Mercy Health for Women midwife Liana with patient Laura

Linette and baby Marcella at Mercy Hospital for Women
IN 2020, MERCY HEALTH WILL CELEBRATE 100 YEARS OF CARING FOR VICTORIANS

When the Sisters of Mercy first entered the field of healthcare in Victoria it was in the wake of World War I and amid the deadly influenza epidemic of 1919. Spurred by the experience and with a growing Melbourne in need of better health services, the Sisters opened St Benedict’s Hospital in Malvern in 1920.

Over the decades that followed, the Sisters built a reputation for pioneering excellence in care and hospitality that continued to grow in strength. The success of St Benedict’s, alongside a shortage of hospital beds, particularly for the middle class, led the Sisters to open Mercy Private Hospital in East Melbourne in 1934.

The dream of opening a public maternity hospital was born early on, in 1923. It took decades of planning, persuasion and public campaigning to generate the support and money J掐tine Mercy Maternity Hospital (later renamed Mercy Private Hospital for Women) could finally open its doors in 1971. Werribee Mercy Hospital came next in 1994, setting a small community hospital on a journey of growth. Overseeing 25 years of caring for the Wyndham community this year, Werribee Mercy Hospital still has its most demanding period of growth immediately ahead with Wyndham now one of the fastest growing regions in Australia.

As society’s needs have changed, Mercy Health has risen to the challenge, entering aged care in 1997, mental health care in 1998 and home care services in 2007. Mercy Health now cares for communities across the country, in Victoria, southern New South Wales, northern Queensland, Western Australia and the Australian Capital Territory.

The Mercy Health mission — to bring God’s mercy to those in need — continues to be inspired by the courage, vision and determination of the Sisters of Mercy, and all those who have and continue to contribute to our exceptional story of care over the past 100 years.

Join us in celebrating 100 years of Mercy Health care.
CONTENTS

4  Message from the Group Chief Executive Officer
5  Message from the Chief Medical Officer
6  Thank you to our supporters and partners
8  Academic Research and Development Committee small grants 2018
10 Women’s and Children’s Services
44 In profile: Researching to make a difference
46 Medical, Subacute and Palliative Care Services
49 In profile: Improving care in emergency departments
50 University of Notre Dame, Melbourne Clinical School
51 Ambulatory, Community and Allied Health Services
54 Surgical and Specialist Services
56 Mercy Mental Health
59 Aged Care
62 Projects approved by Mercy Health Human Research Ethics Committee 2018

Cover: Mercy Hospital for Women researcher Ping; Werribee Mercy Hospital Special Care Nursery midwife Claire with baby Flynn; Mercy Place Abbotsford resident Denise with Zen, one of the children taking part in the intergenerational program

Linette and baby Marcella at Mercy Hospital for Women
MESSAGE FROM THE GROUP CHIEF EXECUTIVE OFFICER

I am proud to present the 2018 Mercy Health Research Report, highlighting the research projects, publications and achievements of the research teams at Mercy Health.

Our research teams continue to do inspiring work across a range of fields, including fetal and newborn health, women's health, paediatrics, mental health, aged care and allied health. The driving objective of all of our research is to improve health outcomes for those we serve. Research is central to Mercy Health’s mission to deliver better outcomes for people at the very beginning of life and at the end of life, particularly for those facing significant disadvantage.

What drives our researchers to innovate is their desire to give hope to our patients, clients, residents, families and carers.

Mercy Perinatal continues with groundbreaking research into stillbirth, ectopic pregnancy and pre eclampsia, always focusing on its goal of bringing mothers and babies safely home. I would like to congratulate Tu’uhevaha Kaitu’u-Lino and Natalie Hanman for their appointments to Associate Professor.

I also congratulate Harry Georgiou and Megan Di Quinzio, for their appointments to Associate Professor. Their work on preterm labour and gestational diabetes, which are both significant healthcare issues globally, seeks to improve outcomes for women and babies affected.

Our research in aged care continues to progress and grow. As we face an ageing population across diverse backgrounds, it is vitally important that we gain a better understanding of what we need to do to improve the care and services we provide.

I would like to thank our academic, government and private sector research partners, and the communities we serve, for their ongoing and invaluable support. Their support not only makes our work possible, but also ensures it will continue to benefit future generations.

As we approach 100 years of Mercy Health, I am inspired by the words of the Founder of the Sisters of Mercy Catherine McAuley, “You should remember that not to advance is to go back.” This is something we strive to do every day in our research endeavours.

Adjunct Professor Stephen Cornelissen
Group Chief Executive Officer, Mercy Health

MESSAGE FROM THE CHIEF MEDICAL OFFICER

Research in 2018 has been inspiring, completing one of our most productive years. The quality of research from Mercy Hospital for Women and Werribee Mercy Hospital has been exceptional, and is set to expand.

Research collaborations and partnerships with external bodies both in Australia and overseas are increasing each year. This is leading to more national and international recognition and is significantly widening our research horizons. The University of Melbourne Department of Obstetrics and Gynaecology at Mercy Hospital for Women has achieved the highest Excellence in Research in Australia (ERA) rating of five (defined as performing above world standards), and under the guidance of our senior research leaders has built an enviable reputation as a research centre of excellence.

As the amount of research we do increases, we are also looking to increase the membership of the Mercy Health Human Research Ethics Committee (HREC). The Chair and members of the HREC are an important cog in the research wheel and we thank them for the work that they do for us.

Two of our longest-serving researchers over many years will be retiring in the next year. Professor Peter Maher (Endosurgery) and Professor Peter Dwyer (Urogynaecology) both built world class departments, and we acknowledge their contributions in both teaching and research.

I also acknowledge and thank our partners who have supported and funded our research. Our appreciation is extended to them throughout this publication.

Finally, I thank all the researchers in the many departments for their contributions to this report.

Associate Professor David Allen
Chief Medical Officer, Mercy Health
THANK YOU TO OUR SUPPORTERS AND PARTNERS

We acknowledge and celebrate the partnerships we have forged in 2018 and our shared vision for a better future through research and education.

Baby Aurora, the first patient at Werribee Mercy Hospital’s new Paediatric Ward

Mercy Health gratefully acknowledges funding support from the following sources in 2018:

- Academic, Research and Development Committee Small Grants
- Austin Medical Research Foundation
- Harold Mitchell Foundation
- Mercy Health Foundation
- National Health and Medical Research Council
- Norman Beischer Medical Research Foundation
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists Foundation
- Royal Australian and New Zealand College of Psychiatrists
- Sylvia and Charles Viertel Charitable Foundation

We also extend our appreciation to our external research partners in 2018:

- Auckland University
- Austin Health
- Deakin University
- La Trobe University
- Monash Medical Centre
- Murdoch Children’s Research Institute
- Royal Women’s Hospital (Melbourne)
- Stellenbosch University (South Africa)
- Stillbirth Centre for Research Excellence
- Tygerberg Hospital (South Africa)
- University of Cambridge (United Kingdom)
- University of Melbourne
- University of Papua New Guinea
ACADEMIC RESEARCH AND DEVELOPMENT COMMITTEE SMALL GRANTS 2018

These valuable grants are an essential source of funding for start-up research and audits at Mercy Health

- Dr Antoine Sawares
  Pilot Randomised Controlled Trial: Exploring the benefits of the use of oxytocin nasal spray as adjunct treatment for Schizophrenia patient treated by clozapine

- Dr Emma Readman, Dr Lenore Ellett and Dr Samantha Mooney
  We live in a virtual world: Training the trainee using an integrated visual reality simulator training curriculum

- Dr Emma Readman and Dr Samantha Mooney
  Virtual Clinic for the assessment and management of women with postmenopausal bleeding

- Professor Sonia Grover and Dr Samantha Mooney
  The Persistent Pelvic Pain Study

- Ms Anne Harrison
  A qualitative exploratory study of attitudes, barriers and enablers to physical activity in women with gestational diabetes mellitus

- Dr Dan Casalaz
  Pilot Study: Targeted congenital CMV (congenital cytomegalovirus) screening

- Dr Ian Letson
  A prospective observational study of maternal supine hypotension by serial transthoracic echocardiography

- Associate Professor Martha Lappas
  Molecular mechanisms controlling human pregnancy and labour

- Associate Professor Shiran Wijeratne, Associate Professor Shaukat Esufali and Dr Jonathan Sivakumar
  Prospective Audit and Quality Assurance of laparoscopic cholecystectomy procedures at Werribee Mercy Hospital

“You should remember that not to advance is to go back.”
Founder of the Sisters of Mercy Catherine McAuley
UNIVERSITY OF MELBOURNE
DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY,
MERCY HOSPITAL FOR WOMEN

The Department coordinates teaching of medical students in obstetrics and gynaecology and plays a pivotal role in research.

Perinatal Research Group (Professor Sue Walker AO)

The Perinatal Research Group, led by Professor Sue Walker AO, is made up of maternal fetal medicine clinical researchers.

The diverse research interests of the group reflect a collaborative effort with scientists and clinicians across many disciplines and institutes. The group partners with the Translational Obstetric Group, University of Melbourne, led by Professor Stephen Tong; the Austin Health Institute for Breathing and Sleep; the Murdoch Children’s Research Institute; and other University of Melbourne obstetric research groups, led by Professor Michael Permezel, Associate Professor Martha Lappas, Associate Professor Megan Di Quinzio and Associate Professor Harry Georgiou.

The group also collaborates with Austin Health, La Trobe University, Deakin University, University of Papua New Guinea, University of Stellenbosch (South Africa), the Royal Women’s Hospital and Monash Medical Centre.

The research areas are ectopic pregnancy, stillbirth and pre eclampsia. In 2018, Dr Dani Wilson completed her PhD on sleep disordered breathing in pregnancy, and Dr Teresa MacDonald submitted her PhD on improving assessment of fetal growth restriction to reduce preventable stillbirth.

Thank you to the funding bodies, the research midwifery team led by Gabrielle Fleming, the clinical trial coordinator Anna Middleton, the Mercy Health Human Research Ethics Committee, the obstetric and midwifery clinicians who support the research, and the patients, who all share in the dream for safer motherhood and the best possible start to life. Without them, none of this would be possible.

Research team

Professor Sue Walker AO
Dr Alexis Shub
Dr Elizabeth McCarthy
Associate Professor Lisa Hui
Dr Alison Fung
Dr George McGillivray
Dr Alice Robinson
Dr Teresa MacDonald
Gabrielle Fleming
Anna Middleton
Vai Kyritsis

WOMEN’S AND CHILDREN’S SERVICES

Mercy Health continues to pursue the dream of improved health outcomes for women and babies.

Danielle with baby Flynn at Werribee Mercy Hospital
Projects and grants

Can esomeprazole improve outcomes in women at high risk of pre eclampsia? A Phase II placebo-controlled randomised, multi-centre clinical trial
S Walker
Funded by NHMRC (2018-2021)

Stillbirth Research
S Walker
Funded by University of Melbourne End of Year Appeal (2018)

Validating mRNA biomarkers to predict fetal growth restriction
T Kaitu'u-Lino, T MacDonald, S Walker, S Tong
Funded by Norman Beischer Medical Research Foundation (2018)

MicroRNA biomarkers for pre eclampsia at 28 weeks’ gestation
C Whigham, T Kaitu'u-Lino, T MacDonald
Funded by Norman Beischer Medical Research Foundation (2018)

Developing potential biomarkers of fetal brain development after congenital cytomegalovirus infection
L Hui
Funded by Sylvia and Charles Viertel Charitable Foundation (2016-2018)

Collaborations

Cathy Cluver, Tygerberg Hospital and Stellenbosch University South Africa: Therapeutics for severe preterm pre eclampsia. Walker S, Tong S.

Cathy Cluver (South Africa), Farhatulain Ahmed (Pakistan), Lisa Bergman (Sweden): Improved characterization of eclipasmia. Walker S, Tong S, Hastie R, de Silva R.

Gordon Smith, Cambridge University: Biomarkers to detect Fetal Growth Restriction. Walker S, MacDonald T, Kaitu'u-Lino T, Tong S.

Sebastian Ilanes, Universidad de los Andes, Chile: South America: Biomarkers to detect Fetal Growth Restriction. Walker S, MacDonald T, Kaitu'u-Lino T, Tong S.

Lesley McCowran, Auckland University: Biomarkers to detect Fetal Growth Restriction. Walker S, MacDonald T, Kaitu'u-Lino T, Tong S.

Jenny Meyers, Manchester University: Biomarkers to detect Fetal Growth Restriction. Walker S, MacDonald T, Kaitu'u-Lino T, Tong S.

Carlos Salomon Gallo, UQ Centre for Clinical Research, Faculty of Medicine, Gestational diabetes, Pre-eclampsia. Lappas M, Shub A, McCarthy EA, Samples shared.


Noninvasive prenatal testing (NIPT) to detect early ovarian cancer (NEO study). Hui L, Hannan N, Cohen P.

Publications


MacDonald T. From tape measure to ultrasound… detecting fetal growth restriction. Improving Maternity Care (iMAC) Workshop, Melbourne, 2018.


MacDonald T. Increasing fetal growth velocity increases the risk of shoulder dystocia among non-macrosomic foetuses. 28th World Congress on Ultrasound in Obstetrics and Gynaecology, Singapore, 2018.

MacDonald T. Increasing fetal growth velocity increases the risk of shoulder dystocia among non-macrosomic foetuses. Royal Australian and New Zealand College of Obstetricians and Gynaecologists Annual Scientific Meeting, Adelaide, 2018.

McCarthy E. Assessment of the training model ‘Desperate Debra’ +/- fetal pillow in delivery of the fetal head at low station by caesarean section. RANZCOG ASM, Adelaide, 16 – 19 September 2018.


McCarthy E. Multi-centre audit of Early Pregnancy Assessment Clinics (EPAC). The Northern Hospital, Mercy Hospital for Women and Werribee Mercy Hospital. Early Pregnancy Special Interest Group Seminar, Mercy Hospital for Women, Melbourne, 4 August 2018.

Meagher S. What is the value of a first trimester scan in 2018? 28th World Congress on Ultrasound in Obstetrics and Gynaecology, Singapore, 2018.

Meagher S. First trimester bowel obstruction. 28th World Congress on Ultrasound in Obstetrics and Gynaecology, Singapore, October 2018.

Meagher S. First trimester certificate. 28th World Congress on Ultrasound in Obstetrics and Gynaecology, Singapore, October 2018.

Meagher S. Central Nervous System and Spine workshop. 28th World Congress on Ultrasound in Obstetrics and Gynaecology, Singapore, October 2018.

Meagher S. Cardiac workshop. 28th World Congress on Ultrasound in Obstetrics and Gynaecology, Singapore, October 2018.

Meagher S. Gastrointestinal workshop. 28th World Congress on Ultrasound in Obstetrics and Gynaecology, Singapore, October 2018.

MacDonald T. From tape measure to ultrasound… detecting fetal growth restriction. Improving Maternity Care (iMAC) Workshop, Melbourne, 2018.


MacDonald T. Increasing fetal growth velocity increases the risk of shoulder dystocia among non-macrosomic foetuses. 28th World Congress on Ultrasound in Obstetrics and Gynaecology, Singapore, 2018.

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Meagher S. What is the value of a first trimester scan in 2018? 28th World Congress on Ultrasound in Obstetrics and Gynaecology, Singapore, 2018.

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Meagher S. Central Nervous System and Spine workshop. 28th World Congress on Ultrasound in Obstetrics and Gynaecology, Singapore, October 2018.

Meagher S. Cardiac workshop. 28th World Congress on Ultrasound in Obstetrics and Gynaecology, Singapore, October 2018.

Meagher S. Gastrointestinal workshop. 28th World Congress on Ultrasound in Obstetrics and Gynaecology, Singapore, October 2018.

Meagher S. Fetal cardiac evaluation workshop, The normal heart at 11 – 14 weeks: Two or five sectional analysis? Indian Society of Fetal Medicine – Fetal Cardiocon 2018, New Delhi, October 2018.


Meagher S. The small left heart. Indian Society of Fetal Medicine – Fetal Cardiocon 2018, New Delhi, October 2018.


Meagher S. Borderline cardiac findings: “A headache for you and me...and a concern for the patient. Indian Society of Fetal Medicine – Fetal Cardiocon 2018, New Delhi, October 2018.

Meagher S. Transposition of the great arteries and TGA: Practical clues to screening and diagnosis. Indian Society of Fetal Medicine – Fetal Cardiocon 2018, New Delhi, October 2018.

Meagher S. How to differentiate tricuspid regurgitation, tricuspid dysplasia and Ebstein's anomaly. Indian Society of Fetal Medicine – Fetal Cardiac 2018, New Delhi, October 2018.


Meagher S. Raising the standards in gynaecological ultrasound: the high risk fetus. 3rd International Postgraduate Course, San Juan City, Philippines, July 2018.

Meagher S. Practice guidelines for evaluation of fetal central nervous system. 3rd International Postgraduate Course, San Juan City, Philippines, July 2018.

Meagher S. Ventricular system: Navigating the fluid highway, a systemic approach to diagnosis and management. 3rd International Postgraduate Course, San Juan City, Philippines, July 2018.

Meagher S. First trimester morphology scan. ISUOG International Meeting, Guangzhou, China, March 2018.

Meagher S. First trimester morphology scan. ISUOG International Meeting, Guangzhou, China, March 2018.

Meagher S. Diagnosis coarctation of the aorta: solving the diagnostic dilemma. OB/GYN Ultrasound Seminar, Mount Elizabeth Novena Hospital, Singapore, July 2018.

Meagher S. Diagnosis coarctation of the aorta: solving the diagnostic dilemma. OB/GYN Ultrasound Seminar, Mount Elizabeth Novena Hospital, Singapore, July 2018.

Meagher S. Cerebral ventriculomegaly – differential diagnosis. OB/GYN Ultrasound Seminar, Mount Elizabeth Novena Hospital, Singapore, July 2018.

Meagher S. A systematic approach to examination of the normal fetal heart. OB/GYN Ultrasound Seminar, Mount Elizabeth Novena Hospital, Singapore, July 2018.

Meagher S. Hands on demonstrations. OB/GYN Ultrasound Seminar, Mount Elizabeth Novena Hospital, Singapore, July 2018.

Meagher S. First trimester fetal cardiac malfomation; Are we ready? The 1st ISUOG Approved Educational Course of OB/GY Ultrasound in Japan, Dept. of Perinatology and Gynecology, Kagawa University, Japan, June 2018.

Meagher S. First trimester central nervous system malfomation. The 1st ISUOG Approved Educational Course of OB/GY Ultrasound in Japan, Dept. of Perinatology and Gynecology, Kagawa University, Japan, June 2018.

Meagher S. First trimester central nervous system malfomation. The 1st ISUOG Approved Educational Course of OB/GY Ultrasound in Japan, Dept. of Perinatology and Gynecology, Kagawa University, Japan, June 2018.

Meagher S. 2D and 3D examination of the first trimester fetal nervous system. Melbourne Fetal Neurology Symposium, Australian Catholic University, Melbourne, April 2018.

Meagher S. First trimester central nervous system malfomation. The 1st ISUOG Approved Educational Course of OB/GY Ultrasound in Japan, Dept. of Perinatology and Gynecology, Kagawa University, Japan, June 2018.

Meagher S. 2D and 3D evaluation of the normal fetal heart. OB/GYN Ultrasound Seminar, Mount Elizabeth Novena Hospital, Singapore, July 2018.

Meagher S. Borderline cardiac findings: A headache for the doctor...and a concern for the patient. OB/GYN Ultrasound Seminar, Mount Elizabeth Novena Hospital, Singapore, July 2018.

Meagher S. Diagnosis coarctation of the aorta: solving the diagnostic dilemma. OB/GYN Ultrasound Seminar, Mount Elizabeth Novena Hospital, Singapore, July 2018.

Meagher S. Cerebral ventriculomegaly – differential diagnosis. OB/GYN Ultrasound Seminar, Mount Elizabeth Novena Hospital, Singapore, July 2018.

Meagher S. A practical guide to the differential diagnosis. Melbourne Fetal Neurology Symposium, Australian Catholic University, Melbourne, April 2018.

Meagher S. Open and closed fetal neural tube defects: a medicolegal dilemma. Melbourne Fetal Neurology Symposium, Australian Catholic University, Melbourne, April 2018.


Meagher S. Fetal cerebral ventriculomegaly – a practical guide to the differential diagnosis. Melbourne Fetal Neurology Symposium, Australian Catholic University, Melbourne, April 2018.

Meagher S. Open and closed fetal neural tube defects: a medicolegal dilemma. Melbourne Fetal Neurology Symposium, Australian Catholic University, Melbourne, April 2018.

Meagher S. Diagnosis coarctation of the aorta: solving the diagnostic dilemma. OB/GYN Ultrasound Seminar, Mount Elizabeth Novena Hospital, Singapore, July 2018.

Meagher S. Cerebral ventriculomegaly – differential diagnosis. OB/GYN Ultrasound Seminar, Mount Elizabeth Novena Hospital, Singapore, July 2018.

Meagher S. First trimester morphology scan. ISUOG International Meeting, Guangzhou, China, March 2018.


Walker S. Stillbirth Education and Research. Presentation to Senate Select Committee, August 2018.

Awards and academic achievements

Dr Teresa MacDonald, Best Oral Communication Presentation – Fetal Growth category, 28th World Congress on Ultrasound in Obstetrics and Gynecology, Singapore, 2018.

Professor Sue Walker AO, Austin Medical Research Foundation, Distinguished Scientist Award, 2018.

Professor Sue Walker AO, Officer of the Order of Australia (AO), 2018.

Associate Professor Lisa Hui, Travelling Scholarship to visit the Eunice Kennedy Shriver National Institute of Child Health and Development (NICHD), United States April 2018.

Obstetrics, Nutrition and Endocrinology Group (Associate Professor Martha Lappas)

The Obstetrics, Nutrition and Endocrinology Group continues to research the cellular and molecular mechanisms that govern birth, as well as maternal diabetes, obesity, and fetal growth and development.

Research team

Associate Professor Martha Lappas
Dr Ratana Lim
Caitlyn Nguyen-Ngo
Nanthini Jayabalan
Hope Eveline Carter Moylan

Projects

Preterm birth

Preterm birth is one of the most significant healthcare issues globally. An effective medical therapy that could stop idiopathic preterm labour would be a major advancement. Progress is made difficult by the fact that the human birth process is not completely understood. Over the past decade the Obstetrics, Nutrition and Endocrinology Group has identified a number of ‘master regulators’ of the mechanisms that govern birth. The team is now in the process of targeting these pathways using both in vitro and in vivo models. This research promises to offer new insights into the development of therapeutics for the management of preterm birth.

Gestational diabetes

Gestational diabetes impacts well beyond pregnancy and childbirth, with the potential for lifelong morbidity or mortality for both mother and baby. Little progress, however, has been made with interventions aimed at prevention. Numerous epidemiological studies have linked fruit and vegetable consumption with a reduced risk of various diseases. Many of these beneficial properties have been attributed to phytophenols such as the citrus flavones that are found in citrus fruits. In this research, we are assessing whether phytophenols can prevent the development of gestational diabetes and improve adverse fetal outcomes.

Projects and grants

The transmission of perinatal maternal mental health to preschool emotional disorders: Examining pathways and intervention points in the MPEWS study
M Galbally, A Lewis, P Boyce, M van IJzendoorn, T Oberlander, E van Rossum, M Lappas, J Ryan, M Mohabib
Funded by NHMRC (2016–2020)

Understanding and preventing complications of pregnancy
M Lappas
Funded by the University of Melbourne (2017–2018)

Research Fellowship
M Lappas
Funded by the University of Melbourne (2017–2018)

BET proteins: Key players in the pathogenesis of gestational diabetes?
M Lappas
Funded by Diabetes Australia (2018)

Role of Bromodomain Containing Proteins BRD2-4 in GDM
M Lappas
Funded by Norman Beischer Medical Research Foundation (2018)

Publications


Awards and academic achievements

Associate Professor Martha Lappas, awarded Department of Obstetrics and Gynecology Fellowship.

Associate Professor Martha Lappas, appointed Preterm Birth International Collaborative (PREBIC) Australasian Board Director.

Caitlyn Nguyen-Ngo, Australian Government Research Training Program (RTP) Scholarship.

Caitlyn Nguyen-Ngo, Harold Mitchell Travel Award.

Caitlyn Nguyen-Ngo, Henry and Rachael Ackman Travelling Scholarship.

Hope Eveline Carter Moylan graduated Bachelor of Science (Honours) with a High Distinction.


In 2018, the Translational Obstetrics Group continued their vision of developing new therapeutics and diagnostics to treat major pregnancy complications.

The group's two senior scientists are Dr Natalie Hannan and Dr Tu’uhevaha Kaitu‘u-Lino. Natalie’s interests are in developing new nanoparticle drug delivery technologies, identifying new drugs for preeclampsia, and exploring how preeclampsia damages maternal blood vessels. Tu’uhevah investigates the biology of preeclampsia to identify new blood biomarkers of fetal growth restriction, stillbirth and preeclampsia.

Research team
Professor Stephen Tong
Dr Tu’uhevaha Kaitu‘u-Lino
Dr Natalie Hannan
Dr Fiona Brownfoot
Dr Roxanne Hastie
Dr Carole-Anne Whigham
Natasha de Alwis
Dr Natasha Pritchard
Dr Rangi De Silva
Dr Amber Kennedy
Dr Pratihma Chowdary
Dr Cathy Oliver
Ping Cannon
VI Nguyen
Dr Natalie Binder
Sally Beard
Alesia Harper
Yeu’kai Mangwiro
Laura Tuchey

Projects
Phase I clinical trial to test vinorelbine as a treatment for ectopic pregnancy (based in New Zealand).
GEM (Gefitinib and Methotrexate) III trial – to test whether combination gefitinib and methotrexate can treat ectopic pregnancy (collaboration with multiple sites in the United Kingdom).
Pit2 (Preeclampsia Intervention 2) trial: Randomised clinical trial to evaluate whether metformin can be used to treat preterm preeclampsia (based in Cape Town, South Africa).
ICE (Improved Characterisation of Eclampsia) study: Observational cohort, multi-country, prospective study to identify symptoms that can identify women at high risk of having an eclamptic seizure.
From pathogenesis to therapeutics: targeting two signalling pathways as a therapeutic strategy to treat preeclampsia.
New Generation Antiplatelets Therapies to Prevent Preeclampsia.
Fetal Longitudinal Assessment of Growth (FLAG) study – looking for new markers that can predict when a baby is small and at risk of stillbirth, or predict preeclampsia.
Fetal Hypoxia Study (FOX): development of a blood test to detect babies at risk of imminent stillbirth.
Placental targeted nanomedicine to treat preeclampsia.
Combination treatments to treat preeclampsia.
Identification of a new tablet based therapy to treat ectopic pregnancy.

Projects and grants
Vascular pressure myograph system for assessment of whole vessels
N Hannan
Funded by Department of Obstetrics and Gynaecology, University of Melbourne Equipment Grant (2018)

Novel therapeutic agents to treat preeclampsia in obese mice models
N Pritchard, N Hannan

Medium and long-term outcomes for children conceived via Assisted Reproductive Techniques (ART) in Victoria
A Kennedy
External funding
Up-regulating placental growth factor to treat preeclampsia
T Lino, F Brownfoot, N Hannan, S Tong
Funded by Trevor Basil Kilvington Bequest Foundation (2018)

Validating mRNA biomarkers to predict fetal growth restriction
T Lino, T MacDonald, S Walker, S Tong
Funded by Norman Beischer Medical Research Foundation (2018)

An international investigation into the prevention and treatment of hypertensive disorders of pregnancy
R Hastie
Funded by Department of Obstetrics and Gynaecology, University of Melbourne ECR Fellowship (2018)

Postdoctoral Travel Fellowship
R Hastie
Funded by Harold Mitchell Foundation (2018)

PhD Student Travel Fellowship
C Whigham
Funded by Harold Mitchell Foundation (2018)

Developing a biomarker to prevent stillbirth
T Lino
Funded by Austin Medical Research Foundation (2018)

MicroRNA biomarkers for preeclampsia at 28 weeks gestation
C Whigham, T Lino, T MacDonald, S Walker
Funded by Norman Beischer Medical Research Foundation (2018)

Developing new diagnostics for preeclampsia and fetal growth restriction
T Lino
Funded by MHDS Research Fellowship Project Support (2018)

Development of novel therapeutics to prevent or treat preeclampsia
N Hannan
Funded by NHMRC R.D.Wright Biomedical Career Development Fellowship Level 1 Fellowship (2018–2021)

Systematic screening approach to identify new therapeutics for preeclampsia
S Tong, T Lino, N Hannan
Funded by NHMRC Project Grant (2016–2019)

From pathogenesis to therapeutics: targeting two signalling pathways as a therapeutic strategy to treat preeclampsia
T Lino, S Tong, N Hannan
Funded by NHMRC Project Grant (2017–2019)

Development of vinorelbine as a tablet based therapy to cure ectopic pregnancies
S Tong, A Horne, T Lino, E Lim
Funded by NHMRC Project Grant (2017–2019)

New generation anti-platelet therapies to prevent preeclampsia
N Hannan, S Tong, T Kaitu‘u-Lino
Funded by NHMRC Project Grant (2017–2019)

Novel therapeutic agents to treat preeclampsia
N Hannan, L Harris, S Tong
Funded by NHMRC Project Grant (2017–2019)

A multi-centre double-blind randomised trial of a combination of methotrexate and gefitinib versus methotrexate alone as a treatment for ectopic pregnancy (GEM 3)
S Tong (Second principle investigator)
Funded by National Institute for Health Research, United Kingdom (2016-2018).
Investigating mechanisms of preeclampsia and developing novel therapeutics

N. Hannan
Funded by Veski Inspiring Women Fellowship (2016-2018)

Developing a novel device to continuously monitor fetal hypoxia in labour
F Brownfoot
Funded by NHMRC Project Grant (2018-2021)

Rapid prototyping a novel device to continuously and accurately detect fetal distress in labour
F Brownfoot
Funded by Norman Beischer Medical Research Foundation 2018

Bench to bedside translational studies to develop treatments for preeclampsia
F Brownfoot
Funded by NHMRC Early Career Fellowship (2018-2022)

Publications


Brownfoot FC, Iacaboeus C, Kahan T, Jörneskog L. Identifying new medical therapeutics for ectopic pregnancy and preeclampsia. Upppsala University, Uppsala, Sweden. [Invited presentation]

Brownfoot F. Taking ideas from the lab to the clinic. Society for Reproductive Biology, Adelaide. [Invited presentation]

Palmer K, Tong S. Accurately predicting the risk of serious maternal morbidity in preterm preeclampsia: can it be done? Hypertension 2018;71:569-571. [Invited Editorial]

Hannan N. Novel approaches to prevent or treat preeclampsia: from nanoparticles to new generation anti-platelet drugs. Society of Obstetric Medicine of Australia and New Zealand, Cairns.


Hastie R. Treating, preventing and understanding preeclampsia. Karolinska Institute, Stockholm. [Invited presentation]

Hastie R. Treating, preventing and understanding preeclampsia. Centre for Clinical Research, Falun, Sweden. [Invited presentation]

Lino T. New markers for placental insufficiency. European Workshop of Fetal Growth Restriction, Prato, Italy.

Lino T. Two pathways that contribute to the pathogenesis of preeclampsia. St Vincent’s Research Institute, Melbourne.

Lino T. Identifying new markers of placental insufficiency; The FLAG study. University of Liverpool, Amsterdam.


Lino T. Identifying new markers of placental insufficiency; The FLAG study. University of Keio Medical Society, Tokyo, Japan.

Lino T. Taking ideas from the lab to the clinic. Society for Reproductive Biology, Adelaide.

Lino T. Identifying new markers of placental insufficiency; The FLAG study. University of Liverpool, UK.

Hannan N. Novel approaches to prevent or treat preeclampsia: from nanoparticles to new generation anti-platelet drugs. Society of Obstetric Medicine of Australia and New Zealand, Cairns.


Hastie R. Treating, preventing and understanding preeclampsia. Karolinska Institute, Stockholm. [Invited presentation]

Hastie R. Treating, preventing and understanding preeclampsia. Centre for Clinical Research, Falun, Sweden. [Invited presentation]
Biomarker Discovery Group (Associate Professor Harry Georgiou)

The Biomarker Discovery Group continues to study perinatal morbidity and mortality, with the aim of identifying better prognostic biomarkers of preterm labour and bringing these discoveries to commercial production and clinical application.

Research team

Associate Professor Harry Georgiou

Claire Grant
Tal Amitay
Belinda Bozykowsk
Lucinda Kuhnd
Alison Abboud
Gabrielle Pell
Ramin Khanabdali
Ruth Escalona
Chelsea Perera
Shixuan Zheng

Projects

Preterm birth

Preterm birth is a major pregnancy complication and the cause of perinatal mortality and morbidity. Preterm birth, defined as birth before 37 completed weeks of gestation, occurs in about 15 million pregnancies each year, with more than one million infants dying due to complications of prematurity. In most countries, including Australia, the preterm birth rate has increased over the past 20 years. The lack of a rapid and reliable screening test to identify women who are at risk of experiencing preterm birth limits the early detection of disease onset and the implementation of preventative and therapeutic treatments.

There is a study being conducted, called the PPeTaL study, which aims to deliver a rapid, cost-effective prognostic test kit. The kit will comprise a panel of protein biomarkers found in human cervicovaginal fluid that can predict impending preterm labour, which will then allow preventative and treatment strategies to be implemented to reduce preterm birth. The project is sponsored by an international venture-backed Biotech company, Carmentix, with an aim to achieving this goal.

Gestational diabetes

More than 10 per cent of women develop gestational diabetes mellitus (GDM) during their pregnancy, and about half of these women will subsequently develop type 2 diabetes later in life. The objective of the studies is two-fold: to identify biomarkers in early pregnancy

Awards and academic achievements

Professor Tong received two international awards for research presented from the Society for Maternal Fetal Medicine meeting in Orlando.

Associate Professor Tu’uhevaha Kaitu’u-Lino, Society for Reproductive Biology, Robinson Institute Award for Excellence in Reproductive Research winner.

Associate Professor Tu’uhevaha Kaitu’u-Lino, International Federation of Placental Associations, Gabor Than Award for Placentology winner.

Dr Roxanne Hastie, Norman Bletscher Medical Research Foundation, 2018 PhD Prize Awarded to outstanding candidates who have recently completed a PhD in the field of obstetrics and gynaecology.

Dr Natasha Pritchard, Grant in Aid.

Natasha de Alwis, Henry and Rachael Ackman Travelling Scholarship.

Natasha de Alwis, International Society for Study of Hypertension in Pregnancy Preeclampsia Foundation Travel Award.

Natasha de Alwis, Society for Reproductive Biology Student Travel Award.

Dr Carole-Anne Whigham, SRI President’s Presenter Award.

Dr Carole-Anne Whigham, RANZCOG Victorian Trainee Research Award.

Dr Fiona Brownfoot, Dean’s Innovation Grant finalist.

Dr Fiona Brownfoot, Health Tech Innovation Grant finalist.

Natasha de Alwis, Henry and Rachael Ackman Travelling Scholarship.

Natasha de Alwis, International Society for Study of Hypertension in Pregnancy Preeclampsia Foundation Travel Award.

Natasha de Alwis, Society for Reproductive Biology Student Travel Award.

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Natasha de Alwis

Natasha de Alwis

Dr Fiona Brownfoot, Dean’s Innovation Grant finalist.

Dr Fiona Brownfoot, Health Tech Innovation Grant finalist.

Natasha de Alwis
The Department of Gynaecological Oncology is a quaternary referral service, providing comprehensive holistic and patient centred gynaecological cancer care in a multidisciplinary setting. Team members are involved in many international and national collaborative trials. They also participate in an extensive array of national cancer and pre-invasive organisation committees, for the betterment of the care of women and their families with gynaecological pre-invasive and invasive disease. They are committed to progressing and continuing research in this field, and to the education of the medical community, patients, families and carers.

Projects and grants

Prognostic biomarkers of preterm birth: Development of a predictive test kit for preterm labour
H Georgiou, M Di Quinzio, S Brennecke, N Arbel
Funded by Carmentix (2018 – 2020)

Publications


Presentations


Awards and academic achievements

Dr Megan Di Quinzio appointed Associate Professor
Dr Harry Georgiou appointed Associate Professor (Clinical)

Projects and grants

Ovarian Cancer Prognosis and Lifestyle Study (OPAL)
P Webb, M Friedlander, P Grant, A Obermair, A deFazio
Funded by NHMRC

PARAGON – Phase 2 study of aromatase inhibitors in women with potentially hormone responsive recurrent/metastatic gynaecological neoplasms
P Grant, S Hyde, L Mileshkin
Funded by ANZGOG

ARIEL 2. Phase 2, Open-Label Study of Rucaparib in Patients with Platinum-Sensitive, Relapsed, High-Grade Epithelial Ovarian, Fallopian Tube or Primary Peritoneal Cancer
P Grant, L Mileshkin, D Rischin, S Hyde, J Lamont, D Allen, S Foo
Funded by Clovis Oncology

Cascade. A cancer tissue collection after death (cascade) programme to improve our understanding of the progression from primary stage cancer to metastatic disease
D Bowtell, P Grant, J Lamont, S Hyde, L Mileshkin, G Au Yeung

ICON8 – An international phase III randomised trial of dose-fractionated chemotherapy compared to standard three-weekly chemotherapy, following immediate primary surgery or as part of delayed primary surgery, for women with newly diagnosed epithelial ovarian, fallopian tube or primary peritoneal cancer
L Mileshkin, G Au Yeung, P Grant, S Hyde, S Foo, J Lamont

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Projects and grants

Prognostic biomarkers of preterm labour: Development of a predictive test kit for preterm labour
H Georgiou, M Di Quinzio, S Brennecke, N Arbel
Funded by Carmentix (2018 – 2020)

Publications


Presentations


Awards and academic achievements

Dr Megan Di Quinzio appointed Associate Professor
Dr Harry Georgiou appointed Associate Professor (Clinical)

Projects and grants

Ovarian Cancer Prognosis and Lifestyle Study (OPAL)
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L Mileshkin, G Au Yeung, P Grant, S Hyde, S Foo, J Lamont

Many of the group’s research projects are part of national and international collaborations. Members of the department continue to present papers at both national and international meetings.
Ovarian ctDNA study. Circulating Tumour DNA as a Marker of Residual Disease and Response to Adjuvant Chemotherapy in Stage I–III Optimally Debulked Epithelial Ovarian, Fallopian Tube and Primary Peritoneal Cancer. S Ananda, L Mileshkin, G Au Yeung, P Grant, S Hyde, S Foo, J Lamont, A Pendlebury

Phaedra. A Phase 2 Trial of Dunvalumab in Advanced Endometrial Cancer. L Mileshkin, G Au Yeung, P Grant, S Hyde, S Foo, J Lamont Funded by ANZGOG

National Gynaecological Oncology Registry (NGOR): Ovarian Registry Pilot project P Grant, S Hyde, J Lamont, A Pendlebury In collaboration with Monash University, the Royal Women’s Hospital, Monash Health and Ewpworth HealthCare

SOLO 1 – Phase III, Randomised, Double Blind, Placebo Controlled, Multicentre Study of Olaparib Maintenance Monotherapy in Patients with BRCA Mutated Advanced (FGO Stage III-IV) Ovarian Cancer following First Line Platinum Based Chemotherapy. L Mileshkin, G Au Yeung, P Grant, S Hyde, S Foo, J Lamont, A Pendlebury

SOLO 2 – A Phase III Randomised, Double Blind, Placebo Controlled, Multicentre Study of Olaparib Maintenance Monotherapy in Platinum Sensitive Relapsed BRCA Mutated Ovarian Cancer Patients who are in Complete or Partial Response Following Platinum Based Chemotherapy L Mileshkin, G Au Yeung, P Grant, S Hyde, S Foo, J Lamont, A Pendlebury

CATCHE – Conservative approach to treatment of carcinoma and atypical hyperplasia of the endometrium. K Ireland-Jenkin, K Moloney, M Newman, P Grant, S Hyde, J Lamont, A Pendlebury Funded by Norman Beischer Medical Research Foundation

LACISBCF – Longitudinal assessment of chemotherapy-induced structural brain changes and its correlation with impaired cognitive functioning K Caeyenberghs, S Hyde, L Mileshkin, G Au Yeung, P Grant, S Foo, J Lamont, A Pendlebury Funded by Australian Catholic University and Deakin University

Publications


Presentations


Posters


Dr Simon Hyde and Associate Professor Peter Grant

Awards and academic achievements

Dr Simon Hyde, Masters of Surgical Education, University of Melbourne.
DEPARTMENT OF UROGYNAECOLOGY, MERCY HOSPITAL FOR WOMEN

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

The department treats women with urinary incontinence, pelvic organ prolapse and other complex pelvic floor disorders, such as urinary and bowel fistula. In addition, it conducts research and collaborates with international colleagues.

Research team
Professor Peter Dwyer OAM
Dr Yik Lim
Dr Lore Schierlitz
Dr Alison DeSouza
Dr Kris Cvach
Dr Lin Li Ow
Dr Nikki Dykes
Dr Deb Karmakar
Dr Ariel Ziberlicht
James Keck
Dr Alex Wong
Elizabeth Thomas
Christine Murray
Christine Conway
Loretta Barbuto
Julia Miller
Frances Verigos
Shelley Macmillan
Amy Steventon
Elise Fraser

Publications

Karmakar D, Dwyer PL. High impact exercise may cause pelvic floor dysfunction. BJOG. 2018;125(5):614. DOI: 10.1111/1471-0528.15025.


Book chapters


Presentations


Awards and academic achievements
Professor Peter Dwyer, Medal of the Order of Australia (OAM).

Dr Deb Karmaker, awarded Best Presentation at the International Urogynaecological Association Annual Scientific Meeting in Vienna Austria for his presentation ‘Simple closure with conservation of the sling versus excision for tape extrusion; which provides the best outcome?’


The department treats women with urinary incontinence, pelvic organ prolapse and other complex pelvic floor disorders, such as urinary and bowel fistula. In addition, it conducts research and collaborates with international colleagues.
DEPARTMENT OF GYNAECOLOGY, MERCY HOSPITAL FOR WOMEN

Within the Department of Gynaecology, the Plenty gynaecology team has been actively involved in a number of research projects, reflecting the range of specialised skills and services they provide to patients.

The Plenty gynaecology team provides general gynaecology care, but has additional skills in the provision of pelvic pain services, gender services, and congenital anomalies. It has links and research collaborations locally, with two team members working at the Royal Children’s Hospital and Austin Health, and internationally with other hospitals and universities. Medical students have also had the opportunity to undertake research projects, with the Plenty team providing support and guidance.

Plenty gynaecology team

Professor Sonia Grover
Dr Claire Peterson
Dr Vanessa King
Dr Kent Kuswanto
Dr Charlotte Elder

Publications


Book chapters:


Grover SR. Putting a gynaecologist/pain specialists’ spotlight on period and pelvic pain in young women: compiling the evidence, learning from others, shifting the focus, changing the future. APS/NZPS annual meeting 2018, Sydney, 8 – 11 April 2018.


Grover SR. Paediatric and adolescent pelvic and perineal pain. FIGO, Rio de Janiero, October 2018.


Dr Charlotte Elder
DEPARTMENT OF ENDOGESTY, MERCY HOSPITAL FOR WOMEN

The endosurgery unit specialises in providing advanced laparoscopic surgery to women. The primary research focuses of the team include surgical safety, junior doctor training and improving surgical techniques.

Research team
Professor Peter Maher
Dr Emma Readman
Dr Lenore Ellett
Dr Kate Mcllwaine
Dr Janine Manwaring
Dr Kate Stone
Dr Natalie Yang
Dr Prathima Chowdary
Dr Tony Ma
Dr Samantha Mooney
Dr Hannah Gordon
Dr Lauren Hicks
Dr Stephanie Jackson
Dr Rilka Lee
Dr Sue-Ann Loh
Dr Shagun Narula
Jennifer Porter
Dr Amy Stewart
Dr Kate Tyson

Projects and grants
What Lies Beneath: Umbilical adhesions following abdomeno-pelvic surgery
Funded by AGES Research Grant Program (2018)

We Live in a Virtual World: Training
Funded by AGES Research Grant Program (2018) and Mercy Health Academic Research and Development Committee Small Grants (2018–2019)

Virtual Clinics in Gynaecology: Can we shorten the wait?
Funded by Mercy Health Academic Research and Development Committee Small Grants (2018–2019)

Adnexal torsion following laparoscopic hysterectomy with salpingectomy

Determining a threshold measurement of endometrial thickness in asymptomatic postmenopausal women

Publications


The Neonatal Intensive Care Unit (NICU) at Mercy Hospital for Women (MHW) is continuing its commitment to research, collaborating with large scale, multi-centre projects while also working on local projects.

As part of large, randomised, multi-centre trial the NICU is involved with the PAEAN study, led by Dr Jim Holberton. This study aims to assess the use of erythropoetin, in addition to total body cooling, for the treatment of babies with hypoxic ischaemic encephalopathy.

The NICU has been recruiting for the OPTIMIST trial under Dr Ajit Aiyappan, exploring novel ways to deliver surfactant to babies born prematurely.

Dr Arun Sasi is the lead site investigator for the PEBBLES study, investigating the development of allergies in the premature population.

Research Nurse Elizabeth Noble has been collecting follow-up data for the Chronic Lung Disease in Preterm Infant (Cytokine) Study.

Data is being collected in follow-up from the LIFT trial, investigating the effects of bovine lactoferrin dietary supplementation in neonates. Dr Gillian Opie co-ordinates long term neurodevelopmental follow-up research, including the VICS study group of the cohort recruited in 2016-17, the LIFT and Magenta trials and Wave 6 of MPEWS cohort. Gillian also has several collaborations with external research scientists involving breastmilk.

Dr Dan Casalaz continues to oversee the MISBAIR study.

Dr Clare Collins and Dr Arun Sett have been conducting the NICHE trial, using near infra-red spectroscopy to monitor our population of low birthweight and premature infants as they transition between different types of respiratory support.

Dan and Dr Bron Hennebry will be monitoring the stool microbiome of premature and low birthweight infants to track changes associated with necrotising enterocolitis and common medical interventions on the unit.

Arun has been overseeing cardiology research in NICU, with a retrospective study on whether treatment of a patent ductus arteriosus (a common structural heart abnormality) alters the outcomes of premature babies. Arun is also planning a prospective study assessing myocardial function in babies with chronic lung disease.

Dr Aaiyath Rasheed presented data at the Paediatric Society of Australia and New Zealand (PSANZ) on the developmental outcomes of babies exubtated to different forms of non-invasive respiratory support.

Dr Andrew Watkins chaired a symposium at PSANZ on ‘Perinatal Care of the Woman and Family in a Multicultural World’ and presented ‘The stories we tell: An overview of culture and religion in perinatal practice’. Andrew is also Chair of the Perinatal Palliative Care Special Interest Group, which is currently preparing guidelines for paediatric palliative care.

Gillian continues to be invited to present at conferences on lactation topics. In 2018 these included – the inaugural meeting for the Asia-Pacific Academy of Breastfeeding Medicine on ‘Breastfeeding the later preterm and IUGR infant’; a presentation on management of tongue-tie to the Home Care Midwifery group, auspiced by the Australian Nursing and Midwifery Federation; Neonatal Hot Topics to the Victorian Statewide Maternal Child Health Nurses (MCHN) conference; and to the Medical Parents Australia and New Zealand (MPANZ) annual conference on ‘Hot Topics in Breastfeeding’.

Dr Philip Henschke continues his outreach work lecturing and training in neonatology in Indonesia and Fiji.

Research team
Dr Ajit Aiyappan
Dr Dan Casalaz
Dr Clare Collins
Dr Bron Hennebry
Dr Jim Holberton
Dr Gemma Nesbitt
Elizabeth Noble
Dr Gillian Opie
Dr Aaiyath Rasheed
Dr Arun Sasi
Dr Arun Sett
Bronwyn Novella

Publications


Nurses and midwives are encouraged to explore clinical and service delivery issues. They are supported by research and academic experts to develop research skills and make a difference for women and babies.

Research team
Professor Sue McDonald
Wendy Pollock

Projects
The overall program of research includes issues faced by women having their labour induced, the processes around care in labour (for example, water immersion, use of a ‘peanut’ shaped support ball, prevention of perineal trauma during childbirth and facilitating smooth transition through the emergency department.

Publications
Ayala Quintanilla BP, Pollock WE, McDonald SJ, Taft AJ. Impact of violence against women on severe acute maternal morbidity in the intensive care unit, including neonatal outcomes: a case-control study protocol in a tertiary healthcare facility in Lima, Peru. BMJ Open. 2018;8:1–7.


RESEARCHING TO MAKE A DIFFERENCE

Dr Roxanne Hastie and Dr Rangi De Silva both share a passion for research and they hope their research helps women achieve the safest pregnancy and birth experience possible.

Roxanne is an early career researcher who recently completed her PhD in maternal health in childbirth. Rangi is an obstetric doctor and is currently completing her PhD under Roxanne’s supervision. Together they hope their research will improve the health of mothers and babies globally.

Roxanne grew up in South Africa and the experience continues to inspire her to make a difference. Roxanne’s research spans laboratory discovery to epidemiology, using health data and observational human studies to uncover patterns and trends in disease at a population level.

Combining these research streams, Roxanne develops new concepts in the laboratory and then tests them at a population level; this helps speed up clinical innovation for major pregnancy complications. The research looks at maternal health in both developed countries, such as Australia, and developing countries, so that all women have the same opportunity to bring their babies home safely.

Roxanne’s research is currently focused on two very different fields: improving the management of mental health during pregnancy and eclampsia, a life-threatening complication of preeclampsia.

While these two fields of research are different, what drives Roxanne is the same for both. “Our vision is to use our skills to improve maternal health and neonatal outcomes.”

Mental health

Pregnancy is considered a time of increased vulnerability to psychiatric disorders, with a prevalence of 15–30 per cent in pregnant women. These women are at increased risk of considerable psychological morbidity, including suicide, and are likely to be in need of medication, such as antidepressants or antipsychotics. However, many women simply stop taking their medication during pregnancy because of the unknown degree of risk to their unborn babies.

Although these medications are widely prescribed during pregnancy, their effects on the placenta and fetus, and long-term childhood outcomes, are poorly understood.

In order to improve the care of psychiatric disorders during pregnancy, Roxanne is examining birth, childhood health and educational outcomes among children whose mothers have used medication during pregnancy. Additionally, complementary laboratory research is being done to test the effects of these medications on placental function. Given the current scarcity of data regarding fetal exposure to a number of medications, this study will help to inform clinicians and patients about the risks related to taking these medications during pregnancy.

Ultimately, this work may have a direct impact by improving the care of women with mental illnesses during pregnancy and minimise risk to their babies.

Preventing eclampsia

Roxanne and Rangi are working together on research into eclampsia.

For Rangi this is very personal. “My mother had an eclamptic fit when she was pregnant with me. To this day my mother and father still talk about how scary the experience was for them.”

Rangi and Roxanne are involved in a large study across three countries in the developing world (Pakistan, the Solomon Islands and South Africa). The aim is to develop a simple tool to predict which pregnant women are at risk of an imminent eclamptic fit, with the hope of preventing it.

“Preeclampsia is a pregnancy complication where the mother has high blood pressure and can go into organ failure if the baby is not delivered, resulting in many premature births. Every year the lives of 70,000 women and 500,000 babies across the globe are lost to preeclampsia.”

“Our vision is to use our skills to improve maternal health and neonatal outcomes.”

Dr Hastie

Dr Rangi De Silva with patient Kerstin

Dr Roxanne Hastie
WERRIBEE MERCY HOSPITAL, EMERGENCY DEPARTMENT

The Emergency Department at Werribee Mercy Hospital provides urgent assessment and treatment for people of all ages, and for all conditions.

Open 24 hours a day, seven days a week, the department is staffed by specialist emergency nurses and specialist emergency doctors. It sees a wide spectrum of issues, including obstetrics and gynaecology, mental health, general surgical, medical and paediatric.

Presentations

ENDOCRINOLOGY AND DIABETES EDUCATION SERVICE, MERCY HOSPITAL FOR WOMEN AND WERRIBEE MERCY HOSPITAL

This service cares for women with Type 1 or Type 2 diabetes who are either pregnant or planning a pregnancy, who develop gestational diabetes or have other endocrine (gland related) disorders.

Research team
Dr Balasubramanian Krishnamurthy
Dr Jessie Teng
Associate Professor David O’Neal
Dr May Lea Ong
Dr Nisha Khot
Dr Sheetal Tipnis
Linda Jackson
Jan Lin
Dr Christine Houlihan
Dr Alexis Shub
Rachel Miller
Anna Peters
Karen Moulton

Projects and grants
Incorporating Continuous Glucose Monitoring (CGM) into a Gestational Diabetes Mellitus (GDM) Model of Care to Enhance the Efficient Use of Health Care Resources: Pilot
Associate Professor David O’Neal
Funded by Medtronic

MEDICAL, SUBACUTE AND PALLIATIVE CARE SERVICES

This program provides specialist clinical services to optimise health outcomes and support patient care.
WERRIBEE MERCY HOSPITAL, INTENSIVE CARE UNIT

Opening in August 2018, the unit has links with the University of Notre Dame's graduate medical training program and the University of Melbourne's postgraduate Critical Care Nursing program.

The Werribee Mercy Hospital (WMH) Intensive Care Unit (ICU) is one of the newest entrants to the Australia and New Zealand Intensive Care Society's Clinical Trials Group (ANZICS-CTG), which is one of the most prominent and renowned critical care research groups internationally. At a state level, the ICU is involved with several projects with Safer Care Victoria's Critical Care Network. The Director of Research for the ICU at WMH is Dr Umesh Kadam.

Research team
Dr Mainak Majumdar
Dr Umesh Kadam
Hemant Minhas
Joanne Pickford

Projects
Inotropes and Vasopressors Program: a statewide Quality and Safety program to standardise the usage of vasoactives and inotropes in Victoria
Dr Mainak Majumdar is on the steering committee and the project lead for WMH. WMH ICU is one of the pilot sites in Victoria for implementation of the program.

PADS: a statewide Quality and Safety program to standardise assessment and medical management of pain, agitation, delirium and sedation in ICU
Dr Mainak Majumdar is on the steering committee for the project, and Dr Umesh Kadam and Hemant Minhas are the project leads. WMH ICU is a pilot site for this project in Victoria.

Rapid Response Systems
Joanne Pickford has had a long association with the Critical Care Network’s project on rapid response systems and presented her data at the regional ANZICS conference at Bendigo in 2018.

Infection Control
Dr Mainak Majumdar, Joanne Pickford and Lorraine Whelan were part of the initial statewide quality and safety project to standardise infection control procedures across all hospitals in Victoria based on evidence and best practice data recommendations from Safer Care Victoria.

Dr Umesh Kadam is involved with a multi-centre quality and safety project to measure patient and family satisfaction following a stay in ICU.

Dr Majumdar conducted a multicentre examination of long term outcomes for critical care patients with cancer (COCA2) with ANZICS and the Department of Health and Human Services.

Dr Majumdar supervised an MD (Doctor of Medicine) Research Project with the University of Notre Dame, examining the relationship between delirium and melatonin.

Publications

IMPROVING CARE IN EMERGENCY DEPARTMENTS
Dr Anh Tran has worked in the Emergency Department at Werribee Mercy Hospital for over 12 years. He was attracted to the community nature and wants to improve patient care and outcomes.

Until recently, Anh was the Director of Emergency Medicine Training. In this role, he was responsible for training newly graduated emergency doctors. While enjoying this role, Anh also wanted to pursue his passion for research and quality improvement.

This led Anh to taking a six-month sabbatical where he could focus on three specific research projects.

One project looked at ways to improve the care of patients with sepsis in the emergency department. Another project looked into what could be done to reduce unnecessary imaging of patients with back pain presenting to the emergency department.

Anh’s third project involved working with Safer Care Victoria. The objective of the first project was to develop much-needed guidelines for emergency care clinicians across the state. The project delivered 12 guidelines that have been endorsed by an expert working group as fit-for-purpose for use by emergency care clinicians throughout the state, which now also includes urgent care centres. Until 12 months ago, the focus of emergency care was on emergency departments only, which are in metropolitan areas, but a lot of emergency care in the state is delivered in urgent care centres, which are found in regional areas.

“I’m really thrilled that my research and resulting guidelines have been shared across the state, and that now there is a framework and a ‘single source of truth’ for everyone who works in emergency care, regardless of location,” Anh said.

Dr Anh Tran
The collaboration between the University of Notre Dame Australia, Melbourne Clinical School and Mercy Health provides opportunities for staff and students to undertake research.

The research program is led by Associate Dean and Professor of Health Innovation, Moyez Jiwa. In 2018, the university was involved in a number of staff and student research projects. Many of the research projects were conducted on site at Werribee Mercy Hospital, under the supervision of tutors who are staff members of Mercy Health.

Melbourne Clinical School research team
Dr Catherine Krejany
Epi Kanjo
Lee Sukowska
Jocelyn Dixon

Mercy Health student tutors
Dr Jonathan Darby
Associate Professor Shaukat Esufali
Dr Michael Lograsso
Dr John Pasco
Dr Jacqueline Van Dam

Projects

Is there a wealth to work absenteeism correlation?
The influence of local and national economic prosperity on the incidence of sickness absence in the Wyndham locale
M Jiwa, C Krejany, H Cull

The impact of photo-aging intervention on promoting smoking cessation among pregnant women or in postpartum women who are not breastfeeding
M Jiwa, J Van Dam

The patterns and acuity of paediatric presentations at Werribee Mercy Hospital Emergency Department
M Jiwa, C Krejany, J Pasco

Patients suffering from substance and their use of the Emergency Department
M Jiwa, C Krejany, J Pasco

Patterns of sickness absence from an Australian secondary hospital in metropolitan Melbourne: a ten year longitudinal study
M Jiwa, C Krejany, E Kanjo, L Sukowska, H Cull

AMBULATORY, COMMUNITY AND ALLIED HEALTH SERVICES

This program includes dietetics, occupational therapy, pastoral care, pharmacy, physiotherapy, radiography, social work, sonography and speech pathology.
The Department of Allied Health provides specialist clinical services to support patient care and optimise patient health outcomes.

Allied Health staff work within multidisciplinary teams and departments across a range of clinical specialty areas, with inpatients and outpatients. Allied Health is committed to improving patient care through research and projects focused on evaluating current practice and implementing new service initiatives. This work is achieved through collaboration with our internal partners, and with external organisations such as universities.

Projects and grants

A Qualitative study of attitudes, barriers and enablers to physical activity in women with gestational diabetes mellitus
A Harrison
Funded by Mercy Health Academic Research and Development Committee Small Grants (2018)

Sensory-dysfunction in carpal tunnel syndrome: relationship between static touch, texture discrimination and hand dexterity
U Baskaran, L Carey
Funded by Mercy Health Academic Research and Development Committee Small Grants (2018)

Effectiveness of an Allied Health Emerging Clinical Leaders Pilot Program
J Leo, A Harrison

Publications


Book


Presentations


Posters


In 2018, the department added to the current research theme, involving the use of transthoracic echocardiographic (TTE) assessment of cardiac output in pregnancy, with a newly approved study evaluating cardiovascular changes due to posture and at different gestations in pregnant women. The department also developed and initiated a number of audits of its clinical practice, leveraging its access to a large number of patient within the maternity service.

Projects and grants
- Time point audit for improving the provision of analgesia in labour
  S Simmons, H Loane, R Hiscock, E Casey, M Pliska, J DeGabriele
- Elective Caesarean section analgesia audit Mercy Hospital for Women, January - February 2018 – Audit only
  J Clarke, R Hiscock, J Gledden
- Caesarean section post-discharge analgesia audit – Audit only
  S Ilyas, V Nicholson
- A prospective observational study of maternal supine hypotension by serial transthoracic echocardiography studies over the course of pregnancy in healthy women
  S Simmons, J Letson, R Hiscock, L Verco, N Taghizadeh, K Hersbach, B Wong, C Craggs
  N Jegathesan, S Simmons, C Pease, F Parker
- EpiCCS – Australasia: Epidemiology of Critical Care provision after Surgery
  S Simmons, R Hiscock, H Loane, I Letson, M Nguyen
- Transthoracic echocardiographic assessment of cardiac output in healthy women at elective caesarean section under spinal anaesthesia with Ephedrine and Metaraminol hypotension prophylaxis: An observational cohort study
  S Simmons, R Hiscock, S Ilyas, E Casey, S MacColgain, L Cardoso
- General Anaesthesia for caesarean section at Mercy Hospital for Women (Period 2011 – 2015), follow on research from RD7-31/2015
  I Letson, S Simmons, J McGuire
- Management of ectopic pregnancies requiring surgical care – a 3-year audit
  S Simmons, H Loane, L Ellett, R Hiscock

Publications

Presentations
- Ross A. The Anaesthetist and Post-Partum Haemorrhage. Eastern Health Multidisciplinary Meeting on Post-Partum Haemorrhage, Box Hill Hospital, Melbourne, 4 August 2018. [Invited speaker]
- Ross A. Gas embolism and gynaecology. Alfred ICU morbidity meeting, Melbourne, December 2018.
- Simmons SW. Communicating clinical risk – what’s in a word? Australian Society of Anaesthetists, Adelaide, October 2018. [Invited speaker]
DEPARTMENT OF PERINATAL MENTAL HEALTH

The Department of Perinatal Mental Health at Mercy Hospital for Women provides clinical care for women experiencing symptoms of mental illness during and after pregnancy.

The Perinatal Mental Health (PMH) services are a part of Mercy Mental Health. Growing awareness of the perinatal period as a time of increased maternal vulnerability to mental illness, as well as a critical period of human development, drives the ongoing research and education activities of this department.

Outpatient services are offered to all pregnant women at Mercy Hospital for Women, and for the postpartum year after delivery. PMH also provides 24-hour psychiatric care for all inpatients admitted to the hospital. Specialty services are provided to vulnerable populations, including women with major mental illnesses such as bipolar affective disorder and schizophrenia, women with substance abuse issues, younger mothers, and those identifying as Aboriginal and/or Torres Strait Islander. Services are also offered to patients of Perinatal Medicine, Transitions Clinic, and families with a baby admitted to the Neonatal Intensive Care unit. Outpatient psychiatric services are also provided for women undergoing treatment with the Department of Gynaecological Oncology.

The unit continues to have strong and active education links. Education is provided for medical students on rotation, psychiatry trainees, GPs and midwives, with regular presentations held for all staff.

Projects
Mercy Pregnancy and Emotional Wellbeing Study (MPEWS)
Professor Megan Galbally, now based in Perth where she is Foundation Chair of Perinatal Psychiatry at Murdoch University, continues to oversee this longitudinal study of the effect of perinatal depression and its treatment on women and their children. The original Mercy Health-based cohort of 282 women is close to completing wave six assessment at four years postpartum, and a further 200 women recruited have now undertaken all wave four assessments at six months postpartum. The project has expanded to include a cohort based in South Perth, and rural and regional Western Australia.

MPEWS is a national and international interdisciplinary collaboration with data collected from early pregnancy onwards. The scope of the project encompasses biological, social and psychological measures to comprehensively assess the complex ramifications of perinatal depression.

The Melbourne-based cohort assessments are coordinated by Tina Vaiano. Dr Gaynor Blankley continues as an investigator on the project and Dr Josephine Power is undertaking a PhD examining child outcomes in the original cohort.

Grants
Dr Josephine Power was awarded the Pat and Toni Kinsman Research Scholarship by the Royal Australian and New Zealand College of Psychiatrists. The grant will be used to examine the relationship between maternal oxytocin levels during pregnancy and the subsequent attachment between mother and infant.

Mercy Perinatal collaboration
PMH and Mercy Perinatal have formed a collaborative research link. Funding has been approved to investigate the direct effect of psychotropic medication on placental tissue. These research techniques are a strength of the team at Mercy Perinatal, but have not been applied to medications used to treat psychiatric disorders. It is hoped that this approach will increase the evidence regarding the impact of treatment of mental illness on pregnancy and fetal development, and thereby the information available to clinicians and families when decisions are made about antenatal treatment.
Publications


Presentations


AGED CARE

Mercy Health continues to progress research in aged care, which is essential as we face an ageing population with diverse backgrounds.

Dr Josephine Power

Mercy Place Abbotsford resident Bobby with Sam, one of the children taking part in the intergenerational program.
Research in this field is gaining momentum and will help drive improvements to the care and services we provide.

**Talk2Me Technology**
Collaboration with National Ageing Research Institute
Funded by the Australian Government Department of Health – Dementia and Aged Care Services Research and Innovation Funding

People living at home, including those with dementia, from culturally and linguistically diverse (CALD) backgrounds do not always receive care from ethno-specific organisations or from people who speak the same language. Yet effective communication relating to everyday issues is essential for older people — particularly those with dementia — to support orientation, safety and essential care needs. It also gives them the confidence they need to remain at home for as long as possible.

Existing technology supporting voice-to-voice translation has not been specifically designed with the needs of older people in mind.

The Talk2me project involves development of a tablet-based app that will allow people from CALD backgrounds to easily communicate with carers who do not speak the same language.

Process and outcome evaluation will be conducted at several stages throughout the project. This will inform the effectiveness of the design, the validity of the technology for translating everyday communication and the usefulness of the technology.

**Socio-Spatial Analysis of the Design and Lived Experiences of Residential Aged Care Models: A Qualitative Study of Traditional and Small Household Typologies**
Collaboration with University of Notre Dame (WA)
Funded by Mercy Health Foundation, Mercy Health and the University of Notre Dame

The objective of this research project is to reveal the socio-spatial factors within case study buildings that may enhance or inhibit quality of care and contribute to residents’ quality of life.

The project aims to:
- document, analyse and interpret the design, layout and lived experiences of residential aged care design models against key social-spatial themes
- compare the architecture, layout and lived experiences of traditional and small household living approaches through a socio-spatial lens
- improve our understanding of the key attributes and backgrounds of our aged care employees.

**Program to Enhance Adjustment to Residential Care (PEARL)**
Collaboration with Swinburne University (initial project with Australian Catholic University)
Funded by National Health and Medical Research Council

Residents and their families can find the transition to aged care extremely difficult. Residents who have just moved into aged care are at greater risk of experiencing depression. This research project focuses on that transition period as an opportunity for early intervention. The project is designed to enhance the adjustment of older adults newly admitted to residential aged care, improve their emotional well-being and enhance their sense of autonomy, relationships, meaningful activities and quality of life.

The project is a cluster, randomised, controlled trial of a psychological intervention, made up of five individual sessions with residents. Staff are supported to tailor care to residents’ needs, interests, aptitudes and backgrounds. The sessions aim to support residents’ adjustment to permanent residential aged care, improving new residents’ quality of life and reducing the severity and incidence of depression.

The project will evaluate the efficacy of the PEARL intervention in reducing symptoms of depression among newly admitted aged care residents. The study will determine whether PEARL plus usual care (intervention group) is superior to usual care alone (control group). We will also evaluate whether exposure to indoor and outdoor greenery within the residential care environment is protective to mental health, quality of life and wellbeing of new residents.

The project will use standard tools and practices that are in common use within the architectural and qualitative research sectors. The research will support Mercy Health to understand the different building types and how these impact on care. It will influence the briefing and design requirements of proposed capital building investment.

**Palliative Care Needs Round Project**
Collaboration with Calvary Health Care Bethlehem Ltd
Funded by Calvary Health Care Bethlehem Ltd

Mercy Health is partnering with Calvary Health Care Bethlehem in Victoria to deliver the Palliative Care Needs Round project.

The study seeks to generate an evidence-based checklist to support the integration of specialist palliative care clinicians into residential aged care during palliative care needs rounds. Needs rounds are monthly clinical meetings that can help identify and prioritise care for people most at risk for unplanned dying with inadequately controlled symptoms. The aim is to describe the activities, thought processes and subsequent staff activities that are generated within and from needs rounds, to develop a model that explains what occurs in needs rounds, and from that create a checklist that can be used in routine practice.

The pilot study, which provided the basis for the checklist, has led to the larger trial (integrating specialist palliative care into residential care) being undertaken across other residential homes. The primary aim of the randomised trial is to reduce the time residents spend in acute care, with secondary outcomes focused on improving staff knowledge and confidence in palliative care, better controlled symptoms of people at end of life and enabling more people to die in their preferred place.

The aim of this project is that residents and families have a better and more positive experience at the end of life, increase staff confidence and reduced hospitalisation.
<table>
<thead>
<tr>
<th>Project Title</th>
<th>Principal Investigator(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A comparison of cerebral haemodynamics in preterm infants receiving nasal Continuous Positive Airway Pressure (nCPAP) with nasal High Flow Therapy (nHFT)</td>
<td>Dr Clare Collins, Mercy Hospital for Women</td>
</tr>
<tr>
<td>PAEAN – Preventing Adverse Outcomes of Neonatal Hypoxic Ischaemic Encephalopathy with Erythropoietin: A Phase III Randomised Placebo Controlled Multicentre Clinical Trial</td>
<td>Associate Professor Helen Liley, NHMRC Clinical Trial Centre, and Dr Clare Collins, Mercy Hospital for Women</td>
</tr>
<tr>
<td>Non-invasive Transcutaneous Tibia and Sacral Nerve Stimulation as a treatment for refractory overactive bladder</td>
<td>Dr Loric Schierlitz, Mercy Hospital for Women</td>
</tr>
<tr>
<td>Improving the Integration and Communication of End of Life Care Services – A Pilot Study</td>
<td>Sue Williams, National Ageing Research Institute, and Wendy Dunn, Mercy Health</td>
</tr>
<tr>
<td>Talk2Me Technology: Enabling older people at home from CALD backgrounds to communicate their everyday needs</td>
<td>Dr Frances Batchelor, National Ageing Research Institute, and Wendy Dunn, Mercy Health</td>
</tr>
<tr>
<td>Sodium Glucose Transporter 2 Inhibitor (SGLT2) Associated Diabetic Ketoacidosis</td>
<td>Dr Rinky Giri, St Vincent’s Hospital, and Associate Professor David O’Neal, Werribee Mercy Hospital</td>
</tr>
<tr>
<td>Longitudinal assessment of chemotherapy induced structural brain changes and its correlation with impaired cognitive functioning</td>
<td>Dr Karen Caseyenberghs, Australian Catholic University</td>
</tr>
<tr>
<td>The effect of intrauterine growth restriction on the growth trajectory of newborns in the Neonatal Intensive Care Unit and Special Care Nursery (NICU/SCN)</td>
<td>Dr Fiona Brownfoot, Mercy Hospital for Women</td>
</tr>
<tr>
<td>Adnexal Abscess: Tubo-ovarian or appendiceal in origin?</td>
<td>Dr Monica McGauran, Mercy Hospital for Women</td>
</tr>
<tr>
<td>Is Preterm – pre-labour rupture of membranes associated with macrosomia?</td>
<td>Dr Annaliese Woods, Mercy Hospital for Women</td>
</tr>
<tr>
<td>What lies beneath: Laparoscopy after previous laparotomy, and the incidence of intra-abdominal adhesions</td>
<td>Dr Lenore Ellot, Mercy Hospital for Women</td>
</tr>
<tr>
<td>We live in a virtual world: Training the trainee using an integrated Virtual Reality Stimulator training curriculum</td>
<td>Dr Samantha Mooney, Mercy Hospital for Women</td>
</tr>
<tr>
<td>Identifying the predictors for risk of absconding from an inpatient psychiatric unit. A Retrospective Audit study</td>
<td>Dr Raja Sadhu, Mercy Mental Health</td>
</tr>
<tr>
<td>Roll Out and Evaluation of the Victorian Healthy Homes Program (at Werribee Mercy Hospital)</td>
<td>Brigitte Grant, Werribee Mercy Hospital</td>
</tr>
<tr>
<td>Evaluation of the Allied Health Emerging Clinical Leaders Pilot Program</td>
<td>Anne Harrison, Werribee Mercy Hospital</td>
</tr>
<tr>
<td>Is a mild bleeding disorder the explanation for bleeding at the time of cystoscopy?</td>
<td>Professor Sonia Grover, Mercy Hospital for Women</td>
</tr>
<tr>
<td>The PEBBLES study – Testing a strategy for preventing eczema and food allergy in high risk infants</td>
<td>Associate Professor Adrian Lowe, University of Melbourne</td>
</tr>
<tr>
<td>Natural History of Diabetic Retinopathy in Pregnant Women</td>
<td>Felicia Widyaputri, Centre for Eye Research Australia</td>
</tr>
<tr>
<td>Harnessing Neuroplasticity to Improve Motor Performance in Infants with Cerebral Palsy: A Pragmatic Randomised Controlled Trial. (GAME Trial)</td>
<td>Dr Gillian Opie, Mercy Hospital for Women</td>
</tr>
<tr>
<td>Massive Transfusion Protocol Utilization Indications Study</td>
<td>Dr Daniela Zantomio, Austin Health</td>
</tr>
<tr>
<td>Neonatal Outcomes in Extremely Premature Neonates with Varying Management Strategies for Patent Ductus Arteriosus</td>
<td>James Dwyer, Mercy Health</td>
</tr>
<tr>
<td>Compliance with peripheral intravenous cannula re-site protocol in neonatal intensive care unit/special care nursery</td>
<td>Dr Katherine Fuller, Mercy Hospital for Women</td>
</tr>
</tbody>
</table>
The effect of donor gametes on risk of hypertensive disorders of pregnancy and fetal growth restriction. | Dr Amber Kennedy, Mercy Hospital for Women
Intraoperative Nausea and Vomiting During Elective Caesarean Section Surgery Under Spinal Anaesthesia | Dr Morris Alexander, Werribee Mercy Hospital
Prevalence, Determinants and Pregnancy Outcomes of Metabolic Disorders during Pregnancy; the IFRAM-MO International Collaborative/ Collaboration Study | Dr Alexis Shub, Mercy Hospital for Women
Medium and long-term outcomes for children conceived via Assisted Reproductive Techniques (ART) in Victoria | Dr Amber Kennedy, Mercy Hospital for Women
The CATCH-E Pilot Study: Conservative Approach to Treatment of Carcinoma and Atypical Hyperplasia of the Endometrium | Associate Professor Peter Grant, Mercy Hospital for Women
Factors influencing induction of labour success at a single tertiary centre | Dr Alexis Shub, Mercy Hospital for Women
Screening for Preterm Preeclampsia: In patients that have developed preterm preeclampsia, what proportion would have been considered high risk for preeclampsia using the ACOG or NICE guideline? | Dr Fiona Brownfoot, Mercy Hospital for Women
Virtual Clinics in Gynaecology: An attempt to streamline investigation and management of postmenopausal bleeding | Dr Samantha Mooney, Mercy Hospital for Women
Postmenopausal Bleeding: A retrospective audit of a common presentation to an outpatient gynaecology clinic | Dr Samantha Mooney, Mercy Hospital for Women
Prospective Audit and Quality Assurance of Laparoscopic Cholecystectomy Procedures at Werribee Mercy Health | Dr Jonathan Sivakumar, Werribee Mercy Hospital
A post-implementation evaluation of Code Pink – obstetric escalation of care process | Sarah Hudson, Mercy Health
A qualitative study of inpatient experiences of the Circle of Security Parenting group at the Werribee Mercy Hospital Mother Baby Unit. A thematic analysis | Jess Barnes, Werribee Mercy Hospital
How does mindfulness impact the learning experience of students studying a Post Graduate Certificate in Neonatal Intensive Care Nursing? | Carolyn Morrissey, Mercy Hospital for Women
Medical treatment at the borderline of viability, Victorian Ethics Survey 2018 | Dr Dominic Wilkinson, Oxford University
Exploring the benefits of the use of a support aid, Peanut Ball, in the First and/or Second stage of Labour for the management of pain and the effect of its use on birth outcomes | Magdalena Pliszka, Mercy Hospital for Women
A Qualitative Exploration of Father-Inductive Practices in an Early Parenting Centre | Catherine Wood, Swinburne University
How do sonographers detect vasa praevia in the mid trimester of pregnancy? | Ffion Humphries-Hart, Werribee Mercy Hospital
Expansion of midwives scope of practice through facilitation of Balloon Induction of Labour (BOL) insertion education and evaluation: a midwife, medical and woman’s perspectives | Caroline Carr, Mercy Hospital for Women
Efficacy and safety of docosahexaenoic acid supplementation in preterm infants: childhood follow-up of the N3RO randomised controlled trial (N3RO@5s) | Jacqueline Gould, South Australian Health and Medical Research Institute
Clinician awareness of Australian drinking guidelines during the antenatal period | Chloe Whatley, Mercy Hospital for Women
Natural History and complications of vaginal prolapse management in the elderly patient | Dr Nicola Dykes, Mercy Hospital for Women
Medico legal risk in mental health care | Kellie Grant, Monash University
 Evaluation of introduction of a dedicated antenatal ward: The patient experience | Carolyn Russell, Mercy Hospital for Women
Thalassaemia screening audit | Dr Charmian Eng, Mercy Hospital for Women
A Breath of Fresh Air: Assessment of the Impact of Inhaled Oxygen Concentrations on the Neonatal Gut Microbiome (bowlMOTION: MoNtoring The microbiome Of Neonates) | Dr Bron Hennebry, Mercy Hospital for Women
The association between health literacy and patient satisfaction with consultation: an observational study | Christine Murray, Mercy Hospital for Women
Design of an Allied Health Education Strategy | Joan Leo, Mercy Hospital for Women
Fathers’ wellbeing and sleep: investigating fathers’ experiences and health care providers’ views at Mercy Health O’Connell Family Centre | Dr Karen Wynter, Deakin University
Point prevalence survey of delirium in Victorian public hospitals | Associate Professor Ann Maree Keenan, SafeCare Victoria
Management of Late Preterm Preeclampsia: A comparison of maternal and fetal indicators for delivery | Dr Fiona Brownfoot, Mercy Hospital for Women
Continuous fetal heart rate monitoring using non-invasive fetal electrocardiography | Dr Fiona Brownfoot, Mercy Hospital for Women
A Prospective Preeclampsia/Eclampsia Prevention Intervention (APPLE PIE) | Professor Stephen Tong, Mercy Hospital for Women
Methrotreatate for the treatment of ectopic pregnancy and time to resolution: Experience at Mercy Hospital for Women | Dr Roxanne Hastie, Mercy Hospital for Women
Victorian Safewards Trial Evaluation | Dr Bridget Hamilton, University of Melbourne
Hearing Screening for Congenital CytoMegalovirus (hEarScCMV) | Dr Bron Hennebry, Mercy Hospital for Women
To review the use of oseltamirer prescribed for pregnant women with influenza or influenza like symptoms to determine the rate of consistence with laboratory-confirmed influenza and current prescribing options | James Dwyer, Mercy Health
Time points audit for improving the provision of analgesia in labour | Associate Professor Scott Simmons, Mercy Hospital for Women
Occupational therapy in community health: An investigation of referral patterns and outcomes | Trina Phuah, Charles Sturt University
<table>
<thead>
<tr>
<th>Study Title</th>
<th>Investigator(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementing a sepsis bundle of care in emergency departments and urgent care centres</td>
<td>Dr Anh Tran, Werribee Mercy Hospital</td>
</tr>
<tr>
<td>Projects utilising samples collected under the Mercy Tissue Bank ethics</td>
<td>Dr Tu’uhevaha Kaitu’u-Lino, Mercy Hospital for Women</td>
</tr>
<tr>
<td>Evaluation of the Victorian Stroke Telemedicine service at Werribee Mercy Hospital</td>
<td>Professor Dominique Cadilhac, Florey Institute of Neuroscience and Mental Health, Austin Health</td>
</tr>
<tr>
<td>Changing indications for perinatal genetic services over the past decade: implications for genetic counselling practice in a tertiary referral centre</td>
<td>Melissa Graetz, Mercy Hospital for Women</td>
</tr>
<tr>
<td>Improve the care and reduce the unnecessary imaging of back pain patients in the emergency department</td>
<td>Khym Barber, Werribee Mercy Hospital</td>
</tr>
<tr>
<td>Determining a threshold measurement of Endometrial Thickness for Asymptomatic Postmenopausal Women</td>
<td>Dr Samantha Mooney, Mercy Hospital for Women</td>
</tr>
<tr>
<td>Ovarian Torsion following Laparoscopy hysterectomy with Bilateral Salpingectomy: a case series and discussion of mechanism</td>
<td>Dr Lenore Ellett, Mercy Hospital for Women</td>
</tr>
<tr>
<td>Use of the Monica AN24® monitor in fetal supraventricular tachycardia: A new approach to surveillance and treatment</td>
<td>Dr Lindsay Edwards, Mercy Hospital for Women</td>
</tr>
<tr>
<td>Retrospective analysis of anaesthetic technique and impact on PONV (post-operative nausea and vomiting) in laparoscopic surgery conducted at Werribee Mercy Hospital</td>
<td>Dr Husseine Ahmed, Werribee Mercy Hospital</td>
</tr>
<tr>
<td>Gestational Diabetes Online Educational Video Focus Groups</td>
<td>Rachel Miller Mercy Hospital for Women</td>
</tr>
<tr>
<td>Restacking the Odds</td>
<td>Caitlin McMillan, Murdoch Children’s Research Institute, Royal Children’s Hospital</td>
</tr>
<tr>
<td>Gefitinib; A Novel Therapy for Ectopic Pregnancy</td>
<td>Dr Stella Italiano, Mercy Hospital for Women</td>
</tr>
<tr>
<td>Multi-centre observational descriptive study of current practice: The Australasian Resuscitation In Sepsis Evaluation: FLUID or Vasopressors In Emergency Department Sepsis observational study</td>
<td>Professor Gerben Keijzers, Gold Coast University Hospital</td>
</tr>
<tr>
<td>Headache in the Emergency Department (HEAD Study)</td>
<td>Dr John Pasco, Werribee Mercy Hospital</td>
</tr>
<tr>
<td>The influence of lying versus standing on pelvic floor muscle performance in women with and without pelvic floor dysfunction</td>
<td>Associate Professor Helena Frawley, La Trobe University</td>
</tr>
<tr>
<td>Intensive Care Unit pain, agitation and delirium standardised assessment and monitoring practice project</td>
<td>Dr Umesh Kadam, Werribee Mercy Hospital</td>
</tr>
</tbody>
</table>

Werribee Mercy Hospital pastoral carer Pan Hoe (Victor)
Mercy Health
Level 2, 12 Shelley Street
Richmond Victoria 3121
Phone +61 3 8416 7777
mercyhealth.com.au

Mercy Health acknowledges Aboriginal and Torres Strait Islander Peoples as the first Australians. We acknowledge the diversity of Indigenous Australia. We respectfully recognise Elders past, present and emerging. This report was produced on Wurundjeri Country.