



QUEENSLAND WOMEN'S HEALTH NETWORK NEWS

DECEMBER 2008 'Aims to strengthen links between women by providing access to information and support'

WOMEN & DISABILITY

'Walking Out of the Blackness'

JANE GARDNER of *beyondblue* talks with Julina King about recovering from postnatal depression

IT is not unusual for women who have just given birth to experience "the baby blues" but one in six new mums will develop postnatal depression - a potentially serious and debilitating illness if left untreated.

Postnatal depression is more common than many women realise. Feeling snowed under, withdrawn, teary, always anxious or unable to cope are some of the initial warning signs.

Up to 10 per cent of pregnant women in Australia experience depression during pregnancy, known as *antenatal* depression. The term *perinatal* is used to describe the period of time which includes the pregnancy and the year after the birth - and when used to describe depression, covers both



"I got in to see a psychiatrist Within four days it was like walking out of the blackness. I could see colour again, I could smell again, I could taste again." - Queensland woman Julina King (above), on recovering from postnatal depression.

antenatal and postnatal depression.

Doctor Nicole Highet, the deputy CEO of *beyondblue: the national depression initiative* says early detection and treatment is vital for the mother and baby's well-being and also essential for maintaining healthy relation-

ships with partners and family.

"Postnatal and antenatal depression is not uncommon," she said. "Having a baby is a huge life event which involves a lot of adjustments across all areas of your working life, social life and sleeping life, particularly if people have children with health problems or a stressful pregnancy.

"There is a range of risk factors, like having a history of depression or history of abuse, or if you don't have supportive relationships. Some people might have all of the risk factors and not develop it and some might have none and develop postnatal depression. Like depression at all times, it is a condition that doesn't discriminate." (continued next page)

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IN THIS EDITION: WOMEN & DISABILITY

Walking Out of the Blackness	1-3	Women's Health On The Net	6
Women Waiting for Transplants	4-5	Arthritis & Disability	7
What's On	6	Well Women's Clinic	8



...walking out of

Dr Highet says if postnatal depression goes untreated it will become more severe and evidence suggests the baby may go on to develop behavioural problems later in life.

"That bond between mother and baby is very important in terms of the baby learning and integrating

into the world through the mother, so if the mother is severely depressed, they're not capable of having that level of interaction," she said.

"It is important people are getting good information about what the signs and symptoms of depression are and how they differ from the *baby blues* which occurs in the first 10 days and goes away pretty much on its own.

"It is no different to having mastitis or high blood pressure. You need to get on to it early and get the condition treated so it doesn't get worse to lessen the impact on the child, the mother and other family members."

The *baby blues* usually occur between three and 10 days after giving birth, in about 80 per cent of mothers. They may feel teary and overwhelmed because of changes in hormone levels following childbirth, but this usually disappears after a few days.

Postnatal depression can develop between one month and up to one year after the birth of a baby and can take hold suddenly or develop gradually. Although there is a range of risk factors, it can appear with no recognisable triggers.

In May 2006, when her second

son was eight-months-old, Townsville woman Julina King was diagnosed with postnatal depression. She had no family history of the illness and had enjoyed good mental health her entire life.

Julina, who was living in Wodonga in Victoria at the time, didn't realise she was experiencing postnatal depression because she was bonding well with her baby. She felt depressed and experienced feelings of worthlessness through the entire pregnancy, but attributed the negative feelings to hormonal changes.

"There was nothing dysfunctional in my relationship with my baby and that's what I thought postnatal depression was about - when you're not bonding with your baby or you want to hurt your baby," she said.

"My husband and I were continually arguing. It was getting to the point where I hated myself so much. My whole world was falling apart and I knew something was wrong, but I just thought it was because my husband and I were having personal problems."

During a routine check up for her baby, Julina was given an Edinburgh Postnatal Depression

Our Next Newsletter

will examine aspects of:

WOMEN & POVERTY

Does your organisation have expertise in this area?

Or are you a woman with knowledge / experience on this topic?

Share your insights with over 400 organisations, professionals, and other women in Queensland and beyond...

We welcome your articles, news items, or other submissions. If you have an idea, or would like more information please get in touch with us today!

Deadline: 14 February

QWHNEWS



At this time of year many of us begin thinking about gifts and giving. Certainly material gifts can bring joy to our family and friends, but perhaps this year we might also consider a potential gift that will truly transform the life of another (see article pages 4-5).

As the year draws to a close, on behalf of the Management Committee I'd like to thank all of our contributors and readers, and wish you all good health in 2009.

Maree Hawken
Coordinator

THE NATIONAL DEPRESSION INITIATIVE

beyondblue: the national depression initiative has developed a National Action Plan in partnership with the Federal and State Governments to screen for depression all pregnant women & women who have recently given birth.

The screening and support program, which will be rolled out by 2010, is an outcome of six years of *beyondblue* research.

For more information go to www.beyondblue.org.au and click on the 'postnatal depression' tab on the left hand side, then 'more information' at the bottom of the page.



the blackness (cont)

Scale test by a nurse. The test contains 10 multiple choice questions about the mother's mental well-being. Her score indicated she was at high risk of having postnatal depression.

"That really struck a chord with me because I had been feeling so awful. I just wanted to rip off my skin and run away.

"I went home and got straight on the *beyondblue* website. I took a test and it had big bold red writing at the bottom saying 'go and see someone'."

Julina went back to the nurse, who referred her to a General Practitioner who made the formal diagnosis of postnatal depression. She was prescribed antidepressants and after trial and error found the right type for her.

"I got in to see a psychiatrist and he recommended a change. Within four days it was like walking out of the blackness," she said. "I could see colour again, I could smell again, I could taste again."

It wasn't just the antidepressants that helped her. "I recovered using a whole range of things, including medication, counselling and a lot of personal work. I had to reprogram myself to think completely differently.

"I'd always thought of myself as an intelligent, able, confident person. Being diagnosed with a mental health disorder was a huge slap in the face. I certainly don't feel that way about it now. It took a long time just to feel comfortable with myself and knowing this is what I had."

In a way, coping with her depression has been a blessing in disguise.

"It's turned out to be the greatest gift of my life and a positive thing," she said. "I'm still on the medication and I need to keep my thought patterns in check and be aware of my thinking and internal dialogue. I have a tool kit of things I know will help me back on track: living a healthy life, exercising, eating well, resting and taking time out for myself."

Julina is now finishing a post-graduate university course in early child care education and enjoys a happy family life. She decided to tell her story to encourage other mothers and pregnant women to seek help at the first sign of depression and anxiety and not just dismiss it as hormonal changes.

"Go and speak to a health professional and don't be ashamed of it. It's more common than you think."

Postnatal depression is likely to result from a combination of factors, including:

- a history of depression and/or anxiety
- a stressful or unplanned pregnancy
- depression during the pregnancy
- a family history of mental health problems
- experiencing severe 'baby blues'
- a prolonged labour and/or delivery complications
- problems with the baby's health and care.



SIGNS & SYMPTOMS

- always exhausted or hyperactive
- not being able to sleep even when you have the chance
- crying uncontrollably or feeling teary
- finding that your moods change dramatically
- feeling very irritable or sensitive to noise or touch
- constantly thinking in a negative way
- unrealistic feeling that you are inadequate
- anxiety or panic attacks
- not being able to concentrate
- becoming more forgetful
- confusion and guilt
- loss of interest in sex or other things you liked
- feeling scared, alone, but also not wanting to be with other people
- eating too little or too much
- feeling unable to cope
- preoccupied with obsessive or morbid thoughts
- thoughts of self harm or harm to your baby
- loss of confidence and low self esteem
- inability to enjoy yourself.

FOR MORE INFORMATION on antenatal and postnatal depression, anxiety, bipolar disorder and related drug and alcohol misuse go to www.beyondblue.org.au or phone the information line for the cost of a local call (from a landline) on **1300 22 4636**.



Women Waiting

Australia's low rate of organ donation means many women suffer debilitating conditions for

Chronic disease accounts for a significant portion of the health in Australia, with heart disease and kidney failure increasing every year. A significant number of women are currently waiting for organ transplants to improve their quality of life and provide them with a brighter future. Unfortunately, Australia has one of the lowest organ donation rates in the world, resulting in significant waiting periods for those in need of an organ.

In 2007 there were a total of 35 organ donors in Queensland and 198 in the whole of Australia. The process of organ donation is a complex one; it is the family who make the final decision on whether or not donation takes place.

Queenslanders Donate is the Statewide agency funded by Queensland Health to maximise organ and tissue donation rates for the better health and well

“... Over the past 10 years the guidelines for suitable organ donors have been broadened considerably ...”

being of Queenslanders. It also provides a Statewide framework for policy and practice within the specialist field of organ and tissue donation. Queenslanders Donate is based at The Princess Alexandra Hospital Woolloongabba, Brisbane. There are nine regional donor coordinators throughout Queensland. Each is employed on a part-time basis, in a major ICU

complementing their roles as experienced Clinical Nurses in critical care. Donor Coordinators provide 24-hour support to Intensive Care Units throughout Queensland for organ / tissue donation from Queenslanders Donate. Their role also includes education of staff including identification of potential donors, declaration of death, donor management and the family approach.

- Conducting structured education programs to Medical Officers, Nursing staff and Allied Health staff on issues relating to brain death, donor management and the process of organ donation and transplantation;
- Collecting data and auditing of all in-hospital deaths to identify the potential for donation;
- Conducting community education and awareness regarding organ donation and the Australian Organ Donor Register;
- Identifying the potential donor



Left to right: Federal Member for Capricornia Kirsten Livermore; Margaret Wedgewood, Donor Mother from Emerald; Debbie Austen, Organ & Tissue Coordinator for Queenslanders Donate. Margaret is holding "The Flame of Life", a sculpture which toured Queensland last year as part of National Organ Donor Awareness Week.

in the hospital setting and liaising with medical and nursing staff in the performance of brain death testing;

- Coordinating the management of the donor with the ICU multidisciplinary team, including supporting families through the process, and completing the legal requirements of consent.

Rockhampton Hospital's part-time Donor Coordinator, Deb Austen, works from the Intensive Care Unit, and coordinates all organ donations from the Central Queensland region from the ICU. In 2006, Queenslanders Donate also appointed four 0.1 FTE Medical Donor Advisory positions. The role of the Medical Donor Advisor is one of information,



for Transplants

extended periods, says **DEBBIE AUSTEN**, Organ and Tissue Coordinator for **Queenslanders Donate**

education and support to medical staff in Queensland Hospitals on the issues of organ and tissue donation and transplantation. Each Medical Donor Advisor is responsible for a number of

hospitals within their geographical location. They visit the hospitals on a regular basis and provide in-service education. They will also provide advice to the staff of Queenslanders Donate in areas of

clinical issues which relate to change in practices or guidelines.

Over the past 10 years the guidelines for suitable organ donors have been broadened considerably to increase the available organ pool and benefit more patients who may wait up to five or more years for a transplant. For example:

- The age range for organ donors is from 2 to 100, varying for some organs and tissues
- Smoking and other lifestyle choices do not preclude a person from becoming an organ donor
- Corneal and bone tissue can be procured from non-heart-beating donors, that is after cardiac death, in the metropolitan regions only, which has enabled some 300 tissue transplants to be performed in Queensland alone
- The introduction of the Living Bone program in which bone can be donated when hip and knee replacement surgery is undertaken, and the diseased joint is donated to the Bone Bank.

DONATION FACTS

- Organ donation saves lives. Tissue donation improves quality of life. Every donor has the potential to improve the lives of 10 people. Transplantation gives recipients renewed or enhanced quality of life.
- Australians have been receiving life giving organ transplants (heart, lung, liver, kidneys and pancreas) as well as tissue transplants (corneas [eye tissue], heart valves and bone tissue) since 1965. To date more than 30,000 men, women and children have received life saving or life enhancing transplants.
- Australia boasts one of the highest transplantation success rates in the world. There are no charges to families who wish to donate.
- Over 1700 Australians are currently waiting for life saving organ transplants. Fifty of those waiting are children. In Australia, more than one person will die every week waiting for their organ transplant.
- Transplant waiting times vary widely and depend upon availability of suitable organs. Though waiting times for corneal grafts tend to be a few months, individuals waiting for organ transplants can wait an average of one to three years for their life saving transplant.
- In Australia, a person has a 10 times greater chance of requiring an organ or tissue transplant than of becoming a donor. Organ donation is medically possible in less than one percent of all deaths that occur, but more people can donate tissues, as there are fewer medical restrictions.
- **THE AUSTRALIAN ORGAN DONOR REGISTER** allows you to register your consent to donate. By registering your consent and telling your family, partner and friends your wishes, you have done the two most important things to ensure your wish to donate will be carried out. Families will remain central to the donation of a loved ones organs and tissues. Visit a **Medicare** office, phone **1800 777 203**, or visit http://www.medicare.australia.gov.au/yourhealth/our_services/aaodr.htm
- A person's decision to help others by donating organs for transplantation does not allow the removal of organs for any other purpose. Additional consent must be given specifically for organs/tissues to be used for science or research.
- Most of the world's religions including Buddhism, Christianity, Hinduism, Islam, Judaism, Jehovah's Witness, and Sikhism support organ/tissue donation and transplantation as an act of generosity, merit and benevolence. The Catholic Pope has endorsed organ donation as a "compassionate choice".

FOR MORE INFORMATION

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WHAT'S ON...

*Important Events, Conferences
and Workshops around the State & beyond*

***18-21 MAY
2010**

****ADVANCE NOTICE** *Women's Health: The New National Agenda***
6th NATIONAL AUSTRALIAN WOMEN'S HEALTH CONFERENCE — HOBART, TAS.
The major focus of the Conference will be to continue the work of getting women's health as a priority issue onto the public agenda. It will provide an opportunity for individuals, organisations and services involved and concerned with women's health to contribute to international dialogue, share ideas, knowledge and practice. *Abstracts are now invited for oral presentations, workshops, performances and poster presentations.*
For information visit the **Australian Women's Health Network** at <http://www.awhn.org.au>

8 MARCH INTERNATIONAL WOMEN'S DAY 2009

13-15 MAY 15th UICC 'REACH TO RECOVERY' INTERNATIONAL BREAST CANCER SUPPORT CONFERENCE — BRISBANE, QLD.

The first worldwide forum across Asia-Pacific, Europe, Africa, and North, Central and South America for consumers, support organisations and health professionals to meet and address common goals. Convened by Cancer Council Queensland.
For more information visit <http://www.reachtorecovery2009.org>

14-16 MAY HEART FOUNDATION CONFERENCE 2009. 'HEARTS IN FOCUS: CELEBRATION, COLLABORATION AND CHALLENGES' — BRISBANE, QLD.

The Heart Foundation Conference will provide an opportunity to discuss, debate and decide on the future of cardiovascular health, particularly in Australia and the Asia-Pacific region.
For more information visit <http://www.heartfoundation.org.au/Conference.htm>



WOMEN'S HEALTH ON THE NET

Hot Spots on the Internet for Women

MS SOCIETY OF AUSTRALIA

www.msaustralia.org.au

Twice as many women as men have Multiple Sclerosis, an often disabling disease which attacks the nervous system. In Australia this equates to approximately 10,000 women. As symptoms can vary greatly, it is often difficult to diagnose, and researchers are still searching for a cure. The MS Society of Australia site provides information about the causes, types, and history of MS, plus sections devoted to Newly Diagnosed, MS

Research, and the latest News. The Publications section includes access to the MS Australia Resource Centre Online Catalogue, which is a searchable catalogue of the combined holdings of the MS Society Libraries.

QUEENSLAND ALLIANCE

www.qldalliance.org.au

Queensland Alliance is an organisation representing the non-profit mental health community sector, who meet the needs of people experiencing mental illness disability. This

includes consumer groups, family and carer groups and community-based service providers. The site includes sections on Sector Development, Consumer Voice, Consumer Participation, Events & Training, and Funding. There are downloadable resources including Reports & Papers such as: 'Community Services Sector Charter', and 'The National Mental Health Report 2005'. The News section is particularly useful for keeping up-to-date on current developments and conferences.





Arthritis and Disability

Arthritis can be more than 'just an inconvenience' for many women, according to **Arthritis Queensland**

For many people the word 'arthritis' conjures up images of niggling aches and pains that are more of an inconvenience, rather than a major problem. However arthritis and musculo-skeletal conditions are the leading cause of disability in Australia. These conditions not only limit a variety of activities of daily living but also impact on the independence, employment choices, quality of life and social participation of affected persons. While people of any age and gender can be affected, arthritis is more common in women, with over 2 million Australian females (19.9% of females) affected in 2007. Additionally, women are more likely to develop certain types of arthritis, particularly conditions that are linked to the immune system. These types of arthritis, such as rheumatoid arthritis and lupus, tend to produce more complex, wide-ranging health effects, rather than just affecting one or two joints.

"... women are more likely to develop certain types of arthritis, particularly conditions that are linked to the immune system ..."

Due to the nature of these types of arthritis, as well as the demands of typically female-oriented roles, arthritis can have particular impacts on women. For example:

"... arthritis and musculo-skeletal conditions are the leading cause of disability in Australia ..."

- The average age of onset of many types of arthritis commonly affecting women is during the 'child bearing' years, 18-45 years. Many women also experience a post-natal 'flare' of their symptoms, making it extremely difficult to care for a newborn baby or infant due to joint pain, stiffness and swelling.
- Arthritis commonly affects the joints in the hands and upper limbs. This can make it difficult to manage normal household tasks typically performed by women, such as doing housework, shopping and preparing meals.
- Self-care activities can also be affected by arthritis in the hands and upper limbs. Women with continence issues affecting bladder/bowel control may find it difficult to manage toileting and continence aids if they have limitations in their hand function and/or mobility.
- Women comprise the majority of carers, particularly primary carers, in Australia. The provision of physical care and assistance can become extremely difficult if women are experiencing joint pain and dysfunction.

The good news is that there are many simple things that can help people live well with arthritis:

- see a doctor for early diagnosis, treatment and advice;
- find new ways to stay active: keep joints moving and muscles strong;
- learn ways to manage pain;
- manage tiredness: learn to balance rest and activity;
- keep to a healthy weight: there is no diet that can cure arthritis but a well balanced diet is best for general health;
- look after and protect joints: find out about equipment and gadgets that can make tasks, such as household duties and self care activities, easier;
- acknowledge feelings and seek support: as there is currently no cure for arthritis it is natural to feel scared, frustrated, sad and sometimes angry. People with arthritis should get help to manage these emotions if they start affecting their daily life.

ARTHRITIS QUEENSLAND has information sheets, booklets, education and support to help people with arthritis, their carers and families understand and better manage their condition. **Freecall 1800 011 041** or visit www.arthritis.org.au for more information.

Reference

Australian Institute of Health and Welfare: Rahman N & Bhatia K 2007. Impairments and disability associated with arthritis and osteoporosis. *Arthritis series no. 4. Cat no. PHE 90. Canberra: AIHW*



Well Women's Clinic

A FREE service for Townsville women at
The Women's Centre
50 Patrick Street, Aitkenvale, Townsville.



- Pap smears
- Contraception information
- Sexual health tests and counselling
- Menopause and hormone treatment advice
- Puberty and menstrual information
- Healthy lifestyle information
- Breast care information
- Urinary incontinence advice and referral

CLINICS 9am – 12 midday once per month
(except January 2009)

By the Mobile Women's Health Nurse
This is a Private and Confidential service

For an appointment, contact THE WOMEN'S CENTRE (Townsville) on
(07) 4775 7555

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HAVE YOUR SAY...



We are interested in obtaining feedback on the quality of the newsletter and issues and topics you would like to see in future editions.

If you have something to say please contact Maree on (07) 4789 0665 or email us at qwhn@bigpond.com

*Season's Greetings
& Best Wishes for 2009*

from Queensland Women's Health Network Inc

MEMBERSHIP

To join or renew your membership with QWHN, simply fill in this form and send to QWHN at PO Box 1855, THURINGOWA BC, QLD 4817

Membership of the Network is open to women's organisations & individual women who are in agreement with the Network's purpose and objectives.

Name:

NEW MEMBER? YES NO

Address:

Phone:

Fax:

Email/Web:

Profession / Organisation:

MEMBERSHIP FEES: Individual (unwaged or student) — \$5.50 Individual (waged) — \$11.00 Organisation — \$33.00

Please find enclosed a cheque/money order for \$..... for one financial year's membership (1 July 2008–30 June 2009)

Do you consent to your name, as part of the membership list, being distributed for networking purposes? YES NO

I/We hereby agree to abide by the Purpose, Objectives and Policies of the QWHN. (see website)

Signature

Date

TAX INVOICE
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