

WIRF's VISION is for all Western Australian women to enjoy the best health for themselves, their pregnancies and their babies.



women & infants
research foundation
Western Australia



WOMEN AND INFANTS RESEARCH FOUNDATION
CARSON HOUSE : KING EDWARD MEMORIAL HOSPITAL : 374 BAGOT ROAD : SUBIACO : WA : 6008
TEL 08 9340 1437 : FAX 08 9340 1642 : EMAIL INFO@WIRF.COM.AU : WEB WWW.WIRF.COM.AU

contents

WA PRETERM BIRTH PREVENTION INITIATIVE
A world-first.
01 / 02

PROF. NEWNHAM'S WELCOME
Reflect on 2014.
02

MOTHER'S ANXIETY STUDY
Accurately diagnosing perinatal anxiety for effective treatment.
02

MATTHEW'S EARLY ARRIVAL
500g at birth.
03

RUNNING FOR NOEL
The Crowley family fundraises for WIRF.
03

WIRF'S HEALTHY EFFORT!
Dates for upcoming Tri-Events and HBF Run for a Reason
04

JET VENTILATOR
WA Charity Direct helps make a real difference.
04

...other news 04

WA PRETERM BIRTH PREVENTION INITIATIVE

Last month a world-first initiative was launched in Western Australia to reduce the rate of preterm birth. The *Initiative's* unique and state-wide approach integrates new clinical strategies, education programs for health care providers and the general public, and a new dedicated clinic being piloted at King Edward Memorial Hospital. The *Initiative* will be underpinned by on-going research aiming to both improve the effectiveness of the clinical strategies and to monitor the success of the program.

The *Initiative* aims to safely lower the rate of preterm birth by 15% in two years and up to 35% in five years.

Until quite recently, preterm birth had been considered to be an unavoidable and accidental consequence of pregnancy. Times have changed. Several decades of research conducted both here in Western Australia and elsewhere have provided us with the knowledge to design a state-wide program that has a real chance of safely lowering the rate of preterm birth.



There are many pathways leading to preterm birth and the prevention of each requires different clinical approaches. The *Initiative* will be centred on nine clinical interventions, which have been distributed to all obstetricians and

general practitioners in Western Australia. An online version of the booklet is available at www.thewholeninemonths.com.au.

The new dedicated Preterm Birth Prevention Clinic (pilot) based at King Edward Memorial Hospital has commenced this month. This clinic is consultative and aims to provide individualised treatment plans to women at very high risk of preterm birth, following which the antenatal care and birth may be continued by the woman's regular health care provider. For some women, the service may not require a visit to the city and the consultation may be by teleconference or mail.

This initiative is unique. No health care system has previously launched an integrated clinical, educational and research program across a defined geographical region with the singular aim of safely lowering the rate of preterm birth. Until now, we did not have the scientific knowledge that would make such a program likely to be successful.

2700 obstetricians and general practitioners across Western Australia received an information package describing the changes to clinical practice. The *Initiative* included expansion of our research program in this field enabling us to monitor the effectiveness of the improvements to clinical practice.

continued on page 2



WELCOME to our December 2014 issue of WIRF News

This year has seen major advances in our quest to improve the health of women and babies in Western Australia. WIRF's focus has been on two initiatives that are now coming to fruition.

The first is the Western Australian Preterm Birth Prevention Initiative (please see front page). This state-wide program has been made possible by the support of WIRF and its Board, and by partnership with many local government, charitable and professional agencies.

Second is expansion of our Gynaecological Oncology program. KEMH, and WA as a whole, have been blessed for many years by having a strong and capable clinical service providing expert care for women with cancers of the ovary, uterus and cervix, and it is now time to grow the research base that underpins the clinical service. Under the leadership of Professor Yee Leung, funds have been raised for this research base to be expanded. We look forward to further news in the near future.

WIRF has also been very active in building the next generation of researchers, hosting and supporting a variety of scientific events enabling our early career researchers to develop and present their science.

This year is the 15 year anniversary of the WIRF Café/ Gift Shop. On behalf of the Board and all our people, I would like to extend our most sincere appreciation to all our volunteer staff, without whom this vibrant business would not be the great success story that it has become.

In this Newsletter you will read about some of WIRF's activities in recent months. I hope you find the stories informative and enjoyable.

Professor John Newnham AM
Executive Director

WA PRETERM BIRTH PREVENTION INITIATIVE *contd...*

No single clinical treatment on its own is likely to impact the state-wide rate of preterm birth. The *Initiative* aims to harness the expertise and commitment of both the health-care workforce and the 34,000 pregnant women who give birth each year in Western Australia to safely lower the rate of this complication of pregnancy.

We are providing world-leading research in this field, ensuring that new discoveries will continue to improve our clinical strategies.

By working together, lowering the rate of preterm birth will improve the lives of countless Western Australian children and their families.

Further information about the *Initiative* is available at:

THE WHOLE NINE MONTHS.com.au

FACTS AND STATS

- Nearly 3000 babies require special care due to premature birth
- 1 in every 12 pregnancies is preterm
- Preterm birth rate is double in aboriginal populations (15%)

WA Preterm Birth Prevention Initiative is supported by



MOTHER'S ANXIETY STUDY

Anxiety disorders are as common as depression in the period immediately before and after birth (perinatal period), affecting up to 17% of women.

and easy to use self-report scale called the Perinatal Anxiety Screening Scale (PASS). The screening test will identify problematic anxiety during pregnancy and postnatally.

Until now there was no easy way to accurately detect a range of anxiety problems for perinatal women. If left untreated, high anxiety presents potential risks for the health of both mother and child. Early effective detection is important to enable timely referral for treatment that can improve health outcomes.

The development of an acceptable, reliable, valid screening scale for problematic perinatal anxiety is a world first. As well as providing a significant contribution to screening, the test is also a potential research tool to gauge treatment effectiveness and further our understanding of perinatal anxiety. PASS has successfully identified 68% more women with anxiety than other screening tools used in Australia.

The Mother's Anxiety Study (funded by WIRF and The Channel 7 Telethon Trust) has developed a valid, reliable

MATTHEW'S EARLY ARRIVAL

Matthew Jones was delivered by emergency caesarean section at 25 + 5 weeks gestation due to severe Pre-Eclampsia and Intra-Uterine Growth Restriction. We were due to have a low-risk delivery at KEMH Family Birth Centre, but when I went for a routine check up, we found my blood pressure had sky-rocketed even though I had no unusual symptoms. We were transferred to the main hospital at KEMH for Matthew's delivery.

Matthew was only 500 grams at birth and suffered from a severe bleed on his brain (intra-ventricular haemorrhage, grade 3 and grade 4) and a bleed on his lungs (pulmonary haemorrhage) within the first few days. After a month of not tolerating feeds, he was transferred to PMH to have ileostomy surgery due to a narrowing of his colon. He had endured countless medications and antibiotics, and even a broken femur due to low calcium from all the diuretics he had to take. He had survived even when the odds were against him. It took six and a half months before Matthew was well enough to come home.

Matthew was not hitting the developmental milestones, even when they were adjusted for his prematurity. We were given the diagnosis of Cerebral Palsy (spastic diplegia) due to the stiffness in his

muscles and the diagnosis of Global Developmental Delay due to his language, speech and motor skills delay. Matthew also has nystagmus, a neurological eye condition which affects him being able to see a moving object or focus on anything when his eyes are tired.

Matthew is now a happy and healthy 6 year old child, attending Pre-Primary at our local primary school. He is funny and cheeky and is incredibly determined even with his physical limitations. He uses a walker to travel across the school, and is able to walk small distances (eg, across the classroom) without assistance. His Cerebral Palsy limits the activities he can play with his friends, but thankfully they try to include him in everything they do. He is also on an Individualised Education Plan so that we can track his progress in the classroom and ensure that he is catching up to his fellow classmates.

Longer term, Matthew will probably be able to walk unassisted or with only minor aids (eg, walking stick). His vision problems will always be an issue, although these should not have a major impact with correct management. With the support of friends and family, Matthew should be able to live a productive and full life.

Kindly shared by Pamela (Matthew's Mum).



RUNNING FOR NOEL

Any parent of a preemie will tell you that giving birth prematurely throws your life into complete turmoil. Noel was born three months early to a family who had just arrived in Australia from Ireland. The Crowley family were so touched by the kindness and support they received from their community and King Edward Memorial Hospital; they wanted to give something back.

Thomas, Noel's dad, began his quest to raise funds and awareness of WIRF by running in the City to Surf marathon

in August 2014. As a FIFO worker Thomas would train in extreme weather conditions, running lap after lap to build his endurance for the race.

'When any parent watches their child in pain all they want to do is take the pain away. Running this race will help me understand and respect Noel's fight for every breath in that incubator'.

Thanks to Thomas's determination and outstanding fundraising he completed the marathon and raised \$2,233 for WIRF.



Thank you to the Crowley family and all their donors and supporters (worldwide).

COOLING OFF - RURAL MUMS

WIRF has over 100 volunteers at King Edward Memorial Hospital who help in the café/gift shop, op shop and throughout the departments and wards onsite.

Through their hard work we have been able to purchase new air conditioning units for Agnes Walsh House in preparation for summer.

Agnes Walsh House provides accommodation for women from rural and remote areas who are either waiting for their babies to arrive or waiting to take them home. Their stay here will be far more comfortable due to our volunteers' support.

OUTREACH PROGRAM

The Preterm Birth Prevention Initiative Outreach Program starts early in 2015.

A team from King Edward Memorial Hospital and WIRF will be visiting major country towns throughout WA to hold workshops for GP and health professionals on new clinical guidelines to reduce preterm birth.

A full schedule with dates and venues for these accredited workshops will be available in early 2015 at www.thewholeninemonths.com.au

WIRF'S HEALTHY EFFORT!

Make 2015 your year - join WIRF in our aim to raise awareness of preemie birth and how it might be prevented. WIRF is partnering with Trievents and HBF in 2015 and we need you to join our team.

Please note dates in your diary and register your interest with chantel@wirf.com.au



TriEvents Women's Triathlon, Hillarys
Sunday 15th March 2015

HBF - Run for a Reason
Sunday 24th May 2015



Group L-R (Back row) Graeme Boardley – A/Executive Director KEMH, Damien Eves, Peter Carter, Pauline Eves (Front row) Pippa Vines – A/Nursing Director Neonatal Intensive Care Unit – KEMH/PMH, Tina Williams – Marketing and Development Manager - WIRF, Christine Foster – Clinical Nurse Consultant – Special Care and Jeff Miller.

JET VENTILATOR

With almost 3000 preterm babies receiving special care in the neonatal intensive care nurseries at King Edward Memorial Hospital the demands for resources and equipment are very high.

Since the first Jet was purchased in 2009, JV technology has saved many babies lives and reduced the harmful impact that regular ventilators can have on tiny lungs and organs.

The high frequency jet ventilator breathes small "angel breaths" into babies' lungs which can reduce the harmful side effects on very preterm lungs.

Thanks to the members and trustees of WA Charity Direct we can make a real difference to the progress of our tiniest babies.

CHRISTMAS APPEAL

The greatest opportunity to improve child health is before birth. Please help babies like Matthew by donating to the WIRF Prems Christmas Appeal. Just a small gift can help our researchers continue to find the answers to why babies are born too soon. All donations over \$2 are tax deductible.

Please find a donation slip enclosed, visit <http://wirf.com.au/donate> or phone (08) 9340 1437.