

women's health *australia*

the australian longitudinal
study on women's health

Reproductive Health Findings from the Australian Longitudinal Study on Women's Health



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The Report is available:

at the DoHA website

<http://www.health.gov.au>

and the ALSWH website

<http://www.alswh.org.au/>

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Reproductive health:

*Findings from the Australian Longitudinal Study
on Women's Health*

Authors:

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on behalf of the Australian Longitudinal Study on Women's Health



Final report prepared for the Australian Government Department of Health and Ageing
June 2009



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Outline of this presentation

- Background
- Contraception, fertility and infertility treatment (Jayne Lucke)
- Alcohol and tobacco consumption during pregnancy (Deborah Loxton)
- Prevalence and antecedents of postnatal depression (Cath Chojenta)
- Questions and discussion

Australian Longitudinal Study on Women's Health

- Cohort study of the health and well-being of Australian women
- 40,000 women sampled from Medicare
- Women re-surveyed every 3 years

	96	98	99	00	01	02	03	04	05	06	07	08	09	...2015
1973-78	✉			✉			✉			✉			✉	
1946-51	✉	✉			✉			✉			✉			
1921-26	✉		✉			✉			✉			✉		
	S1		S2			S3			S4			S5		

Australian Longitudinal Study on Women's Health

Younger cohort, born 1973-78

Survey and year		Age	N
Survey 1	1996	18 – 23	14,247
Survey 2	2000	22 – 27	9,688
Survey 3	2003	25 – 30	9,081
Survey 4	2006	28 – 33	9,145

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Contraception, fertility and infertility treatment

**Jayne Lucke, Danielle
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University of Queensland



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Objectives

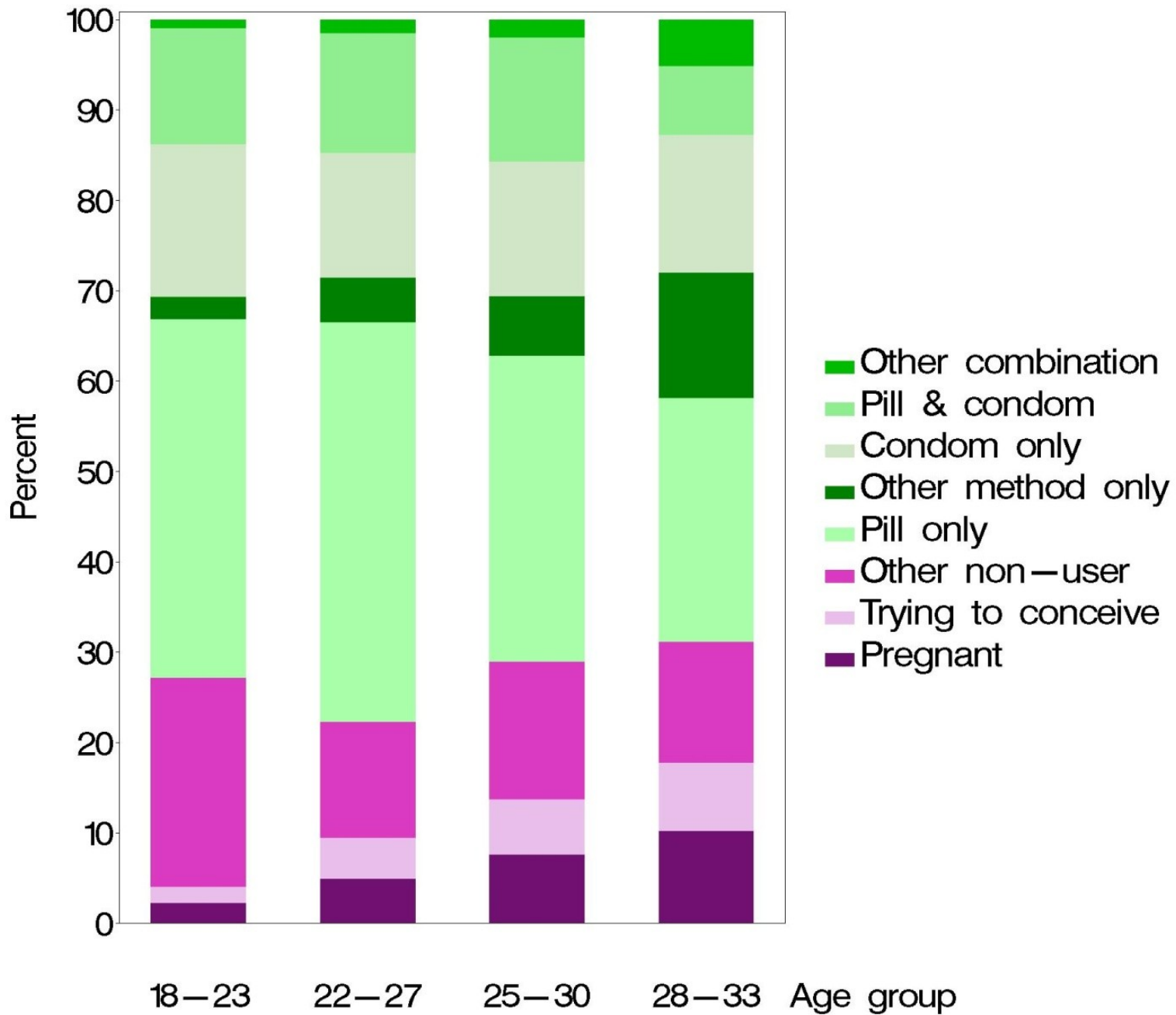
- To examine changes in contraceptive use over time.
- To examine changes in use of different contraceptive methods over time.



Contraception

Non-users	Users
Pregnant	Pill only
Trying to conceive	Condoms only
Other	Condom & pill
	Other single method only (e.g. implant)
	Any other combination





Patterns of change over time

1. Patterns of condom use

- The level of condom use is similar over time, but it is not the same women
- 25% use condoms at one survey only
- 2.5% use condoms at all four surveys

1. Patterns of contraceptive pill use

- Decline in use over time: 54% at Survey 1, 43% at Survey 4
- Most women who stop taking the pill do not start again



Policy implications

- Health services need to be responsive to changing needs for contraception across reproductive life



Who's having babies?

www.theaustralian.com.au

THE WEEKEND AUSTRALIAN JUNE 7-8 2008

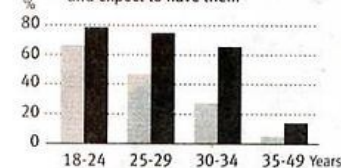
Childless families on the increase

- Trend in delayed childbearing
- No child \neq no pregnancy
- Many pregnancies \neq live birth
- National fertility statistics = live births only

HOUSEHOLD MAKE-UP

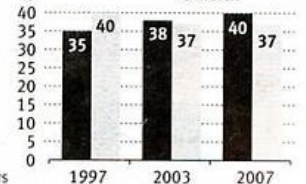
Women's expectations

- Women who have had children and expect to have more
- Women who have not had children and expect to have them



Family composition

- Couple families without children
- Couple families with dependent children



Source: ABS



Objective

- **To examine comprehensive reproductive histories including all pregnancy outcomes**
 - ✓ **Live births**
 - ✓ **Pregnancy losses (no live birth)**
 - **Miscarriages** (*includes stillbirth <1%*)
 - **Terminations** (*includes ectopic <1%*)



Reproductive histories	S1, 1996	S2, 2000	S3, 2003	S4, 2006
	18-23 yr N = 14247 %	22-27 yr N = 9688 %	25-30 yr N = 9081 %	28-33 yr N = 9145 %
No pregnancy	85	74	60	44
Pregnancy outcomes	15	26	40	56
For women who reported pregnancy outcomes:				
Birth only	37	39	45	50
Miscarriage only	10	9	7	4
Termination only	33	29	20	12
Miscarriage + termination	3	2	2	2
Birth + miscarriage	8	9	13	16
Birth + termination	7 17	9	9	11 32
Birth + miscarriage + termination	2	3	4	5



Summary

- **For every 10 women aged 28-33:**
 - 4 had not been pregnant
 - 5 had a live birth (with or without loss)
 - 1 had a pregnancy loss only
- National fertility statistics are incomplete indicators of fertility when pregnancy losses are excluded

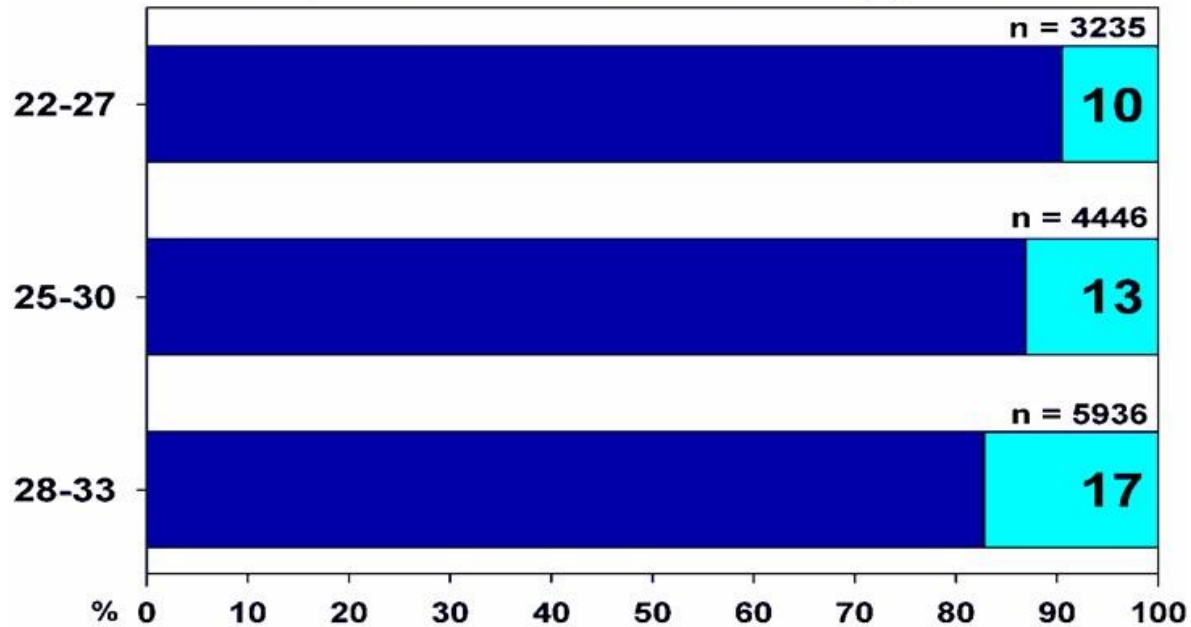


Fertility problems

1. How many women in the general population have **fertility problems**?
2. Who **sought advice** for fertility problems?
3. After seeking advice, who **used treatment** for fertility problems?
4. What **type of treatment** was used?

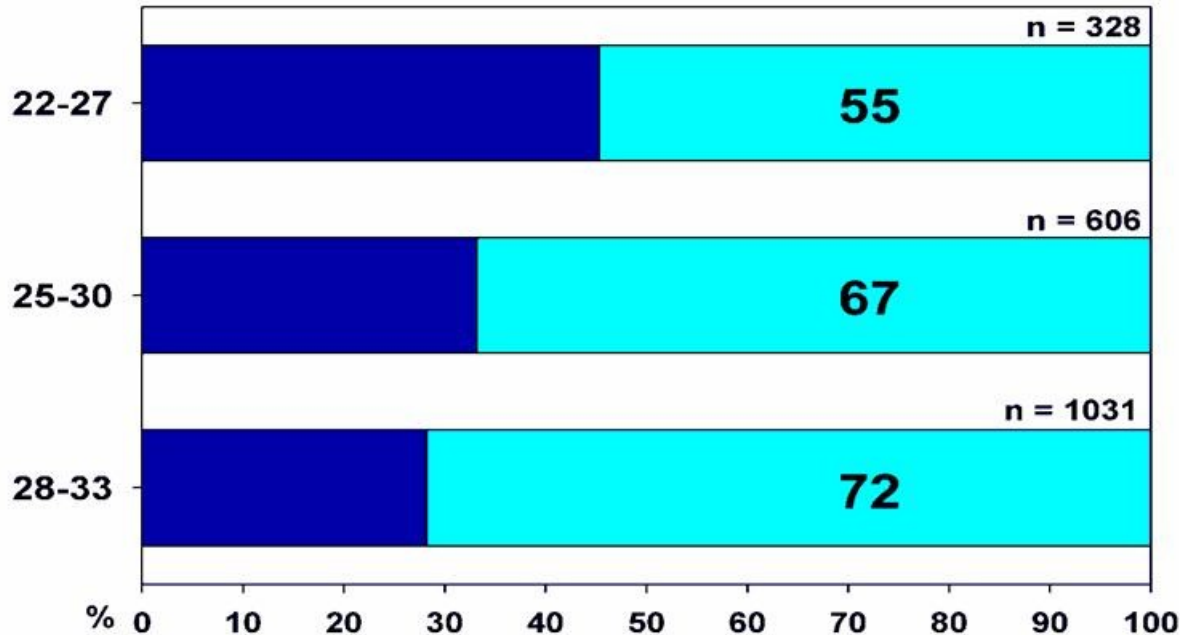
Proportion of women with fertility problems

**Aim 1:
Fertility
problems**



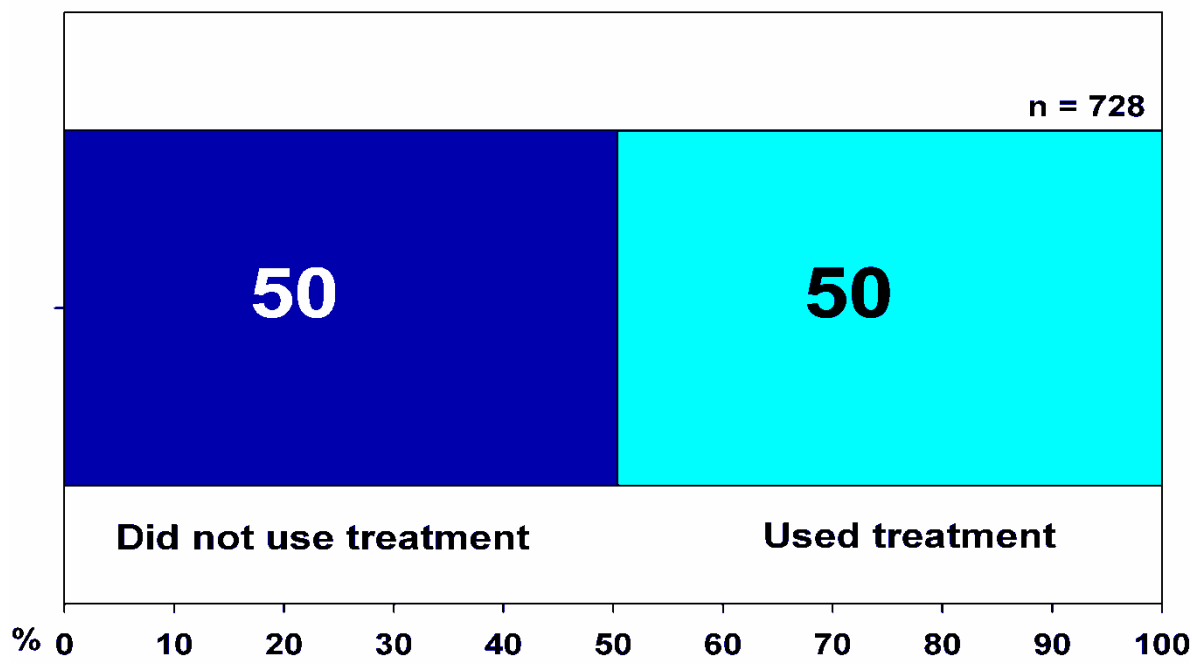
Fertility problems and sought advice

**Aim 2:
Sought
advice**

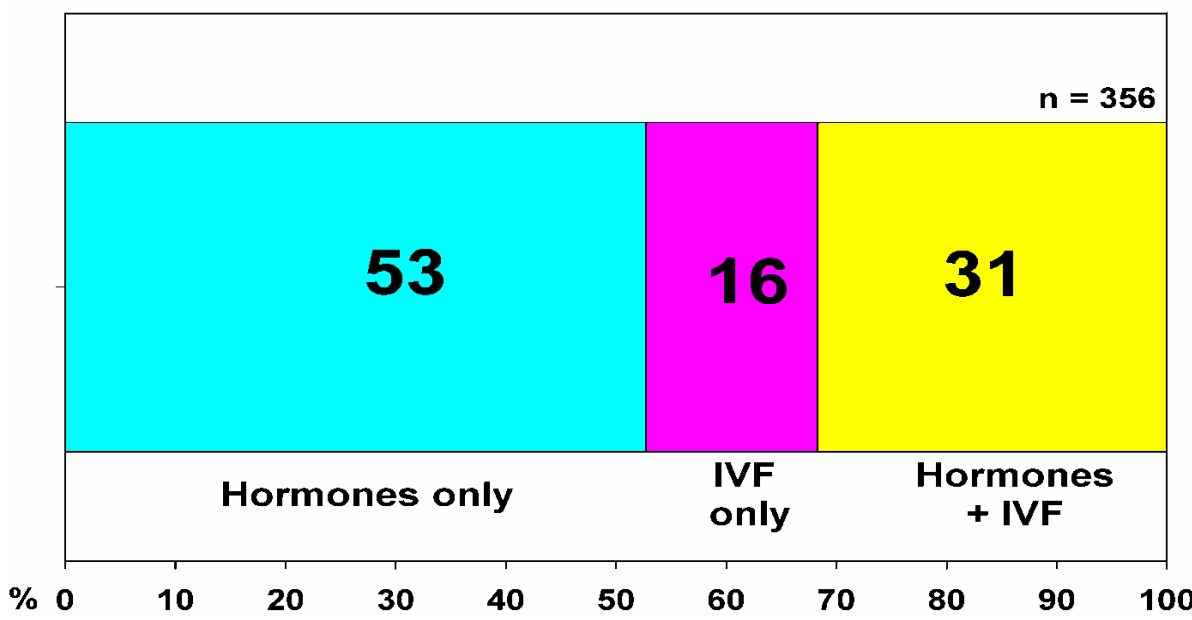


Fertility problems, sought advice and used treatment

**Aim 3:
Used
treatment**



**Aim 4:
Type of
treatment**





Policy implications

- Support high quality services for induced and spontaneous pregnancy loss
- Maintenance of Medicare funding for fertility treatment
- Raise awareness of infertility issues and treatment options among the general population and medical professionals



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Alcohol and tobacco consumption during pregnancy

Dr Deborah Loxton

**Jennifer Powers, Lianne McDermott,
Catherine Chojenta**

Research Centre for Gender, Health and Ageing



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Background

Smoking and alcohol consumption during pregnancy can harm the foetus and the mother

Few studies have examined pregnancy-related changes in smoking and alcohol consumption



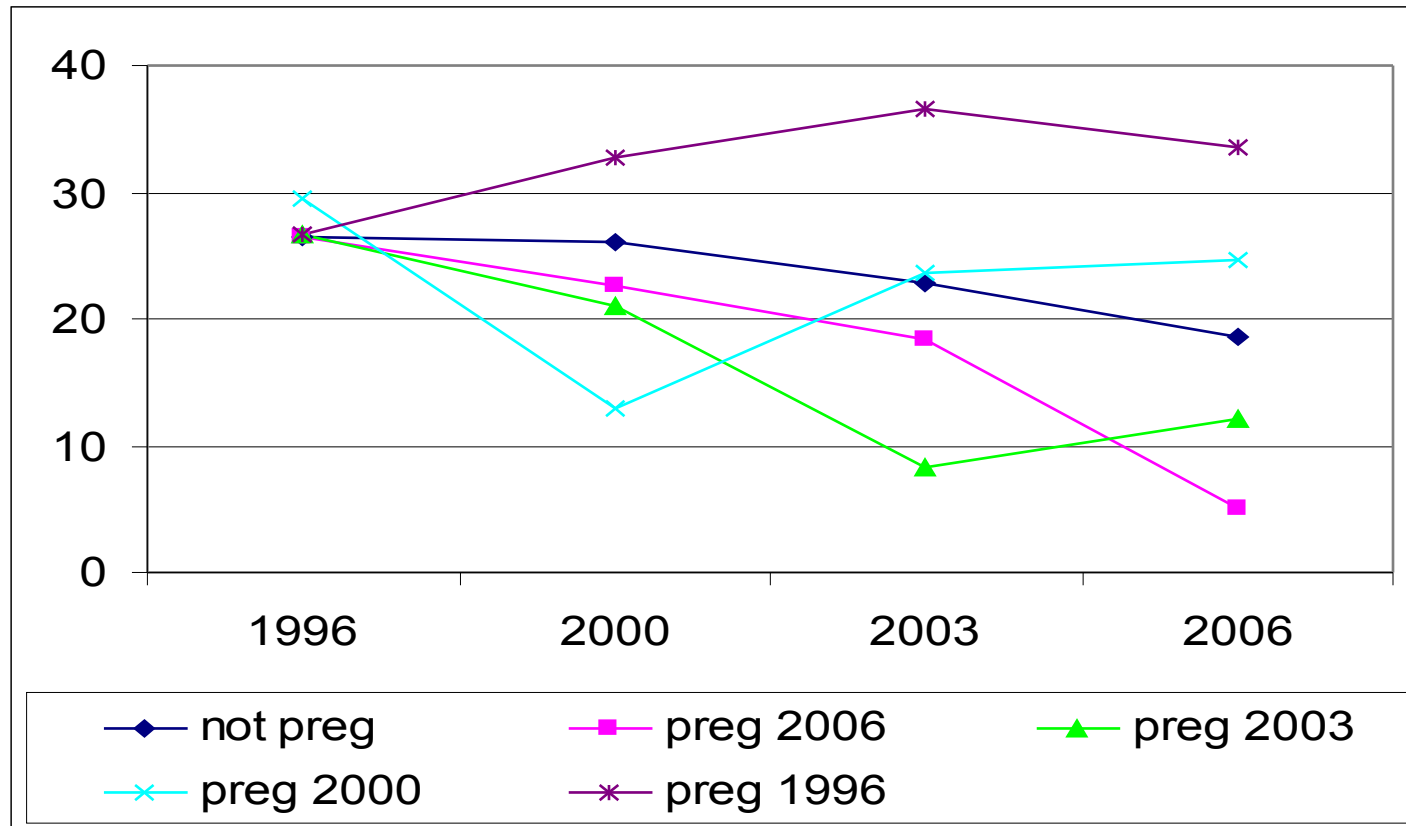
Changes in smoking and alcohol consumption

- Decreases with age
- Might be due to change in policy (alcohol)
- Might be due to change in women

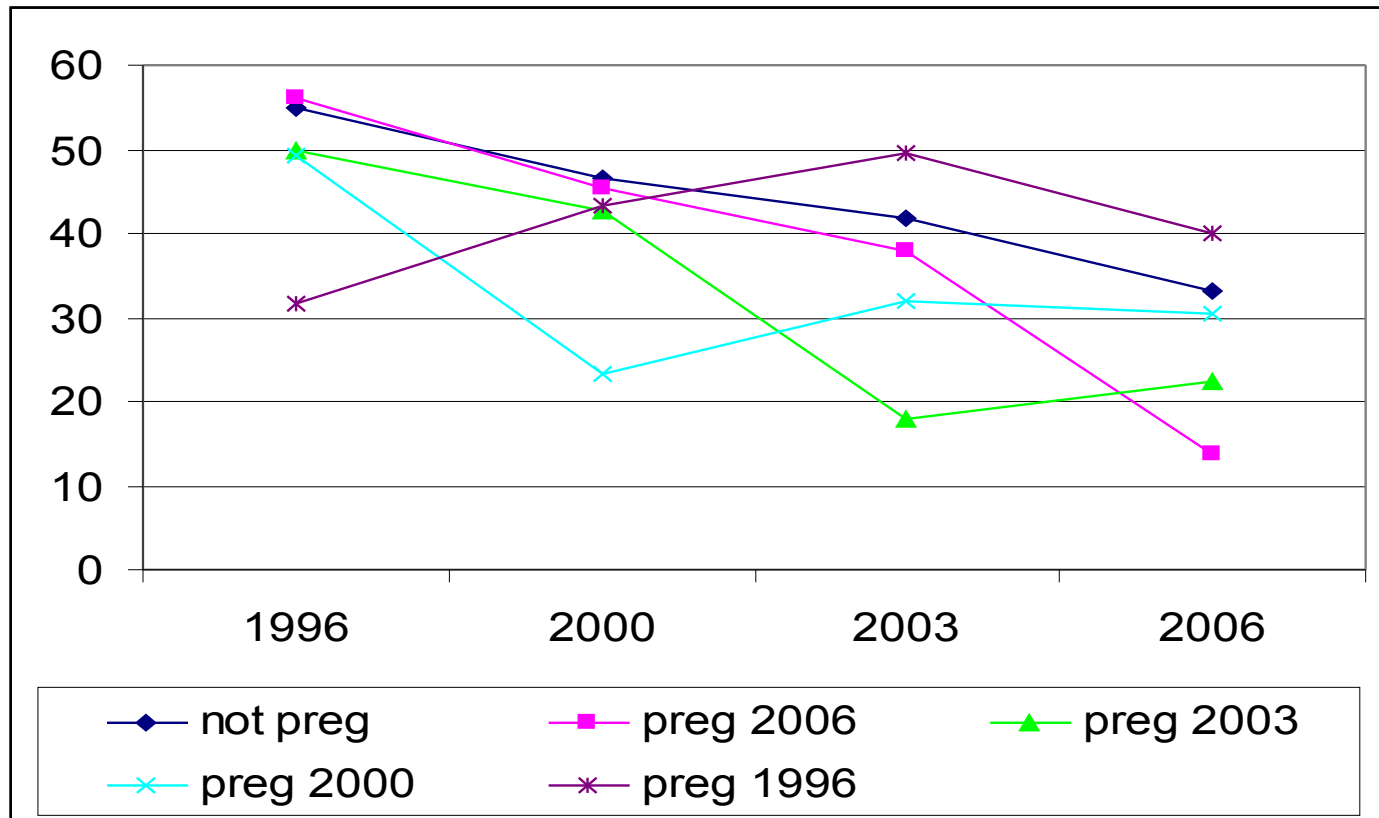
So what happens when restrict to women who were

- Not pregnant at any survey (n=4301)
- Pregnant in 1996 only (n=91)
- Pregnant in 2000 only (n=201)
- Pregnant in 2003 only (n=289)
- Pregnant in 2006 only (n=489)

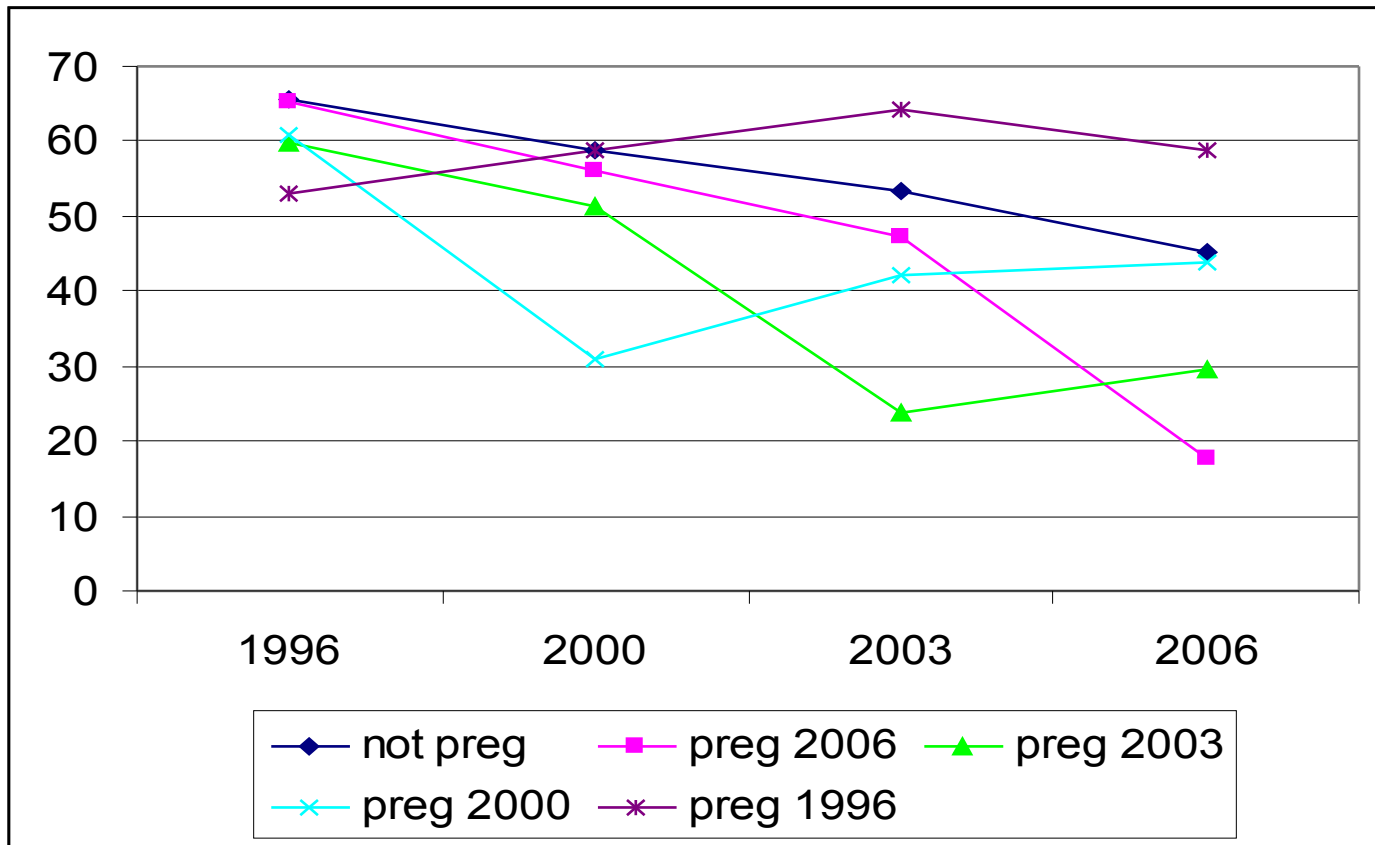
Percentage of women who were current smokers



Percentage of women who were drinking 7-14 drinks a week

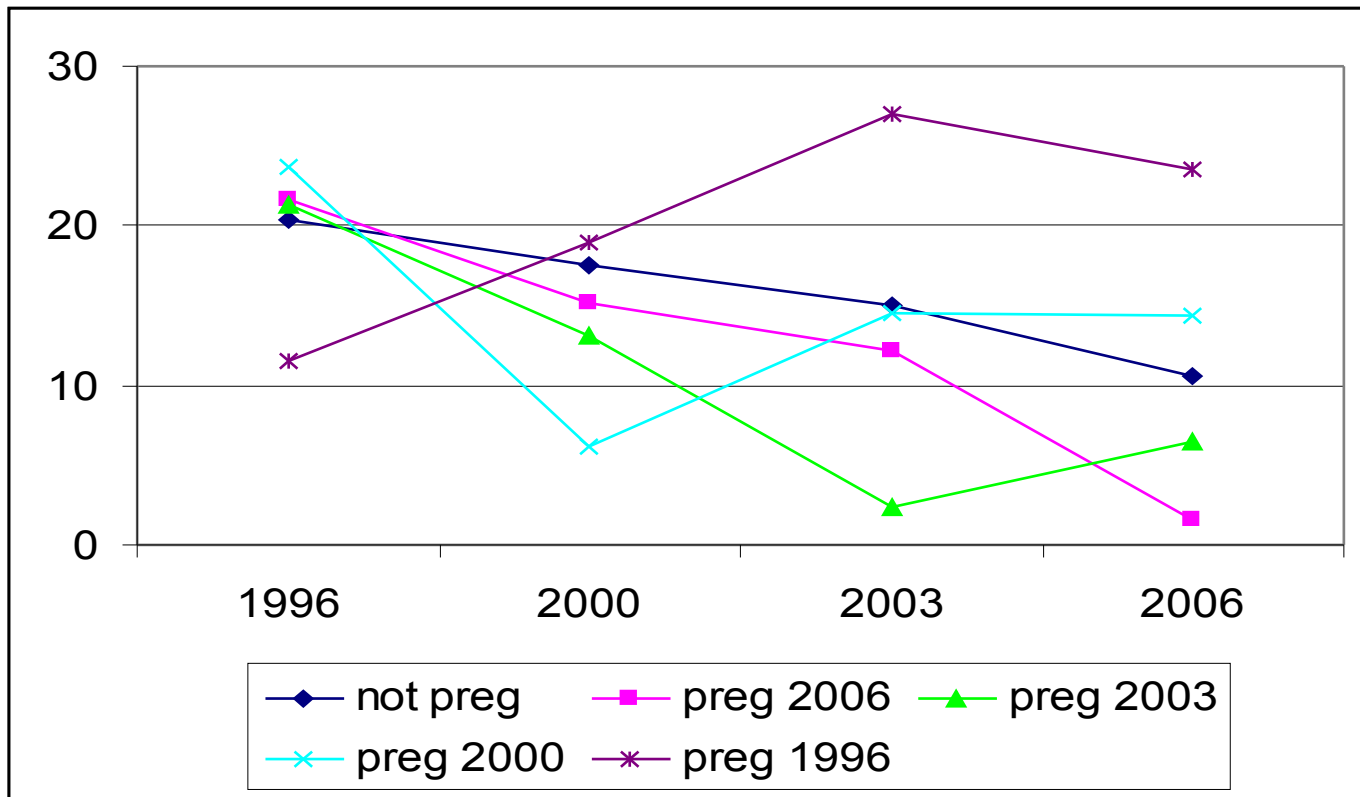


Percentage of women who were current smokers or 'risky*' drinkers



*7 or more drinks per week, or more than 2 drinks per day

Percentage of women who were current smokers and 'risky*' drinkers



*7 or more drinks per week, or more than 2 drinks per day





Conclusions

Smoking

- Trending down
- Decreased in pregnancy
- Rebound after pregnancy

Alcohol

- Trending down
- Decreased in pregnancy but still apparent
- Rebound after pregnancy
- Less prevalent in pregnancy when older





Policy implications

- Clear and consistent guidelines
- Effective programs to assist women in quitting during pregnancy (or beforehand)
- Prevention of re-uptake of smoking, alcohol consumption after pregnancy



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Prevalence and antecedents of postnatal depression in Australia

Catherine Chojenta

Deborah Loxton, Jayne Lucke



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Postnatal Depression

- Depression is the most commonly treated mental illness in Australia
- Current focus - antenatal and postnatal screening



Younger cohort, born 1973-78

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	S1		S2			S3			S4			S5		



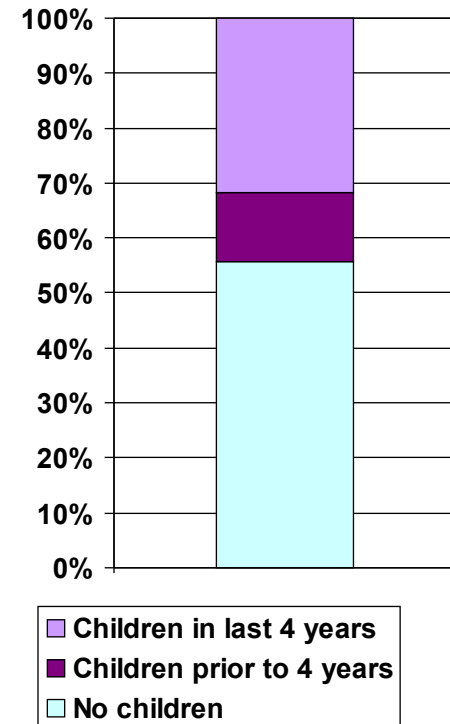
Fourth Survey for 1973-78 Cohort, 2006

N = 6755

Age = 28 - 33

3433 have had a live
birth ever

2451 have had a live
birth in the 4 years
preceding the survey



Prevalence of postnatal depression

- *In the last three years have you been diagnosed or treated for postnatal depression?*
- *If you have ever given birth to a child, please write the date of each birth in the box.*
- 9.8% of mothers have been diagnosed or treated for postnatal depression in the last 3 years

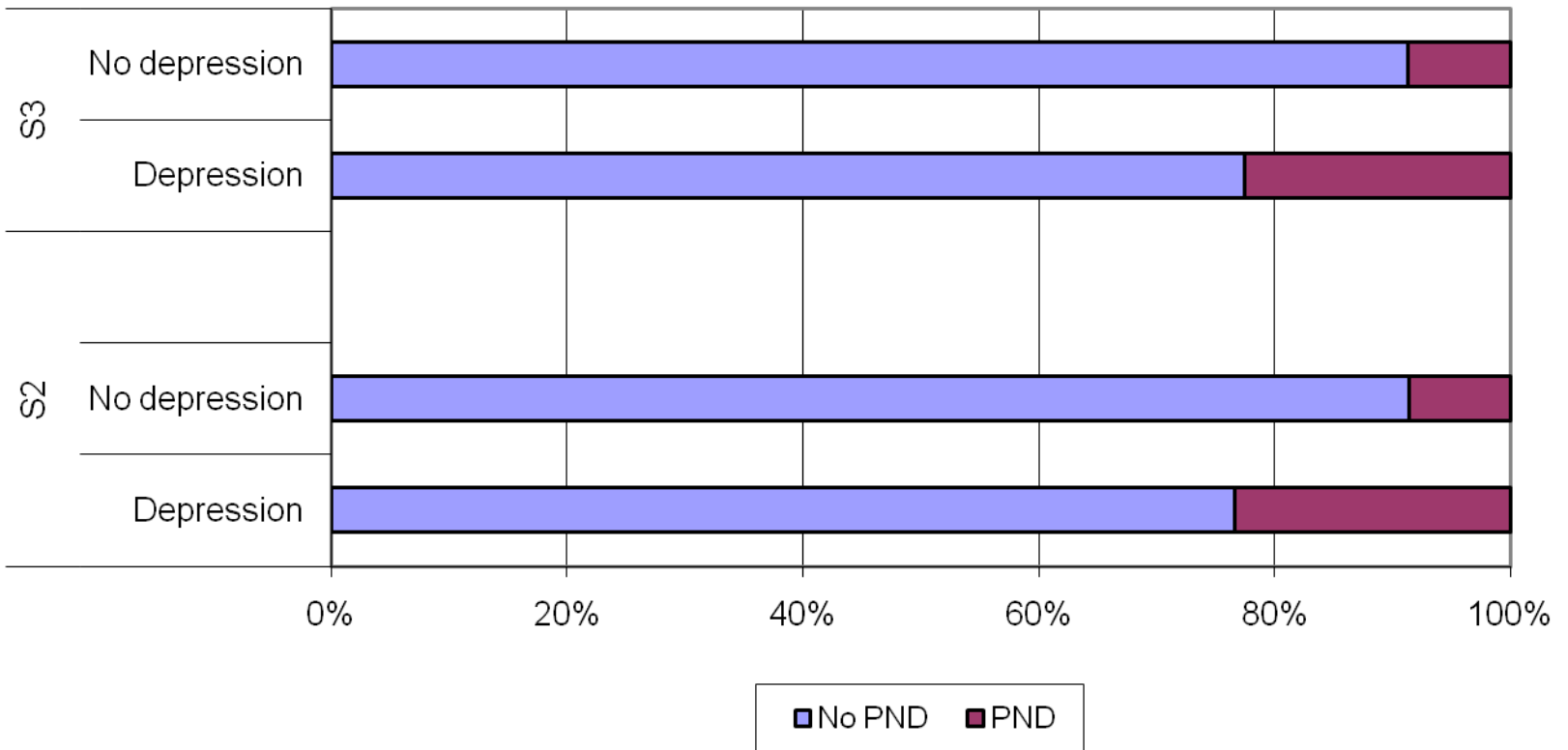


Demographics

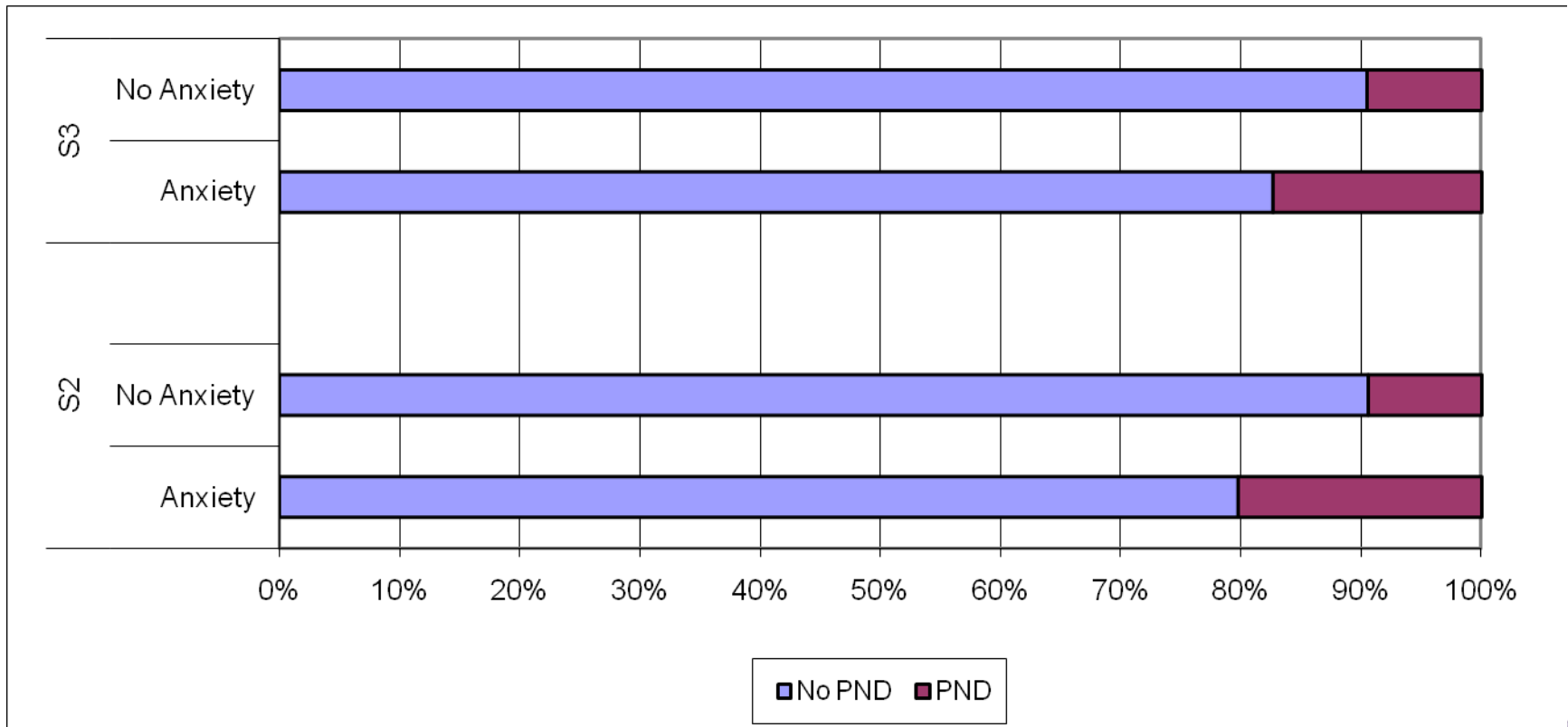
- No significant differences for:
 - Partner Status
 - Education
 - Area of residence
 - Ability to manage on income



Previous Depression



Previous Anxiety





Life Events

- Survey 1:
 - 5 or more life events = 1.5 x more likely to experience PND at S4
- Survey 4:
 - 5 or more life events = >3 x more likely to experience PND at S4
 - 3-5 life events = 2 x as likely to experience PND at S4



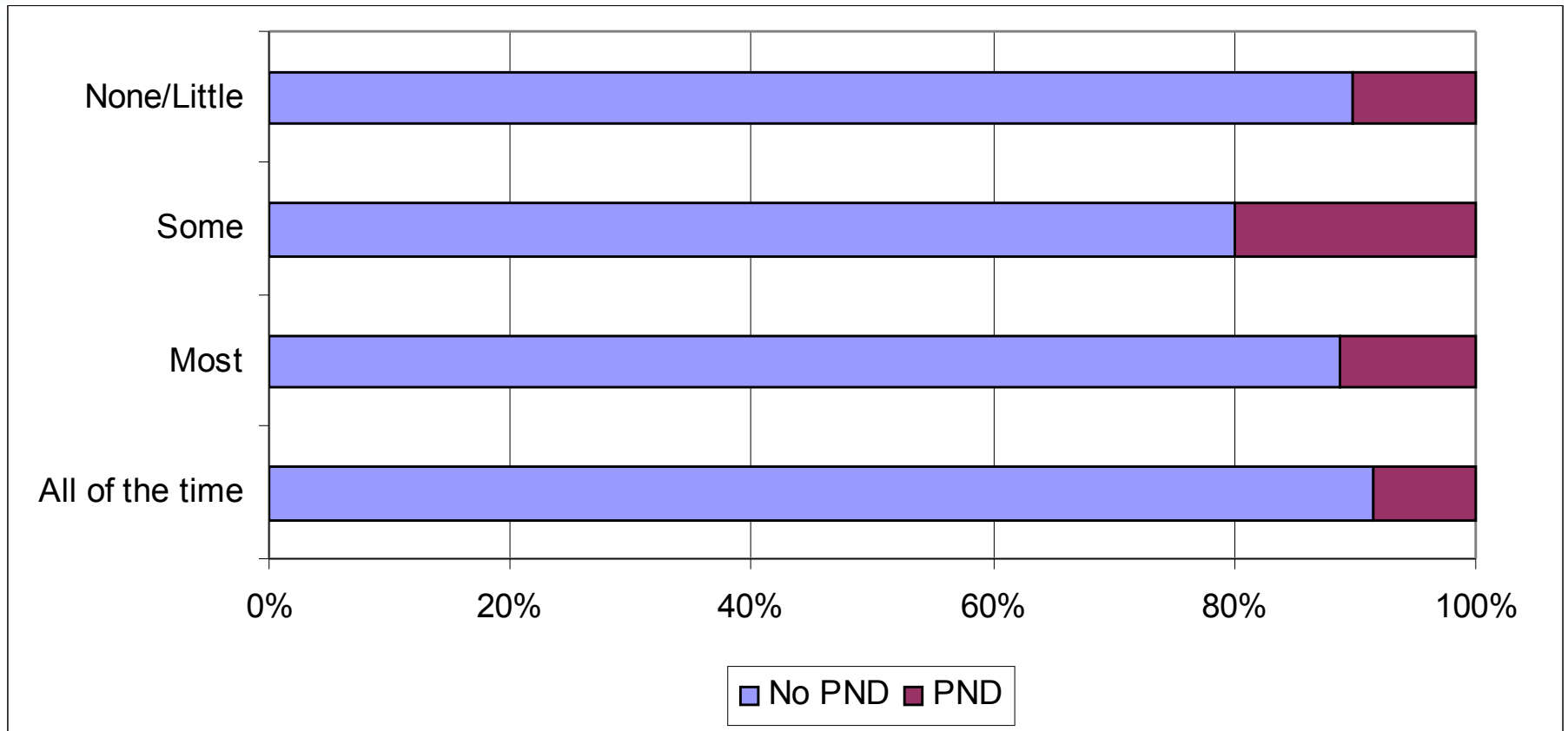


MOS Social Support Index

- Four factors –
 - emotional/informational support
 - Tangible support
 - Affectionate support
 - Positive social interaction



Affectionate Support/Positive Social Interaction





Qualitative Comments

- I have suffered extreme post natal depression since the birth of my daughter, but i am fortunate that i have no ill feeling to her, it is only how i feel in myself. I was also hospitalised for 9 weeks with my depression in a mother/baby mental health unit. The only good thing is i have brilliant family support and husband, you also find out who your true friends are. Also surely it must get better from here and i love being mum! When i am 100% better i hope to do voluntary work to show people if this can happen to me post natal depression can happen to anybody and that you shouldn't feel bad about it or ashamed. It is sometimes an uphill battle still but on the up.*





Policy implications

- Support for new mothers and their families
- Treatment of depression
- More effective antenatal and postnatal screening





Acknowledgements

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We acknowledge Medicare Australia for providing the PBS and MBS data.

Please visit our website at www.alsw.org.au



Summary of policy implications

- Health services responsive to changing contraception needs
- High quality services for pregnancy loss
- Maintenance of Medicare funding for fertility treatment
- Raise awareness of infertility issues and treatment options among the general population and medical professionals
- Clear and consistent guidelines about alcohol and smoking
- Effective programs to assist women in quitting
- Prevention of re-uptake after pregnancy
- Support for new mothers and their families
- Treatment of depression
- More effective antenatal and postnatal screening

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