic peptide and cardiac output in newborn infants." König K
- "Knowledge and attitudes concerning Trisomy 18 among Australian and UK obstetricians and gynaecologists." This questionnaire based survey is currently in the writing phase. Watkins A
- "Long term effects on sleep of methylxanthine therapy for apnoea of prematurity." The International Multicentre Multicentre Randomised Control Trial assessments are continuing. Opie G
- "Neonatal death and bereavement: cultural and religious perspectives." This interview based research examines cultural and religious attitudes

to decision making and support needs around neonatal death. The aim is to develop a teaching package for healthcare workers. Watkins A

- “Nutritional intake of extreme preterm infants in the first two weeks of life.” König K (audit in progress)
- “Outcome of children born less than 1,000g or less than 28 weeks in Victoria in 2005 at early school age: Victorian Infant Collaborative Study Group.” This assessment of seven year olds began in 2012. Opie G
- “Outcomes of preterm infants requiring a brief period of mechanical ventilation or non invasive ventilation only.” König K
- “Pharyngeal and oesophageal pressure in infants receiving humidified blended oxygen via high flow nasal cannula or conventional CPAP.” König K
- “Retrospective review/audit of central venous catheter complications in newborns in the Neonatal Intensive Care Unit.” König K
- “The effect of Sildenafil on evolving bronchopulmonary dysplasia in premature infants: a pilot study.” König K
- “The effects of probiotics on the neurodevelopmental outcomes of preterm infants.” Opie G (chief investigator)
- “The use of probiotics to reduce the incidence of sepsis in premature infants.” Opie G (associate investigator)

Forums and presentations

3rd Symposium on Functional Echocardiography and Neonatal Haemodynamics, Monash Medical Centre, Clayton, Victoria, October 2012

- König K (invited speaker)

4th National Paediatric Bioethics Seminar, Royal Children’s Hospital, Melbourne, Victoria, 2012

- “Neonatal death and bereavement: cultural and religious perspectives.” Zion D, Watkins A
- “The cost and worth of life saving drugs and treatments.” Watkins A

International Association for Child and Adolescent Psychiatry and Allied Professions, Paris, France, July 2012

- “The paediatrician practising in a psychological framework.” Menahem A, Watkins A, Veldman A (workshop)

Lactation Consultants Australia and New Zealand Scientific Committee, Sydney, New South Wales, September 2012

- “Mercy Health Breastmilk Bank: the first 12 months.” Opie G (oral presentation)

Perinatal Society of Australia and New Zealand, Sydney, New South Wales, March 2012

- “Legislative compliance required to operate a donor breastmilk bank in Victoria.” Opie G (poster presentation)

Invited lectures

- “Update on Mercy Health Breastmilk Bank.” Australian Breastfeeding Association, Victoria. Opie G
- “Benefits of breastmilk banking.” Royal Hobart Hospital. Opie G
- “Practical aspects of breastmilk banking.” Royal Hobart Hospital. Opie G
- “Overcoming barriers to breastmilk banking.” Westmead Neonatal Update. Opie G
- Neonatal hypoglycaemia, breastfeeding conferences, Warrnambool. Opie G
- “Sharing and caring: aspects of breastmilk banking.” Warrnambool. Opie G
- “Viral transmission in breastmilk, research, ethics.” Opie G (knowledge course)

Awards

- Society for Neonatology and Paediatric Intensive Care Medicine, Germany: Scientific Award (2nd prize). König K
- Perinatal Society of Australia and New Zealand: Curosurf Innovative Award. König K
- Perinatal Society of Australia and New Zealand: New Investigator Award, Nursing Category (Supervisor). König K

The waiting hour

Department of Anaesthesia, Mercy Hospital for Women

Providing acute care for obstetrics, gynaecological oncology and specialist gynaecology patients in the areas of anaesthesia, pain management and resuscitation of critically ill women.

Apart from the many general anaesthetics, epidurals and spinals performed in 2012, the Department of Anaesthesia delivered extensive pre-admission and acute pain services to women at Mercy Hospital for Women.



The department provides acute care for patients in the areas of anaesthesia, pain management and resuscitation of critically ill women.

Key activity

An emerging area of activity was maternal critical care using transthoracic echocardiography to measure cardiac output at caesarean section, evaluation of a new device for non invasive haemoglobin measurement and the development and assessment of a maternity specific early warning chart.

A major project relating to the assessment of a weight based dosing schedule of the anticoagulant enoxaparin on anti-Xa activity was conducted in collaboration with pathology services at Austin Health.

A study completed with The Women's and Children's Hospital in Adelaide documents the amount of time it takes to receive epidural pain relief in labour and the reasons for any delays. This work has also been submitted for publication.

Through the department's association with the Cochrane Collaboration, an international network of healthcare practitioners, the publication of the updated systematic review comparing epidural with combined spinal epidural (CSE) for analgesia in labour and our review comparing spinals and CSEs for caesarean section anaesthesia continued. This work progressed well and is expected to be published in 2013.

Important clinical audit studies were also ongoing in the areas of the use of general anaesthesia for caesareans and the anaesthetic implications of placenta praevia.

Completed projects

- “The waiting hour: obstetric regional analgesia takes longer to happen than we think.” Barker H, Hiscock R, Simmons S, Cyna A (submitted for publication)
- “Mean peak anti-Xa plasma levels when using a weight based enoxaparin thromboprophylaxis regime following caesarean section.” Casey E, Hiscock R, Newell P, Walker S, Simmons S (submitted for publication)
- “A retrospective analysis of five years experience. Anaesthesia for placenta praevia and accreta at Mercy Hospital for Women.” Cheung A, Supple T, Simmons S
- “General anaesthesia for caesarean section at the Mercy Hospital for Women: a seven year audit.” Letson I, Geertsema J, Simmons S
- “Transthoracic echocardiographic assessment of cardiac output in healthy women at elective caesarean section under spinal anaesthesia: an observational cohort study.” Gough T, Casey E, Hiscock R, Simmons S
- “Prospective evaluation of a new observation chart and escalation process for intervention in early physiological deterioration in obstetric patients.” Turkington C, Simmons S
- “Comparison study of the accuracy of non invasive spot haemoglobin by spectrophotometry (SpHb), HemoCue and automated laboratory haemoglobin measurement in the obstetric population.” Hiscock R, Seow G, Simmons S

Forums and presentations

7th International Conference on Rapid Response Systems and Medical Emergency Teams, Sydney, New South Wales, May 2012

- Oral presentation: “Early warning scores in maternity settings.” Simmons S (invited speaker)

Australian and New Zealand College of Anaesthetists Annual Scientific Meeting, Perth, Western Australia, May 2012

- Oral presentation: “The need for early warning systems for acute deterioration in obstetrics.” Simmons S

Anaesthesia Continuing Education Coordinating Committee Obstetric Anaesthesia Special Interest Group Meeting, Bunker Bay, Western Australia, May 2012

- “Maternal critical care: where are we at in 2012?” Simmons S (oral presentation)

Combating cancer

Department of Gynaecological Oncology, Mercy Hospital for Women

Gynaecological oncology is a specialised field of medicine that focuses on cancers of the female reproductive system, including ovarian, endometrial, cervical and vulvar cancers.

Gynaecologic cancer is the fourth most common type of cancer in women, affecting approximately one in 20 women.

While the department is primarily involved in the surgical and chemotherapy treatment of gynaecological cancers, it conducts research in all aspects of disease management.



The Department of Gynaecological Oncology conducts research in all aspects of disease management.

Key activity

- “Ovarian cancer prognosis and lifestyle study (OPAL).” Webb P, Friedlander M, Grant P, Obermair A, deFazio A
- “PARAGON: phase 11 study of aromatase inhibitors in women with potentially hormone responsive recurrent/metastatic gynaecological neoplasms.” Grant P
- “Local recurrence of vulval dysplasia after prior excision with positive margins.” Allen D, Hyde S, Grant P
- “Staging, adjuvant treatment and tumor recurrences of uterine papillary serous carcinomas: a single institution review of 62 women.” Grant P, Hyde S, Allen D

Forums and presentations

Annual Scientific Meeting of Australian Society of Gynaecological Oncologists, Sydney, New South Wales, May 2012

- “Dexamethasone in the management of small bowel obstruction in terminal ovarian cancer.” Jagasia N, Hyde S, Allen D, Grant P
- “Surgical placement of transversus abdominus plane blocks in the management of post operative pain.” Pendlebury A, Hyde S, Allen D, Grant P

American Society for Colposcopy and Cervical Pathology Colposcopy Courses, Sydney, New South Wales and Perth, Western Australia, 2012

- Allen D (invited speaker and chair of sessions)

American Society for Colposcopy and Cervical Pathology Laser and LLETZ Treatment Workshop, Sydney, New South Wales, 2012

- Allen D (speaker and facilitator)

Endometrial and Cervical Cancer Symposium, Melbourne, Victoria, August 2012

- “Lynch syndrome and gynaecological cancer.” Grant P (invited speaker)

Trials

- “TRIPOD (ANZGOG): a single arm phase 11 trial of intraperitoneal chemotherapy with paclitaxel and cisplatin after optimal debulking surgery for ovarian and related cancers.” Foo S, Grant P, Allen D, Hyde S, Rischin D, Mileskin L
- “AZD2281: phase 11 randomised, double blind, multicentre study to assess the efficacy of AZD2281 in the treatment of patients with platinum sensitive serous ovarian cancer following treatment with two or more platinum containing regimens.” Mileskin L, Foo S, Grant P, Allen D, Hyde S, Rischin D
- “AGO-OVAR16/VEG110655 (ANZGOG): a phase 111 study to evaluate the efficacy and safety of pazopanib monotherapy versus placebo in women who have not progressed after first line chemotherapy for epithelial ovarian, fallopian tube or primary peritoneal cancer.” Rischin D, Mileskin L, Foo S, Grant P, Allen D, Hyde S
- “ICON 7 (ANZGOG): a randomised, two arm, multicentre gynaecologic cancer intergroup trial of adding bevacizumab to standard chemotherapy (carboplatin and paclitaxel) in patients with epithelial ovarian cancer.” Rischin D, Mileskin L, Foo S, Grant P, Allen D, Hyde S
- “MORAb-003-003PR: a randomised, double blind, placebo controlled study of the efficacy and safety of morab-003 (farletuzumab) in combination with paclitaxel therapy in subjects with platinum resistant or refractory relapsed ovarian cancer.” Foo S, Grant P, Allen D, Hyde S, Rischin D, Mileskin L
- “PORTEC 3 (ANZGOG): randomised phase 111 trial comparing concurrent chemoradiation and adjuvant chemotherapy with pelvic radiation alone in high risk and advanced stage endometrial carcinoma.” Mileskin L, Foo S, Grant P, Allen D, Hyde S, Rischin D

Donor milk

Mercy Health Breastmilk Bank, Mercy Hospital for Women

The Breastmilk Bank provides pasteurised donor breastmilk for infants at Mercy Hospital for Women who are born before 32 weeks gestation or whose birthweight is below 1,500 grams.

Since opening in 2011, Mercy Health Breastmilk Bank has received a very positive response from the community. It has been successful in storing, pasteurising and supplying breastmilk and, importantly, no adverse events occurred in recipients as a result of pasteurised donor milk administration. By the end of December 2012 the Breastmilk Bank had provided pasteurised donor breastmilk for 125 sick or premature babies.

Before the Breastmilk Bank opened, Ms Kerri McEgan, Nurse Unit Manager, Mercy Health Breastmilk Bank surveyed neonatal nursing staff and nursery families about their knowledge and attitudes towards pasteurised donor breastmilk. After 18 months of operation, Ms McEgan is repeating this survey and will present the findings at the Perinatal Society of Australia and New Zealand Conference and the International Lactation Consultants Association Annual Conference in 2013.



Ms Kerri McEgan, Nurse Unit Manager, Mercy Health Breastmilk Bank.

Guest speakers

Ms Kerri McEgan and Dr Gillian Opie, Head of Unit, Mercy Health Breastmilk Bank have been in high demand as speakers at conferences held by lactation consultant organisations and the Australian Breastfeeding Association.

These include:

- “Donor milk banking.” Homecare Nurses Special Interest Group, Melbourne, Victoria
- “Donor milk banking at Mercy Health Breastmilk Bank.” Lactation Consultants of Australia and New Zealand, Hunter Valley, New South Wales
- “Update on Mercy Health Breastmilk Bank.” Australian Breastfeeding Association, Ballarat, Victoria
- “Benefits of breastmilk banking.” Royal Hobart Hospital, Hobart, Tasmania
- “Practical aspects of breastmilk banking.” Royal Hobart Hospital, Hobart, Tasmania
- “Overcoming barriers to breastmilk banking.” Westmead Neonatal Update
- “Sharing and caring: aspects of breastmilk banking.” Breastfeeding Conference, Warrnambool, Victoria
- “Viral transmission in breastmilk and milk banking.” Research, Ethics, Knowledge Course, Lactation Resource Centre, Australian Breastfeeding Association, Melbourne, Victoria

Forums and presentations

Perinatal Society of Australia and New Zealand,
Sydney, New South Wales, April 2012

- “Donor milk banking: the first year of operation.”
McEgan K, Opie G
- “Legislative compliance required to operate
a donor breastmilk bank in Victoria.”
Opie G, McEgan K

Lactation Consultants of Australia and
New Zealand, Sydney, New South Wales,
September 2012

- “Mercy Health Breastmilk Bank: the first
12 months.” Opie G, McEgan K

Poster

- “Deposits and withdrawals: a human milk
bank story.” Sommerville M, McEgan K,
Opie G, Bartolo R, Kilpatrick R



Mercy Health Breastmilk Bank provides pasteurised donor breastmilk for sick and premature babies at Mercy Hospital for Women.

Mental healthcare

Perinatal Mental Health Unit, Mercy Hospital for Women

The unit has one of the most experienced perinatal mental health teams in Australia and continues to provide clinical services to Mercy Hospital for Women and undertake research through clinical affiliations in the hospital.

Specific research into depression across pregnancy and the safety of antidepressants is ongoing. In particular, the joint clinic with perinatal medicine for the antenatal care of women with schizophrenia and bipolar disorder, paediatrics and women with borderline personality disorder in the antenatal clinics.

Key activity

Mercy Pregnancy and Emotional Wellbeing Study

This pregnancy cohort study recruited approximately 300 first time mothers in 2012 and, in the first phase of the study, will follow them until their children are two years of age. The study is based at Mercy Hospital for Women and has been developed by a multidisciplinary team of researchers in mental health, child development, paediatrics and neonatology, genetics, epigenetics and endocrinology.

There are many complex transitions and interactions of a psychological and biological nature that occur for a pregnant woman. These include hormonal changes and changes in the way women think about becoming a mother and the way they reflect on their own experiences as a child. The study will examine these changes across pregnancy, childbirth and in the early years. The research team will examine many of the areas of most concern to new mothers such as breastfeeding, infant and maternal sleeping patterns and how the unique relationship between a mother and her baby develops over pregnancy and into the postpartum period.



The Mercy Pregnancy and Emotional Wellbeing Study is led by Dr Megan Galbally, Head of Unit, Perinatal Mental Health and Consultant Psychiatrist, Mercy Hospital for Women.

The project is also interested in how mothers cope with the stress of pregnancy and how this impacts on their mood. Research has already shown that around 10 per cent of women will develop postnatal depression. One of the key aims of this research is to understand the wide range of factors that may act to protect a mother against anxiety and depression over this sensitive period, giving more women the chance to experience the joys of motherhood.

This extensive collaboration includes cross-institutional partnerships with researchers based at Mercy Hospital for Women, The University of Melbourne, Deakin University, Murdoch Childrens Research Institute and Leiden University, Netherlands.

Ongoing research

- Dr Gaynor Blankley continues to develop collaborative research in the area of pregnancy and borderline personality disorder presenting findings of her initial research at the Internal Marce in Paris, France
- Dr Martien Snellen continues the clinical care for pregnant women with schizophrenia and bipolar and the collection of data to review this model
- Dr Josephine Topp has developed a collaborative project with the Department of Paediatrics to examine staff supports and attitudes to grief and loss in the Neonatal Intensive Care Unit
- Dr Megan Galbally continues the unit's research in depression and antidepressants in the perinatal period

Forums and presentations

European Congress of Neuropsychopharmacology, Vienna, Austria, October 2012

- "Methodological design and limitations of current studies on psychotropic medication in pregnancy." Galbally M (invited speaker)

International Marce Conference, Paris, France, October 2012

- "Pregnancy, mental illness, interventions and outcome: implications for clinical practice." Galbally M (symposium chair)
- "Borderline personality disorder and pregnancy." Blankley G (paper)
- "Antidepressant exposure and child outcomes." Galbally M (paper)

Leiden University, Netherlands, September 2012

- Galbally M (invited colloquium)

Postnatal Depression Awareness Week, Canberra, Australian Capital Territory, November 2012

- Invited presentation to the Mental Health Department and presentation to Pansi: "Puerperal psychosis." Galbally M

Women's Healthcare Australasia, Forum on Perinatal Mental Health, Melbourne, Victoria, July 2012

- "Caring for women with serious mental illness in the perinatal period." Galbally M (invited talk)

Managing chronic illness

Mercy Health Lymphoedema Services

Through clinical practice, research and collaborations, Mercy Health Lymphoedema Services has become well recognised nationally and internationally.

Therapists, social workers, dietitians, doctors and allied health assistants provide services at clinics in East Melbourne and at Mercy Hospital for Women, Heidelberg. These clinics offer assessment, education, treatment and management for patients, including a collaborative paediatric clinic which operates in conjunction with the Royal Children's Hospital in Melbourne, Victoria.

Research projects

- "Literature review of conservative management of children with lymphoedema." Phillips J

Forums and presentations

9th Australasian Lymphology Conference, Cairns, Queensland, May 2012

- Attendees: Sanderson P, Alberico F, Zwar Y, Purbrick J, Phillips J, Grabsch S, Buckley G

Australasian Lymphology Association Conference, Cairns, Queensland, May 2012

- "Effective compression therapy in managing chronic leg oedema in the obese population." Alberico F, Buckley G, Phillips J
- "Non cancer related upper limb oedema." Zwar Y
- "Uncommon presentations: angiosarcoma." Alberico F
- "Young people's experiences of lymphoedema." Sanderson P (invited speaker)

European Society of Lymphology Conference, Berlin, Germany, September 2012

- Attendee: Zwar Y



Mercy Health Lymphoedema Services provides outpatient services to men, women and children who are at risk of lymphoedema or are diagnosed with primary or secondary lymphoedema.

GP 12 Conference, Surfers Paradise, Queensland, October 2012

- “Management of lymphoedema for general practitioners.” Zwar Y

International Lymphoedema Framework Conference, Montpellier, France, June 2012

- “Teenage experiences of lymphoedema.” Sanderson P

Masters Program in Prosthetics and Orthotics La Trobe University, Melbourne, Victoria, May 2012

- Purbrick J (invited lecturer)

North-East Metropolitan Integrated Cancer Service Annual Forum, Heidelberg, Victoria, August 2012

- Sanderson P (invited speaker)

Academic achievements

- Graduate Certificate in Adolescent Mental Health, Oncology Stream: Smyth J
- Professional Certificate in Health Systems Management: Sanderson P



Education is critical to managing chronic conditions.

Community based research

Werribee Mercy Hospital, Research and Education Precinct

At Mercy Health we are further strengthening our relationships with universities and government agencies to increase the research, education and training capacity at our hospital precinct in Werribee.

In particular we are working with Australian Catholic University, Victoria University, The University of Melbourne, RMIT University, Deakin University and Ballarat University. One of our current initiatives is the building of a multidisciplinary clinical learning centre funded by Health Workforce Australia. This facility will include student accommodation, seminar rooms and clinical laboratories. It will also be the site of the new Mercy Health & Australian Catholic University Clinical School for Nursing.

Also onsite is the University of Notre Dame School of Medicine, Melbourne Clinical School which is located adjacent to Werribee Mercy Hospital. As a new medical school, the focus of the research strategy is to develop research capacity by building a community of highly skilled clinician researchers, create effective partnerships and collaboration nationally and internationally, attract grant funding for school led research projects and train high calibre postgraduate research students.

The school seeks to give priority to the health problems and needs of communities and groups in most need, and to generate research that can contribute to improved health outcomes and reduced health inequalities. It also recognises that research needs to be directed towards outcomes that are implementable and practical.

INITIATION study

In 2011-12, a study of insulin initiation in Type 2 diabetes by GPs was conducted in Melbourne and Shepparton, Victoria. One hundred and two patients were recruited with most of the 22 primary care sites in the western suburbs and around Werribee Mercy Hospital.

The aim of the INITIATION study was to validate a model of primary care using GPs, practice nurses, a diabetes nurse educator and endocrinologist support as needed. Results showed that with about eight per cent of Australian adults having Type 2 diabetes and a ratio of endocrinologists to patients

of about 1:2000, more initiation of insulin was needed in primary care. The findings suggest that primary care teams with appropriate support can safely assist patients with diabetes to achieve their glycaemic targets.

This study was supported by The University of Melbourne/Baker-IDI, Medtronic, Sanofi and NHMRC and was led by Associate Professor David O'Neal from St Vincent's Endocrinology Department. There was a very significant improvement in glucose levels in the patients which was achieved safely.

Caring

for patients

Outpatients Department, Mercy Hospital for Women

Conference presentation

8th Australasian Redesigning Healthcare Summit,
Brisbane, Queensland, May 2012

- “We all want results: a collaborative redesign project expediting the filing of results.” Pidd D

Pharmacy Department, Mercy Hospital for Women

In progress

- “Multidisciplinary approach to management of maternal asthma.” Lim A, Stewart K, Abramson M, Walker S, George J

Poster presentations

National Medicines Symposium, Sydney,
New South Wales, May 2012

- “Smoking cessation in pregnant women: a potential role for pharmacists.” George J, Buning AW, Hoekzema L, Stewart K, Bonevski B, Wong S, Hughes L, Drinkwater P



The Australasian Redesigning Healthcare Summit brings together clinicians, managers, leaders and others with a focus on improving patient flow, service quality, systems and processes.

Human Research Ethics Committee, Mercy Health

In 2012 Professor John Ozolins was appointed the new chair of the Human Research Ethics Committee.

The committee is looking forward to the upcoming year of research activity under his leadership.

Committee members

Professor John Ozolins,
Chair

Ms Christine Childs,
Layperson

Ms Geraldine Gray,
Lawyer

Sr Helen Monkivitch rsm AO,
Executive Director Leadership & Mission

Associate Professor Michael McKay,
Allied health professional

Reverend Cormac Nagle OFM,
Minister of Religion and hospital ethicist

Dr Linda Mellors,
Executive Director Mercy Public Hospitals Inc

Professor Michael Permezel,
The University of Melbourne

Dr Andrew Watkins,
Clinical Director Paediatric Services

Professor Sue Walker,
Director of Perinatal Medicine and
Sheila Handbury Chair of Maternal Fetal Medicine

Mr Paul Drinkwater,
Pharmacist and Clinical Director Allied Health

Professor Susan McDonald,
Professor of Midwifery, La Trobe University/
Mercy Hospital for Women

Mr Kevin Fell,
Layperson

Ms Susan Phillips,
Lawyer

The Human Research Ethics Committee operates to ensure that research projects, studies or clinical trials conducted within Mercy Health are undertaken within the guidelines of the 2007 National Statement on Ethical Conduct in Human Research, the Catholic Health Australia guidelines, the Victorian Managed Insurance Authority guidelines for clinical trials and the Health Privacy Principles of the Health Records Act 2001 (Victoria). The committee reports to the Mercy Health Board, National Health and Medical Research Council, and Health Services Commissioner.

All research projects, studies or trials conducted within Mercy Health must first be approved by this committee.

New research

Projects approved by the Human Research Ethics Committee, Mercy Health

R11/61: Parents' experiences and needs in neonatal intensive care. The social work perspective. A mixed methods approach.

Ms Ursula Pethica

R11/62: A comparison of the opinions of women and their partners on the option of vaginal birth following a caesarean section

Dr Kate Tyson, Ms Gabrielle Fleming

R11/63: Efficacy of clorpectin in bladder pain syndrome interstitial cystitis – a randomised placebo-controlled trial

Dr Krista Cvach

R11/64: Use of the Brown Home Ovarian Monitor to assess patient acceptability for women undergoing ovulation induction

Dr Adrian Thomas

R11/69: Sibling involvement in the Neonatal Intensive Care Unit – a practical solution

Ms Geraldine Walsh, Ms Amanda Heffernan

R11/70: Evaluation of an education program to increase staff knowledge on the provision of prenatal genetic testing information to women

Ms Kym Harrison, Professor Susan McDonald

R12/01: Evaluating the impact of antenatal depression treatment on mothers and infants – a randomised controlled trial and comparative evaluation

Professor Jeanette Milgrom, Ms Teo Su-Ann Natalie

R12/02: Sleep disordered breathing in gestational hypertension and pre-eclampsia – impact on maternal and fetal outcomes

Dr Mark Howard, Professor Sue Walker, Ms Danielle Wilson

R12/03: Liquid gold – establishing the place of donor human milk in the tissue economy

Dr Katherine Carroll

R12/04: The EPPI trial – enoxaparin for the prevention of pre-eclampsia and intrauterine growth restriction – an open label randomised controlled trial

Dr Katie Groom

R12/05: PARAGON (ANZGOG0903) phase 11 study of aromatase inhibitors in women with potentially hormone responsive recurrent/metastatic gynaecological neoplasms

Associate Professor Peter Grant

R12/06: Borderline personality disorder across the perinatal period – developing guidelines for care

Dr Gaynor Blankley

R12/08: Maternal and perinatal outcomes among women attending the Perinatal Cardiac Clinic since its inception at the Mercy Hospital for Women 2009-11

Professor Sue Walker, Dr Adam De Chellis

R12/09: Perinatal outcomes of pregnancies undergoing fetoscopic laser photocoagulation for twin to twin transfusion syndrome in Victoria

Professor Sue Walker

R12/10: Audit of surgical transverse abdominus plane block

Dr Adam Pendlebury

R12/11: Severe neonatal hyperbilirubinaemia neurodevelopmental follow up study

Dr Angela McGillivray

R12/12: The timing of birth in relation to meteorological factors

Dr Laura Papillo

R12/13: Evaluation of an intervention to improve asthma control in pregnant women – a pilot study

Dr Johnson George, Ms Angelina Lim

R12/14: The impact on ovarian reserve of pre-operative treatment with gonadotrophin releasing hormone agonists (GnRHa) before laparoscopic excision of endometriomas – a prospective randomised study

Dr Emma Readman, Dr Nisha Jagasia

R12/15: Transthoracic echocardiographic assessment of cardiac output in healthy women at elective caesarean section under spinal anaesthesia – an observational cohort study

Clinical Associate Professor Scott Simmons

R12/16: Prospective evaluation of a new observation chart and escalation process for intervention in early physiological deterioration in obstetric patients

Clinical Associate Professor Scott Simmons

R12/17: The effect of timing of menstrual cycle on interpretation of pelvic MRI and prediction of disease severity in patients with deep pelvic endometriosis

Dr Lenore Ellett

R12/18: Maternal and perinatal outcomes among women with pre-pregnancy diabetes at Mercy Hospital for Women between 2006-11

Dr Alexis Shub, Alisha McCreery

R12/19: The isolation and characterisation of placental endothelial cells (associated with R00/40)

Dr Susan Nilsson

R12/20W: Snapshot Acute Coronary Syndromes Registry (Snapshot ACS)

Dr Jack Bergman

R12/21: Hypocarbica in ventilated preterm infants – how do we respond? An audit of current NICU practice.

Dr Kai König, Dr Ranmali Rodrigo

R12/22: Comprehensive initial antenatal assessment and physical examination by midwives – a pilot mentor supported education program and evaluation

Ms Deborah Pidd

R12/23: The ovarian cancer prognosis and lifestyle study – OPAL

Associate Professor Penelope Webb

R12/24: MAGENTA: Magnesium sulphate at 30 to 34 weeks gestational age – neuroprotection trial

Professor Caroline Crowther

R12/25: Combination gefitinib and methotrexate to medically treat ectopic pregnancy – a phase 11 study of efficacy

Associate Professor Stephen Tong,
Dr Monika Skubisz

R12/26: Identification of biomarkers in maternal blood to predict impending term labour

Dr Harry Georgiou, Ms Stella Liong

R12/27W: Assessment of risk factors associated with potentially preventable hospital admissions of patients with Type 2 diabetes mellitus – patient experience and management in primary care at Werribee Mercy Hospital

Dr Jo-Anne Manski-Nankervis

R12/29: Healthy gestational weight gain – exploring attitudes, knowledge and information sources among pregnant women

Dr Karen Campbell, Ms Courtney Wall

R12/30: Prospective observational study of urinary symptoms and urodynamics in women with a large pelvic mass before and after surgery

Dr Kristina Cvach

R12/31: Gynaecology oncology project (GOP)

Ms Helen Farrugia, Ms Merryl Harris

R12/32: Evaluating clinical placements for entry level nursing/midwifery students outside regular business hours

Professor Karen Dodd

R12/33: Unique insights into the causes of preterm labour – understanding membrane rupture (follow on from R07/02)

Dr Martha Lappas

R12/34: Forgotten surgical items – lessons for all to learn

Dr Lenore Ellett

R12/35: Outcomes of extremely preterm infants at Mercy Hospital for Women – an audit

Dr Kai König, Dr Maree Lee

R12/37: Preventing academic difficulties in preterm children – a randomised controlled trial of an adaptive working memory training intervention (IMPRINT study)

Associate Professor Peter Anderson

R12/40: Docosahexaenoic acid for the reduction of bronchopulmonary dysplasia in preterm infants born at less than 29 weeks gestational age – a randomised controlled trial (the N3RO trial)

Dr Carmel Collins

R12/41: The use of a multimedia module to aid the informed consent process in patients undergoing laparoscopy for pelvic pain – a pilot study

Dr Lenore Ellett

R12/42: A prospective cohort study of mother-infant pairs assessing the effectiveness of maternal influenza vaccination in pregnancy in prevention of influenza in early infancy (FluMum study)

Professor Terry Nolan

R12/43: Implementation of a liver ultrasound screening for infants with umbilicus venous catheters – a quality assurance audit

Dr Kai König

R12/44: Outcomes of subsequent deliveries in patients with previous third and fourth degrees tears after review in a multidisciplinary pelvic floor clinic

Dr Basil D'Souza

R12/45: New CPAP prongs for preterm infants – a quality assurance audit

Dr Kai König

R12/47: Improving emergency department care of patients with advanced cancer

Associate Professor Jennifer Philip, Ms Lisa Willenberg

R12/48: The association between patient safety climate and employee intended reporting – a proposed mediation effect of job satisfaction and ward commitment

Professor John Rodwell, Ms Julia Ellershaw

R12/50: Accidental extubation in the neonatal intensive care unit – a retrospective quality assurance audit

Dr Gemma Nesbitt

R12/51: Application of high resolution microarray in prenatal ultrasound detected abnormalities

Dr Poonam Charan

R12/52: Audit of consent for blood transfusions

Ms Melissa McDonald

R12/53: Evaluation of the RANZCOG Fetal Surveillance Education Program (FSEP) on adverse perinatal outcomes

Dr Leah Brown

R12/54: Vaginal pessaries – can an educational booklet help patients to better understand their care?

Ms Christine Murray

R12/55W: Patient demand at the Emergency Department of Werribee Mercy Hospital

Mr Lateef Adeleye

R12/56: Pilot study to investigate midwives', obstetricians' and ultrasound sonographers' views and experiences of maternal and fetal role and rights in relation to use of obstetric ultrasound examinations

Professor Rhonda Small, Ms Kristina Edvardsson

R12/57: Outbreak investigation using high throughput genome sequencing within the diagnostic microbiology laboratory

Associate Professor Benjamin Howden, Dr Norelle Sherry

R12/58: The Biography Program – collaborative pilot project of volunteer based biography in aged care

Mr Francis Icasiano

R12/59C: Mother-infant emotion regulation study

Dr Lisa Milne, Ms Louise Cotton

R12/60: PeTALS: A longitudinal study exploring women's experiences following a prenatal diagnosis of fetal abnormality

Professor Sylvia Metcalfe, Dr Melody Menezes

R12/61W: Screening of chronic dialysis and renal transplant patients for latent tuberculosis using tuberculin skin test and Quantiferon – TB gold assay

Dr Jonathan Darby

R12/62: Treatment of high blood pressure during pregnancy – beliefs, experiences, attitudes and behaviours of pregnant women

Dr Johnson George, Ms Amyna Helou

R12/63: The impact of sleep disordered breathing on overnight fetal heart rate patterns in pregnancies complicated by preterm intrauterine growth restriction

Professor Sue Walker, Dr Maree Barnes

R12/64: Cancer supportive care screening – patient survey

Dr Catherine Corrick

R12/65: Cancer supportive care screening – staff survey

Dr Catherine Corrick

R12/67: Coping strategies of nursing and medical staff in NICU in response to death of neonates and correlation between this and perceptions of stress levels as well as experiences in close relationships

Dr Josephine Topp

In print and online

Our researchers, teachers and clinicians are regularly featured in professional publications and online.

Department of Obstetrics and Gynaecology, The University of Melbourne/Mercy Hospital for Women

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Under revision

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Book chapter

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Where we are located

Mercy Health cares for people in Victoria, southern New South Wales and the Australian Capital Territory.

Health services

Victoria

Mercy Hospital for Women,
Heidelberg: 03 8458 4444

Well Women's Clinic,
Heidelberg: 03 8458 4881

Mercy Health Lymphoedema Services,
Heidelberg 03 8458 4949,
East Melbourne: 03 8458 4990

Mercy Health O'Connell Family Centre,
Canterbury: 03 8416 7600

Werribee Mercy Hospital,
Werribee: 03 8754 3000

Mercy Mental Health,
Saltwater Clinic: 03 9928 7444

Mercy Mental Health Triage Service: 1300 657 259

Mercy Palliative Care: 03 9364 9777

Mercy Grief Services: 03 9364 9838

New South Wales

Mercy Health Albury: 02 6042 1400

Mercy Care Centre Young: 02 6382 8444

Aged care

Victoria

Mercy Health Bethlehem Home for the Aged,
Bendigo: 03 5440 8200

Mercy Place Colac: 03 5233 5600

Mercy Place East Melbourne: 03 9413 1777

Mercy Place Montrose: 03 9724 6000

Mercy Place Parkville: 03 9385 9222

Mercy Place Rice Village, Geelong: 03 5241 3686

Mercy Place Shepparton: 03 5832 0900

Mercy Place Warrnambool: 03 5564 2800

Mercy Place Wyndham, Werribee: 03 8734 6500

New South Wales

Mercy Place Albury: 02 6024 9500

Mercy Place Mount St Joseph's,
Young: 02 6380 1300

Home and community care

Victoria

Mercy Home & Community Care:

City of Melbourne: 03 9658 9733

Colac: 03 5233 5603

Geelong: 03 5272 3133

North West Metropolitan Melbourne: 03 9385 9444

South East Metropolitan Melbourne: 03 8530 6999

Australian Capital Territory

Mercy Home & Community Care:

Canberra: 02 6253 3868

Health worker training

Mercy Health Training Institute: 03 9261 2085

Support and administrative services

Mercy Health: 03 8416 7777

Mercy Health Foundation

Richmond: 03 8416 7766

Careers

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