



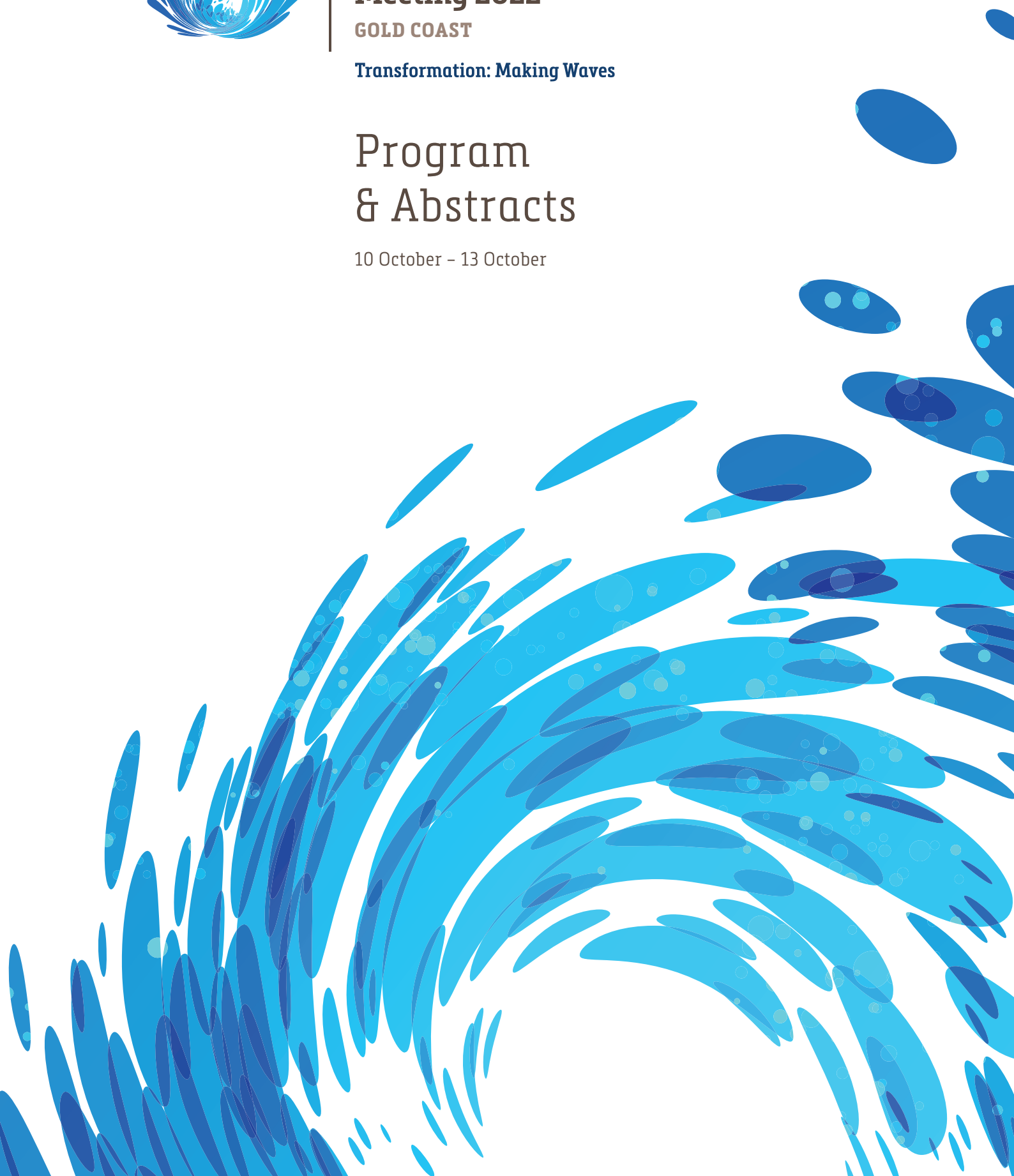
RANZCOG
Annual Scientific
Meeting 2022

GOLD COAST

Transformation: Making Waves

Program
& Abstracts

10 October - 13 October





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Contents

Welcome	4
Keynote Speakers	5
Memorial Orators	6
Featured Speakers	7
Presented at the ASM	8
Scientific Program	10
Breakfast Masterclasses	15
Lunch and Learn	18
Social Program	19
Continuing Professional Development	21
Venue and Surrounds	23
ASM Venue	23
Can You Tag Us In That?	25
General Information	27
Sponsors and Exhibitors	28
Exhibition Floorplan	29
Exhibition Directory	30
Main Program Abstracts	38

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Dr Riley Savage
Diplomate Representative

A/Prof Edward Weaver
Expert Member

This year's theme 'Transformation: Making Waves.' provides us with an opportunity to examine our practice, challenge ourselves.

Put down the pipelle and ventouse, and pack away those scrubs, it's conference time!!

The final program for your conference is a stellar mix of clinicians, researchers and consumers who bring the best of evidence-based medicine as well as fresh and new perspectives to the stage of the Gold Coast Convention Centre.

Plenary lectures welcome international colleagues from as far as the California to North Carolina, as well as showcasing diverse homegrown talent. We pledge to fill the main plenary stage each morning with challenging topics, vibrant speakers and robust discussion on some of the issues that matter most. By this stage you've seen the topics; panels on Birth Trauma, Gender Equity in Healthcare and Diversity in Leadership will aim to give us all pause for thought. Wonderful featured speakers such as Dinesh Palipana will inspire us, Jean Kittson will undoubtedly make us laugh, and Yves Rees will lend brave perspective to the conversation.

Three concurrent streams within the main program will then address and update practice in the most topical areas of Obstetrics and Gynaecology. The program also devotes time to the subspecialties – and especially to the area of intersection between generalist and subspecialty care, and to the broader issues which impact all of our practice including LGBTQI+ healthcare, workforce and wellbeing and pregnancy loss, genetics and infection.

The social program promises to provide a high-storey platform for you all to catch up with friends and colleagues both new and old. We welcome around 80 new colleagues at the Fellow Ceremony. Not to mention the small moments throughout the conference, in the trade hall, over a coffee, where we aim to provide space for connection and building new networks.

The countdown is on – Welcome to the Gold Coast!



Dr Elisha Broom
Scientific Program Chair, Organising Committee



A/Prof Thangeswaran Rudra
Co-Chair, Organising Committee

Keynote Speakers



Nancy Chescheir

Nancy Custer Chescheir is a Maternal-Fetal Medicine physician, educator and editor. She completed her education, including residencies in Obstetrics and Gynecology and Maternal Fetal Medicine, at the University of North Carolina (UNC) Chapel Hill. She was on faculty there from 1988 to the present, with exception of three years as Chair at Vanderbilt University Medical Center and to assist in opening a hospital in Gaborone, Botswana. Her primary clinical interests are in fetal medicine and assessment, and maternal-fetal surgery.

She has held multiple leadership roles during her career, including president of the Association of Professors of Obstetrics and Gynecology (APGO), board membership of the Society of Maternal-Fetal Medicine (SMFM), acting Chair of the Department of Obstetrics and Gynecology at UNC, and founding member of NAFTA NET (North American Fetal Therapy Network).

She served as Editor-in-Chief of Obstetrics and Gynecology (the Green Journal) from 2013-2020 and is the founding Editor-in-Chief of Reproductive, Female and Child Health.

She is the Vice Chair of the Committee on Publication Ethics (COPE) and is a consultant for the ObG Project.



Jeanne Conry

Jeanne Conry, MD, PhD is President of the International Federation of Gynecology and Obstetrics. She was the 64th President of the American College of Obstetricians and Gynecologists (ACOG), a membership organization representing over 57,000 OBGYNs in the USA. She chairs the Women's Preventive Services Initiative (WPSI), a United States coalition of health professional organizations and advocates with expertise in women's health.

She is Vice Chair for the Partnership on Maternal, Newborn and Child Health Partner Engagement in Country Committee and a member of its Health Care Professionals Association. She introduced the US National Maternal Health Initiative to reduce maternal mortality and improve health before, during and after pregnancy.

Dr. Conry leads national policy on Reproductive Health and the Environment and received the Environmental Protection Agency Health Champion Award. Dr. Conry served in leadership as an obstetrician gynecologist at Kaiser Permanente, the largest health maintenance organization in the United States. She is President and CEO of the Environmental Health Leadership Foundation. She received the Visionary Leadership Award from the University of California, and the United States House of Representatives honored her for accomplishments in women's health.

Memorial Orators



Caroline De Costa

Arthur Wilson Memorial Orator

Caroline de Costa became a Fellow of RACOG (later RANZCOG) in 1981. She has practiced in Australia, Papua-New Guinea, Ireland and Australia, including seventeen years in public and private practice in Sydney, and seventeen years as professor of obstetrics and gynaecology in the Cairns Clinical School of James Cook University and Cairns Hospital.

She is currently an adjunct professor at the Cairns Institute, JCU, Cairns and is the Editor-in-Chief of the Australian and New Zealand Journal of Obstetrics and Gynaecology. She is the author of a number of textbooks and textbook chapters and books of healthcare information for women.



Monica Zen

Ella Macknight Memorial Lecturer

Dr Monica Zen (BMedSci (Hons), MBBS (Hons), FRANZCOG) is an Obstetrician and Gynaecology at Westmead Hospital, where her interests lie in high risk obstetrics and obstetric research, particularly around disorders of placentation.

Monica has recently submitted her PhD where she explored various aspects of preeclampsia from prediction and prevention to long-term sequelae. She has received numerous grants, in addition to being awarded the RANZCOG Women's Health Foundation Norman Beischer Clinical Research Scholarship and the University of Sydney Paulette Isabel Jones Scholarship, the SOMANZ Andrew Phippard Memorial Award and the AMA Research Prize. She has established national and international research collaborations and with her postdoctoral research aims to further explore disease pathophysiology for disorders linked with abnormal placentation.

Featured Speakers



Danielle Jones

Dr. Danielle Jones is a board-certified ObGyn from Texas who is currently practicing in Aotearoa/New Zealand where she serves as Lead Colposcopist for the Southland Region. In addition to her busy clinical practice, she is known online as Mama Doctor Jones, where she is recognized as the leading voice in pregnancy & gynecology education with over 3 million followers across platforms like YouTube & Facebook. She acts as a digital ambassador for the American College of ObGyn, serves as a medical advisor to several start-ups in health technology spaces, and is often cited as an expert by major media outlets such as The New YorkTimes, CNN, & BBC World News. She is passionate about patient empowerment & autonomy, the inclusion of LGBTQIA+ individuals in pregnancy & gynecologic care, and advocating for reproductive rights through education. In addition to her busy jobs in clinical medicine and media, she enjoys leading a semi-nomadic life and seeing the world with her husband and 4 young children.

Dr Yves Rees (they/them) is a writer and historian based on unceded Wurundjeri land. They are a Lecturer in History at La Trobe University, the co-host of Archive Fever history podcast, and the author of All About Yves: Notes from a Transition (Allen & Unwin, 2021). They are also co-editor of Nothing to Hide: Voices of Trans and Gender Diverse Australia (Allen & Unwin, 2022). Rees was awarded the 2020 ABR Calibre Essay Prize and a 2021 Varuna Residential Fellowship. Their writing about history, transness and books has featured in the Guardian, The Age, Sydney Review of Books, Australian Book Review, Meanjin and Overland, among other publications.



Yves Rees



Dinesh Palipana

Dinesh was the first quadriplegic medical intern in Queensland and the second person to graduate medical school with quadriplegia in Australia. Dinesh is a doctor, lawyer, disability advocate, and researcher. Dinesh works in the emergency department at the Gold Coast University Hospital. He is a senior lecturer at the Griffith University and adjunct research fellow at the Menzies Health Institute of Queensland. He is a research fellow at the Jamieson Trauma Institute. Dinesh is a researcher in spinal cord injury. He is a doctor for the Gold Coast Titans physical disability rugby team. Dinesh is a senior advisor to the Disability Royal Commission. He is an ambassador to the Human Rights Commission's Includeability program. He was a 2021 International Day of People with Disability ambassador.

Dinesh is the 2021 Queensland Australian of the Year.

A/Prof Rhea Liang (MBChB, BA(Ed), MSurgEd, FRACS, FACS, FFSTEd) is a general and breast surgeon, surgical educator, diversity advocate and Surgical Lead at Bond University. She is the immediate past Chair of the RACS Operate With Respect education committee. She tweets at @LiangRhea.



Rhea Liang



Jean Kittson

Jean Kittson is an author, scriptwriter, public speaker, actor and comedian. She is the author of several books including the best sellers, 'You're Still Hot to Me,' a survival manual on the joys of menopause and her new book, 'We Need to Talk About Mum and Dad', a guide to parenting our ageing parents. Jean is also the Patron of Palliative Care Nurses Australia, and an Ambassador for the Macular Disease Foundation, the Australian Gynaecological Foundation, the Raise Foundation and Taldumande Youth Services.

She is a regular guest on ABC radio's Thank God It's Friday and Channel Nine's Today Extra.

Presented at the ASM

New Fellows

Dr Sujatha Anand

Dr Ernst Tilo Asmussen

Dr Zain Battikhi

Dr Sasmira Bhatt

Dr Marlene Bothma

Dr Angela Boulton

Dr Sally Byford

Dr Alexander Yu-Shiuan Chen

Dr Shirley Chen

Dr Kelebogile Chileshe

Dr Sally Cohen

Dr Alexandra Cottam

Dr Jillian Cox

Dr Naman Dahiya

Dr Anna Dalton

Dr Caetlyn Davis

Dr Lodewyk Du Pleiss

Dr Vincent Ebulue

Dr Claire Foster

Dr Melinda Fusco

Dr Edmund Gomez

Dr Eliza Griffiths

Dr Sarika Gupta

Dr Timothy Hasted

Dr Gabriel James

Dr Angela Jay

Dr Ihab Khalil

Dr Blake Knapman

Dr Reema Kholi

Dr Vidhu Krishnan

Dr Swetha Kumar

Dr Ah Lai Liu

Dr Vanessa Lusink

Dr Sarah Lyons

Dr Thayaparan Mahalingam

Dr Mandana Master

Dr Ruth McCuaig

Dr Matthew Mcknoulty

Dr Rhett Morton

Dr Gaithri Mylvaganam

Dr Preethi Nagubandi

Dr Aekta Neel

Dr Nargis Noori

Dr Robert North

Dr Satvana Pandey

Dr Preeti Patil

Dr Amy Phillips

Dr Maya Reddy

Dr Jessica Robertson

Dr Chantelle Ruoss

Dr Rebecca Ryder

Dr Maheshwari Salimeda

Dr Anisha Sarkar

Dr Asleigh Seiler

Dr Priya Sokhal

Dr Dr Stephen Soong

Dr Christina Stevenson

Dr Tegan Triggs

Dr Toni Tse

Dr Nora Vaitkiene

Dr Kelly Van Den Haspel

Dr Scott Walker

Dr Carmel Walsh

Dr Vanessa Watson

Dr Simon West

Dr Lima Wetherell

Dr Katherine Whitton

Dr Aimee Woods

Dr Huan Xie

Dr Melissa Yeoh

Dr Stephen Yim

Dr Rebecca Young

Dr Mahmoud Zidan

Dr Brittany Zivanovic

Presented at the ASM

New Subspecialists

Dr James Alexander

Dr Shaun McGrath

Dr Frida Carswell

Dr Cecilia O'Brien

Dr Kedar Humnabadkar

Dr Roberto Orefice

Dr Mugdha Kulkarni

Dr Yu Hwee Tan

Dr Christoph Lehner

Dr Chin Yong

Outstanding Achievement in the DRANZCOG Advanced Oral Examination

Presented to the highest scoring candidate in the DRANZCOG Advanced Oral Examination

Awardees:

Dr Melissa Acreman

Outstanding Achievement in the FRANZCOG Oral Examination

Presented to the highest scoring candidate in the FRANZCOG Oral Examination

Awardees:

Dr Lauren Ferris

Dr Sara Ooi

Dr Jason Phung

Dr Fatima Vally

New Diplomates

Presented at the New Diplomates Function:

Dr Ranjita Bains

Dr Charles Mutandwa

Dr Deepika Jangala

Dr Charlotte Pugh

Dr Gayathri Kosaka

Dr Amy Schmidt

Dr Yi Jia Lee

Dr Wai Yee Yum

Day One - Monday 10 October

07.00–07.45	Breakfast Masterclasses		
08.00–08.40	Opening Session		
08.00–08.10	Welcome to Country Jellurgal Aboriginal Cultural Centre		
08.10–08.20	ASM Welcome Elisha Broom and Thangeswaran Rudra		
08.20–08.30	RANZCOG President's Address Benjamin Bopp		
08.30–08.40	Presentation from the Assistant Minister for Health and Aged Care Ged Kearney		
08.40–10.20	Plenary One		
08.40–09.00	Biomedical Publishing Trends: Governing Against the Smoke and Mirrors Nancy Chescheir		
09.00–09.20	The COVID-19 Pandemic and Perinatal Outcomes: What Happened to Stillbirths and Preterm Births During the Melbourne Lockdown? Lisa Hui		
09.20–09.40	Ella Macknight Lecture Monica Zen		
09.40–09.50	An Update on RANZCOG's Gender Equity Targets Gillian Gibson		
09.50–10.20	Panel: Gender Equity in Healthcare: From Words to Actions Gillian Gibson, Danielle Jones, Helen O'Connell, Sue Walker		
10.20–10.50	Morning Tea, Exhibition and Posters		
10.50–12.30	Good Bugs and Bad	Genetics	Sexual Reproductive Health
10.50–11.10	Vaccination in Pregnancy Michelle Giles	NIPT: Traps and Pitfalls Daniel Rolnik	Navigating Sexual Difficulty Chantelle Otten
11.10–11.30	An Old Scourge Back for Good: The Syphilis Epidemic Clare Nourse	How to Offer and Counsel About Parental Carrier Screening in Clinical Practice Pauline McGrath	Get Cliterate Helen O'Connell
11.30–11.50	Are Screening and Valacyclovir the Answer to Congenital CMV? Lisa Hui	Genetics of Endometriosis Grant Montgomery	Introducing MVAC as Routine Care Emma Seed
11.40–12.10	Good Bugs in Obstetrics: The Impact of the Microbiome Marloes Dekker Nitert	Genetics of Ovarian Cancer Kylie Gorringe	Panel: Abortion in the Public Sector: What Are We Waiting For? Caroline de Costa, Catriona Melville, Renuka Sekar
12.10–12.30	Antibiotic Use in Labour: A Problem More Complex Than It Seems? Jennifer Broom	Panel: Advantages and Disadvantages of Whole Genome NIPT and WES Andrew McLennan, Di Milne, Daniel Rolnik	
12.30–13.30	Lunch, Exhibition and Posters		
13.30–15.10	Maternal Fetal Medicine	Fertility	Free Communications
13.30–13.50	Fetal Growth Restriction: How to Safely Push the Envelope in the Pursuit of Gestation Sailesh Kumar	Optimising Fertility: What Your CREI Wants You To Know Clare Boothroyd	13.30-13.40 Using Non-invasive imaging to diagnose Endometriosis Jodie Avery 13.40-13.50 Intrapartum Risk Factors Associated with Sequential Instrumental Delivery Jacqueline Holland

Day One - Monday 10 October

13.50–14.10	Selective Fetal Growth Restriction in MCDAs: From Early Signs to Timing of Delivery Alison Fung	What is the Best Fertility Treatment for Women with Endometriosis Katrina Moss	13.50-14.00 The impact of a Category One Caesarean Section Process implemented in 2008 on Decision to Delivery and Decision to Incision times at an Australian Tertiary Obstetrics and Gynaecology Hospital... Alexandra Fullerton
14.10–14.30	Is Tertiary Referral Warranted? Ultrasound Report Pitfalls Stefan Kane + Cecelia O'Brien	Increased Visibility of IVF Clinic Performance: New Requirements Anusch Yazdani	14.00-14.10 5-year review of obstetric admissions to intensive care unit at tertiary hospital. Tithi Kulkarni
14.30–14.50	Panel: The Era of Prenatal Therapy: What Can We Offer? Glenn Gardener, Sailesh Kumar, Jo Said	PCOS: Update on Diagnosis and Management Devini Ameratunga	14.10-14.20 Assessing the effect of obesity on induction of labour with low dose oral misoprostol Stephanie Luoni
14.50–15.10		Training in CREI: Is REI Dying? Roger Hart	14.20-14.30 Six years of continuous audit using the Robson Ten-Group Classification System at Palmerston North Hospital Caitlin O'Rourke
14.30–14.40			14.30-14.40 Does it matter if Decision to Delivery interval is greater than 75 minutes for Category 2 CS? Chuan Wong
			14.40-14.50 Evaluation of an Eligibility Screening Tool for No-Ultrasound Medical Abortion Care Catriona Melville
15.10–15.30	Afternoon Tea, Exhibition and Posters		
15.30–16.50	Preterm Labour	Paediatric & Adolescent Gynaecology	Media in O&G
15.30–15.50	Epidemiology of Preterm Birth and Risk Reduction: What Actually Works Scott White	Common Paediatric Gynaecological Presentations Shital Julania	Making the Media Work For You: New Ways of Disseminating Information Rachel Nugent and Nancy Chescheir
15.50–16.10	Management of the Short Cervix: To Stitch or Not to Stitch? Vincenzo Berghella	Dysmenorrhoea and Mullerian Anomalies in Adolescents Amy Mellor	Social Media for Researchers Caroline Homer
16.10–16.30	Counselling and Management at the Extremes of Prematurity Helen Liley + Cecelia O'Brien	How to Speak "Adolescent" Sonia Grover	Social Media for Advocacy Ngaree Blow
16.30–16.50	Debate: Is Pessary a Useful Tool to Prevent Preterm Birth? Ben Mol and Penelope Sheehan	To Lap or Not to Lap: Case and Panel Discussion Sue Evans + Sonia Grover	Education Through Social Media Danielle Jones
17.00–18.30	Welcome Reception		

Day Two - Tuesday 11 October

07.00–07.45	Breakfast Masterclasses		
08.10–10.10	Plenary Two		
08.10–08.30	Every Week Counts - The National Preterm Birth Prevention Collaborative Christoph Lehner		
08.30–08.50	O&G On the Global Stage: How to Give More Than You Take Claire Fotheringham		
08.50–09.10	What is Cultural Safety in Healthcare? Gracelyn Smallwood		
09.10–09.50	Panel: The Rise of Birth Trauma Jessica Caudwell Hall, Amy Dawes, Kara Thompson		
09.50–10.10	Sex and Sexuality After Menopause Jean Kittson		
10.10–10.40	Morning Tea, Exhibition and Posters		
10.40–12.20	Intrapartum Care	Education and Training	Pelvic Pain in Gynaecology
10.40–11.00	Antenatal Corticosteroids : The Controversies Joanne Said	Panel: Supervision on the Modern Birth Suite - A Move to Onsite On-Call Michael Beckmann and Matt Smith	Pelvic Pain Toolkit for the 21st Century Jayne Berryman + Marilla Druitt
11.00–11.20	Waterbirth: Should Modern Obstetricians Take the Plunge? Emma Seed	Measuring Complications: How we Learn from Adverse Events Helen Green	
11.20–11.40	Intrapartum Ultrasound Andrea Dall'Asta	Can we Please Stop Talking About Simulations? Sarah Janssens + Erin Wilson	Role of Interventional Radiology in Pelvic Pain Sanjay Nadkarni
11.40–12.00	Reducing Caesarean Section Rates for Women Having IOL, it's not all About the Misoprostol Pelle Kempe	How Can We Accelerate the Learning Curve? Belinda Lowe	Vulvodynia: A Management Dilemma Thierry Vancaillie
12.00–12.20	Debate: Placenta Accreta Syndrome: Thank God You're Here Naven Chetty and John Regan	Operating with Respect: Lessons from the RACS experience Rhea Liang	Vaginismus: Diagnosis and Management Options Lauren Kite
12.20–13.20	Lunch, Exhibition and Posters		
13.20–14.00	Panel: The State of Affairs in First Nations Women's Health Marilyn Clarke, Edwina Poe, Gracelynn Smallwood + Alicia Veasey	The Bermuda Triangle: Demystifying the Pelvic Side Wall Julie Lamont	13.20-13.30 Rates of Fertility Discussions and Counselling Before, During and After AntiCancer Treatments Verity Chadwick
		Vulval Vignettes : Update on VIN/ VAIN and Vulval Cancer (13.40-14.00) Lois Eva	13.30-13.40 The Oxford IVF (OxIVF) needle for oocyte pick-up: a proof of principle study Ektoras Georgiou
			13.40-13.50 Pudal Nerve Blocks with Hyaluronic Acid for Treatment of Pudal Neuralgia - a Randomised Cross Over Trial Lauren Kite

Day Two - Tuesday 11 October

14.00-14.20	First Nations Health in Canada Doug Wilson	Gynaecology: Work Up and Follow Up for the Generalist Nimithri Cabraal	14.00-14.10 Pilot Study of the Presence of Tubal Ectopic Mass on Ultrasound Assessment Post Treatment with Single Dose Methotrexate Daksha Rachagan
14.20-14.40	International Health Policies and Culturally Appropriate First Nations Care Jeanne Conry	Decision Making in Gynaecology Andrea Garrett and Kristen Moloney	14.10.-14.20 Extracellular Vesicles as Diagnostic Markers for Endometriosis: A Systematic Review Simon Scheck
14.40-15.00	Antenatal Care for First Nations Women Chrisitan Wright	Pictures are Worth a Thousand Words Kym Reid	14.20-14.30 Investigating the reasons for discontinuation of Mirabegron in Western Australia Jasmin Sekhon
15.00-15.20	Afternoon Tea, Exhibition and Posters		
15.20-16.40	Obstetric Medicine	Challenges in the Modern Operating Environment	Rural and Regional Practice
15.20-15.40	Panel: Help Us Help You - Common Presentations Jo Laurie, Helen Tanner, Caroline Wilson	Obesity as a Challenge in Surgery Julie Lamont	Equitable and Culturally Safe Access to Abortion for Rural Women and Girls Davina Oates
15.40-16.00	Congenital Heart Disease in the Reproductive Years Kylie Burns	Surgeon Fitness Albert Jung	Upskilling for the Rural Generalist Jared Watts
16.00-16.20	Demystifying Antiphospholipid Syndrome Caroline Wilson	When Bleeding is Tricky: Knowing Your Haemostatics Tal Jacobson	The Generalist's Role in the First One Thousand Days Pam Douglas
16.20-16.40	The Mother App: Modernising Antenatal Diabetes Care Jo Laurie	Robotics - The Future or a Dud? Kym Reid	Panel: The Preterm Birth Journey - From the Island to the City Linda Thomson + Kym Warhurst
19.00-Late	Meeting Dinner		

Day Three - Wednesday 12 October

07.30–08.15	Breakfast Masterclasses		
08.30–10.10	Plenary Three		
08.30–08.50	Climate Change and Environmental Toxics: O&Gs Leading the World Jeanne Conry		
08.50–09.10	Arthur Wilson Memorial Oration Caroline de Costa		
09.10–09.30	On Having a Uterus but Not Being a Woman Yves Rees		
09.30–09.50	Panel: Diversity in Leadership: Making Space not Taking Space Ngaree Blow, Nisha Khot, Dinesh Palipana, Vijay Roach		
09.50–10.10	Immediate Past President's Oration Vijay Roach		
10.10–10.40	Morning Tea, Exhibition and Posters		
10.40–12.00	Pregnancy Loss and Bereavement Care	Wellbeing, Burnout and the Workforce	Urogynaecology
10.40–11.00	Updates on Stillbirth Prevention Vicky Flenady	Critical Event Debriefing and Wellbeing for the Broken Liz Crowe	Virtual Surgery: Native Tissue Repairs Anna Rosamilla
11.00–11.20	Patient Supports: The Glimmer Project Ashleigh Smith	How to Manage Imposter Syndrome Katrina Calvert	Expectations of a New Urogynaecologist James Alexander and Mugdha Kulkarni
11.20–11.40	Establishing a Bereavement Service Emma Porter	Why Purpose Feeds Resilience Dinesh Palipana	Panel: Cosmetic Genital Surgery Jerome Melon + Usama Shahid
11.40–12.00	Care in a Rainbow Pregnancy Dr Elizabeth McCarthy	Learning Better Together - Translational Simulation and Maternity Team Culture Darren McLean	Generalist and Subspecialist: How Can We Help Each Other? Anthony Cerqui + Ajay Rane
12.00–13.00	Lunch, Exhibition and Posters		
13.00–14.20	Perinatal Mental Health	LGBTQIA+ Health	Menopause and Ageing
13.00–13.20	Partners in Prevention: Can We Better Anticipate Suicidal Behaviours in the Peripartum Period? Carla Meurk	Transgender Health: The Basics Fiona Bisshop	Menopausal Hormone Therapy for the Generalist Kath Whitton
13.20–13.40	Mental Health Crisis Care in Pregnancy Susan Roberts	Obstetric Endocrinology in Transgender People Naomi Achong	Bare Bones of Menopause Christina Jang
13.40–14.00	Adequate Postnatal Care and Inter-Generational Birth Trauma Leonie Callaway	LGBTQIA+ Healthcare: What Your Patient Wants You To Know Fiona Bisshop, Tiarna Ernst, Yves Rees	Menopause and Mood Lyndall White
14.00–14.20	Forgotten Fathers in Obstetric Care Alka Kothari		Menopause for the Difficult Situation Danielle Robson
14.20–14.40	Afternoon Tea, Exhibition and Posters		
14.40–15.10	Closing Session		
14.40–14.50	Presentation of Awards Benjamin Bopp		
14.50–14.55	Launch of 2023 ASM Jenni Pontre		
14.55–15.05	Final Remarks Elisha Broom and Thangeswaran Rudra		

Breakfast Masterclasses

Start the day right with a complimentary buffet breakfast, while enjoying an energising Breakfast Session. Each morning, delegates have a choice of sessions exploring important issues in O&G. If you wish to attend a session and haven't already registered, please visit the Registration Desk.

Monday 10 October

06.45–07.45

Alcohol Advice in Obstetric Care

Sponsored by: FARE

Location: Central Room C

Speaker: Vijay Roach, Caterina Giorgi

The National Health and Medical Research Council's Australian Guidelines to reduce health risks from drinking alcohol advise that 'women who are pregnant or planning a pregnancy should not drink alcohol'. This guideline underpins the National Awareness Campaign WIn this panel discussion, we will explore the basis of the guideline and the approach of the campaign, which calls on health professionals to routinely assess for and provide advice about alcohol consumption during obstetric care.

The Business of O&G: Lessons Learnt

Sponsored by: RAMSAY Health

Location: Central Room A

Speakers: Rachel Green, Sean Holland, Brad Robinson

New O&G's coming to the end of their training may be considering their options regarding a public appointment and/or a private practice. However, their medical training does not equip them for make such important career and business decisions.

An experienced O&G who has practiced in both public and private settings will share her experience with the delegates. Her journey into private practice will create thinking and discussion about how to navigate this decision-making process.

Topics to be covered include, where would I set up a private practice? How do I manage to generate an income while building a private practice? What are my options with insurance? How can I maintain a work/life balance? Who will be a mentor for me if I'm working on my own?

How do I form or join a group practice?

What type of legal advice should I seek? Can I continue public or academic involvement when I'm in a private practice?

How To Get Started in Research

Sponsored by: RANZCOG

Location: Central Room B

Speakers: Nancy Chescheir, Caroline Homer et al.

With a superstar line-up of established leading researchers, this panel will keep you engaged and entertained over breakfast and coffee before we launch into Day 1 of the ASM Program. Our team of senior researchers will talk about how to jump into research: finding the right topics and supervisor, establishing a research footprint without funding. For early and mid-career researchers we will discuss creating an agenda of work, building multidisciplinary research projects and teams as well as tips and tricks for publishing success and grant writing. The session will focus on ways to create and maintain both local international collaborations, with an opportunity to meet and network with other researchers from home and abroad. Finally, our experienced panel will delve into finding their jam in academic leadership with a discussion of the key advantages and challenges in combining a clinical and academic career.

Breakfast Masterclasses

Tuesday 11 October

06.45–07.45

Patients Complaints Process: How to Manage

Sponsored by: Avant Mutual Group

Location: Central Room B

Speakers: Marianna Kelly, Tal Jacobson, Elizabeth Quinn, Michael Wright

Avant is a mutual not-for-profit organisation, which supports more than 78,000 Australian health professionals. With more members, more medical-legal expertise and more claims experience as well as the largest in-house legal team of any Australian medical defence organisation, Avant is uniquely placed to help medical professionals keep abreast of developments in medico-legal risk.

This session will consist of a panel of Avant and RANZCOG experts who discuss their experiences with a complaint entity (AHPRA, OHO, HCCC) process. Each member of the panel will present for 10 mins followed by a Q&A session.

Reproductive Carrier Screening: Making It Work in Your Practice

Sponsored by: Sonic Genetics

Location: Central Room A

Speakers: Marina Berbic and Belinda Dopita

Sonic Genetics is the genetic testing arm of Sonic Healthcare Australia and provides reproductive carrier screening (RCS) through the eight practices that make up Sonic's pathology division in Australia. RCS is a mainstream test. RANZCOG guidelines state that any practitioner providing reproductive care should offer information about carrier screening to women who are planning a pregnancy or who are in early pregnancy. The merit of this requirement is not in dispute. The challenge lies in providing information about the purpose, scope, cost and outcomes of different carrier screening options to meet this professional obligation in the context of a busy practice.

The growing complexity of genetic testing can overload both the provider and the recipient of this information

This Masterclass will identify the key objectives that must be met for the responsible provision of carrier screening and, by providing easy-access resources, assist clinicians in meeting these objectives. The format of the Masterclass will be a panel discuss, which will address the information and counselling objectives related to RCS, discuss currently available resources, and introduce a new online course for patients that will help practitioners meet their professional and ethical obligations regarding RCS.

The Role of Angiogenic Markers in Prenatal Screening and Diagnosis: PlGF and sFlt in the First and Third Trimester of Pregnancy

Sponsored by: Roche Diagnostics

Location: Central Room C

Speakers: Fabricio Silva da Costa and Jon Hyett

Angiogenic markers associated with placental function (PlGF and sFlt) are becoming more widely available for both prediction / prevention and diagnosis / management of preeclampsia and fetal growth restriction. In this session, Professor Silva da Costa and Professor Hyett will detail the research that supports population-based screening for early onset preeclampsia and the benefit of using these markers in the second and third trimester to demonstrate disease severity in women deemed to have symptoms / signs of either preeclampsia or IUGR.

Roche Diagnostics is committed to Women's Health. Our innovative solutions give clinicians the ability to provide the right treatment at the right time, offering a confidence to the patients they treat, that only Roche Diagnostics can deliver. By addressing high burden conditions and diseases unique to women in pregnancy care, fertility, bone health and cervical cancer, the Roche tests enable clinicians to individualise a woman's care and reduce the risk of over or under treatment. Roche Diagnostics is proud to sponsor this breakfast session to help demonstrate the value that pre-eclampsia biomarker testing can provide to clinicians and their patients in Australia.

Breakfast Masterclasses

Wednesday 12 October

06.45–07.45

What's Next in Contraception

Sponsored by: Mayne Pharma

Location: Central Room C

Speakers: Deb Bateson and Mitchell Creinin

It's been 60 years since the introduction of the contraceptive pill in Australia. In 1965, estetrol (E4), a natural estrogen produced during pregnancy, was discovered. After extensive research, in 2021, NEXTSTELLIS containing E4 was approved for use in Europe, North America and recently Australia. NEXTSTELLIS is the first and only contraceptive pill containing E4, now derived from a plant source and combined with drospirenone. E4 is considered to be a low impact estrogen due to its unique structure and selective tissue action. E4 has an affinity for both estrogen and alpha and beta receptors, with a strong preference for the alpha receptor. E4 only activates the nuclear receptor and blocks membrane receptor activation. This selective activation is the basis for E4's variable impact throughout the body. As this is a new estrogen in the combined oral contraceptive pill, it's important to understand the science behind E4 and what clinical outcomes we expect to see. In this masterclass, we will present the latest data on E4, including the environmental impact of E4 on selected aquatic organisms and show how it behaves differently in a woman's body to other estrogens used in the contraceptive pill.

Is There a Need for National Guidelines on Iron Deficiency in Women's Health in Australia/NZ?

Sponsored by: VIFOR Pharma

Location: Central Room A

Speakers: Elizabeth Farrell and Lisa Clarke

Iron deficiency is the most prevalent nutritional deficiency worldwide. Iron deficiency anaemia affects approximately 20% of the world's population and iron deficiency without anaemia is even more common. It is an important public health problem in Australia. The World Health

Organization (WHO) estimates that 8% of preschool children, 12% of pregnant women and 15% of non-pregnant women of reproductive age in Australia have anaemia, with iron deficiency being the major cause. Although it is three times as common as iron deficiency anaemia, iron deficiency without anaemia is an under-recognised and undertreated condition.

The lack of consistent national guidelines poses a challenge in how iron deficiency is managed in women.

Join two experts who will discuss the pros and cons of developing a national consensus on Iron Deficiency.

Transition to Retirement

Sponsored by: RANZCOG Transition to Retirement Working Group

Location: Central Room B

Speakers: Sue Fleming, Tony Geraghty, Peter Henderson, Monique Doney, Sharee Johnson

Discussions between members of the College and a study undertaken by Dr Rupert Sherwood have identified that there are currently limited resources to support Fellows who are planning to transition into retirement. In 2021, The RANZCOG Board approved the creation of the Transition to Retirement Working Group to develop resources and strategies in this area. The transition process can be challenging, and it is important for the College to support our members in planning for their retirement well before it occurs. The group aims to educate members on how best to prepare and transition to retirement from multiple perspectives and develop a suite of resources to support members through this journey. The aim of this session is to provide an overview of psychological and emotional aspects of Transitioning to Retirement as well as financial and medico legal considerations. Participants will hear from a clinical psychologist, a Medico Legal Representative (to discuss financial and legal considerations) and a RANZCOG expert. This will be followed by a Q&A session.

Breakfast Masterclasses

Intrauterine Systems - the Place in Therapy from Adolescence to Menopause. Does Size Matter?

Sponsored by: Bayer

Location: Exhibition Floor

Speakers: Meredith Frearson and Katherine Whittwon

After 20+ years of Mirena in Australia and 2 years since launch for Kyleena, what has been the Australian experience. Has Kyleena found its place in expanding LARC use in the nulliparous woman. Real-world evidence from KYSS (the Kyleena Satisfaction Study) in support. With the opportunity to experience the haptic, high-fidelity Pelvic SIM, offering procedural practice in the training setting, with case scenarios that provide real-time feedback on device placement and patient comfort.

Lunch and Learn

Monday 10 October

The Physiology of Early Pregnancy Loss and Treatment & Management of Threatened Miscarriage

Sponsored by: Besins Healthcare

Location: Central Room C*

Time: 12.45-13.30

Speakers: Bill Ledger, Daniel Rolnik and Christoph Lehner

please see the Registration Desk for availability

Early pregnancy bleeding happens in almost 1 in 4 pregnancies. Although many go on to have a healthy baby, around 1 in 3 women will go on to miscarry.

Aimed at Obstetricians and gynaecologists with an interest in early pregnancy loss and threatened miscarriage (either currently involved in treatment or looking to expand their knowledge and experience),

this session will include an overview of the history of early pregnancy loss including the background physiology, the chromosomal component and the main causes. This session will also explore the clinical data that supports the treatment of women who present with bleeding in the current pregnancy, with a history of miscarriage, the recommendations for treatment on a local and international level and the updated indication for use in Australia.

Transition to Retirement

Social Program



Diplomates Cocktail Function

Saturday 8 October 2022

17.15 – 19.00
Gold Coast Convention and Exhibition Centre
Level One Foyer

An included function for all registered Diplomates, this reception will be held immediately following the conclusion of Diplomates Day One.

This function is a prime networking opportunity, offering the chance to meet with colleagues, the RANZCOG President, members of the RANZCOG Diplomates Committee, the RANZCOG Board and College Council. A highlight of the reception will be the presentation of newly certified Diplomates.

Includes	Drinks and canapés
Cost	Included for Diplomates day 1 and day 2 attendees
Dress Code	Smart casual

New Fellows and Awards Presentation Ceremony

Sunday 9 October 2022

18.30-20.30
HOTA

The New Fellows Presentation Ceremony and Reception will be held on Sunday 9 October 2022. Newly elevated Fellows and recently certified subspecialists will be joined by family and friends to celebrate this significant milestone in their career.

Includes	Drinks and canapés
Cost	\$85
Dress Code	Cocktail/Lounge Suit

Social Program



Welcome Reception

Monday 10 October 2022

17.15 – 19.00

Gold Coast Convention and Exhibition Centre

An included function for all registered delegates, this reception will be held in the Sponsorship and Exhibition space at the Gold Coast Convention and Exhibition Centre on Monday 10 October 2022, immediately following the conclusion of the plenary session.

This function is a prime networking opportunity, offering the chance to meet with colleagues, exhibitors and speakers while enjoying drinks and canapés.

Includes	Drinks and canapés
Cost	Included in Full Registration
Dress Code	Smart casual

ASM Dinner

Tuesday 11 October 2022

19.00- late

Skypoint Observation Deck

The social highlight of the meeting, the Meeting Dinner will be held at on of the Gold Coast’s most chic and stylish event space, SkyPoint Observation Deck takes you to the highest point above the Gold Coast for stunning 360-degree views from the surf to the hinterland and beyond. Rising 230 metres into the sky, SkyPoint is located on levels 77 and 78 of the magnificent Q1 building, located beachside in Surfers Paradise.

Includes: Dinner, Beverages and coach transportation to/from GCCEC.

Includes	Drinks and canapés
Cost	\$185
Dress Code	Cocktail/Lounge Suit

Continuing Professional Development

The scientific meeting and pre-meeting workshops have been approved as RANZCOG accredited meetings and eligible Fellows, Associate Members and Educational Affiliates of this College can earn Continuing Professional Development (CPD) for attendance as follows:

Scientific Meeting

Full Attendance	17.5 Hours
Attendance Monday	7 Hours
Attendance Tuesday	7 Hours
Attendance Wednesday	5.5 Hours

Pre-Meeting Workshops



Scan the QR code above to see what RANZCOG CPD points each Pre-Meeting Workshop is allocated

Diplomates Day

GPs attending the Meeting and/or the Diplomates Days program can self-claim RACGP Category 2 points at the rate of 2 points per hour; QI&CPD points are capped at 20 points per triennium.

ACRRM points can be claimed at the rate of 1 point per hour; capped at 30 points per triennium.

GPs are advised to retain details and evidence of participation for future reference, including a certificate of attendance and a program outline.

Day One

RACGP	40 Category 1 points
ACRRM	30 PRDP + 30 MOPS Points

Day Two

RACGP	40 Category 1 points
ACRRM	30 PRDP + 30 MOPS Points

**One in seven women
drink alcohol after
becoming aware of
their pregnancy**



Women who are pregnant or trying to conceive need and expect clear advice on substances that can harm their pregnancy and developing baby – like alcohol.

It is important that advice on alcohol aligns with the National Health and Medical Research Council's Australian guidelines to reduce health risks from drinking alcohol, that women who are pregnant or planning a pregnancy should not drink alcohol.

You can update your knowledge and skills in discussing alcohol and pregnancy by completing a new accredited eLearning course.

Find out more at www.everymomentmatters.org.au

**every moment
matters**

fare

Every Moment Matters is a nation-wide project supporting alcohol-free pregnancies and safe breastfeeding practices. The project is endorsed and funded by the Australian Government.

Venue and Surrounds

Venue

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists 2022 Annual Scientific Meeting (RANZCOG 2022 ASM) will be held at Gold Coast Convention and Exhibition Centre, Gold Coast.

Delegates are asked to arrive at the T.E. Peters Drive entry:

Gold Coast Convention and Exhibition Centre
T.E Peters Drive
2684-2690 Gold Coast Highway
T: +61 7 5504 4000



About the Gold Coast

The Gold Coast is one of Australia's premier holiday destinations. Famous for its surf breaks, stunning beaches, theme parks, shopping, nightlife and hinterland, it has been attracting Australian families for many decades.

The Gold Coast's star attraction is its beaches, including the world-renowned stretch of sand at Surfers Paradise. Beyond the beaches, discover laid-back neighbourhoods, a booming culinary scene and the Gold Coast's famous theme parks. And be sure to leave enough time for a trip into the subtropical hinterland for rainforest walks and waterfalls. The city prides itself on its opportunities for exploration, from world-famous laneways and cosy bars to funky.

Check out more offers for RANZCOG 2022 ASM delegates here:



ASM Venue



Registration and Information Desk

The ASM Registration and Information Desk is operational during the following times:

Saturday 8 October

07.30-17.30

Sunday 9 October

07.30-18.00

Monday 10 October

06.15-17.20

Tuesday 11 October

06.30-16.50

Wednesday 12 October

06.45-15.30

RANZCOG Crèche

The crèche is operational during the following times:

Monday 10 October

06.30-17.00

Tuesday 11 October

06.45-17.00

Wednesday 12 October

07.00-15.00

Exhibition Hall

The Exhibition Hall is operational during the following times:

Monday 10 October

07.30-18.30

Tuesday 11 October

07.30-17.00

Wednesday 12 October

07.30-15.00

Portrait Station

Delegates are invited to have a professional portrait taken at the RANZCOG Portrait Station, located near the ePosters in the Exhibition Hall

Monday 10 October

12.30 - 15.30

Tuesday 11 October

10.10 - 13.20

Can You Tag Us in That?



Be part of the online community at the ASM and connect with your peers all around the country.

Follow Us

Stay on top of all conference conversations by following the @ranzco22 account on Twitter, Instagram and Facebook. We will be sharing highlights, interviews and snaps throughout the conference.

Hashtag

Make sure to use the conference hashtag #ranzco22 when sharing any posts via social media. This will make it easy for people following the ASM to stay looped in all the conversations where and when they happen.

Share what you see

Photos are a quick and easy way of sharing your experiences on the ground. Got more to say than the Twitter word count allows? A picture says a thousand words.

Get tagging

Want to connect directly with an individual or the College? Tag them. Tagging a user handle such as @ranzco22 means that your comment will be fed directly to that person – how's that for connected?

Finance for doctors that makes all the difference



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By understanding what lenders require, doctors' unique income streams, career journeys and most importantly, credit character, we make the process of financing a home, investment property, medical equipment or practice quicker and easier.

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General Information

Audio Visual – Personal Recording

Due to the sensitive nature of content shown during the ASM, we ask you to please note that personal recording of any ASM session is not permitted.

Car Parking

GCEC has a car park located within the Exhibition Centre. Entry is from either the Gold Coast Highway or TE Peters Drive. Lifts will take you from the carpark to the Concourse floor.

Taxi and Uber Drop Off

Drop off for taxis and ride share vehicles is via the main entrance on TE Peters Drive.

Certificates of Attendance

Certificates of Attendance are available in electronic format only. To obtain a certificate for Scientific Meeting attendance, delegates must complete an online evaluation form. Post-meeting, a link to the evaluation form will be sent to all delegates via their nominated email address advised at the time of registration. Once a delegate has completed the evaluation form, they will receive a certificate to download for their records. Workshop certificates will be emailed to delegates by the RANZCOG CPD Team post-meeting.

Wifi

Wi-Fi for delegates will be available throughout the ASM.

Wi-Fi Name: RANZCOG

Password: ranzcogasm2022

Crèche

The crèche is operated by CeeBee Care and is available to all registered delegates. The crèche facilities are open to all children aged between 12 months and 12 years. For enquiries, please visit the Registration and Information Desk.

Dress Code

The dress standard for the Meeting is smart casual.

Daily Catering

Morning teas, lunches and afternoon teas will be served in the Exhibition Hall located in Hall One and Two of GCEC.

On Demand Access for all delegates

Missed a presentation? All recorded conference materials will appear on the conference platform for up to 90 days after the conference so you will have time to go back and watch anything you may have missed.

Trade Exhibition

The trade exhibition will be an integral component of the ASM. This is a great opportunity for delegates to meet with trade representatives from the leading companies that provide products and services to the fields of obstetrics and gynaecology and find out about the latest developments and trends designed to assist practitioners.

To acknowledge the importance of the exhibition, the meeting program has been structured to ensure delegates have ample time to visit the trade area. Daily morning, afternoon teas (if applicable) and lunches will be held in this area.

Insurance

Delegates are strongly advised to secure appropriate travel and health insurance. Delegate registration fees do not provide any such insurance coverage. The Organising Committee, RANZCOG and the Meeting Secretariat accept no responsibility for any loss in this regard.

COVID Safe

The ASM will take all reasonable steps to provide the safest possible environment for delegates, speakers, sponsors, exhibitors, staff and suppliers – including providing sanitising stations together with masks on request. We request that if you are unwell, you refrain from attending the ASM in the interests of health and safety of other delegates. Here is a link to the venue's COVID Safe Guidelines.

Acknowledging Risk

Due to COVID-19, it is important that all delegates acknowledge there are inherent risks associated with large events such as the RANZCOG ASM. RANZCOG ASM organisers will not be liable for any loss or damages to individual delegates that are caused by events beyond our control. We strongly recommend all delegates carefully check the details of any insurance coverage you may hold, as well as the specific terms and conditions of your travel and accommodation bookings and obtain flexible booking policies where possible.

Liability Disclaimer

In case of industrial disruption, the Organising Committee, RANZCOG and the Meeting Secretariat accept no responsibility for loss of monies incurred by delegates.

Privacy Statement

Information provided on the registration form will be used to administer the Meeting including accommodation, catering, transport, sponsorship and exhibition. Data obtained will remain the property of RANZCOG and The Meeting Secretariat.

Contact

For further information contact the RANZCOG ASM Professional Conference Organiser, Think Business Events:

Think Business Events

Unit 17, 3 Westside Ave, Port Melbourne, VIC 3207

03 9417 1350

ranzcog@thinkbusinessevents.com.au

Sponsors and Exhibitions

The Organising Committee would like to thank the meeting Sponsors and Exhibitors for their support of the RANZCOG 2022 Annual Scientific Meeting

Presenting Partner

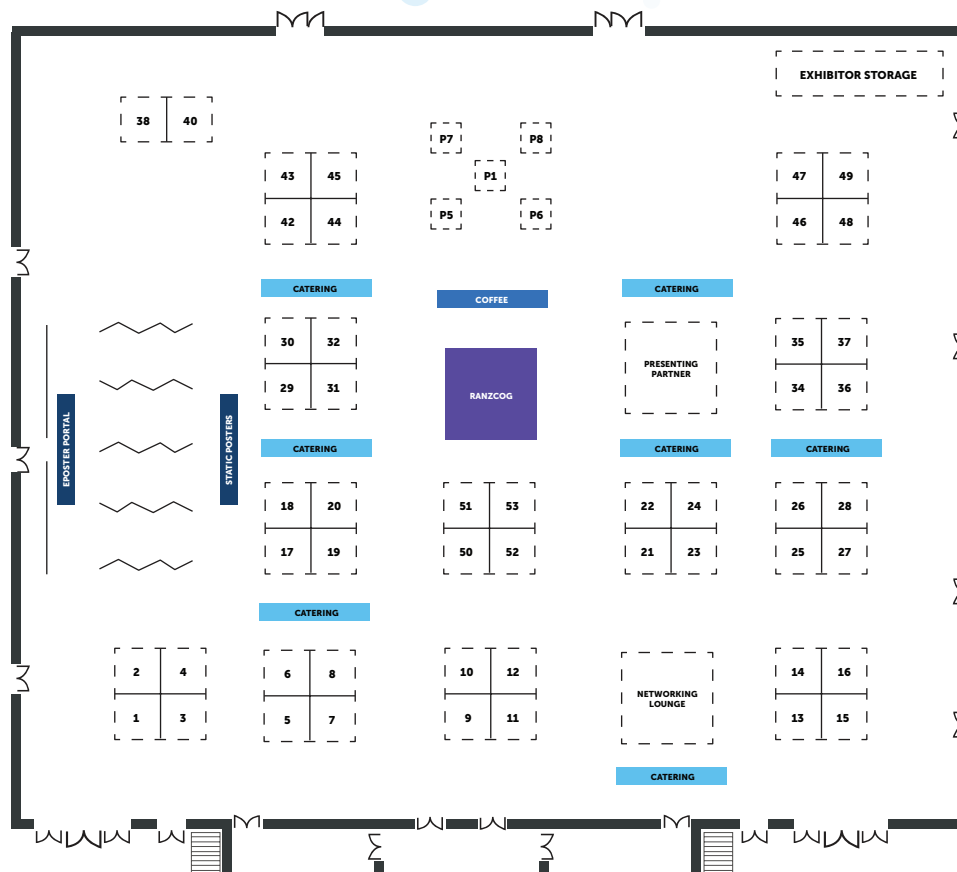


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1 Medical Pty Ltd	37	Eugene Labs	52	PureMedic Health	49
Abbot Rapid Diagnostics	42	Ferring	51 & 53	Ramsay Healthcare	38
Aspen Pharmacare PTY LTD	5	GE Healthcare Australia Pty Ltd	47	Roche Diagnostics Pty Limited	20
Avant	22 & 24	Genie Solutions	13 & 15	Rocket Medical/Guerbet Australia	3
Bayer Australia Limited	21 & 23	Global Medics	1	Rural Locum Assistance Program (Rural Lap)	16
Besins Healthcare	33	Hillhouse Legal Partners	P5	Sayco PTY LTD	6
BOQ Specialist	48	MDA National	28	Seimens	50
Care Pharmaceuticals	35	MDI	26	Sonic Healthcare/Genetics	29
Centre of Perinatal Excellence	P8	Medical Indemnity Protection Society	P6	Sonologic Pty Ltd	31 & 32
Clinical Innovations Australia	2	Medrecruit	44	Stratafarma Pty Ltd	11
CONTIFORM INTERNATIONAL P/L	40	Medtronic	9	Tego	17
ConvaTec	8	Natera Inc	18	The Professionals Advice Group	P1
Cook Medical	19	National Blood Authority	P7	Theramex Australia	45
Credabl Pty Ltd	25	NRC Nutrition Pty Ltd	34	Tristel Pty Ltd	14
CSL Vifor Pharma Group	46	Perrigo	36	Virtus Health Limited	30
Department of Health and Aged Care	27	Philips Healthcare Australia	10 & 12		
Endotherapeutics Pty Ltd	7	Priority Life	4		

Exhibition Directory

1 Medical Pty Ltd

37

<https://www.1medical.com.au>

Medical placement specialists providing healthcare staffing solutions and services across Australia, New Zealand, Ireland, UK and beyond. The 1Medical team have extensive Australasian healthcare market experience and have helped develop the market over the last decade.

Driven by sustainable goals, not just for financial reward, the team focuses on building valued long-term relationships with both candidates and clients alike to ensure successful outcomes for all. With the mindset that service is paramount, our goal is to ensure service levels remain to be the core focus in everything we do.

Abbott Rapid Diagnostics

42

www.aus.abbott/products/diagnostics

Abbott is a leader in rapid diagnostics at the point of care. Our Rapid Diagnostics business focuses on five areas: Infectious Diseases, Cardiometabolic & Informatics, Toxicology and Women's Health. These businesses provide testing solutions for everything from influenza to HIV to diabetes to drug tests and pregnancy testing. At this year's RANZCOG conference, Abbott will be displaying Actim® PROM for detection of rupture of membrane and Actim® Partus to rule out preterm or imminent delivery in either tertiary or remote healthcare settings.

Aspen Pharmacare

5

www.aspenpharma.com.au/products

Aspen Australia is the largest non-generic supplier of medicines by volume*^ in Australia with almost 500 product lines manufactured, distributed and marketed in Australia.~ Aspen manages pharmaceutical products in most therapeutic categories including Prescription Pharmaceutical brands, Speciality pharmaceutical products, and OTC healthcare products.

For more details on specific Aspen products or the extensive range of clinical resources to assist your practice, please contact your Aspen representative or visit our website www.aspenpharma.com.au/products

* excludes compounding; ^ IQVIA MAT April 2021

~ Australia Dandenong Manufactured and fully purchased

Avant

22 + 24

www.avant.org.au

Avant is a member-owned organisation founded 130 years ago that protects and supports doctors throughout their careers and lives. It is Australia's largest medical defence organisation, protecting over half of all doctors and is committed to a sustainable health system that provides quality care to the community.

Avant offers a broad range of other products and services including private health and general insurances, practice technology solutions and supplies, and specialist finance services.

As a member-owned organisation, Avant is run to benefit its doctor members and the community they serve. Any profits are reinvested to benefit members and Australian healthcare.

Bayer Australia Limited

21 + 23

<https://www.bayer.com/en/>

Bayer is a global life science company with expertise in healthcare and agriculture. The company has had a presence in Australia since 1925 and has a long-term commitment to the health and nutrition of all Australians and New Zealanders. As people live longer and the population continues to grow both locally and beyond, Bayer is one of the few companies that takes a comprehensive view of these issues. Guided by our purpose – Science for a better life – we apply our global scientific expertise in healthcare and agriculture to deliver innovations locally to help people and the planet thrive.

Bayer employs almost 900 people across Australia and New Zealand and is dedicated to servicing the needs of rural and remote communities. Bayer embraces and encourages its employees' unique identities and advances a culture of inclusion and diversity across gender, LGBTQIA+, generations, disability and race.

Besins Healthcare

33

besins-healthcare.com.au

Besins Healthcare is a world leader in novel therapies for gynaecology, andrology, and obstetric care having discovered ground-breaking technologies to improve patient well-being throughout our history.

Besins Healthcare has developed a variety of TGA approved treatments in women's health, with a special focus on body identical hormone therapies.

Patients in Australia can now benefit from world leading medications across the areas of pregnancy support (Luteal Phase Support, Preterm Birth & Threatened Miscarriage), menopausal hormone therapy, and more recently, contraception.

Our products are trusted and prescribed by healthcare professionals in more than 100 countries throughout the world.

Exhibition Directory

BOQ Specialist

48

www.boqspecialist.com.au/medical

For over 30 years, BOQ Specialist has been Australia's leading financial services partner for medical professionals. During this time, we have developed a deep understanding of the unique financial needs of doctors and have designed a distinctive range of products and services to suit. Whether you require personal banking products or business solutions for your practice, we will work closely with you to help you achieve your personal and professional ambitions. For more information call 1300 160 160

Care Pharmaceuticals

35

carepharmaceuticals.com.au

CARE Pharmaceuticals was established in Australia in 1986 to provide innovative over the counter products for all members of the family. Now a Prestige Brands company, our trusted brands include FESS®, Hydralyte®, Murine®, Little® and Lacto-Free®, which are synonymous with quality, safety and efficacy.

Centre of Perinatal Excellence

P8

cope.org.au/

Centre of Perinatal Excellence (COPE) is a not-for-profit organisation devoted to reducing the impacts of emotional and mental health problems in the pre and postnatal periods. Our history and foundations are underpinned by extensive research and best practice. Building upon this, COPE provides a national, dedicated focus to perinatal mental health to address the identified issues that we know are currently preventing people from accessing timely and effective information and care. Through our corporate objectives and governance, COPE works with others to achieve our purpose. Our work to date has been made possible through the invaluable financial and pro bono contributions of our partners. We invite you to join us and also support us as we work together to improve the lives of the many thousands of families currently affected by these debilitating and often devastating conditions.

Clinical Innovations Australia

2

au.clinicalinnovations.com

Laborie is a global medical technology company specializing in Gastroenterology, Urology & Urogynecology, Obstetrics, Gynecology & Neonatal.

Clinical Innovations is now a major part of our Obstetrics, Gynecology and Neonatal business, and includes products that support the continuum of care during antenatal, intrapartum, postpartum, neonatal and gynecology including surgical procedures.

You may recognize some of our trusted brands including the Kiwi® Vacuum-Assisted Delivery System, ROM Plus® Rupture of Membranes Test, the traxi® family of products, and ClearView Uterine Manipulator.

We look forward to meeting you at RANZCOG 2022!

CONTIFORM INTERNATIONAL P/L

40

contiforminternational.com/

Contiform International was established 25 years ago.

We design, manufacture, export and import medical devices servicing the Womens Health market

Our signature Pessary product is now supported by our Australian manufactured ContiCombo (combined sound/dilator).

Contiform's expanded product range now includes Biopsy, IUD Kits, Thread removals, Hysterometers, Pozzi & Tenaculum forceps.

French manufactured IVF single-use devices, are available, along with our range of new Silver/Copper 380N IUDs, supplementing our current Choice TT380 and Choice Load 375 copper contraceptives.

ConvaTec

8

<https://www.yourconvatec.com.au/>

ConvaTec is a global medical products and technologies company, with leading market positions in ostomy care, wound therapeutics, continence and critical care. ConvaTec provides a range of clinical and economic benefits, including infection prevention, protection of at-risk skin, improved patient outcomes and reduced total cost of care. ConvaTec has more than 10,000 employees, 9 manufacturing sites, and does business in more than 100 countries.

Cook Medical

19

cookmedical.com

Cook Medical Reproductive Health provides a comprehensive offering of medical devices for the reproductive system that includes products for assisted reproduction, maternal-fetal medicine, obstetrics, and gynecology. Cook Medical is committed to education, research, and collaboration with healthcare professionals to enhance patient care for women and men throughout their reproductive lives. For more information visit cookmedical.com.au.

Credabl Pty Ltd

25

www.credabl.com.au

Credabl offers a quick, easy and pain-free way for you to get the finance you need.

Exhibition Directory

We're a team of finance specialists providing tailored solutions for obstetricians and gynaecologists. Through simplified, customised and digitised solutions, we ensure that they receive the financial attention they deserve in both their personal and professional lives. With niche finance knowledge and specialist industry skills, Credabl is your partner on call.

CSL Vifor

46

cslvifor.com

CSL Vifor is a global leader in iron deficiency and nephrology and is committed to launching the next generation of therapies to truly address the full spectrum of kidney disease, with a focus on dialysis and rare disease.

CSL Vifor Australia is proud to sponsor local medical education and invest in research and development to help patients lead better, healthier lives.

Department of Health and Ageing

27

www.health.gov.au

The Medical Costs Finder, launched in 2019, is a website designed to educate consumers about costs of common medical services, and the impact of private health insurance and Medicare contributions on what they end up paying for these services. Over the last 18 months, the Department of Health and Aged Care has developed additional functionality to allow individual medical specialists to publish their indicative fees and insurer arrangements for a discrete number of high-volume services. Specialists can sign up now.

Endotherapeutics Pty Ltd

7

www.endotherapeutics.com.au/

Endotherapeutics was founded in 1999 with a small team, and a number of innovative, niche medical technologies that provided quality of life improving solutions to healthcare professionals. Since then, hard work combined with tenacity, dynamism, drive and determination has turned Endotherapeutics into a leading Australian healthcare technologies company that operates across both Australia and New Zealand.

Over 20 years of experience has allowed Endotherapeutics to develop extensive knowledge of the Australian and New Zealand healthcare systems. This includes the registration and reimbursement of new medical technologies, and their successful sales and marketing.

Eugene Labs

52

eugenelabs.com

Eugene offers end-to-end genetic counselling care and medically actionable genetic testing for anyone who wants to make proactive health choices through carrier screening, cancer and cardiac risk screening. All Eugene's patients are offered pre-test genetic education and the opportunity to speak to one of our in-house genetic counsellors to support informed decision making and care tailored to the individual's test results. Our client support is at-home and completed by video-based telehealth. This clinical-first approach supports informed consent and empowers you and your patients to have access to client centered genomic care. Available in both Australia and NZ.

Ferring

51 + 53

<https://www.ferring.com.au/>

Ferring Pharmaceuticals is a research-driven biopharmaceutical company devoted to identifying, developing and marketing innovative products in the fields of maternal health and reproductive medicine, urology, oncology, gastroenterology, endocrinology and osteoarthritis. Ferring is committed to research in fertility, obstetrics and gynaecology in order to help couples conceive and complete a successful pregnancy.

Through its offer of innovative products, Ferring's goal is to provide the best treatments to support every stage of the reproductive cycle, from conception to birth.

Foundation for Alcohol Research and Education

www.fare.org.au.

The Foundation for Alcohol Research and Education (FARE) is the leading not-for-profit organisation working towards an Australia free from alcohol harms. We approach this through developing evidence-informed policy, enabling people-powered advocacy and delivering health promotion programs.

Australians are impacted by alcohol harm every day, including through injury, violence, Fetal Alcohol Spectrum Disorder (FASD) and chronic diseases such as cancer. Far too many Australians die each year because of alcohol.

By working together, we can change this. Working with local communities, values-aligned organisations, health professionals and researchers across the country, we strive to improve the health and wellbeing of everyone in Australia.

To learn more about us and our work visit www.fare.org.au. You can get in touch via email at info@fare.org.au

FARE is a registered charity, and every dollar you give helps fund projects keeping our communities healthy and safe. You can make a tax-deductible donation at: www.fare.org.au/donate.

Exhibition Directory

GE Healthcare Australia Pty Ltd

47

www.gehealthcare.com.au

As a leading global medical technology, diagnostics and digital solutions innovator, GE Healthcare enables clinicians to make faster, more informed decisions through intelligent devices, data analytics, applications and services, supported by its Edison intelligence platform.

With over 100 years of healthcare industry experience and around 50,000 employees globally, the company operates at the centre of an ecosystem working towards precision health, digitizing healthcare, helping drive productivity and improve outcomes for patients, providers, health systems and researchers around the world. We embrace a culture of respect, transparency, integrity and diversity.

Genie Solutions

13 + 15

www.geniesolutionssoftware.com.au/

Genie Solutions is Australia's leading specialist software provider. Our products and services help over 21,000 Medical Professionals run their practice smoothly, by seamlessly integrating your appointments, billing and clinical management.

We offer Australian Specialists two software solutions. Genie, our desktop solution, has been perfected over two decades and was developed by a doctor, and tailored to specialists. As well as thousands of intelligent features, Genie also offers optional modules that enable you to customise the software to suit your business.

Global Medics

1

<https://www.globalmedics.com/>

Global Medics provides career solutions for healthcare professionals around the globe. Operating in Australia, New Zealand, Ireland and the United Kingdom, Global Medics have permanent and locum medical jobs for all grades and specialties in metropolitan, rural and regional locations, available in hundreds of hospitals across Australia and New Zealand.

Guebert Australia

3

<https://www.guerbet.com/>

Guerbet has become one of the leading experts in medical imaging worldwide. Collectively, we offer a full range of medical solutions and services in diagnostic imaging and interventional imaging.

Our flagship product, and the world's first iodinated contrast agent, Lipiodol® Ultra Fluid (based on poppy seed oil), is used during Hysterosalpingography, a key step during the infertility workup.

Guerbet's Interventional Imaging mission is "to provide the medical

community with innovative solutions to help physicians advance their patients treatments & outcomes".

Hillhouse Legal Partners

P5

<https://www.hillhouse.com.au/>

For 30 years, Hillhouse Legal Partners has provided clients with trusted legal strategy and advice. As a mid-sized firm, we combine broad legal expertise with responsive and personal service. We apply our knowledge and experience to meet specific and changing needs of our clients, whether they need commercial, corporate, or private legal services. From the outset we develop a solutions-oriented plan with you, structuring the simplest and most cost-effective way to meet your objectives. We are simply strategic.

MDA National

28

<https://www.mdanational.com.au/>

MDA National is a doctor-owned medical indemnity insurer that exists only to support and protect our Members and promote good medical practice.

With MDA National you can expect the highest level of medico-legal expertise and comprehensive cover – because that is our core focus.

Providing protection to our Members since 1925, we remain committed to supporting you in the moments that matter, so you can keep on practising with confidence and providing outstanding patient care.

MDI

26

www.medicaldev.com

Medical Developments International (MDI) is one of Australia's leading specialised healthcare companies. With an industry leading range of products in the areas of pain management, asthma and resuscitation, plus veterinary equipment, MDI has supplied healthcare professionals and patients innovative solutions since 1971. MDI is a publicly listed company on the Australian Stock Exchange with both its head office and state of the art manufacturing facilities located in Victoria, Australia.

With a strong focus on expanding into international healthcare markets, MDI has established a network of manufacturers and distributors to ensure both quality assurance and supply chain solutions are maintained for servicing and delivering to both the local and international sectors.

Exhibition Directory

Medical Indemnity Protection Society

P6

www.mips.com.au

MIPS is a membership based organisation, not just an insurer, so we're interested in providing more than just indemnity cover to our members.

In addition to the comprehensive indemnity cover that is part of membership, members also have access to 24-hour Medico-Legal Support and accredited risk education.

Our pricing allows us to apply an equitable and more accurate approach to membership fees. This means members are not being asked to subsidise the mature risk exposure of other practitioners.

Medrecruit

44

medrecruit.medworld.com

Doctors first, then jobs, that's the difference. We align your lifestyle and career goals to help you find better. Work with medical recruitment experts who put you and your wellbeing first. Work where you want and when you want with Australasia's largest network of doctor jobs. Our end-to-end service is entirely free, if you are looking for a new role we would love to help you find better.

Medtronic

9

www.medtronic.com

We lead global healthcare technology, boldly attacking the most challenging problems. Our Mission — to alleviate pain, restore health, and extend life — unites a global team of 90,000+ people, and our technologies transform the lives of two people every second, every hour, every day. Expect more from us.

Medtronic. Engineering the extraordinary.

Natera Inc.

18

natera.com

Natera is a global leader in cell-free DNA testing. The mission of the company is to change the management of disease worldwide by harnessing the power of DNA from a single blood sample to improve the management of reproductive health, oncology, and organ transplantation. Natera® is driven by a passion for improving the path to parenthood with a suite of high-quality reproductive health genetic tests that support families in their journey from preconception, to pregnancy, and birth.

National Blood Authority

P7

<https://www.blood.gov.au/>

The National Blood Authority was established by the National Blood

Authority Act 2003 to manage and coordinate arrangements for the supply of blood, blood products and blood services on behalf of all Australian governments in accordance with the National Blood Agreement.

The primary policy objectives of the National Blood Agreement are to provide an adequate, safe, secure and affordable supply, and to promote the safe, high quality management and use, of blood products, blood products and blood services in Australia.

NaturoBest

34

<https://naturobest.com/>

NaturoBest is a unique prenatal multivitamin range that was born out of a desire to supply high quality supplements that help women achieve a healthy pregnancy and baby.

Uniquely, it has a separate formula for the first trimester of pregnancy, designed to minimise the symptoms of morning sickness and it is the only prenatal supplement on the Australian market to contain 500mcg of activated folate as the patented Quatrefolic®.

The range was designed by experienced fertility naturopath Nikki Warren.

Norman Beischer Medical Research Foundation

nbmrf.org.au

The Norman Beischer Medical Research Foundation supports and promotes improvements in the reproductive health of women and in the health of their babies and infants.

It actively supports research, through its Fellowship and Innovation Grants, into obstetrics and the prevention, control and treatment of gynaecological diseases and related problems.

The Norman Beischer Research Fellowships provide an opportunity for an outstanding mid-career clinician researcher to be recognised with a fellowship award of \$600,000 over a three-year period.

The Norman Beischer Innovation Grants provide seed funding to support highly innovative research projects with potential for significant clinical impact.

For guidelines and more information on Fellowships and the 2023 Innovation Grants please see our website.

Perrigo

36

www.perrigo.com.au

Perrigo Australia proudly manufactures locally in Western Australia. Our dedicated licenced state-of-the-art hormone suite has been proudly supporting Australian pregnancies for over 30 years with our Australian Made Quality Assured Fertility Medicines that support both ART and the prevention of preterm birth.

Perrigo Australia produces over 200 products including key brands Obstetric Care Chlorhexidine Lotion®, Surgi-Prep®, Surgi-Gel® and Chlorhexidine Pre-Op wash®.

Exhibition Directory

For more information visit www.perrigo.com.au or visit our booth at the 2022 RANZCOG ASM.

Philips Healthcare Australia

10 + 12

www.philips.com.au

At Philips, we look beyond technology to the experiences of consumers, patients, providers and caregivers across the health continuum – from healthy living and prevention to diagnosis, treatment and home care. We unlock insights leading to innovative solutions that address the Quadruple Aim: improved patient experience, better health outcomes, improved staff experience, and lower cost of care. With leading research, design and innovation capabilities, we partner with our customers to transform the delivery of healthcare.

Priority Life

4

<https://prioritylife.com.au/>

Priority Life's advisory team specialises in providing personal risk advice to over 1600 medical professionals Australia-wide enjoying the freedom to source product solutions across the wider market. For medical specialists, insurance policies designed for 'every-Australian' are unlikely to deliver in 'grey-areas' such as partial capacity, blood-borne virus infection and where locums are employed.

Puremedic Health

49

<https://www.qiara.com.au/>

In 2012 after identifying and evaluating ground-breaking new research in probiotics isolated from breastmilk, Puremedic Health, launched Qiara containing *Lactobacillus Fermentum* CECT5716. Ten years later we are proud that Qiara is recognised for its role in the prevention and treatment of mild mastitis and in relieving symptoms of poor gut health in unsettled babies. As research continues to reveal the importance of a healthy microbiome in pregnancy, breastfeeding and infant development, we commit to being at the very forefront.

QML Pathology

49

<https://www.qml.com.au/>

QML Pathology is one of Australia's leading comprehensive clinical laboratory and pathology services. Based in Queensland for more than 90 years, we operate one of the largest, purpose built laboratories in the southern hemisphere, dedicated to meeting the needs of Queensland doctors and their patients. We are recognised for serving rural and regional communities with a large footprint of laboratories and collection centre services in these regions.

Our vast spectrum of pathology testing services and collection centres are maintained by a dedicated team of highly qualified, professional individuals delivering an extensive, reliable and quality service.

QML Pathology is part of the broader Healius Pathology Pty Ltd network of specialist pathologist practices. As such, QML Pathology has the governance and support infrastructure that comes with being part of a top 100 ASX publicly listed entity.

Ramsay Healthcare

38

www.ramsaydocs.com.au

Ramsay Health Care is a global health care company extending across 10 countries providing quality health care through a global network of clinical practice, teaching and research. Established in Sydney, Australia, in 1964, by Paul Ramsay AO, Ramsay has always focused on maintaining the highest standards of quality and safety; being an employer of choice; and operating the business based on a culture known as the "Ramsay Way" with a philosophy based on "People Caring for People".

In Australia, Ramsay is the largest private hospital operator with 72 private hospitals and day surgeries. Our facilities cater for a broad range of health care needs from primary care to highly complex surgery, as well as mental health care and rehabilitation. In addition Ramsay has established the Ramsay Pharmacy retail franchise network which supports more than 59 community pharmacies. Ramsay Australia admits more than one million patients annually and employed more than 31,000 people.

RANZCOG

ranzocog.edu.au

RANZCOG is dedicated to the establishment of high standards of practice in obstetrics and gynaecology and women's health. The College trains and accredits doctors throughout Australia and New Zealand in the specialties of obstetrics and gynaecology so that they can provide the highest standards of healthcare. The College also supports research into women's health and acts as an advocate for women's healthcare by forging productive relationships with individuals, the community and professional organisations, both locally and internationally.

Roche Diagnostics Pty Limited

20

roche-australia.com

At every stage of a patient's life, Roche Diagnostics is committed to Women's Health. Our innovative solutions give clinicians the ability to provide the right treatment at the right time, offering a confidence to the patients they treat that only Roche Diagnostics can deliver. Addressing high burden conditions and diseases unique to women

Exhibition Directory

in pregnancy care, fertility, bone health and cervical cancer, our tests enable clinicians to individualise a woman's care and reduce the risk of over or under treatment.

Rocket Medical

3

<https://www.rocketmedical.com/>

Rocket Medical is a UK based, award winning designer and manufacturer of single use medical devices for these key clinical areas: Chest Drainage, Ascites Drainage, Reproductive Medicine, Obstetrics and Diagnostic Medicine. Rocket Medical are proud to design and manufacture our products in the United Kingdom. In our Reproductive Medicine and Obstetrics range, we have HSG & HyCoty catheters, Fetal Blood sampling kits, fetal scalp electrodes and the Hegenberger Retractor.

Rural Locum Assistance Program (Rural LAP)

16

<https://www.rurallap.com.au/>

Need to take leave? We can help.

Our unique program is subsidised by the Australian Government, so your healthcare facility only pays for a locum's hourly wage, superannuation and any applicable taxes for the duration of your leave.

We'll recruit, screen and place highly experienced locums that can hit the ground running from the moment they arrive, and we'll arrange and pay for their travel and accommodation.

All you need to worry about is ensuring your community receives ongoing healthcare during your absence.

Sayco Pty Ltd

6

www.profem.com.au

Sayco Pty Ltd is an Australian Company that has been working in the continence area since 1984, supplying all types of catheters and bags to the market. Our Brand, Profem, has a complete range of Silicone pessaries to suit a variety of patients and conditions. Sayco also has a range of Curettes, Cervical Dilators and the Word Bartholin Catheters as part of its gynae range.

Siemens

50

siemens-healthineers.com/en-au

We pioneer breakthroughs in healthcare. For everyone. Everywhere. We partner with medical professionals and equip them with Ultrasound solutions, insights, and trusted guidance to advance medicine and deliver better patient care. Our Ultrasound products and technology are designed to enhance your usability and clinical outcomes. Delivering a new era of ACUSON ultrasound machines,

our systems use the latest imaging technologies and AI-enabled tools to help you deliver a more confident diagnosis.

Sonic Healthcare/Genetics

29

<https://www.sonicgenetics.com.au/>

Sonic Healthcare is an internationally renowned Australian healthcare company providing specialist operations in pathology, radiology, general practice and corporate medical services across Australasia, Europe and North America.

Our commitment to excellence in delivering services to doctors and patients informs every aspect of our company, including our Medical Leadership and people-focused culture that views our staff as our most valuable asset.

Sonic Healthcare is a proud supporter of the RANZCOG Annual Scientific Meeting, being represented by Sonic Genetics, a specialised genetic pathology service.

Sonic Genetics offers Australia's largest private genetics service. Our genetic pathologists and medical scientists work in Sonic's network of Australian interdisciplinary laboratories. They are supported by colleagues who work across all specialities of pathology.

This collaborative expertise allows doctors and patients across Australia to access a broad range of accredited genetic tests, together with detailed supporting information and resources needed to make informed choices about complex medical decisions.

Sonologic Pty Ltd

31 + 32

<https://www.sonologic.com.au/>

Sonologic is a proud Australian owned and operated business supplying premium quality products for women's health sourced from around the world. Our European built examination couches and integrated HD colposcopes are of the highest European standards and offer leading edge technology. Sonoscape ultrasound systems have been part of the Australian OB&GYN landscape for more than 15 years offering excellent, trouble-free imaging. Sonoscape has a system to suit everybody's needs from a basic portable unit through to the latest 4D imaging and artificial intelligence taking care of all your foetal biometry measurements. Sonologic strives to supply the latest technology throughout our product range. If you are considering upgrading your ultrasound, examination couch or colposcope Sonologic should be your first call.

Stratpharma Pty Ltd

11

stratpharma.com

Swiss company Stratpharma has developed breakthrough

Exhibition Directory

treatments for faster wound healing, abnormal scar prevention and treatments that are now available in over 70 countries. These medical devices are clinically proven to be effective and easy to use alone or in combination with more invasive therapies.

Stratpharma's range includes: Stratamed – the advanced film-forming wound dressing that provides an optimal wound healing environment and abnormal scar prevention; Strataderm – professional scar treatment; Stratamark – for the prevention and treatment of stretch marks; Stratacel – an advanced wound dressing for use after fractional procedures; StrataXRT – for the prevention and treatment of radiation dermatitis and StrataCTX – a full contact, flexible wound dressing, for the management of dry skin and cutaneous rashes.

Tego

17

<https://tego.com.au/>

Tego offer medical indemnity insurance for specialists underwritten by Berkshire Hathaway. Our personalised approach delivers real value, unparalleled quality of cover and 24/7 support by Australia's top medico-legal advisers. We are committed to supporting and protecting doctors, so you can continue to focus on providing quality patient care.

The Professionals Advice Group

P1

www.professionalsadvicegroup.com.au/

Specialists in lending, insurance, and wealth management for medical professionals. Helping clients build wealth, attain their financial goals, and securely provide for their future and their families.

Theramex

45

theramex.com

Theramex Australia is a specialty pharmaceutical company solely committed to supporting the health needs of women.

By working closely with our partners and healthcare professionals, Theramex Australia provides a diverse portfolio of treatments over the therapy areas of menopause, osteoporosis, contraception, overactive bladder and fertility that support women of all ages and life stages.

Tristel

14

tristel.com/au-en/

Tristel is a global leader in cleaning and disinfection solutions for infection prevention and contamination control. With a reputation for quality, efficacy, and innovation, Tristel is well-known for products designed specifically for ultrasound.

Used in Australia for over 10-years, Tristel's Trio50 Wipes System is a recognised, capital-free product for high-level disinfection of ultrasound transducers. For non-critical transducers, Duo NCU provides intermediate-level disinfection (the highest degree available without resorting to high-level disinfection), and Tristel Clean Foam – a triple-enzymatic cleanser that can be applied with any wipe to a device for cleaning.

Tristel – Better, Safer, Faster, Smarter.

Virtus

17

<https://www.virtushealth.com.au/>

Virtus Health are a purpose-driven organisation, working together to continuously improve the care and services for patients. One in six couples experience trouble conceiving, and Virtus Health are working towards a future where everyone in the community has the opportunity to create a family. Through Patient care, scientific and clinical leadership, and a passion for making a difference to people's lives is always at the forefront of their minds.

Their clinics include IVFAustralia, Melbourne IVF, Queensland Fertility Group, TasIVF, The Fertility Centre, with Virtus Genetics a leader in reproductive genetic services improving health outcomes.

Ramsay gives
you confidence
to step into
private practice...
**ask an expert
at booth #38.**



[ramsaydocs.com.au](https://www.ramsaydocs.com.au)



[ramsay-health-care](https://www.linkedin.com/company/ramsay-health-care)



Ramsay
Health Care

Abstracts

Monday 10 Oct

Plenary One

08.40-10.20

08.40-09.00

Biomedical Publishing Trends: Governing Against the Smoke and Mirrors

N. CHESCHEIR

¹The Ritchie Centre, Hudson Institute, Dept. Obstetrics & Gynaecology Monash University and ²Women's & Newborn Program, Monash Health

Introduction: Myelomeningocele is readily detected on fetal morphology ultrasound, providing a window of opportunity to intervene and reduce morbidity from progressive neurological insult with advancing pregnancy. While open fetal surgery has demonstrated improved neurological outcomes for children, the benefit is offset by preterm birth, maternal morbidity and implications for future fertility. Innovative "fetoscopic" approaches have been fast tracked to address these concerns. Various approaches in clinical practice all require gaseous distension of the amniotic space with carbon dioxide to improve visibility and access. However, safety has not been established in animal models. We sought to examine the fetal effects of CO₂ insufflation using an ovine fetal surgical model and to compare various approaches of CO₂ insufflation used in clinical practice.

Methods: Fetal lambs at 105 days gestation (term 145 days) were instrumented prior to closure of the uterine and abdominal wall. Seven ewes were insufflated with cold, dry CO₂ (22°C, 0–5% humidity) and seven with heated, humidified CO₂ (40°C, 95–100% humidity) at 15 mmHg for 180 minutes. Physiological and histological data were recorded.

Results: Insufflation with cold dry CO₂ caused fetal hypercapnia, acidosis, hypotension and uterine membrane inflammation in sheep raising potential concerns for use in humans. Heated humidified insufflation partially mitigated these effects.

Discussion: Heated humidified CO₂ insufflation reduces the risk of fetal acid base disturbances in sheep and may reduce postoperative membrane rupture after fetoscopic surgery. Future fetoscopic innovation should first be demonstrated to be safe and effective in animal models prior to clinical implementation.

09.00-09.20

An Update on COVID-19 in Pregnancy

L. HUI

Abstract Not Provided

09.20-09.40

Ella Macknight Lecture

M. ZEN

Abstract Not Provided

09.40-09.50

An Update on RANZCOG's Gender Equity Targets

G. GIBSON

RANZCOG's landmark Gender Equity and Diversity Report was launched at the RANZCOG 2019 Annual Scientific Meeting. It aimed to address gaps and barriers in College policy and processes to equitable, inclusive and diverse ways of engaging with, being part of, or contributing to the College. Many of the key recommendations have been implemented toward achieving gender equity with in RANZCOG. An update will be presented on the impact for leadership roles, training, RANZCOG academic events, workplace annual reporting.

This year RANZCOG released "Fostering with Respect", a guide to address discrimination, bullying and sexual harassment identified by a membership wide survey.

09.50-10.20

Gender Equity in Healthcare: From Words to Actions

G. GIBSON, H. O'CONNOR, S. WALKER, D. JONES (chair)

Panel discussion, no abstract

Good Bugs and Bad

10.50-12.30

10.50-11.10

Vaccination in Pregnancy

M. GILES

Maternal immunisation has the potential to protect the mother and/or the infant from mortality and morbidity from certain infectious diseases. Three vaccines are recommended during pregnancy in Australia (influenza, pertussis and COVID-19). Influenza vaccine is given to prevent severe disease in the mother but also protect infants in the first 6 months of life. There is emerging evidence that COVID-19 vaccines are also effective in protecting the infant against hospitalisation along with the well established protection afforded to the mother. In contrast, pertussis vaccination during pregnancy is mainly given to protect the newborn from pertussis disease. This presentation will review the latest evidence for safety and efficacy of maternal immunisations including an overview of new vaccines on the horizon, including RSV and GBS vaccines.

11.10-11.30

An Old Scourge Back For Good: The Syphilis Epidemic

C. NOURSE

The re-emergence of CS is a result of increasing infectious syphilis in women of childbearing age, which is in turn a result of increasing syphilis in the general population particularly in Indigenous and marginalised populations. Potential reasons for the increase include changing sexual practices and increased travel and migration, as well as factors that limit health care access, particularly access to antenatal care and limited awareness and education amongst mothers and maternity services. A single antenatal test for syphilis is insufficient; more frequent testing in pregnancy is necessary even for women deemed to be low risk. The management of SIP and of

the newborn is complex and guidelines should be readily available with clear recommendation

11.30-11.50

Are Screening and Valacyclovir the Answer to Congenital CMV?

L. HUI

Abstract Not Provided

11.50-12.10

Good Bugs in Obstetrics: The Impact of the Microbiome

M. DEKKER NITERT

Over the past two decades, we have developed a new appreciation for the bacteria that live in and on our bodies. The links between the microorganisms in the gut and oral cavity and physiological functions ranging from metabolism and immunology to mental health and the cardiovascular system have become apparent and accepted not only in the scientific and clinical communities but also in the general population. Pregnancy is associated with changes to the microbiome, especially in the gut but also in the vaginal tract. These changes include differences in how many different bacteria are present, which bacteria become more prominent and what the functions of these bacteria are. The changes are not just a result of pregnancy, but they are also driving some of the physiological changes associated with a healthy pregnancy. In pregnancy complications, the microbiome also has a role to play. In preeclampsia, the changes in the microbiome and microbial metabolites precede the development of overt hypertension indicating that perhaps modification of the microbiome may provide an avenue for prevention of complications. In this presentation, I will briefly talk about the good bugs in obstetrics, touching on what happens if there are fewer good bugs around and potential strategies for increasing the number of good bugs and a cautionary tale of the difficulties in doing this.

12.10-12.30

Antibiotic Use in Labour: A More Complex Problem Than It Seems?

J. BROOM

Antibiotic use in labour is complex and has many implications both for immediate maternal and foetal wellbeing, but also long-term effects including on the foetal and maternal microbiome and the development of antimicrobial resistance (among many other issues). Antibiotic decisions are made within complex systems and with many competing agendas and human influences. Being aware of our professional and interprofessional dynamics, and the influence of the systems in which we work can inform antimicrobial decision-making and include consideration of unintended consequences of what might seem like a simple antimicrobial decision. This presentation will cover some of the multiple influences at play in antimicrobial decision making (using the example of the labouring woman) to provide a broader view of antimicrobial use and how we might alter the trajectory of antimicrobial prescribing in the future.

Abstracts

Genetics

10.50-12.30

10.50-11.10

NIPT: Traps and Pitfalls

D. ROLNIK

Non-invasive prenatal testing (NIPT) by cell-free DNA analysis on maternal blood has revolutionised prenatal screening, with unprecedented and impressively high accuracy in the detection of fetal trisomy 21 (Down syndrome). The test accuracy is strongly related to the proportion of the cell-free DNA that is placental in origin, known as fetal fraction, and the adherence to a set of eligibility criteria. Fetal fraction, in turn, is influenced by maternal characteristics and mode of conception, being lower in women with increased body mass index and in those who conceived by in vitro fertilisation.

More recently, NIPT panels have been expanded to screen for less common conditions, such as rare autosomal trisomies, segmental chromosome imbalances, microdeletion syndromes and monogenic disorders. Recent data suggest that NIPT is less accurate in screening for rare conditions, and there is a lack of clinical validation studies to support the implementation of expanded panels in clinical practice. In addition, such an expansion has important public health implications, with increases in the overall false-positive rate, low positive predictive value, and profound implications for pre- and post-test counselling, given that the clinical implications and phenotype of some of these conditions remain largely unknown.

In this lecture, technical aspects of the test, recent data on accuracy estimates, and their implications for screening will be discussed.

11.10-11.30

How to Offer and Counsel About Parental Carrier Screening in Clinical Practice

P. MCGRATH

Abstract Not Provided

11.30-11.50

Genetics of Endometriosis

G. MONTGOMERY

Grant W. Montgomery, Fei Yang, Sushma Marla, Isabelle McGrath, Sharat Atturi, Sugarniya Subramaniam, Brett McKinnon, Sally Mortlock
Institute for Molecular Bioscience, The University of Queensland, Brisbane, Australia

Introduction: Endometriosis is influenced by both genetic and environmental factors. Recent studies have mapped the genomic locations of many genetic risk factors associated with endometriosis and provided insights into disease pathways and the comorbid relationships with related conditions.

Aims: To review genetic studies of endometriosis, progress in identifying genes underlying increased disease risk, and how genetic studies inform our understanding of the overlap with related conditions.

Methods: A review of published data on genetic risk factors for endometriosis and some results from our own unpublished work.

Results: Genetic risk factors contribute about 50% of the liability to endometriosis. The latest mapping data has mapped genetic markers for endometriosis to over 40 regions of the genome. From this starting point, we have made slow progress in identify genes underlying variation in disease risk. Recent evidence suggests many disease-associated variants may act through gene splicing events and some may be limited to specific cell types. In contrast, growing genetic mapping data across multiple diseases allow us to expand on epidemiological studies to show how underlying risk factors contribute to associations between endometriosis, irritable bowel disease, depression, and ovarian cancer.

Discussion: Genetic studies contribute to our understanding of endometriosis aetiology, but important questions remain. Most large GWAS datasets have limited phenotypic and clinical data, and this restricts our ability to address questions about the observed variability in symptoms and clinical presentation between patients. Routine collection of samples for genetic analysis in research projects and clinical trials would help to understand this variability.

11.50-12.10

Genetics of Ovarian Cancer

K. GORRINGE

Ovarian cancer is a collection of diseases with diverse aetiology and molecular features. Epithelial ovarian carcinomas comprise at least 5 histological subtypes – high grade serous (HGSOC), low grade serous (LGSOC), mucinous (MOC), endometrioid (EOC) and clear cell (CCOC). As well as morphological and clinical differences, the somatic genetic events differ substantially, which can influence access to targeted therapy options and clinical trials.

While HGSOC, EOC and CCOC are associated with familial cancer syndromes (mutations in homologous recombination and mismatch repair genes respectively), there remain many families for whom the genetic cause is unknown. There are no known genes predisposing to MOC or LGSOC. Recent studies have attempted to identify additional predisposing germline variants through genome wide association studies and whole exome sequencing. Although this has helped to find some common low-penetrance variants, validation of rare variants remains challenging. Tumour sequencing to look for loss of heterozygosity and mutational signatures has been performed to complement germline sequencing, but definitive evidence remains elusive for many promising candidate genes.

12.10-12.30

PANEL: Is Whole Exome Sequencing the Way Forward in Prenatal Diagnostics?

A. MCLENNAN, D. MILNE, D. ROLNIK

Panel discussion, no abstract

Sexual and Reproductive Health

10.50-12.30

11.10-11.30

Navigating Sexual Difficulty

C. OTTEN

Abstract Not Provided

11.30-11.50

Get Cliterate

H. O'CONNELL

Abstract Not Provided

11.50-12.10

Introducing MVAC as routine care

E. SEED

Management of early pregnancy loss and surgical termination of pregnancy are minor procedures commonly done in the operating theatre, under general anaesthetic. Worldwide these procedures are regularly completed with limited staff and equipment in an outpatient setting. Manual Vacuum Aspiration (MVA) is a simple technique that can be easily administered under local anaesthetic as an outpatient procedure with similar efficacy and complication rates to regular suction curettage as well as improved patient satisfaction. Despite mounting evidence of efficacy and a massive potential cost saving, MVA is not routinely practiced in Australia, although Christchurch has a well-established service. Join a discussion of the risks and benefits of outpatient manual vacuum curettage, a step-by-step guide to performing the procedure and a how-to discussion on establishing the service at your hospital.

12.10-12.30

PANEL: Abortion in the Public Sector - Equity of Access and Training

C. DE COSTA, C. MELVILLE, R. SEKAR

Panel discussion, no abstract

Maternal Fetal Medicine

13.30-15.10

13.30-13.50

Fetal Growth Restriction: How to Safely Push the Envelope in Gestation

S. KUMAR

Abstract Not Provided

13.50-14.10

sFGR in MCDA Twins: From Early Signs to Timing of Delivery

A. FUNG

Counselling families about their monochorionic pregnancy can be challenging. There are many complications to discuss and families want to know about the risks, options for treatment and most importantly, the likely outcome.

Selective fetal growth restriction in monochorionic twins

support



THROUGH THE STAGES OF PREGNANCY WITH
UTROGESTAN (MICRONISED PROGESTERONE):¹



**38% REDUCED RISK
OF PRETERM BIRTH¹⁻⁴**

[§]Vaginal progesterone significantly reduced the risk of moderate preterm birth (<33 weeks) vs placebo (HR 0.62; p=0.0006).¹⁻⁷

**PBS Listed For
Prevention Of
Preterm Birth^{1*}**

^{*}In women with singleton pregnancy who have a short cervix (midtrimester sonographic cervix ≤25 mm) and/or a history of spontaneous preterm birth.¹

8:1

**YOU ONLY NEED TO
TREAT 8 WOMEN
WITH UTROGESTAN
FOR 1 ADDITIONAL
LIVE BIRTH^{1#^}**

[#]vs placebo in women with vaginal bleeding and ≥3 previous miscarriages^{1^}

**Now TGA Approved
For Treatment Of
Threatened Miscarriage^{1#^}**

[#]In women with ≥3 previous miscarriages, or women with <3 miscarriages who have a reduced chance of future pregnancy.¹

[^]Benefit of treatment was greatest in women with ≥3 previous miscarriages.¹

¹In a systematic review and meta-analysis of women with a singleton pregnancy and a midtrimester cervical length ≤25 mm. Vaginal progesterone preparations included Utrogestan micronised progesterone capsules,^{3,4} Crinone micronised progesterone gel,^{5,6} and a compounded progesterone suppository.⁷

PBS Information: Authority required (STREAMLINED) for Assisted Reproductive Technology and for the prevention of Preterm Birth. Refer to PBS Schedule for full authority. This product is not listed on the PBS for treatment of Threatened Miscarriage.

Please review Product Information before prescribing.

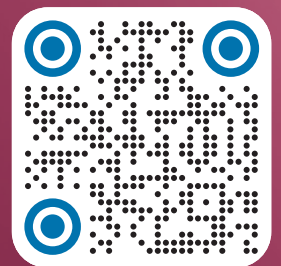
The Product Information can be accessed at besins-healthcare.com.au/PI or telephone 1800 BESINS (237 467).

Reference: 1. Utrogestan® (micronised progesterone) Product Information, updated 22 February 2022. 2. Romero R et al. Am J Obstet Gynaecol 2018;218(2):161-80. 3. Norman JE et al. Lancet 2016;387:2106-16. 4. Fonseca EB et al. N Engl J Med 2007;357:462-9. 5. O'Brien JM et al. Ultrasound Obstet Gynecol 2007;30:687-96. 6. Hassan SS et al. Ultrasound Obstet Gynecol 2011;38:18-31. 7. Cetingoz E et al. Arch Gynecol Obstet 2011;283:423-9.

Utrogestan 200 (vaginal use – micronised progesterone) Indication: luteal phase support during assisted reproduction; treatment of threatened miscarriage in women with a history of ≥ 3 previous miscarriages and women with < 3 miscarriages who have a reduced chance of future pregnancy. Benefit of treatment was greatest in women with ≥ 3 previous miscarriages; prevention of preterm birth in women with singleton pregnancy who have a short cervix (midtrimester sonographic cervix ≤25 mm) and/or a history of spontaneous preterm birth; Dosage and Use: during luteal phase support in controlled ovarian cycles 600 mg/day as 3 divided doses from day of embryo transfer until 7th week of pregnancy and not later than the 12th week. For treatment of threatened miscarriage, usual dose is 400 mg twice a day (morning and night). Treatment should be initiated at the first sign of vaginal bleeding during the first trimester of pregnancy and should continue to at least the 16th week of gestation. For prevention of preterm birth, usual dose is 200 mg/day, recommended at bedtime. Treatment can be initiated during the 2nd trimester (16-24 gestational weeks) and is to be continued to the end of the 36th week of gestation or until delivery. Each capsule of Utrogestan must be inserted deep into the vagina. The average dosage is 200 to 800 mg of progesterone per day administered vaginally. This may be increased, depending on the patient's response. Contraindications: known allergy/hypersensitivity to progesterone/excipients; severe hepatic dysfunction; undiagnosed vaginal bleeding; known missed abortion/ectopic pregnancy; mammary/genital tract carcinoma; thromboembolic disorders; thrombophlebitis; cerebral haemorrhage; porphyria. Special Warnings and Precautions: should only be used by vaginal route for the recommended timeframes for each indicated use (pregnancy Cat A); cytolytic liver damage/gravidic cholestasis exceptionally reported during 2nd and 3rd trimesters of pregnancy; not a contraceptive; uterine bleeding cause must be established before use; discontinue use upon diagnosis of missed abortion; use caution in conditions affected by fluid retention and history of depression, diabetes, hepatic dysfunction, migraine, venous thrombosis, photosensitivity and hypersensitivity to soya lecithin; not to be used during lactation; may effect laboratory test results; the evidence that Utrogestan reduces the risk of preterm birth in women with a short cervix with twin/multiple pregnancy and/or a history of spontaneous preterm birth is limited. Interactions: caution with P450 enzyme inducers and inhibitors; bioavailability may be reduced by smoking and increased by alcohol abuse. Very Common and Common Adverse Effects: none noted with vaginal administration in clinical trials.

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is a particularly difficult problem. There is limited ability for early diagnosis and there exist varying opinions about how best to manage the different types of selective growth restriction.

This talk will aim to discuss the latest evidence about selective fetal growth restriction in monochorionic twins. It will attempt to guide clinicians about the current best practice in managing this complication.

14.10-14.30

Is Tertiary Referral Warranted? Ultrasound Report Pitfalls

S. KANE + C. O'BRIEN

Panel discussion, no abstract

14.30-15.10

PANEL: The Era of Prenatal Therapy: What Can We Offer

G. GARDENER, S. KUMAR, S. WALKER

Panel discussion, no abstract

Fertility

13.30-15.10

13.30-13.50

Update in Trends in Management of Infertility

C. BOOTHROYD

Advances in clinical management of couples needing assisted reproductive technologies (ART) include reduction of dose of follicle stimulating hormone (FSH), avoiding ovarian hyperstimulation syndrome and judicious use of micro-injection of sperm. Couples with infertility may also consider use of oil-based intrauterine contrast to augment natural (and possibly assisted) conception. Seminal abnormalities (which may be treated with IVF or ICSI) are markers of the overall health of a man and trigger investigation of a man's health both at the time of his association with the IVF unit and for the rest of a man's life as screening and health interventions can change a man's overall health and longevity. Miscarriage in couples with infertility can be investigated by genetic testing of the embryo and this is distinct to standard care in naturally conceived miscarriage. Endometrial pathology such as inappropriately thin endometrium, adenomyosis and hydrometra frequently manifest during ultrasound scanning during an IVF cycle and change ongoing clinical management significantly. Caesarean section has long been known to be associated with a reduction of subsequent fertility and part of that reduction may be via the increasingly recognized complication of isthmocoele. Women with a history of infertility who plan further pregnancies should be carefully counselled if an elective caesarean section is requested and planned. References to the guidelines prepared by the Australian and New Zealand Subspecialists in Reproductive Endocrinology and Infertility (ANZSREI) (Board certified fertility specialists who hold the Certificate in reproductive endocrinology and infertility (CREI) will be made during this presentation

13.50-14.10

What is the Best Fertility Treatment for Women with Endometriosis

K. MOSS

This presentation will tackle the thorny question of whether intrauterine insemination (IUI) or in vitro fertilisation (IVF) is better for women with endometriosis. It will focus on a nationally-representative population cohort of the Australian Longitudinal Study on Women's Health, using self-report and linked data spanning more than 20 years (1996 to 2018). It will look at whether the use and outcomes of ART are different for women with and without endometriosis, specifically focusing on the use of IUI and IVF, the number of cycles and whether women gave birth. It will also investigate whether the timing of the diagnosis (before or after ART commenced) makes a difference. Finally, it will argue for the importance of early diagnosis, examine trends in diagnosis over time, and discuss the pros and cons of IUI for this population.

14.10-14.30

Increased Visibility of IVF Clinic Performance - New Requirements for Publishing Success Rates

A. YAZDANI

Abstract Not Provided

14.30-14.50

PCOS: Update on Dignosis and Management

D. AMERATUNGA

Infertility is a common problem faced by women who suffer from polycystic ovarian syndrome. The issues facing these women, apart from anovulation, can be challenging, and early diagnosis and wholistic management is important in attaining a successful and safe pregnancy. Similarly, the requirements for successful ovulation induction and IVF in PCOS are unique. Newer medical and surgical techniques can be utilised to assist in patient management.

14.50-15.10

Training in CREI: Is REI Dying?

R. HART

Training in CREI offers an exciting in-depth insight into all aspects of reproductive medicine that we all studied in our early careers, but perhaps never completely saw its relevance. However, seeing the application of embryogenesis, physiology, and biochemistry in the clinical environment later in our careers often offers a new understanding and explanation of various clinical presentations of reproductive disorder that we encounter. I considered studying reproductive medicine in my senior registrar years a real privilege and I still call on experiences from those days. Hence, I feel that training in the field of reproductive endocrinology and infertility is not dying, indeed it is continually expanding, and it is possibly one of the most dynamic fields in obstetrics and gynaecology, and trainees should continue to seek the learnings this field offers, to become experts in reproductive medicine.

Free Communications

13.30-15.10

13.30-13.40

Using Non-Invasive Imaging to Diagnose Endometriosis

J. AVERY

13.40-13.50

Intrapartum Risk Factors Associated with Sequential Instrumental Delivery

J. HOLLAND

Introduction: Instrumental deliveries reportedly account for 11% of births in Australia. Sequential instrumentation occurs when one type of instrument has failed, and a different type is utilised. It has increased maternal and neonatal morbidity compared to single instruments. Aims: This study investigated intrapartum factors influencing success of single instrumental delivery compared to sequential instrumental delivery.

Methods: This retrospective case-control audit was conducted at RBWH, Australia from 2017-2019. Three groups were compared, sequential use of two instruments (n=117), single ventouse (n=1104) and single forceps (n=364). Intrapartum factors were used to compare these 3 groups.

Results: Syntocinon augmentation rates were greater in sequential group (73.5%) compared to ventouse (67.66%) and forceps (68.96%). Consultants were accoucheurs more in sequential deliveries (29.06%) than ventouse (12.97%) and forceps (16.85%). Second stage labour was longest in forceps group (130mins) compared to vacuum (99mins) and sequential instrumental (111.37mins). Patients with successful mid/high cavity instrumental delivery were highest in sequential instrumental (52.14%) compared to forceps (48.58%) and vacuum (35.41%). Sequential delivery had higher rates of occiput-posterior positioning (25.23%) compared to ventouse (16.29%) and forceps (6.0%). Caput was present in 15.9%, 12.3% & 10.8% and epidural was used in 68.5%, 93.1% and 81.2% in those who had vacuum, forceps and sequential instrument respectively.

Discussion: The accoucheur should carefully select the instrument based on the above factors and minimise the use of second instrument. Our study has higher rates of OP position, mid/high cavity instrumentation and consultant involvement in sequential instrumental when compared to single instrument deliveries.

13.50-14.00

The impact of a Category One Caesarean Section Process Implemented in 2008 on Decision to Delivery and Decision to Incision Times at an Australian Tertiary Obstetrics and Gynaecology Hospital: A Five-Year Review Between January 2015 and December 2019 Demonstrates a Sustained and Impressive Rapid Response to Life Threatening Obstetric Emergencies

A. FULLERTON

Category one caesarean sections (C1CS) address life threatening situations for mothers and babies. A C1CS process was implemented at the Royal Brisbane and Women's Hospital (RBWH) in 2008. The aim of this study was to review Decision to Delivery (D-D) and Decision to Incision (D-I) times at RBWH between January 2015 and December 2019. Descriptive statistics describe the women and C1CS deliveries.

Abstracts

479 C1CS calls were activated during 2015-2019, 334 from birth suites or wards and were not downgraded. The mean age was 31 years (SD 5), 66% were nulliparous with mean pre-pregnancy BMI (n=312) of 25 (SD 6). 69.2% of women had a general anaesthetic (GA), 23.4% an epidural only, 6.6% a spinal and 0.9% had both a spinal and GA. 24.3% of the 107 women receiving epidurals required a GA. Twelve twin pairs were delivered by C1CS, 346 C1CS deliveries in total. The mean D-I, available for 327 women, was 12.2 minutes (SD 5.6, median 11 (IQR 7, range 3-30) and mean D-D, available for 345 deliveries, was 17.8 minutes (SD 6.5, median 16 (IQR 8), range 7-47). 8.7% (29/334) had complications including uterine incision extensions. During 2008-2009 the mean D-D was 17.5 minutes (median 16) compared to 17.8 minutes (median 16) between 2015-2019, demonstrating that the C1CS process continues to facilitate a rapid response to life threatening Obstetric emergencies.

Reference: Kimble RMN et al. A Category One Caesarean Process at an Australian Tertiary Obstetric Hospital: Planning to reduce Decision to Delivery Time (2014) J Anesth Surg 1(1):15-19

14.00-14.10

5-Year Review of Obstetric Admissions to Intensive Care Unity at a Tertiary Hospital

T. KULKARNI

14.10-14.20

Assessing the Effect of Obesity on Induction of Labour with Low Dose Oral Misoprostol

S. LUONI

Introduction: Obese women have higher rates of unsuccessful induction of labour (IOL), nulliparity is a risk factor for this. These women also have higher morbidity from operative delivery and higher rates of caesarean section.

Aim: To assess the effect of BMI on IOL with oral low-dose misoprostol. Primary outcomes were time from commencement of induction of labour to birth and the number of misoprostol doses required.

Method: Prospectively collected data from the electronic maternity record entered into the continuous audit of all labours and births in a maternity unit was analyzed. All nulliparous women undergoing an induction of labour with singleton, cephalic, term (≥ 37 weeks) pregnancies (Robson Group 2A) were included in the period from 28 February 2018 until 31 December 2021. The number of misoprostol doses, the time from first dose of misoprostol to established labour and to time of birth were analyzed by BMI groups.

Results: 891 women were included in the analysis. Women with BMI < 30 required significantly fewer doses, median 6 vs 7, $p < .01$. Time to established labour, median 14 vs 19.5 hours $p < .01$ and time to birth, median 18.9 vs 26.5 hours, $p < .001$, was significantly less than when compared to women with BMI with > 30 . Bishop score at start of IOL was not significantly correlated to BMI.

Discussion: BMI has a statistically significant effect on misoprostol IOL. It may be appropriate to consider more doses of misoprostol before considering CS for unsuccessful IOL or changing to another cervical ripening agent. Data collection is ongoing.

14.20-14.30

Six Years of Continuous Audit Using the Robson Ten-Group Classification System at Palmerston North Hospital

C. O'ROURKE

14.30-14.40

Does it Matter if Decision to Delivery Intercal is Greater than 75 Minutes for Category 2 CS?

C. WONG

14.40-14.50

Evaluation of an Eligibility Screening Tool for No-Ultrasound Medical Abortion Care

C. MELVILLE

Introduction: In Australia, pre-procedure ultrasonography is viewed as a routine component of early medical abortion (EMA) care. Ultrasound is used primarily to confirm the gestational age and location of the pregnancy. Internationally protocols have been developed whereby ultrasound is used selectively in women who have certain features identified using a history-based screening tool.

Aims :To access the validity and accuracy of an eligibility assessment tool for no-ultrasound medical abortion models of care. Self-reported gestational age from last menstrual period (LMP) along with risk factors for ectopic pregnancy were compared to ultrasound findings.

Methods: Patients attending a clinic for EMA were invited to complete a survey which included estimation of gestational age and identification of risk factors for ectopic pregnancy. Patients who had already had an early pregnancy ultrasound and those under 16 years old were excluded from the survey. All patients subsequently underwent routine abortion care including ultrasound assessment. Outcomes of these patients were ascertained and analysed.

Results: 166 clients completed the survey between 04/01/2022 – 26/04/2022. Of these 113 were certain of their LMP and only 2 of these patients had a gestational age > 63 days. 98% of patients were therefore eligible for EMA using LMP alone. When all screening tool measures were implemented only 46 clients remained eligible for no ultrasound care. 100% of these clients were eligible and proceeded with EMA following ultrasound scan assessment.

Conclusions : This model offers another step towards improving access to EMA for our most vulnerable patients including those from rural and remote areas of Australia where access to ultrasonography can be challenging.

Preterm Labour

15.30-16.50

15.30-15.50

Epidemiology of Preterm Birth and Risk Reduction: What Actually Works

S. WHITE

Preterm birth is of immense global importance due to its associated short- and long-term morbidity and mortality in both the offspring and the mother. As a contributor to over one million deaths per year worldwide it is the leading cause of death and disability in young children. It is enormously financially burdensome, costing \$1.4b per year in Australia. There is now a large body of research into a number of purported interventions aimed at preventing preterm birth, however, much of the evidence is conflicting and difficult to interpret for those providing clinical care at the coal face. This presentation will assess the current state of knowledge of preterm birth prevention interventions and how they can be applied in a clinical setting.

15.50-16.10

Management of the Short Cervix: To Stitch or Not to Stitch

V. BERGHELLA

Abstract Not Provided

16.10-16.30

Counselling and Management at the Extremes of Prematurity

H. LILEY, C O'BRIEN

Panel Discussion, no abstract

16.30-16.50

DEBATE: Is Pessary a Useful Tool to Prevent Preterm Birth?

B. MOL, P. SHEEHAN

Debate, no abstract

Paediatric and Adolescent Gynaecology

15.30-16.50

15.30-15.50

Common Paediatric Gynaecological Presentations

S. JULANIA

Labial and vulval skin issues, vulval pain and vulvovaginitis are common in prepubescent children. These conditions can cause significant distress to the child and care providers and affect their QOL. Thus, it's important to be aware of management strategies and treatment options. At the same time, it's crucial to recognise the red flags in a timely manner and escalate the level of care. We will be discussing some cases and identification of red flags and resources for escalation of care.

15.50-16.10

Dysmenorrhoea and Mullerian Anomalies in Adolescents

A. MELLOR



Norman Beischer Medical Research Foundation™

The Norman Beischer Medical Research Foundation supports and promotes improvements in the reproductive health of women and in the health of their babies and infants.

It actively supports research into obstetrics and the prevention, control and treatment of gynaecological diseases and related problems. It funds clinical and scientific research by leading and emerging researchers and uses this research to educate and inform medical practice in Australia and elsewhere.

The Norman Beischer Research Fellowships

The Norman Beischer Research Fellowships provide an opportunity for an outstanding clinician researcher to be recognised with a fellowship award of \$600,000 over a three-year period.

The Fellowships are aimed at those who have completed a PhD and are early-to-mid-career researchers. Applicants should have obtained their PhD less than seven years prior to the submission of the application, and the researchers must be working in areas of interest to the Foundation and attached to an institution within Victoria.

Innovation Grants

Innovation Grants provide seed funding to support highly innovative research projects with potential for significant clinical impact. They may lead to major grant applications with such institutions as the NHMRC and the Medical Futures Fund.

These grants are open to any researcher, within Victoria, at any career stage and are generally for one year, but in certain circumstances may be for longer.

Grant Amount – The Foundation will award approximately nine grants per annum to a maximum level of \$60,000 each.

For further information on Fellowships or Innovation Grants contact Andrew Brookes, Executive Director, on admin@nbmrf.org.au

Abstracts

16.10-16.30

How To Talk Adolescent

S. GROVER

Abstract Not Provided

16.30-16.50

To Lap or Not to Lap: Case and Panel Discussion

S. EVANS, S. GROVER

Panel Discussion, no abstract

Media and O&G

15.30-16.50

15.30-15.50

Making the Media Work For You: New Ways of Disseminating Information

N. CHESCHEIR, R. NUGENT

Panel Discussion, no abstract

15.50-16.10

Social Media for Researchers

C. HOMER

Social media is a ubiquitous part of contemporary life, made even more important during the COVID-19 pandemic. Social media is a means to connect, share one's life, photos and stories, respond to others and disseminate information including research. At a personal level, it can be complex with concerns about trolling, abuse, the easy undermining of individuals and a lack of accountability. On a professional level, social media is also complicated with issues around misinformation, the lack of formal 'peer review' in sharing information and the fact that it is uncontrolled.

While there are negatives and hazards, the COVID-19 pandemic shone a light on the need for access to information – fast, in real time and before traditional peer review processes. Clinicians and researchers have needed access to information quickly especially in the early months of 2020. Research evidence and guidelines have been disseminated quickly through social media, especially twitter. Consumers and the wider community have had access to the information and the evidence – it has been shared readily and not behind pay-walls or hidden in academic journals.

This paper will draw on two examples. Firstly, the use of social media in disseminating guidance from the National COVID-19 Clinical Evidence Taskforce which used social media and SMS messages to widely disseminate continually updated, evidence-based clinical guidelines to clinicians. The second example is from a project we undertook called SCOOP - Strengthening Covid-19 communication in Pregnancy which aimed to understand what information and messages were circulating regarding COVID-19 and pregnancy in Australia, including information shared and obtained on social media.

These two initiatives highlight the benefits of using social media to disseminate information but also to

receive information and evidence faster than through conventional approaches.

My colleague, RANZCOG Fellow Dr Rebecca Szabo coined the phrase - Hippocrates would be on Twitter (<https://www.mja.com.au/journal/2020/213/11/hippocrates-would-be-twitter>). This presentation explores the use of social media on medical education and then addresses the use of social media in research and how it can be used for good by researchers.

16.10-16.30

Social Media for Advocacy

N. BLOW

Abstract Not Provided

16.30-16.50

Education Through Social Media

D. JONES

How can you leverage "the algorithm" and use your voice to empower patients through evidence-based education? It's no secret that the current landscape of social media is plagued by inaccurate information that harms our patients and creates distrust, now is the perfect time to join in the fight against misinformation. There is always more room for educated voices creating reliable health content in the spaces that our patients are seeking it. Today we'll cover the key action points for getting started or taking your educational social media voice to the next level.

Tuesday 11 October

Plenary Two

08.10-10.10

08.10-08.30

Every Week Counts - The National Preterm Birth Prevention Collaborative

C. LEHNER

Preterm birth (PTB) is the single greatest cause of death and disability in children up to five years of age in developed countries and a major contributor to the global burden of disease.

Children born too early often face major physical and mental health challenges, learning difficulties and behavioural problems. These implications translate into adulthood with a much higher prevalence of metabolic syndrome, diabetes, heart disease, under-employment and socialisation difficulties in affected individuals.

Caring for preterm infants is also very expensive and the socioeconomic impact is immense.

A cost analysis model prepared by the Australian Preterm Birth Prevention Alliance indicates that the annual cost to the Australian Government of untimely early birth is \$1.4 billion each year. A 10 % reduction in the rate of PTB has the potential to save the Australian Government an immediate \$140 million each year.

To address this major challenge in contemporary health

care, the Australian Preterm Birth Prevention Alliance has partnered with Women's Healthcare Australasia (WHA) and the Institute for Healthcare Improvement (IHI) to roll out the National Preterm Birth Prevention Collaborative across Australia. This national initiative is being funded by the Commonwealth Government and is the world's first program to safely lower the rate of PTB. It uses the IHI Breakthrough Series Collaborative Model to achieve a significant and sustainable reduction of PTB and early term birth at a population level. A change package comprising key evidence-based interventions will be offered to participating health services. Successful implementation of this package will result in cultural change, prevention of early birth, optimisation of timing of planned birth and ultimately, in improved health outcomes for our children and benefits to our nation as a whole.

Presented by Dr C Lehner (MD, PhD, FRANZCOG, CMFM) on behalf of the Australian Preterm Birth Prevention Alliance

08.30-08.50

O&G on the Global Stage: How to Give More Than You Take

C. FOTHERINGHAM

08.50-09.10

What is Cultural Safety in Healthcare?

G. SMALLWOOD

Grandmother Lore - Traditional cultural birthing practice for First Nation women and the co-responsibilities of the birth father and community. Grandmother's Lore has been practiced in Australia for over 60 thousand years and due to the impact of colonisation this cultural birthing practice has been dominated by western birthing practices.

*Health and Human Rights - Professor Smallwood will share her journey of over 55 years in health and human rights both nationally and internationally.

09.10-09.50

The Rise of Birth Trauma

J. CAUDWELL HALL, A. DAWES, K. THOMPSON

Panel Discussion, no abstract

09.50-10.10

Sex and Sexuality After Menopause

J. KITTSON

Abstract Not Provided

Intrapartum Care

10.40-12.20

10.40-11.00

Antenatal Corticosteroids: The Controversies

J. SAID

There is no doubt that antenatal corticosteroids save lives. Since the original trial published by Liggins and Howie 50 years ago, multiple trials have demonstrated the benefits of antenatal corticosteroids in preventing



Join Roche for a **Breakfast Session at RANZCOG**

Topic: The Role of Angiogenic Markers in Prenatal Screening and Diagnosis:
PlGF and sFlt in the First and Third Trimester of Pregnancy

Speakers: Prof Jon Hyett and Prof Fabricio Silva da Costa.

Date: Tuesday 11 October 2022

Time: 07.00 – 08.00

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Abstracts

neonatal morbidity when administered prior to preterm birth. However, there are limited data on which to base the dosage regime and choice of corticosteroid. Furthermore, the recognition of special populations at increased risk of neonatal respiratory morbidity (such as those having planned caesarean section prior to labour onset and women with diabetes) and the increasing prevalence of these populations highlights the need for further research to inform evidence-based practice. While corticosteroids have changed obstetric practice, we need to ensure that our interventions are doing more good than harm in the long term. This presentation will highlight some of the current controversies with respect to antenatal corticosteroid prescribing and the trials currently underway or due to commence shortly that will provide the evidence to guide future practice.

11.00-11.20

Waterbirth: The Plunge Trial

E. SEED

Abstract Not Provided

11.20-11.40

Intrapartum Ultrasound

A. DALLASTA

Abstract Not Provided

11.40-12.00

Misoprostol IOL in Reducing the Emergency Caesarean Section

P. KEMPE

Abstract Not Provided

12.00-12.20

Debate: Placenta Accreta Spectrum - Thank God You're Here

N. CHETTY + J. REGAN

Debate, no abstract

Education and Training

10.40-12.20

10.40-11.00

Panel: Supervision on the Modern Birth Suite - A Move to Onsite On Call

M. BECKMANN, M. SMITH

Panel Discussion, no abstract

11.00-11.20

Measuring complications. How We Learn From Adverse Events

H. GREEN

Abstract Not Provided

11.20-11.40

Can We Please Stop Talking About Simulation?

S. JANSSENS + E. WILSON

Panel Discussion, no abstract

11.40-12.00

How Can We Accelerate the Learning Curve?

B. LOWE

Training in obstetrics and gynaecology involves a pathway of lifelong learning whether you are a junior doctor or experienced consultant. Learning is complex and training opportunities are precious. How can we get the most out of learning experiences both as the trainee and the trainer? Is natural talent the answer, does practice make perfect, do we need to do 10000 hours to reach expertise? This presentation will discuss common myths in how we learn and explore ways to strategize to maximise learning.

12.00-12.20

Operating with Respect

R. LIANG

The RACS Building Respect project was launched in 2015 and has been the first whole-specialty culture-change project by any professional medical college in the world. Now in its second major iteration, backed up with a robust education and evaluation programme, it is time to review the lessons learned and reflect on what similarities or differences may affect its transferability to the RANZCOG setting.

Chronic Pain in Gynaecology

10.40-12.20

10.40-11.20

Pelvic Pain Toolkit for the 21st Century

J. BERRYMAN + M. DRUITT

Panel Discussion, no abstract

11.20-11.50

Role of Interventional Radiology in Pelvic Pain

S. NADKARNI

Abstract Not Provided

11.50-12.10

Vulvodynia - A Management Dilemma

T. VANCAILLIE

Abstract Not Provided

12.10-12.30

Vaginismus: Diagnosis and Management Options

L. KITE

Abstract Not Provided

First Nations Health

13.20-15.00

13.20-14.00

Panel: The State of Affairs in Indigenous Womens Health

M. CLARKE, E. POE, G. SMALLWOOD, A. VEASEY

Panel Discussion, no abstract

14.00-14.20

First Nations Health in Canada

D. WILSON

Objective: Indigenous health has been a component of the SOGC Strategic Plan since 2006. Our goal is to advance indigenous health by providing the support

and resources, that health professional need to deliver culturally competent care, through up-to-date public websites and advocacy. The SOGC works in collaboration with Indigenous communities to advance culturally safe healthcare and healing. The Indigenous Women's Health Committee is actively engaged in promoting health equity for indigenous women and offers their expertise to advance community-led projects and programs.

Method: Active review of the peer-review and grey literature for Canadian data.

Significant Resources: two significant obstacles

1. Colonialism and the impact on Indigenous health:

- Colonialism in Canada may be best understood as Indigenous peoples' forced disconnection from land, culture, and community by another group. Settler colonialism occurred as Europeans aggressively took lands from Indigenous peoples and over time displaced then greatly out-numbered them.

2. Truth and Reconciliation Commission (TRC):

- The Indian Residential Schools Settlement Agreement, the largest class-action settlement in Canadian history, began to be implemented in 2007.
- Between 2007 and 2015, the Government of Canada provided about \$72 million to support the TRC's work. The TRC spent 6 years travelling to all parts of Canada and heard from more than 6,500 witnesses. The TRC also hosted 7 national events across Canada to engage the Canadian public, educate people about the history and legacy of the residential school system, and share and honor the experiences of former students and their families.
- The discovery, in 2021, of the remains of children on the grounds of former Indian residential schools across Canada has unearthed a truth about these schools that has been known by Indigenous peoples in Canada

Discussion: A SWOT analysis is used for an initial understanding of the Indigenous women's health issues in Canada.

Conclusions: While there are areas and programs of success, there is much to be done to reach health care equity in women's access and outcome between 'settler's and indigenous Canadian women.

14.20-14.40

International Health Policies and Culturally Appropriate First Nations Care

J. CONRY

Abstract Not Provided

14.40-15.00

Antenatal Care for First Nations Women

C. WRIGHT

This presentation will outline important cultural considerations and barriers that clinicians should be aware



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References: 1. Slinda Product Information, accessed July 2022. 2. Archer D et al. Contraception 2015;92(5):439-444. 3. Palacios S et al. Acta Obstet Gynecol Scand 2019;98(12):1549-57. 4. Palacios S et al. Eur J Contracept Reprod Health Care 2020;25(3):221-27. 5. Palacios S et al. BMC Women's Health 2020;20:218. 6. Paton DM. Drugs of Today 2020;56(5):321-28. 7. Regidor PA et al. Gynecol Endocrinol 2016;32(9):749-51. 8. Apter D et al. Contraception 2020;101(6):412-419. 9. Therapeutic Guidelines: Sexual and Reproductive Health, Choice of Contraceptive Method by Reproductive Stage of Life www.tg.org.au. Accessed Aug 2022.

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of and actively thinking of how to address, support, and at times overcome, in order to give appropriate maternity care at each step of the birthing continuum in remote Northern Territory communities.

These include the social determinants of health, power dynamics and cultural safety, language and cultural nuances, and community rhythms. If there is time, examples addressing these issues will be provided looking at scalability and replicable processes for other services.

Gynaecology

13.20-15.00

13.20-13.40

The Bermuda Triangle: Demystifying the Pelvic Side Wall

J. LAMONT

Abstract Not Provided

13.40-14.00

Vulval Vignettes: Update on VIN/VAIN and Vulval Cancer

L. EVA

Vulval Squamous Cell Carcinoma is the result of 2 different pathways, HPV Associated and HPV Independent, arising from preinvasive conditions of the vulva including HSIL, differentiated VIN and lichen sclerosus. Vaginal disease is usually HPV dependent.

An update on the latest terminology, research and clinical management will be given in the context of clinical scenarios.

14.00-14.20

Gynaecology: Work Up and Follow Up for the Generalist

N. CABRAAL

Abstract Not Provided

14.20-14.40

Decision Making in Gynaecology

A. GARRETT +K. MOLONEY

Panel discussion, no abstract

14.40-15.00

Pictures are Worth A Thousand Words

K. REID

A nebulous topic to discuss, this talk will rely on unusual presentations, anecdotes and lessons to be learnt, with an emphasis on surgical photographic oddities and radiologic correlations.

Free Communications

13.20-15.00

13.20-13.30

Rates of Fertility Discussion and Counselling Before, During and After Anticancer Treatments

V. CHADWICK

Introduction: Cancer treatment can significantly reduce reproductive potential in female patients. Despite best-practice recommendations, not all women are

offered fertility preservation referrals.

Aim: To examine the incidence of fertility counselling documentation in women of childbearing age receiving chemotherapy.

Methods: Our group conducted a retrospective chart review at a major Australian cancer centre of premenopausal females aged 18-49 years diagnosed with cancer between 2017 and 2020. Data collected included demographics, cancer diagnosis, treatment(s) received, fertility history, timing and documentation of fertility discussions, referrals to specialist gynaecologists, and fertility outcomes.

Results: A total of 143 patients met inclusion criteria. Only 12.6% had a reproductive health history documented at the initial consult, and just over half (58%) had a fertility preservation discussion documented at some point with their primary cancer specialist. A quarter (25.9%) saw a specialist gynaecologist to discuss fertility preservation options, and 11.2% had documented that a referral was declined. Of those with fertility-related outcomes documented, 21.0% had return of menses, 15.4% had >1 oocyte cryopreserved, 9.1% had already completed their families, 9.1% did not want children, 7.7% experienced premature menopause, 2.1% managed a successful pregnancy and birth, 1.4% had embryos cryopreserved, and 1.4% unsuccessfully attempted in vitro fertilisation.

Discussion: In an Australian major cancer centre only a quarter of women of reproductive age with cancer saw a fertility preservation specialist. Promoting and facilitating reproductive counselling documentation could be addressed by promoting relationships between fertility gynaecologists and oncologists/haematologists, the implementation of technology systems ensuring fertility preservation discussions, and improved staff education.

13.30-13.40

The Oxford IVF (OxIVF) Needle for Oocyte Pick-Up: A Proof of Principle Study

E. GEORGIOU

Women's Centre, John Radcliffe Hospital, Oxford

University Hospitals, Oxford

Reproductive Services Unit, The Royal Women's Hospital, Melbourne

Introduction: The relationship between oocyte yield and the live birth rate in the field of assisted reproductive technology (ART) is established. To date, follicular flushing is not known to increase oocyte yield. We designed a novel double-lumen oocyte pick-up needle (OxIVF) in which, in contrast to conventional needles, the flushing fluid flows at an angle to that of aspiration.

Aims: To investigate the effect of the OxIVF needle compared to a conventional double-lumen needle on oocyte recovery and in vitro embryo development in a bovine model. Methods: Two groups of 6 nulliparous heifers underwent two cycles of ovarian stimulation and transvaginal oocyte pick-up with follicular flushing, swapping needle types between cycles. Oocytes

underwent in vitro fertilisation (IVF) and were cultured to day 8. Proportions were analysed by logistic regression. Data are presented as mean SEM, with $p < 0.05$ considered statistically significant.

Results: Oocyte recovery was increased proportionately for the OxIVF compared to the conventional needle (0.891 ± 0.0298 vs. 0.796 ± 0.0347 , $p < 0.05$). Additionally, the fertilisation rate following IVF trended towards being greater for the OxIVF needle (0.910 ± 0.0467 vs. 0.779 ± 0.0700 , $p = 0.06$). By day 6, the portion of morulae and blastocysts was greater for the OxIVF needle (0.872 ± 0.0438 vs. 0.676 ± 0.0673 , $p < 0.05$).

Discussion: The OxIVF needle improves ART outcomes in a bovine model and has the potential to impact on modern clinical practice. The next step is to undertake a randomised controlled study in humans.

13.40-13.50

Pudendal Nerve Blocks with Hyaluronic Acid for Treatment of Pudendal Neuralgia - A Randomised Cross-over Trial

L. KITE

Background: Pudendal neuralgia is a condition in which pain is experienced in the distribution of the pudendal nerve. Successful alleviation of pain is often difficult. Nerve blocks aid in diagnosis and can provide pain relief though this is often short lived. The addition of hyaluronic acid to nerve blocks has been proposed as a way to improve the longevity of this relief.

Aims: To determine if the addition of hyaluronic acid to local anaesthetic would provide greater longevity of pain relief in pudendal neuralgia. Change in function and medication use were also observed.

Method: A prospective randomised cross-over trial comparing the longevity of pudendal nerve blocks with local anaesthetic alone versus those with the addition of hyaluronic acid was conducted. Pain scores were measured at baseline and then intervals of 1, 3 and 12 weeks post the blocks.

Results: Fifty-four patients were randomised to the study. No difference was observed between the groups in pain severity or pain interference. For the individual items of worst pain and average pain a statistically significant improvement in the HA group was observed but arguably not to a clinically significant level. No difference was observed according to age nor duration of symptoms prior to the study.

Conclusion: This study has not demonstrated a clinically significant benefit of adding HA when performing a pudendal nerve block. Trends in favour of the HA were suggested and that may be enough to warrant further research into the use of this substance in the treatment of pudendal neuralgia, but recommendations for its use as a therapeutic management option cannot be made based on these findings. Therapies remain much needed for this painful condition.

Abstracts

13.50-14.00

The Persistent Pelvic Pain Study: Does Surgical or Medical Management Work Better to Improve Pain and Quality of Life in Women Referred with Pelvic Pain

S. MOONEY

Abstract Not Provided

14.00-14.10

Pilot Study of the Presence of Tubal Ectopic Mass on Ultrasound Assessment Post Treatment with Single Dose Methotrexate

D. RACHAGAN

Abstract Not Provided

14.10-14.20

Extracellular Vesicles as Diagnostic Markers for Endometriosis: A Systematic Review

S. SCHECK

Abstract Not Provided

14.20-14.30

Investigating the Reasons for Discontinuation of Mirabegron in Western Australia

J. SEKHON

Mirabegron, a B3 adrenoceptor agonist, is a popular and relatively newer therapy for overactive bladder treatment, a condition that impacts 12-17% of the Australian population. There are concerns however regarding the "off target" effects and drug tolerability of mirabegron.

Aims: To ascertain the rate of discontinuation of Mirabegron and the most common reason for discontinuation.

Methods: An observational study of urogynaecology patients at King Edward Memorial Hospital commenced on Mirabegron for urge incontinence between 2014-2017 was conducted. Medical records were audited and data collected included demographic details, BMI, blood pressure, smoking history, diabetes history cardiovascular medications, and details of side-effects and continuation of Mirabegron.

Results: Between 2014 and 2017, 127 women were commenced on Mirabegron with a median age of 64 years and median BMI of 30.8. A total of 66 (52%) women discontinued use of Mirabegron, of which 7 (5.5%) discontinued due to hypertension. The most common reason for ceasing Mirabegron was that the patient felt the medication was not effective (n=30, 45%). There was no association between the likelihood of ceasing Mirabegron due to hypertension and history of smoking (p=0.793), diabetes (p=0.628), high blood pressure prior to commencing Mirabegron (p=0.570), use of antihypertensive medication (p=0.623), hyperlipidaemia (p=0.180), arrhythmia (p=0.842), age (p=0.892), BMI (p=0.486) or length of time taking the medication (p=0.548).

Discussion: This study suggests that despite Mirabegron being a novel and effective therapy, early discontinuation rates remain high due to perceived ineffectiveness by the patient.

Obstetric Medicine

15.20-16.40

15.20-15.40

Panel: Common Presentations - Help Us to Help You

J. LAURIE, H. TANNER, C. WILSON

Panel discussion, no abstract

15.40-16.00

Congenital Heart Disease in the Reproductive Years

K. BURNS

Abstract Not Provided

16.00-16.20

Demystifying Antiphospholipid Syndrome

C. WILSON

Abstract Not Provided

16.20-16.40

The Mother App - Modernising Antenatal Diabetes Care

J. LAURIE

Gestational diabetes mellitus is the commonest medical disorder of pregnancy and has a rapidly increasing prevalence across most maternity services in Australasia.

In response to a staffing and patient access crisis, Mater Mothers' Hospital developed, implemented and prospectively evaluated a digital model of care in 2020 - 21. The model consisted of an educational video at diagnosis (available in 6 languages), courier delivery of blood glucose (BG) meters to home and prescriptions direct to pharmacy, and a smartphone app to clinician portal for BG review and insulin titration. 598 women in the pre - implementation cohort were compared with 337 in the post implementation group. Maternal outcomes of labour onset and mode of birth and neonatal outcomes of birthweight, large for gestational age (LGA) and nursery admission were compared in total and by treatment type (diet, metformin, insulin). Comparison confirmed clinically equivalent outcomes in the digital model and traditional GDM model, with minor birthweight variations in the insulin and diet subgroups. Health economic assessment revealed a modest facility saving of A\$17441.78 (US\$12158.92) per annum but a substantial patient cost saving of \$566.56 (US\$394.96) per patient after accounting for lost wages, childcare expenses, and travel expenses avoided. This is a per annum saving of \$679,872 (US\$473948.82) for the cohort of 1200 patients.

This pragmatic and iterative service redesign demonstrates reassuring clinical outcomes and cost savings in a culturally diverse GDM cohort.

Challenges in the Modern Operating Theatre

15.20-16.40

15.20-15.40

Obesity as a Challenge in Surgery

J. LAMONT

Abstract Not Provided

15.40-16.00

Surgeon Fitness

A. JUNG

Abstract Not Provided

16.00-16.20

When Bleeding is Tricky - Knowing your Haemostatics

T. JACOBSON

Abstract Not Provided

16.20-16.40

Robotics - the Future or a Dud?

K. REID

Robotic Surgery is now not new technology. However, the role of robotic surgery in gynaecology still warrants assessment. Is it a marketing tool or an essential component of modern gynaecologic management? This presentation will touch on the pros and cons of Robotic technology from not only a surgical point of view but also in provision of evidence based, affordable and equitable care to all Australians requiring gynaecologic treatment.

Rural and Regional Practice

15.20-16.40

15.20-15.40

Equitable and Culturally Safe Access to Abortion for Rural Women and Girls

D. OATES

Termination services in rural and remote Australia are an important part of providing safe and equitable health care to women and families.

There are many models of care around Australia led by GP Obstetricians that improve access for these women. We are offering women a safe way to end unwanted or unsafe pregnancies without travelling thousands of kilometres away from their support network.

In this presentation I will discuss the challenges and successes of these services.

15.40-16.00

Upskilling to the Rural Generalist

J. WATTS

Maintaining skills can be a challenge for all doctors. For obstetricians/gynaecologists this includes the continued development of medical options for previously surgically treated conditions, added administration roles and responsibilities and a move to more work life balance.

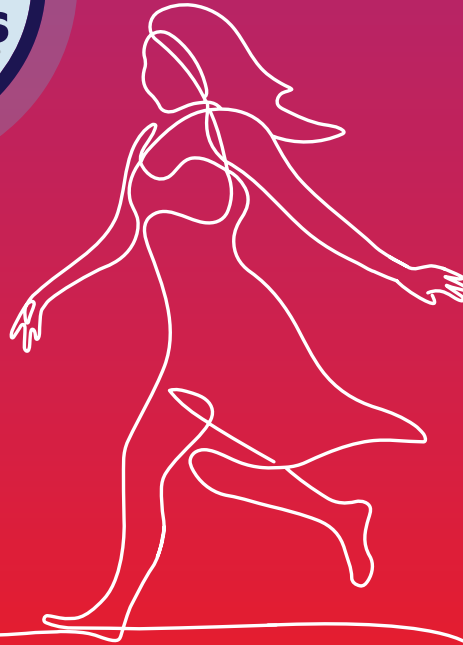
For rural generalists, GP Obstetricians and rural general o&g specialists, further challenges can include both a low number of procedures required in their local area and the wide breadth of skills and procedures rural and remote doctors are required to cover.

During this talk, using the case of 'Hair Cuts and High Heels' we will outline: the need for rural doctors to maintain their skills in multiple areas, ways in which rural doctors can help maintain their skills, ways in which hospital administration can support rural skills



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Abstracts

maintenance, the role of tertiary and larger hospitals in assisting rural doctors, ways in which rural departments can structure themselves to assist with skills maintenance.

16.00-16.20

The Generalist's Role in the First One Thousand Days
P. DOUGLAS

The rural and remote GPO is uniquely positioned to offer holistic and continuous care to women and their families throughout pregnancy, birth and the first months of their new child's life, ongoing. Unsettled infant behaviour and breastfeeding difficulty are the most common infant - care problems presenting to the GPO in the days and months after the birth and are also risk factors for postnatal depression. Although most Australian women want to breastfeed, rates of breastfeeding by the time of hospital discharge are lower for regional mothers overall; by 16 weeks only 39% of Australian babies are exclusively breastfed. Up to 35% of parents describe infant sleep problems in the first months of their baby's life; one in five parents report that their baby cries excessively. But parents receive large amounts of conflicting advice for breastfeeding, sleep and cry-fuss problems, including from online sources, and GPs as well as non-GP medical practitioners report inadequate training in clinical approaches. The programs known as Neuroprotective Developmental Care (NDC or 'the Possums programs') offer systematic, evidence-based approaches to the care of families facing breastfeeding, cry-fuss, sleep or parent mood challenges. They have been developed by various teams over the past 20 years, detailed in 30 research publications, and translated into education programs for both parents and health professionals (milkandmoonbabies.com; possumsonline.com).

The Commonwealth Department of Health has recently funded NDC Rural as part of the Perinatal Mental Health and Wellbeing program, offering scholarships for NDC Accreditation to rural and remote health professionals. This talk gives an update on some of the most interesting evidence emerging in the care of families with unsettled baby or breastfeeding problems, and implications from an NDC perspective for a GPO's clinical practice.

16.20-16.40

The Preterm Birth Journey: From Island to the City
L. THOMPSON + K. WARHURST
Panel discussion, no abstract

Wednesday 12 October

Plenary Three

08.30-10.10

08.30-08.50

Climate Change and Environmental Toxics: O&Gs Leading the World
J. CONRY

Climate change is one of the major global health threats to the world's population. It is brought on by global warming

due in large part to increasing levels of greenhouse gases resulting from human activity. Climate change results in extremes of weather, giving rise to floods, wildfires, air pollution, changing sea levels and ecology. These perturbations result in displaced populations, family disruptions, violence, shifts in vector-borne diseases and failures of our health system infrastructure. Women and children are particularly vulnerable to these stresses. Disadvantaged communities, and low-income countries are disproportionately impacted. Obstetrician gynecologists have a unique opportunity to educate and advocate on behalf of our patients. Climate change adversely impacts pregnancy outcomes with increase in preterm birth and low birth weight infants as a result of air pollution and heat. Climate change is both a social justice concern and a human rights issue.

FIGO brings attention to the increased risk to populations because of environmental toxics found in the air we breathe, the water we drink, the food we consume and the products we use. Toxics in the form of endocrine disruptors impact conception, pregnancy outcomes, newborn health, cancer, obesity and most certainly neurologic health. It is not enough to change one's personal habits, but rather the need is to advocate for a cleaner and healthier planet so that the health of the next generation is preserved. As Ban Ki-Moon said in 2011: "We must connect the dots between climate change, water scarcity, energy shortages, global health, food security and women empowerment"

08.50-09.10

Arthur Wilson Memorial Oration: TITLE
C. DE COSTA

09.10-09.30

On Having a Uterus but Not Being A Woman
Y. REES

This presentation provides an insight into the life experience and medical needs of non-binary trans person. Yves Rees was assigned female at birth, and was raised as a girl, but realised at the age of 30 they were not a woman. They came out as trans and documented their gender transition in the memoir *All About Yves: Notes from a Transition*. Today, aged 34, Yves lives as a trans person—neither man nor woman. But they still have a uterus and vagina. They still need the services of gynaecologists and—perhaps in the future—obstetricians. What does it mean for a not-woman to interact with 'women's health'?

09.30-09.50

Panel: Diversity in Leadership - Making Space not Taking Space
N. BLOW, N. KHOT, D.PALIPANA, V. ROACH
Panel discussion, no abstract

09.50-10.10

Immediate Past President's Oration
V. ROACH

Then God said, "Let us make mankind in our image, in our likeness, so that they may rule over the fish in the sea

and the birds in the sky, over the livestock and all the wild animals, and over all the creatures that move along the ground."

So God created mankind in his own image, in the image of God he created them; male and female he created them. God blessed them and said to them, "Be fruitful and increase in number; fill the earth and subdue it. Rule over the fish in the sea and the birds in the sky and over every living creature that moves on the ground."

After 30 years as a doctor, more than twenty as an obstetrician and gynaecologist and a lifetime as a member of the non-dominant culture in Australia, I have become deeply conscious of my own history and the experience of "otherness". Whose likeness was I created in, and what does that mean for my place in the world? In parallel, I struggled with my own privilege, one of health, wealth and choice.

I would like to share some thoughts on the issues of power, exclusion, the dominance of the medical profession and the impact that has on our patients, our colleagues in healthcare, and society as a whole. Rather than lamenting what is, I want to share a vision of what might be, an opportunity to enhance health and wellbeing for all of us.

Pregnancy Loss and Bereavement Care 10.40-12.00

10.40-11.00

Updates on Stillbirth
V. FLENADY

Stillbirth has a profound socio-economic and psychological impact on parents, families, communities, and healthcare systems. Whilst Australia is one of the safest countries in the world to give birth, six babies are born still every day, making stillbirth one of the most common forms of infant death in Australia. Adding to the already tragic incident is the knowledge that most stillbirths are preventable with adequate access to interventions and quality antenatal care. Inequitable gaps in stillbirth rates are experienced by many key priority groups including Aboriginal and Torres Strait Islander women, women from migrant and refugee backgrounds, and women living in rural, remote, or socially disadvantaged areas of Australia. The vision of the Centre for Research Excellence in Stillbirth (Stillbirth CRE) has been modelled in response to the National Stillbirth Action and Implementation Plan. Using five pillars of action, this plan aims to reduce the number of stillbirths that occur after 28 week's gestation and improve the quality of care provided to families whose baby is stillborn. The five pillars of action include (1) implementing prevention strategies, (2) developing new approaches for stillbirth prevention, (3) implementing best practice in care after stillbirth, (4) implementing high quality national perinatal mortality audit, and (5) ensuring equity and diversity in prevention and care after stillbirth. This presentation will speak to the progress of the Stillbirth CRE's portfolio of work and includes updates on findings from key research studies including the Safer Baby Bundle,

Abstracts

Living with Loss, COCOON Global Collaboration, and the Cultural Adaptation of the Safer Baby Bundle for Aboriginal and Torres Strait Islander women and women from migrant and refugee backgrounds.

11.00-11.20

Patient Supports: The Glimmer Project (Patient Stories)

A. SMITH

Abstract Not Provided

11.20-11.40

Establishing a Bereavement Service

E. PORTER

Supporting parents and families following the loss of a baby during pregnancy, at birth or soon after can be a challenging role for midwives and clinicians in the hospital setting. Providing high quality bereavement care is integral for the wellbeing of the women and families effected by loss.

Establishing a bereavement service has many benefits, it is a profound step in the right direction for delivering care in an extremely challenging area of practice.

In this presentation I will discuss the establishment of the Mater Mothers Bereavement Service, provide overview of our care delivery, and speak to our alignment with best practice guided by the PSANZ guidelines. Also shared will be the practical tips and recommendations that hold significance for our team when caring for bereaved women and families.

11.40-12.00

Care in a Rainbow Pregnancy

E. MCCARTHY

Women who are pregnant after loss often describe the experience as bringing forth a rainbow child after having weathered the storms of pregnancy loss. How can healthcare professionals make the rainbow pregnancy medically and psychologically safe? Is posttraumatic growth a real possibility?

As senior obstetrician in STAR (Stillbirth and Reproductive Loss) clinic at Mercy Hospital for Women, Melbourne, I will review research evidence and practical tips for teams who work with women in a Rainbow pregnancy, whether the previous losses was in 2nd or 3rd trimesters, loss of an infant or recurrent early miscarriage.

Wellbeing and Workforce

10.40-12.00

10.40-11.00

Critical Event Debriefing and Wellbeing for the Broken

L. CROWE

Expertise in imposter syndrome is the ultimate oxymoron. Anyone who has experienced the feeling of being an imposter will anticipate the unlikelihood that this session will convey how to 'manage' that common affliction. Apologies for the session title.

Perhaps, rather than aiming to manage imposter syndrome, it will be better if we simply acknowledge it. Walk with it. Accept it. Perhaps even consider forgiving ourselves for having it. Join us for this contemplative session as we try to imagine whether there could in fact be a positive side to feeling like an imposter.

11.00-11.20

How to Manage Imposter Syndrome

K. CALVERT

Expertise in imposter syndrome is the ultimate oxymoron. Anyone who has experienced the feeling of being an imposter will anticipate the unlikelihood that this session will convey how to 'manage' that common affliction. Apologies for the session title. Perhaps, rather than aiming to manage imposter syndrome, it will be better if we simply acknowledge it. Walk with it. Accept it. Perhaps even consider forgiving ourselves for having it. Join us for this contemplative session as we try to imagine whether there could in fact be a positive side to feeling like an imposter.

11.20-11.40

Why Purpose Feeds Resilience

D. PALIPANA

Abstract Not Provided

11.40-12.00

Learning Better Together: Translational Simulation and Maternity Team Culture

D. MCLEAN

Maternity team culture critically impacts the standard of maternity care. We sought to explore and improve team culture in a maternity team using a novel approach that drew on concepts from Translational Simulation – a problem-based simulation learning method centred on communication and relationships, and Relational Coordination—a change framework centred on the human dimensions of teamwork. Our specific focus was on improving communication and relationships in multi-disciplinary teams responding to a Post-Partum Haemorrhage.

The project produced a range of structural, process, and outcome interventions to improve team culture. One year after the project commenced participants reported positive changes in team relationships and felt that simulation helped considerably to improve systems and relationships. Our experience of using Translational Simulation and Relational Coordination in this program adds to insights we have gained from using this approach to support other high-functioning teams in the organisation. We believe the learning we have gained from this experience can be utilised by other organisations, healthcare leaders, and change agents to improve team relationships and outcomes in their teams.

Urogynaecology

10.40-12.00

10.40-11.00

Virtual Surgery - Native Tissue Repairs

A. ROSAMILIA

11.00-11.20

Expectations of a New Urogynaecologist

J. ALEXANDER + M. KULKARNI

A new career in urogynaecology is challenging for many reasons but provides an incredible opportunity to make a meaningful difference in lives of women in Australia and across the world. Drs Kulkarni and Alexander are new urogynaecologists negotiating the challenges of commencing practice as subspecialists. They will provide a humorous and thought-provoking dramatic presentation which aims to be as entertaining as it is informative.

11.20-11.40

Cosmetic Genital Surgery

J. MELON + U. SHAHID

Panel discussion, no abstract

11.40-12.00

Generalist and Subspecialist: How Can We Help Each Other?

A. CERQUI + A. RANE

Perinatal Mental Health

13.00-14.20

13.00-13.20

Partners in Prevention - Can We Better Anticipate Suicidal Behaviours in the Peripartum Period

C. MEURK

Abstract Not Provided

13.20-13.40

Mental Health Crisis Care in Pregnancy

S. ROBERTS

The peripartum is a common time for relapse and presentation of new mental illness and mental health challenges and suicide remains a leading cause of maternal mortality in pregnancy and the first postpartum year. Peripartum mental illness is also associated with adverse pregnancy and neonatal outcomes. This presentation draws from clinical experience and research to discuss what to do and how to prepare for mental health crisis presentations in pregnancy and the early postpartum. Hypothetical cases will be used to demonstrate different presentations and recommendations for clinical care and service delivery approaches.

13.40-14.00

Adequate Postnatal Care and Inter-Generational Trauma

L. CALLAWAY

Abstract Not Provided

Reproductive carrier screening

Identifying a couple's risk of having a child with a serious heritable genetic disorder

Available through our service:

- CF, SMA, FXS (3 gene) or expanded panel (>400 genes)
- Online education course to help your patients make informed decisions
- Consultation and support from our team of experienced genetic pathologists
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Abstracts

14.00-14.20

Forgotten Fathers in Obstetric Care

A. KOTHARI

Fathers have come a long way from smoke filled waiting rooms to modern day Obstetric care. However, fathers are still largely 'forgotten' in maternity services, not only in Australia but also around the world. There is a significant impact of paternal genetics, health and lifestyle towards fetal development, pregnancy complications such as preeclampsia and maternal and neonatal wellbeing. In Australia, 1 in 5 men report a significant mental health condition in the preceding 12 months and suicide is the leading cause of death in men in the reproductive age group (15-44 years). Paternal perinatal depression occurs in up to 10% of fathers. Even though 99% of fathers intend to attend the birth of their baby, there are no screening measures in place for mental health conditions or pre-existing vulnerabilities for prospective or current fathers.

Even an uneventful childbirth may be considered traumatic by fathers and when there are complications, this stress could be extreme. Maternal or fetal complications occur in up to one-third of pregnancies including unpredictable events such as a life-threatening postpartum haemorrhage (5-16% births) or unexpected resuscitation of the newborn (15% births). These circumstances contribute to a significant risk of unrecognised mental health consequences for the father, the mother and the entire family unit with inter-generational consequences.

Most fathers struggle with communication, provision of medical information, difficult decision-making, and relationship strains. While there is targeted support afforded to women during pregnancy and postpartum, this is not the case for fathers. Even though they are at an increased risk of depression and post-traumatic stress syndrome, there are no routine follow up services offered to these fathers. Fathers are also typically reluctant to access and accept care and support due to stigma and societal constraints and often engage in mal-adaptive coping, indulging in alcohol and drugs. Therefore, the scope of Obstetric services needs to be broadened to ensure they are father-inclusive, holistic and equitable and adequate screening and compassionate care needs to be offered to fathers.

LGBTQIA+ Health

13.00-14.20

13.00-13.20

Transaffirming Healthcare: The Basics

F. BISSHOP

Trans people, both binary and non-binary, have specific needs in the clinical environment, and this is especially so in the realm of gynaecological care. Anyone with a uterus, ovaries or vagina may potentially need the care of a gynaecologist at some point in their lives, and this may be an anxiety-provoking and confronting experience for your patient. Many trans people avoid and miss out on essential health care due to their well-founded fear of stigma and transphobic treatment. In this session I will discuss some

of the common gynaecological issues that may present in the trans population, and offer some tips on how to make the healthcare experience a rewarding one for both patient and doctor.

13.20-13.40

Obstetric Endocrinology in Transgender People

N. ACHONG

Lactation induction in transfemales is poorly described in the published literature. There is however, an increasing need to establish practical guidelines for lactation induction for clinicians involved in transgender health-care.

We describe a chronological case series of four transfemales who attempted lactation induction. We present our pharmacological management including the timing and dose escalation of oral oestradiol, progesterone, domperidone and androgen blockers. The serum levels of oestrogen, progesterone, testosterone and prolactin are provided as well as the success of lactation. Finally, we discuss the barriers to lactation induction and successful lactation in transfemales.

This case series demonstrates the importance of the education of clinicians and allied health workers regarding the lactation induction in transfemales. It also highlights the need for a defined protocol to facilitate better outcomes for our transfemale patients.

13.40-14.20

Panel: LGBTQIA+ Healthcare: What Your Patient Wants You to Know

F. BISSHOP, T. ERNST, Y. REES

Panel discussion, no abstract

Menopause and Ageing

13.00-14.20

13.00-13.20

Menopausal Hormone Therapy for the Generalist

K. WHITTON

Abstract Not Provided

13.20-13.40

Bare Bones of Menopause

C. JANG

Abstract Not Provided

13.40-14.00

Menopause and Mood

L. WHITE

Mood disturbance is a significant risk during the menopause transition. This presentation will briefly review the link between menopausal hormonal shift and the comorbidities that impact mood stability during this phase.

14.00-14.20

Menopause for the Difficult Situation

D. ROBSON

Abstract Not Provided

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References: 1. Gérard C, et al. *Expert Review of Clinical Pharmacology* 2022; 15:2, 121-137. 2. NEXTSTELLIS® Approved Product Information. NEXTSTELLIS® is a registered trademark used under license. Mayne Pharma International Pty Ltd, ABN 88 007 870 984. 1538 Main North Road, Salisbury South, SA 5106. Telephone: 1300 081 849. NEX0027d. Date of preparation: September 2022.

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