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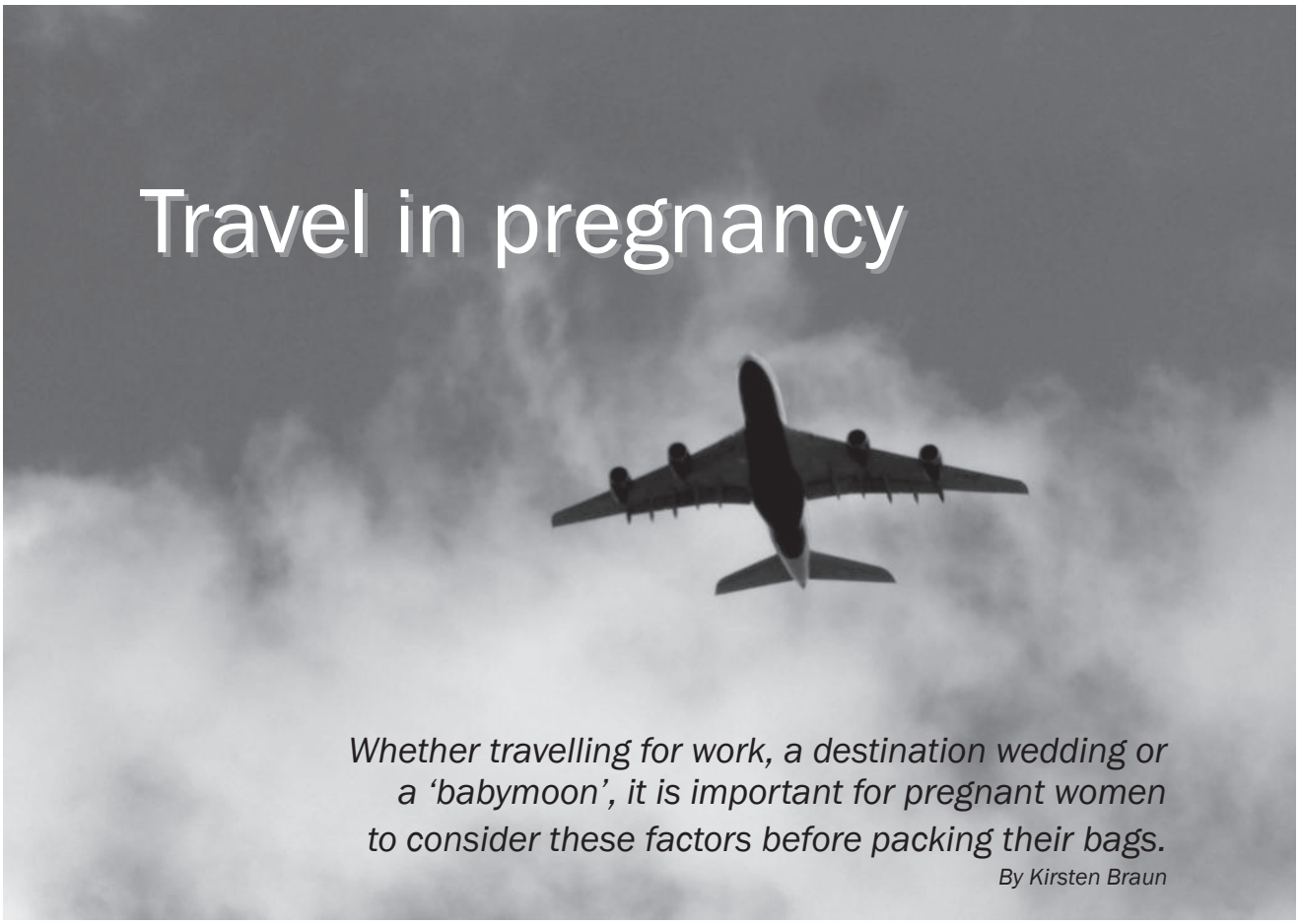
QUEENSLAND WOMEN'S HEALTH NETWORK NEWS

ISSUE #1 2016 *Over 20 years of strengthening links between women & providing access to information*

PREGNANCY



Travel in pregnancy

Whether travelling for work, a destination wedding or a 'babymoon', it is important for pregnant women to consider these factors before packing their bags.

By Kirsten Braun

Travel vaccinations

Many destinations, particularly in the developing world, require travel vaccinations. Some vaccines (hepatitis A, hepatitis B, tetanus, diphtheria and pertussis) are safe and recommended for pregnant women who are travelling to places where they are at risk. However, the majority of live-virus vaccines (yellow fever, oral polio, oral typhoid) are not recommended for pregnant women as they are not considered safe for the unborn child. Pregnant women should discuss their travel destinations with their doctor to determine what vaccines might be suitable.

Airline policies

Airlines have restrictions for pregnant women based on: week of pregnancy; single or multiple pregnancy; length of flight, and if there are any existing pregnancy complications. Many airlines require a certificate or letter from a registered medical practitioner/

IN THIS EDITION **PREGNANCY**

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midwife if you are 28 weeks or more pregnant. The certificate/letter confirms the estimated date of delivery and that there are no complications with the pregnancy.

Travel insurance

Having adequate travel and health insurance in place before departure is vital. Many policies consider pregnancy a pre-existing condition and so will not provide cover for pregnancy-related complications, while others provide cover only until a certain week of the pregnancy. Policies that do cover unexpected complications in pregnancy may not cover childbirth or any medical care of the unborn baby. If a woman gave birth prematurely, for example, the birthing expenses and care of the newborn would not be covered, which could be extremely costly.

Eating and drinking

Pregnant women are more vulnerable to contracting food and water-borne illnesses during pregnancy. They need to take extra care with what they eat and drink. If a pregnant woman develops travellers' diarrhoea, she should see a doctor as soon as possible as the associated dehydration can be harmful to the baby. Also, many of the common diarrhoea relief medications are not considered safe to take during pregnancy.

Mosquito-borne diseases (malaria, Zika virus)

Malaria increases a pregnant woman's risk of miscarriage, stillbirth and premature birth and the Zika virus has been linked to birth defects. Women should discuss with their doctor the risk of malaria at their travel destination and whether anti-malarial medications are required. In recent months, pregnant women and those actively seeking to become pregnant have been advised to consider postponing travel to areas where the Zika virus is being transmitted. (See <https://smartraveller.gov.au/bulletins/zika_virus> for the latest information.)

Local medical care standards

In many developing countries or even the more remote regions of Australia, the medical facilities will not be the same as those in a developed country or metropolitan city. If a pregnancy complication occurs, there may be limited support at the local hospital. Women should ask their doctor about where to go to if they require medical assistance for each destination in their travel itinerary.

Women's Health Queensland Wide Inc is a not-for-profit health promotion, information and education service for women and health professionals throughout Queensland.

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Photo: Airplane SeanMacEntee CC BY 2.0 <https://www.flickr.com/photos/smemon/17323618152/>.

RISK OF STILLBIRTH TWICE AS HIGH FOR DISADVANTAGED WOMEN

Women from lower socio-economic families face twice the risk of delivering a stillborn baby than their wealthier counterparts, an international study involving the University of Adelaide's Robinson Research Institute has found.

The international study of stillbirth rates in high-income countries found that the equity gap between rich and poor is contributing to thousands of preventable deaths. The findings are published in *The Lancet*.

Associate Professor Philippa Middleton, NHMRC Postdoctoral Fellow at the University of Adelaide and the South Australian Health and Medical Research Institute, said it's important to raise awareness of stillbirth and for women and their health care providers to better understand their risks.

Associate Professor Flenady said many stillbirths in disadvantaged families could be prevented.

"Improved education, alleviation of poverty, and improved access to health care that is timely and culturally appropriate are critical for preventing stillbirth deaths in disadvantaged families."

"Stillbirth rate is a key indicator of women's health and quality of care in pregnancy and childbirth," she said.

The paper is available at: <http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2815%29901020-X/fulltext?rss=yes>.

Should I continue to eat fish when I'm pregnant or breastfeeding?

food files with Maria Packard
NUTRITION MANAGER, HEART FOUNDATION

Good nutrition during pregnancy is more about the quality of food eaten than the quantity. The need for nutrients such as protein, iron, iodine, folate, plus other vitamins and minerals increases during this time. Fish is an excellent source of protein, is low in saturated fat and omega-3 fatty acids, and a rich source of iodine. Therefore, pregnant and breastfeeding women are encouraged to continue eating fish and seafood.

What are the exceptions?

- When fish or seafood may be at risk of containing Listeria (e.g. chilled seafood such as raw oysters, sashimi, sushi and cooked, chilled prawns or smoked salmon). For further information see 'Listeria and Food' <www.foodstandards.gov.au>.
- When fish contains high levels of mercury. (High levels of mercury can be found in large, deep-sea fish. This may affect the developing nervous system of unborn babies and infants. To reduce the risk of birth defects, pregnant women should limit their intake of fish high in mercury.)

What are the Heart Foundation Recommendations about mercury in Australian fish and seafood?

The Heart Foundation supports the Food Standards Australia and New Zealand (FSANZ) recommendations to avoid mercury contamination. The Heart Foundation consumer resources do not list any high-risk species such as flake, swordfish and orange roughy.

How often should I eat fish and what types, if I'm pregnant or planning pregnancy?

FSANZ recommendations to reduce the risk of mercury exposure are 2–3 serves per week of any fish except the following, which should be eaten infrequently:

- One serve per week of orange roughy (deep sea perch) or catfish. No other fish that week.
- One serve per fortnight of shark (flake) or billfish (swordfish/broadbill or marlin). No other fish that fortnight.

For further information and references please visit:
<http://www.foodstandards.gov.au/consumer/chemicals/mercury/pages/default.aspx>
<http://heartfoundation.org.au/images/uploads/main/Programs/PRO-169_Fish_and_seafood_position_statement.pdf>
<http://heartfoundation.org.au/healthy-eating/food-and-nutrition/protein-foods/fish-and-seafood>.

Yarning about planning a baby ...

WHAT SHOULD I DO BEFORE I GET PREGNANT?

Photo: WalkingHome ChristianFuMueller CC BY 2.0 <https://www.flickr.com/photos/christianfumueller/5970721481/>.

Have a pre-pregnancy health check

It's a good idea to talk to a doctor or women's health nurse before you get pregnant to make sure you are healthy and know how to prepare to have a healthy pregnancy. This will help to reduce the risk of problems for you and the baby.

Below are some things you can think about or do before you stop using contraception and start trying to get pregnant.

Try to make your life as healthy as you can

Lots of things can be bad for a baby while it's growing and developing inside you. If you can make some changes before you get pregnant it will help you and the baby stay well through the pregnancy.

Alcohol

- It is not safe to drink alcohol during pregnancy. Alcohol that you drink goes through the placenta (this provides the baby with oxygen and nutrients while it's in the uterus) to the baby and can cause serious problems in the baby's development, especially the brain.
- Because you don't know you're pregnant for a month or two, it is best to stop drinking before you start trying to get pregnant so the baby is not exposed to alcohol.
- A man's fertility can be affected by alcohol so it is probably best for men to have no more than two standard drinks a day.

Weight

- It is good if you start your pregnancy with a healthy weight. It will reduce your risk of developing gestational diabetes and improve the chances of a healthy pregnancy.
- If you are underweight or overweight it can also reduce your chance of getting pregnant.

Smoking

- If you smoke while you are pregnant the chemicals from the cigarettes can cause long-term damage to the lungs, brain and blood of your unborn baby.
- Smoking can also reduce the amount of oxygen and nutrients your baby gets, limiting its growth.
- If you smoke, the baby can be born early and have a low birth weight which can cause kidney disease, diabetes and heart disease when they get older.
- Breathing second-hand smoke can also harm your baby so you should ask the people you live with to stop smoking or smoke outside.

Diet

- While you are pregnant you need to eat a healthy diet with enough vitamins, minerals and other nutrients to help the baby grow and develop.
- If you are not able to get enough nutrients from your diet, then you might need to take multivitamins.
- Folic acid or folate (found in leafy greens, broccoli, lentils and bread flour) is really important when you are pregnant because it prevents birth defects such as spina bifida. It's recommended that you take 400 micrograms a day. If you are at higher risk, see your health practitioner.
- Anaemia (a lack of iron) is more common in Indigenous women in pregnancy and you might need an iron supplement.
- Caffeine is not good for an unborn baby; try not to have more than one cup of coffee a day (or 2 cups of instant or 4 cups of tea).

Exercise

Regular exercise such as walking will help stop you putting on too much weight during your pregnancy. This will help you stay healthy and reduce your risk of developing gestational diabetes.

Immunisations

Developing conditions like measles, chicken pox or rubella while you are pregnant can harm your baby. Make sure you've had your vaccinations before you get pregnant.

Sexually transmitted infections (STIs)

Make sure you treat and manage any STIs before you get pregnant to increase your chances of a healthy pregnancy and delivery.

Cervical (Pap) screening

Have a Pap test done before you get pregnant so that if there are any problems they can be treated before the pregnancy. An abnormal pap screen result can't be treated while you are pregnant.

Medication

If you are taking medications to manage any health conditions like blood pressure, epilepsy or kidney disease, it is important to check with a doctor that they are safe to take during pregnancy. You should do this before you get pregnant in case you need to change the medication.

Health conditions

Any health conditions like diabetes, hypertension, rheumatic heart disease or thyroid conditions need to be well managed before and during pregnancy. This is important for you and the baby. These conditions should be discussed with a doctor while you are planning your pregnancy.

This article is an extract from the fact sheet 'Yarning about planning a baby' by Jean Hailes for Women's Health. This fact sheet is designed to be informative and educational. It is not intended to provide specific medical advice or replace advice from your health practitioner. For the full fact sheet visit <https://jeanhailes.org.au/contents/documents/Resources/Fact_sheets/Yarning_about_planning_a_baby.pdf>.

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jeanhailes.org.au
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Jean Hailes FOR WOMEN'S HEALTH

Don't blame and shame women for unintended pregnancies

It's not just women who are responsible for conception

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THE CONVERSATION

The line between 'intended' and 'unintended' pregnancy can be blurred. Some unintended pregnancies can lead to wanted births, and some intended pregnancies are aborted. But women should not be blamed for getting pregnant accidentally, because factors outside their control are often involved.

Pregnancies that are unexpected, mistimed or unwanted are common everywhere and in Australia up to one-third of pregnancies are unintended. The results of our recent national survey of women and men in Australia aged 18 to 51 show that unintended pregnancies appear to have increased over time despite more reliable contraceptives becoming available.

What other factors are involved?

Our data show that living in a rural area, being socially disadvantaged and sexual violence play a crucial part in pregnancies that are unintentional.

Contraception

Most women in Australia who are potentially able to conceive have access to and report using contraception. However, no contraceptive is foolproof. Long-acting reversible contraceptives are highly effective, but failure rates of the more commonly used methods are higher.

Rural residence

Our survey data showed that living in a rural area significantly increased the odds of experiencing an unintended pregnancy. This suggests access to contraceptives of choice might be a problem. In small communities it can be embarrassing to consult a doctor, who may be known in a social or familial setting, about sexual and reproductive health matters. And health services may be less accessible if they are a long way away.

Inequality

Socioeconomic inequality remains a key factor contributing to reproductive outcomes in Australia. In our survey, women and men living in poorer areas were more likely to report an unintended pregnancy.

The reasons for this are likely to be complicated but we know that GP consultations with people from non-English speaking backgrounds or who are Indigenous or hold a Commonwealth Health Care Card are less likely to involve discussions about contraception than consultations with people from other community sectors. The cost of contraceptives can also be a barrier to uptake.

Sexual coercion

Access to and use of reliable contraception is necessary for avoiding pregnancy but the dynamics of the relationship are also important. Survey respondents were asked about past experiences of sexual coercion.

More than a quarter of women and almost one in ten men reported having been forced to do something sexual that they didn't want to do during their lifetime. Women and men who had ever experienced unwanted sex were twice as likely also to report unintended pregnancy.

Respectful relationships that enable consistent use of a reliable contraceptive method are crucial. It may be that people with experiences of unwanted sex have generally low agency for negotiating with a sexual partner about using contraception, even in consensual sex.

Why is this important?

Although some people leave conception to chance for a variety of reasons, most women and men want to plan the timing of having children.

Control over when to have children is essential for women's equality of opportunity and the birth of babies who are wanted and for whom optimal care can be provided. Reproductive autonomy is therefore central to the well-being of women, men and their families.

Seeking health care prior to conception is only possible when a pregnancy is intended. Actions might include getting immunised, changing diet, improving exercise and avoiding alcohol or drugs. These are vital opportunities to optimise the outcomes of pregnancy for mother and baby.

Women who experience an unintended pregnancy have frequently been vilified for being foolish and irresponsible. This pejorative stereotype persists despite the fact that almost all women and men who responded to our survey agreed that responsibility for contraception should be shared by both sexual partners.

What can be done to reduce unintended pregnancies?

Education about contraception and access to effective contraceptives of choice are reproductive rights. But more sophisticated sex education and contraceptive counselling are required. These should build skills to address unequal power between women and men in sexual relationships to enable them to negotiate contraception use effectively.

Governments have a role in improving reproductive autonomy. Investment in sexual violence prevention is essential but they must also address structural barriers. If guaranteed universal paid maternity leave, flexible family-friendly work conditions for parents, and job security and pay equity for women were universally available, unexpected conceptions might not be so inconvenient or impossible to pursue and therefore less likely to be seen as 'unintended'.

This article was originally published in The Conversation *on 4 December 2015 (CC BY-ND 4.0) at <https://theconversation.com/dont-blame-and-shame-women-for-unintended-pregnancies-50977>.*

Unplanned pregnancy and abortion in Australia

Unplanned pregnancy is a reality of women's lives. It is important that women have access to correct information and non-directive support about their three options — parenting, abortion and adoption.

Counselling for unplanned pregnancy

Not every unplanned pregnancy is unwanted, but many women will be faced with a decision about what the best option is for them and their family in this situation. While it is important to have pregnancy counselling available for women considering their options, many women will not choose to use it and it should not be mandatory to be 'counselled' on pregnancy choices. Most women talk to their partner or the man involved in the pregnancy, or confide in a good friend or close relative — three quarters of women told a national survey about unplanned pregnancy options that they felt no need to speak to a counsellor in order to make their decision.[1]

Abortion

It is estimated that between one quarter and one third of Australian women will experience an abortion in their lifetime.[2] There is no standardised national data collection on unplanned pregnancy and abortion in Australia, and different states have different laws and regulations regarding abortion procedures.

Some funding is allocated to abortion at a federal level through Medicare and the Pharmaceutical Benefits Scheme, and drugs used in medication abortion are regulated nationally through the Therapeutic Goods Administration. This can cause confusion about which level of government is responsible for regulating abortion and about the legality or accessibility of abortion in different states and territories. The unclear status of law and provision in some states also perpetuates the negative stigma still attached to abortion, and makes some women fearful of seeking support or information as they worry about being judged.

Because of data limitations, national estimates are difficult to compile and must be academically calculated. This is most often done using a combination of Medicare data, public hospital morbidity data, and private health insurance claims. The most recent estimate was calculated in 2005, before medication abortion was available in Australia.[3] It found that 83,210 induced abortions were performed in a year, with women aged 20–29 years the most likely to present for abortion.[3] The resulting estimated abortion rate in Australia was about 19.7 per 1,000 women aged 15–44,[3] which is relatively high when compared with other countries where abortion is legal and easier to access. For example, in 2005 Germany and the Netherlands both had abortion rates less than half that of Australia's,[3] and both countries have easily accessible contraception and abortion services as well as comprehensive sex education.

While this estimate is widely used, the abortion rate could have altered considerably in ten years (as it has in South Australia, from 16.7 per 1,000 women in 2003 to 14.4 per 1,000 women in 2013)[2]; additionally, the ability to calculate this using the methods in that report has changed with the increasing availability of mifepristone (medication abortion).

Western Australia and South Australia are the only two states that routinely collect data on pregnancy termination, and they both report that over 90% of pregnancy terminations in Australia occur in the first 14 weeks.[4,2]

Ease of access to abortion in Queensland depends on many things, including the gestation of a pregnancy, the pregnant woman's location, and her financial situation.

Queensland Health estimates that only 1% of all pregnancy terminations performed in Queensland are provided in public health facilities.[5] The rest are provided through private clinics and day surgeries, and a small number of GPs. These services are high quality and offered by experienced clinicians, but also have out-of-pocket costs attached which can make access difficult for some women. These costs can be anywhere from $250 to $4,000 depending on a woman's gestation and location.

In addition to the high cost barriers for Queensland women, women in rural and remote areas often face long travel distances to get to an abortion provider.

Although medical abortion is now available through some GPs, there is no public list of certified prescribers so finding a general practice that offers medical abortion can be difficult.

Children by Choice is Queensland's only independent, standalone pro-choice pregnancy counselling and information service. We have been in operation since 1972 and can provide statewide counselling, information and referral on all pregnancy options — abortion, adoption and parenting.

For more information see our website at **www.childrenbychoice.org.au** or **free call 1800 177 725**.

References

1. 'What women want when faced with an unplanned pregnancy.' Research by WebSurvey, commissioned by Marie Stopes International Australia. November 2006. Available online at <http://www.mariestopes.org.au/data-and-research/what-women-want-when-faced-with-unplanned-pregnancy/>.
2. 'Pregnancy Outcomes in South Australia' Reports are produced annually by the Pregnancy Outcome Unit, SA Health, Government of South Australia, Adelaide. The most recently available data is from 2013. Reports are available online at <http://www.health.sa.gov.au/pehs/pregnancyoutcome.htm>.
3. Chan A, Sage L, 'Estimating Australia's abortion rates 1985–2003' *Medical Journal of Australia* 2005, 182 (9): 447–452. Available online at <https://www.mja.com.au/journal/2005/182/9/estimating-australia-s-abortion-rates-1985-2003>.
4. Straton J, Godman K, Gee V, & Hu Q. 'Induced abortion in Western Australia 1999–2005'. Report of the WA Abortion Notification System. 2006. Department of Health. Perth, Western Australia. Available online at <https://www.health.wa.gov.au/publications/documents/AbortionReport1999-2005FINAL(4).pdf>.
5. Cited in 'Abortion on Trial', broadcast on ABC Radio National on 7 November 2010. Full response is available online at <http://www.abc.net.au/radionational/programs/backgroundbriefing/abortion-on-trial-in-queensland/2982710#transcript>.

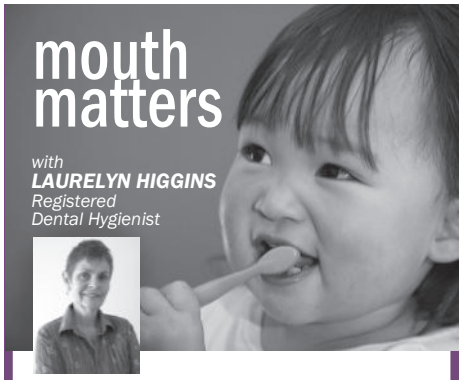
snapshot

NATIONAL WOMEN'S HEALTH POLICY

"The reproductive years are a time when women may be more vulnerable to abuse and violence, with intimate partner violence being strongly associated with early pregnancy and adverse pregnancy outcomes (p. 58)."

Excerpts from the National Women's Health Policy 2010 used by permission of the Australian Government.

Australian Government Department of Health and Ageing (2010) *National Women's Health Policy 2010*, DoHA, Canberra.



mouth matters

with
LAURELYN HIGGINS
Registered Dental Hygienist

Can morning sickness **harm my teeth?**

Morning sickness can happen at any time of the day or night. If accompanied by frequent or prolonged periods of nausea and vomiting, morning sickness can cause dental erosion or acid wear of the teeth.

Strong stomach acids can soften and dissolve tooth enamel, making it easier for brushing or tooth grinding to wear the enamel away. This can adversely affect the appearance of the teeth as well as cause sensitivity to hot or cold foods and drinks. Dental erosion also increases the risk of tooth decay due to the thinness of the enamel.

Once the enamel is gone, it's gone forever. Fortunately there are some steps that pregnant women can take to protect their teeth from stomach acid attack. Here are some suggestions:

- Avoid brushing for at least 30 minutes after any episode of vomiting.
- Neutralise the mouth with a sodium bicarbonate (baking soda) rinse. Mix 1 tsp baking soda in 250ml water and swish a mouthful for 1 full minute then spit out.
- Lightly apply a finger smear of fluoride toothpaste or rinse with a non-alcohol fluoride mouthwash to harden the enamel.
- Use a small, soft toothbrush and low-abrasion fluoride toothpaste when brushing.
- Hold the toothbrush like a pencil to avoid scrubbing the teeth.
- Spit out after brushing but don't rinse, to allow fluoride to soak in.

For more information about morning sickness and dental erosion:
<https://www.betterhealth.vic.gov.au/health/healthyliving/pregnancy-and-teeth>
<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/dental-erosion>.

what's on?

Important Events and Conferences

Find us on

3–6 MAY 2016
REAPING THE BENEFITS: AUSTRALIAN LONGITUDINAL STUDY ON WOMEN'S HEALTH INAUGURAL SCIENTIFIC MEETING — NEWCASTLE
The Organising Committee would like to invite you to the Australian Longitudinal Study on Women's Health (ALSWH) inaugural two-day scientific meeting and workshops. ALSWH is the foremost longitudinal study on women's health in Australia, with over 57,000 Australian women participating in ALSWH surveys since 1996.
FOR INFORMATION visit: <http://alswh.org.au/scientificmeeting2016>.

16–17 MAY 2016
3rd ANNUAL EATING DISORDERS AND OBESITY CONFERENCE — GOLD COAST
The Conference Program will feature profound, positive presentations on best practice approaches for the prevention, treatment and management of Eating Disorders and Obesity issues of the current day.
FOR INFORMATION visit: <www.http://eatingdisordersaustralia.org.au>.

18–20 MAY 2016
AUSTRALIAN AND NEW ZEALAND ADDICTION CONFERENCE — GOLD COAST
Alcohol – Other Drugs – Behavioural Addictions, Prevention, Treatment and Recovery. Hosted by the Australian & New Zealand Mental Health Association.
FOR INFORMATION visit: <http://addictionaustralia.org.au/>.

10–11 AUG 2016
AUSTRALIA'S DISABILITY EMPLOYMENT CONFERENCE — MELBOURNE
Australia's Disability Employment Conference is Australasia's premier conference for managers, aspiring managers, practitioners, and academics working in or with the Disability Employment Services sector.
FOR INFORMATION visit: <http://disabilityemployment.org.au/events-and-training/conference/>.

3–7 APR *2017*
15th WORLD CONGRESS ON PUBLIC HEALTH — MELBOURNE
Call for Abstracts opens April 2016
The Australian Women's Health Network is partnering with Public Health Association of Australia (PHAA) and others in organising the World Congress for the first time in Australia.
FOR INFORMATION visit: <http://www.wcph2017.com/>.

women's health on the net

Hot Spots on the Internet for Women

HAVING A BABY IN QUEENSLAND

www.havingababy.org.au

The Having a Baby in Queensland website was developed by the Queensland Centre for Mothers & Babies, an independent research centre based at The University of Queensland. The site includes: 'Birthspeak', a dictionary of words about pregnancy, labour and birth, with meanings in plain language; and 'Birthplace', an interactive tool with information about all birthing facilities in Queensland.

PREGNANCY BIRTH & BABY

www.pregnancybirthbaby.org.au

Pregnancy Birth & Baby supports parents on the journey from pregnancy to preschool. Get the guidance and reassurance you need about developmental and behavioural concerns or talk to counsellors for emotional support. The site contains information on topics including: Weight gain in pregnancy; Exercising during pregnancy; Things to avoid during pregnancy; Feelings, relationships and pregnancy.

New Strategy to target key concerns for Queensland women

A new Queensland Government strategy will target key concerns for women, including the gender pay gap, barriers to employment, increasing the number of women in leadership positions and domestic and family violence.

Launching the Queensland Women's Strategy as part of Queensland Women's Week, Premier Annastacia Palaszczuk said her Government was dedicated to removing barriers preventing women and girls achieving their goals either at work or in the community.

Minister for Women, Shannon Fentiman, said the efforts of the whole community were needed to challenge and reduce gender inequality.

The Strategy is available at <www.communities.qld.gov.au/communityservices/women/queensland-womens-strategy>.

Healthy pre-pregnancy diet reduces risk of complications


Photo: ALSWH

Gestational diabetes and hypertension disorders are the two most common complications of pregnancy, affecting between five and ten per cent of all pregnancies in Australia. They can have serious consequences for both mother and baby.

In the case of hypertension disorders such as pre-eclampsia, women are more likely to experience complications during pregnancy and delivery. High blood pressure in late pregnancy carries the risk of premature birth and emergency caesarean delivery, and if untreated can be life-threatening.

Diabetes which develops during pregnancy can also lead to problems for both mother and baby. Infants may be large when born, making delivery more difficult, and there is increased risk of premature birth or miscarriage. The baby's blood glucose levels may be low at delivery, requiring time in a special care nursery.

Unfortunately, both conditions can place mother and baby at risk of life-long chronic illness. More than half of those women who develop gestational diabetes will go on to develop type 2 diabetes within five to ten years. Their children are more likely to experience childhood obesity or early onset type 2 diabetes. Hypertension similarly results in increased risk of cardiovascular disease and type 2 diabetes for both mother and child.

With many women having children at a later age and the higher number of young women with obesity, health experts are predicting that the prevalence of both hypertensive disorders and gestational diabetes among Australian women will continue to rise. That makes it even more important to look for ways to counter these complications through modifiable factors such as pre-pregnancy diet.

Using data from the Australian Longitudinal Study on Women's Health (ALSWH), we have found that a Mediterranean-style diet prior to pregnancy may reduce a woman's risk of developing complications including gestational diabetes and hypertensive disorders. Young women with a diet rich in fish, vegetables, legumes, nuts, tofu, rice, pasta, rye bread and red wine before pregnancy were found to have a lower incidence of these serious complications.

These findings were based on analysis of 6,149 pregnancies from 3,582 women participating in ALSWH. Dietary information was collected from study participants when they were aged 25–30 years, and the analysis looked at nine years of follow up data on their pregnancy outcomes. For those women with a diet rich in the Mediterranean elements, the risk of gestational diabetes was lowered by 44 per cent, and for hypertensive disorders there was a decreased risk of 42 per cent.

The studies found that no individual food could fully explain the observed associations, suggesting that the combination and interaction of nutrients and foods of the Mediterranean-style dietary patterns were responsible.

The results of this research suggest that women should adopt a healthy approach to eating before attempting to fall pregnant. There are many well-documented reasons for healthy nutrition at any stage of a woman's life, but we now have evidence that it is also an important investment in the health of our future children.

For more information please visit the ALSWH website: <www.alswh.org.au/images/content/Resources/Fact%20sheet_pregnancy%20diet.pdf>.

Danielle Schoenaker
The University of Queensland School of Public Health

Australian Longitudinal Study on Women's Health (ALSWH) is the foremost long-running study of women's health in Australia. Funded by the Australian Government, the survey provides evidence to develop and evaluate policies to lead to better health for all Australian women. Now in its twentieth year, ALSWH involves more than 50,000 women in four cohorts, selected from the Australian population. ALSWH data is available for secondary research and analysis. For more information visit <www.alswh.org.au>.

Natural substances not always safe

Recent research based on data collected from the Australian Longitudinal Study on Women's Health (ALSWH) has found the majority of women using herbal medicine during pregnancy are self-prescribing.

This is a particular concern to health care providers as the safety of many herbal products during pregnancy has not been adequately established.

There are further concerns that alternative treatments for conditions such as anxiety may not be as effective as conventional treatments.

Information was provided by 1,835 women aged 33 to 38 who were pregnant or who had recently given birth.

The study, conducted by the Australian Research Centre in Complementary and Integrative Medicine at the University of Technology Sydney, found that of women surveyed:

- 34.4 per cent reported herbal medicine use during pregnancy
- 77.9 per cent were self-prescribing these products
- Anxiety, sleeping problems or fatigue increased likelihood of using herbal medicine
- 26 per cent reported experiencing anxiety
- Varicose veins increased likelihood of self-prescribing herbal medicine.

The study authors concluded that it is important for care providers to "have an open and nonjudgmental conversation with women about herbal medicine use during pregnancy."[1]

The study was published in *Women's Health Issues*, the official journal of the Jacobs Institute of Women's Health.

1. Women's Use and Self-Prescription of Herbal Medicine during Pregnancy: An Examination of 1,835 Pregnant Women. Frawley, Jane et al. *Women's Health Issues*, Volume 25, Issue 4 (July-Aug 2015), 396-402 <http://www.whijournal.com/article/S1049-3867%2815%2900026-2/abstract>.

Australian Cross Disability Alliance Applauds Senate's call for Royal Commission into Violence Against People with Disability

MEDIA RELEASE: 26 November 2015

The Australian Cross Disability Alliance (ACDA) welcomes the Senate Community Affairs Committee's report and recommendations following its 'Inquiry into Violence Against People with Disability in Institutional and Residential Settings', tabled recently.

The Senate Inquiry provided a vital platform for people with disability and their representative bodies to tell their stories and have their voices heard.

The ACDA submission and subsequent appearance before the Committee detailed wide-ranging systemic failures in legislation, policies and service systems that underpin the conditions that give rise to violence, abuse and neglect.

ACDA calls on all sides of politics to act swiftly to implement the recommendations.

A number of key recommendations reflect those made by ACDA in its comprehensive submission to the Inquiry, which include:

- A Royal Commission into violence, abuse and neglect of people with disability, with terms of reference to be determined in consultation with people with disability, their families and supporters, and disability organisations;
- The Australian Government consider the establishment of a national system for reporting, investigating and eliminating violence, abuse and neglect of people with a disability;
- The Australian Government work with state and territory governments on the implementation of initiatives to improve access to justice for people with disability;
- Each state and territory to implement a Disability Justice Plan;
- The Australian Government consider amending a number of protective policies to include the specific needs of people with disability, to ensure that people with disability are afforded the full range of rights protections that are available to people without disability.

The Senate Inquiry process revealed many hundreds of horrific stories, testimony to the significantly high levels and myriad forms of violence experienced by people with disability in institutional and residential settings.

Ms Carolyn Frohmader, CEO of Women With Disabilities Australia (WWDA) said: "The Australian Cross Disability Alliance knows that these stories are just the tip of the iceberg and are indicative of a widespread and far-reaching problem."

The Senate report is available at: <http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Violence_abuse_neglect/Report>.

ACDA website: <http://crossdisabilityalliance.org.au>.

The Australian Cross Disability Alliance is an alliance of four national Disabled People's Organisations (organisations made up of and led by people with disability):

- *People with Disability Australia (PWDA)*
- *First Peoples Disability Network Australia (FPDN)*
- *National Ethnic Disability Alliance (NEDA)*
- *Women with Disabilities Australia (WWDA)*

NEXT NEWSLETTER TOPIC

'LIFE & DEATH'

DO YOU OR YOUR ORGANISATION HAVE EXPERTISE IN THIS AREA?

Share your insights with over 400 health & community organisations and other women in Queensland.

We welcome your article ideas and other non-profit submissions.

***Contact us as soon as possible at* coordinator@qwhn.asn.au**
to obtain full submission guidelines.

DEADLINE: 3 June 2016

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Nth Qld Representative: Dr Betty McLellan
TREASURER/SECRETARY &
Central Qld Representative: Sue Manthey
Far North Qld Representative: Vacant
West Qld Representative: Kim Hurle
South Qld Representative: Karin Cheyne

HAVE YOUR SAY...

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

Please contact the QWHN Coordinator Maree Hawken on (07) 4789 0665 or email : coordinator@qwhn.asn.au

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MEMBERSHIP

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

To become a member of QWHN, simply fill in this application and send to **QWHN** at **PO Box 1855, THURINGOWA BC, QLD 4817**, or for information about other payment options email: **coordinator@qwhn.asn.au**

Name:	*NEW MEMBER?* ☐ **YES** ☐ **NO**
Address:	
Phone: Fax:	
Email/Web:	
Profession / Organisation (if applicable):	

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 2016—30 June 2017)

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 www.qwhn.asn.au)*

Signature ..... ***Date*** .....

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