



GIPPSLAND
WOMEN'S
HEALTH
SERVICE INC.

REG. NO. A0024460W
ABN 21 214 835 436

WINTER 2010

NEWSLETTER

Use it or Lose it?

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Gippsland Women's Health Service

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Editorial

Welcome to the Winter 2010 edition of the Gippsland Women's Health Service newsletter. We often hear the term "use it or lose it" in a variety of ways, from references to memory and mental faculty through to our physical ability. Whilst ageing will undoubtedly take its toll on all of us, we can do things to minimise these effects and enable us to continue to participate in life as much as possible.

We look at the importance of being physically active on page 4, with a number of simple tips on how to include some activity into everyday life. I particularly enjoyed the article on page 10 which reflects on the joys and benefits of laughter. And, just think of the exercise for your facial muscles when you smile, much better than those frown-lines.

Maintaining relationships is also extremely important, and maintaining good communication is vital in ensuring that we can do this. How often do we hear about misunderstandings that are caused through poor communication, and these misunderstandings can quite easily escalate in ways that threaten ongoing friendships and relationships. The article on page 6 provides us with some great tips on keeping up good communication, including the non-verbal areas of communication, listening and body language.

As women, we are acutely aware of our bodies getting older when we don't work quite the way we should. Some very important information on one of these areas is included in the Continence article on page 7, which emphasises the importance of maintaining strong pelvic floor muscles. Nurse's Snippets also contains a wealth of information on a number of issues relevant to women of all ages as Alma provides us with an update from the Healthed Annual Women's Health day.

One of the highlights of the past month has been our attendance at the 6th Annual Women's Health Conference in Hobart. The conference provided opportunities for staff and members of the GWHS governing Council to attend presentations on a huge range of issues that impact on the health and wellbeing of women. These included presentations on violence against women, health services for women in rural areas, sexual and reproductive health, gender and diversity issues, mental health,



Princess for a Day by Mandy Rowe.

caring responsibilities, disability and Indigenous women's health - just to name a few. It was great to be able to network and to hear about the work that is being done across the country and across the world. Staff and Council reflections on the conference can be found on pages 8 and 9.

I hope you enjoy the articles included in this newsletter and encourage you to contact GWHS if you would like any additional information in regard to any of these topics.

Diane Wilkinson
Chief Executive Officer

Congratulations...

Congratulations to Daphne Yarram on her appointment to the National Congress of Australia's First Peoples. Daphne is currently the CEO at Yoowinna Wurnalong Healing Service, an Indigenous family violence healing service in East Gippsland. Previously, Daphne has worked for many years within the Victorian Indigenous community in a range of positions to ensure that Aboriginal communities are supported and encouraged to develop local solutions to respond to issues that impact on their lives.



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The title for our Spring 2010 Edition Newsletter is "The Gender Debate" which will discuss what it is to be a woman in 2010.

If you have something you would like to contribute, we would love to consider it. The closing date for submissions is 30th July 2010.

A DROP OFF SLOT for resources is in the front door of our building at 56B Cunninghame Street, Sale.

The statements or opinions expressed in this newsletter do not necessarily reflect the views of Gippsland Women's Health Service Inc.

This newsletter's featured artist is Mandy Rowe.

"A confessed self taught artist, I began expressing my creativity on ceramics 17 years ago in Lincolnshire, England. After two years in the UK, it was onto Saudi Arabia where I started to play with watercolours. This led on to me writing and illustrating a children's book called "My Arabian Childhood" based on my son and daughter's experiences living in the Kingdom. This continues to sell throughout the Middle East.

From watercolours, I branched out into other areas and designed a range of Arabian inspired pillows and ceramics for a very popular shop in the prestigious Al Khozama Centre in Riyadh. The colours on both the ceramics and fabrics were bold and colourful.

"Despite a diversity of cultures, religions and beliefs we are essentially one."

The hot colours proved popular with both the local population and expatriate community. This led to many small exhibitions initially with expatriates then later with Saudi women including many princesses.

After seven years in the Middle East it was time to bring the children home and settle into a more Australian way of life. My husband Shane and I wanted the children to experience camping trips into the mountains, weekend sport, a local community, a pet or two, clean air, home grown vegetables, less international conflict, a safe environment, trips to the beach, water-skiing in summer, snow-skiing in winter and green grass. "



The Emerald Heart by Mandy Rowe.

My recent exhibition of works in Maffra recognises and pays homage to all women. "Despite a diversity of cultures, religions and beliefs we are essentially one."

If you would like to view Mandy's work, it will be on display at the Stratford Courthouse for the next three months.

Gippsland Women's Health Service thanks Mandy for sharing her story and allowing us to use her beautiful artwork in this newsletter.



10 Point Plan For Victorian Women's Health 2010-2014

Towards the end of 2009, Victorian women's health services finalised a new 10 Point Plan for the period 2010 to 2014 which builds on the success of the 2006 document. The plan outlines a vision for women's health in Victoria over the next 5 years and reiterates a call for a whole of government strategy.

The plan is designed to improve the health and wellbeing of all Victorian women. It consists of 10 points for action that the Services are urging government to commit to over the next five years, as well as four key priority areas for women's health and a series of recommendations for each identified area.

In the following edition of the newsletter we will include a more detailed look at the new 10 point plan. Above are the women's health organisation that have developed the plan.

A growing number of organisations have now endorsed the 10 Point Plan for Victorian Women's Health and Wellbeing. Women's Health Victoria is maintaining the master list of endorsees on behalf of the women's health services and updates on this list of endorsees can be found on the Women's Health Victoria website. www.whv.org.au

MAKING YOUR 40s *The Jean Hailes Foundation*
FABULOUS *for women's health*

YOUR HORMONES | YOUR LIBIDO | YOUR HEALTH

The Jean Hailes Foundation for Women's Health will be hosting a free online community webcast on Wednesday 1 September 2010 at 7.30pm.

This one hour event Making your 40s fabulous: your hormones, your libido, your health will cover health issues that may affect women in their 40s such as: hormonal changes, libido, physical changes, sleep, stress, emotional health and maintaining health for the future.

Gippsland Women's Health will be broadcasting this webcast from our office in Sale.

A light supper will be provided. More information will be available closer to the event.

facebook®

Gippsland Women's Health Service has expanded our online presence and is now available on Facebook.

Facebook is a free social networking service connecting individuals & businesses together.

Our new Facebook page hopes to provide you with some interesting online links, let people know what projects we are working on and other planned events.

Show your support and encourage your friends to become a member of the Gippsland Women's Health Service Facebook page.

<http://www.facebook.com/home.php#!/pages/Gippsland-Womens-Health-Service/113609531997363>

Use it or Lose it -

The importance of being physically active.

Population surveys show that only 55.1% of Victorian women are sufficiently active enough to promote health and protect against disease, with this proportion decreasing with age (DHS, 2004).

There are a number of different factors that impact on the level of activity that women undertake. An article by Bass and Crawford published in the Medical Journal of Australia claims that women's participation in physical activity is influenced by their preferences for activity, the barriers they face in being active, and their life circumstances affecting opportunities to be active. For example, motherhood has been linked to less participation in physical activity. Women with young children are less likely to be active than other women, and inactivity increases with the number of children a woman has. Women with young children commonly cite lack of time and childcare facilities as barriers to their participation in physical activity. Provision of childcare facilities is an important component of any strategy aimed at encouraging mothers to be active. Older women more often report injury or poor health as factors that inhibit their capacity to be physically active. Thus, for older women, moderate-level activities such as walking are probably more likely to be adopted and maintained than those that promote more vigorous forms of exercise. Walking groups have been successful in attracting older women, with the social aspects of these groups an important consideration for many women.

The Australian Government's National Physical Activity Guidelines recommend that women accumulate 30 minutes or more of moderate intensity activity (such as walking) most days of the week. These guidelines are based on evidence which shows that activity at or above this level is associated with a number of health benefits, including reduced risk of coronary heart disease, hypertension, diabetes mellitus and colon cancer, and reduced risk of premature mortality.

Exercise recommended for osteoporosis prevention includes activities that stress the skeleton through the impact of weight-bearing exercise (eg, brisk walking, aerobics or tennis) or through muscle pull from resistance strength training. Such exercises may reduce the risk of osteoporosis directly by maintaining or reducing bone loss, or indirectly by reducing the risk of falling by improving muscle strength, balance and coordination.

Regular physical activity is also linked to psychosocial health. Activity reduces depression and anxiety, improves mood, and has also been associated with increased ability to perform daily tasks.

Being physically active can provide you with more energy, help you sleep better and reduce your stress levels.

How then, when women are met with so many different factors that impact on their ability to be active, can they increase their activity levels?

The following tips from Go for Your Life suggests some easy ways to help get more action into your day:

See physical activity as an opportunity, not an inconvenience. Your body was designed to move. So the more movement you do, the healthier you'll be and the better you'll feel.

Be active in as many ways as you can. Every movement is an opportunity to improve your health and wellbeing.

Avoid elevator music. Stairs provide a great natural workout, so go for leg power whenever you can. For example, take the lift some of the way and walk the rest.

Park further away. You can look for the car park closest to the door at shopping centres. Or you can find the furthest parking spot and walk the extra distance.

Walk the dog. Rather than just letting the dog loose in your backyard, walk it morning and evening if you can.

Find strength in numbers. Being active can be a family thing, social thing, or something you enjoy doing on your own. Being active with others may give that extra boost you need to get up and get active.

Keep it interesting. Go on bush walks and visit parks with friends or family. Take part or help organise community events in your area. Go for a picnic in the country for go fly a kite on the beach.

Take up dancing. Any period, any style. Join a ballroom dancing class, learn to tango, belly dance, tap or simply dance around the house to your favourite tunes.

Set yourself a goal. Set realistic goals and write them down. Keep track of your progress. Doing this with a friend or family member helps you keep on track.

Keep busy around the house. Homes and gardens are convenient places for getting more activity into your day. Make use of your “green gym” by mowing, digging or weeding. For indoor alternatives, put on a CD and get stuck into the chores.

Consult an expert. If you are just starting your activity program, it's a good idea to first check with your doctor or health practitioner. Moderate activities such as walking usually pose little health risk.

Jodie Pullman

Health Promotion Officer
hpo@gwhealth.asn.au

*Information in this article has been adapted from **Are Australian women sufficiently physically active to promote good mental and physical health and prevent lifestyle diseases? How can this be promoted?** By Shona L Bass and David Crawford, and published by **The Medical Journal of Australia**, 2002;A3:S107-S109 and **Go For Your Life**. The full article, with references, can be found at www.mja.com.au*

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The Dragon Fly by Mandy Rowe.

Seasonal Affective Disorder - More than the Winter Blues

It's not unusual for people to dread the passing of summer and the onset of winter. Balmy nights spent outdoors are replaced by colder, darker evenings which force people to spend more time indoors.

For some people however, disliking winter can be much more than simply missing warm weather and summer activities. Winter can become a severely debilitating and isolating time as they try to manage symptoms associated with Seasonal Affective Disorder (SAD) - but is it depression?

Associate Professor Michael Baigent, Clinical Advisor to beyondblue says SAD is a depressive illness that has a seasonal pattern. It's characterised by mood disturbances that begin in winter and subside when the season ends. It's usually diagnosed after the person has had the same symptoms during winter for a couple of years.

“The behaviour associated with Seasonal Affective Disorder is quite different from the mood changes a lot of people feel because of the change of season and the disruptions to their summer lifestyle. With SAD, the depression symptoms are more about ‘slowing down’. People sleep more, eat more and usually crave carbohydrates which leads to weight gain. They'll have a lot less energy and won't want to spend time with others. SAD has a cluster of symptoms that makes the person look like they are going into ‘hibernation’,” Dr Baigent said.

The cause of the disorder is believed to be a lack of exposure to light. There is a much higher prevalence of SAD in countries with shorter days and longer periods of darkness such as Finland, Alaska and northern parts of Russia.

The pineal gland, located in the middle of the brain responds to darkness by secreting melatonin which regulates daily biorhythms including the sleep/wake cycle. It's believed that when this is out of balance, SAD can occur.

“It's important for people to get up in the morning and get some exposure to sunlight, ideally before 8am. Dawn and morning light is believed to be integral in regulating our biorhythms. Combining this with exercise is really important. If people feel this is not helping they should go to their doctor for more advice,” Dr Baigent said.

From www.beyondblue.com.au

Reproduced with permission from Beyondblue: The National Depression Initiative.

Using or Losing Life Skills

In keeping with the theme of use it or lose it, it is equally important of life skills, such as communication, negotiation and assertiveness. If we practice and use them in our daily life, they can then strengthen our ability to cope when times are tougher. And there are times when we all experience it a bit tough. For example, living in regional Australia can add unique rural issues and stresses such as economic, climatic and isolation into our life, however if we can keep our relationships strong and work together to overcome these difficulties life can still be great. Using these skills can assist us with relationships in our life.

Communication is our most basic and instinctive skill. However, we can develop bad habits in our communication and this can sometimes be with the person we are most comfortable with. So I have provided a few tips on keeping that good communication happening every day.

Tip #1

Listening. When we listen effectively we are receiving and understanding the message. To do this involves an attitude of concern and respect for the sender and a willingness to give them time to express their needs, feelings and opinion. We can take responsibility for understanding the message by checking out or clarifying that our perception of the message is what the sender had intended, through paraphrasing or repeating back in our own words what we believe that we have heard.

Tip #2

Body language. Often referred to as non verbal communication, includes the use of eye contact, facial expression, posture and gestures. It is suggested that over 50% of communication is non verbal. It is important to ensure congruency with verbal and non verbal when sending messages so that what is said is clear, direct and more likely to be understood by the receiver. When verbal and non verbal communication does not match it sends a 'double message'. A result of this is confusion about what was said and it can sometimes feel as if the communication was not honest.

Tip #3

Styles of communication. There are three styles of communicating - passive, aggressive and assertive. Although assertive communication shows a sense of 'give and take' in a relationship and a willingness to negotiate there may be times when it is appropriate to choose either a passive or aggressive response. For example in a situation of danger (family violence), it may be appropriate to choose a more passive response to stay safe.



The Ruby Heart by feature artist Mandy Rowe.

A passive style may reflect an underlying belief of low self esteem. This can create an inability to express needs and beliefs and others are unaware of how the sender feels or what they want and the relationship suffers.

An aggressive style is when someone believes strongly in their own rights but does not see others as having the same rights. Communication style is to meet the senders needs. The result of not respecting the rights of others may lead to a sense of hostility and resentment in a relationship.

An assertive style accepts and respects the rights of self and others. This includes the ability to express needs, opinions and feelings openly and appropriately and to listen effectively. Assertive communication leads to feelings of satisfaction, calm and control and acceptance of self and others.

If you would like further information about life skills, please contact GWHS on 51431600.

Jan Tracey
Health Promotion Project Worker

Pelvic Floor, Use it or Lose it!

Bladder or bowel incontinence is a growing problem for women as they age. Some women experience urinary incontinence during pregnancy and after childbirth. Menopause can be another time when problems with either bowel or bladder control appear.

Urinary incontinence is an involuntary loss of urine. Stress incontinence is loss of urine during physical activity, laughing, coughing or sneezing or getting up from a chair. Urge incontinence is the loss of urine when the urge to pass urine is very strong and leakage occurs before reaching the toilet. Some women have both urge and stress incontinence. Others may have urgency and frequency without leakage.

Due to the embarrassing and 'taboo' nature of this medical condition, women often do not seek help until symptoms become very bothersome. Women rarely discuss their condition with friends, family or even healthcare professionals and many women incorrectly believe that urinary incontinence is a natural part of ageing. On average, a woman will wait five years before she presents her urinary or bowel symptoms to her doctor. This reluctance to go to their doctor means many medical practitioners have a low awareness of incontinence and do not recognise just how many of their patients may suffer from the condition.

Do you sometimes feel you have not completely emptied your bladder?

Do you have to rush to use the toilet?

Are you frequently nervous because you think you might lose control of your bladder?

Do you leak before you get to the toilet?

Do you plan your daily routine around where the nearest toilet is?

Do you leak when you laugh or sneeze?

Do you leak when you lift something heavy?

Do you leak when you play sport?

Do you leak when you change from a seated or lying position to a standing position?

Answering yes to any of these questions may indicate that you have a bladder management problem and you should talk to a health professional.

There are many self-help therapies that women can incorporate into their daily activities to reduce or cure incontinence. These include pelvic muscle exercises (it's never too late to start!) and bladder retraining. Caffeine in tea, coffee, coke and chocolate can make the bladder overactive. Water is best. Pelvic muscles stretch like a hammock from the tail bone to the pubic bone and support the bladder, bowel and uterus. Exercising this muscle can strengthen your bladder and bowel control. Many women are not certain if they are squeezing their pelvic floor muscle correctly. A continence nurse advisor can teach women the correct technique as well as help identify other contributing factors for incontinence and design an individualised management plan. Pelvic muscle exercises can be practised when sitting, lying down or standing.

To find out more, speak to a Continence Advisor by contacting the National Continence Helpline 1800 33 00 66 .

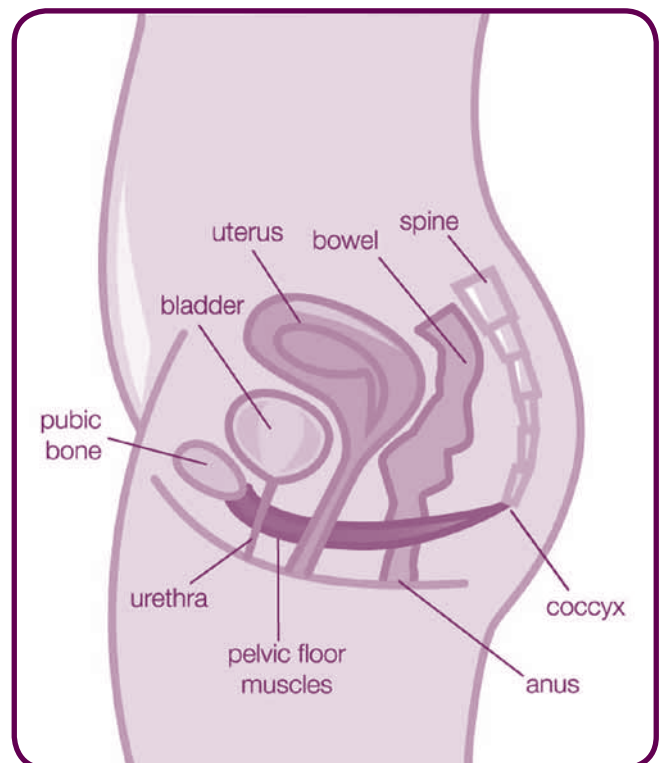
Take action and learn how to strengthen your pelvic floor muscles for life!

Margaret Wilson

Continence Nurse

Bairnsdale Regional Health Service

GWHS thanks Margaret Wilson for her contribution.



*Anatomy of urinary bladder and pelvis with pelvic floor muscles.
From www.continence.org.au*

This event, held every five years attracted speakers from around Australia and Internationally.



The major focus of the Conference which was entitled Women's Health: The New National Agenda, was to continue the work of getting women's health as a priority issue onto the public agenda. The following are comments and highlights from GWHS staff and Council members who attended.

The conference provided a great opportunity to hear about the work that is being done across the country in regards to women's health and also provided plenty of time for networking. The highlights for me, apart from being in beautiful Hobart and enjoying all it had to offer, was the presentations that showcased current research being undertaken in women's health.

A session on the findings of the Australian Longitudinal Study on Women's Health was particularly interesting. The session focused on changes over time in several important areas of reproductive health among women of reproductive age, including contraception, patterns of fertility, infertility and related health service use, maternal health behaviours including the use of alcohol and tobacco during pregnancy, and maternal health after birth particularly factors contributing to postnatal depression.

Another highlight was a presentation by Leichhardt Women's Community Health Centre, who offer a service for women partners of bisexual men. This enlightening presentation told of the experiences of women when they discover that their partner is same sex attracted. The Women Partners of Bisexual Men Service provides information, counseling and support to these women and is the only funded service of its kind in Australia. For more information go to: www.lwchc.org.au/women-partners

Jodie Pullman

Health Promotion Officer

I really enjoyed the presentation on the first day from Liz Mulder Family Violence Counselling and Support Service, Hobart as her research addressed a problem that we are now becoming more and more aware of in Gippsland and are looking at how to raise it Statewide. The issue being about women who use violence in their family relationships. I was very pleased to be able to engage with her and discuss her research in more depth and to receive her report through email when I came back to the office.

The opportunity the conference provided for networking with people I've known in previous roles who have changed positions but are still within the sector. Catching up and re-establishing connections is very beneficial and certainly being introduced to new people and having their roles identified. I collected a number of email addresses to keep linking up with these professionals.

One of the most important highlights for me was the opportunity to team build with those who went to the Conference from GWHS. I don't have a great deal of contact with the Health Promotion team due to the nature of our positions and the fact most of us are part time. The Conference provided a great backdrop to discuss what had been seen and heard through key note speakers and sessions during the day, with workmates in the evening. I feel much more connected to them and their positions within the organisation than before I went.

Kerry Hamer

Family Violence Strategic Directions Coordinator

Hobart offered an opportunity for a team of staff from GWHS to participate in some excellent team building as well as attend the conference. As with all good 'girls' weekends away there was also time for the history, food and great shopping that Hobart has to offer. Our first outing was the official welcoming at Government House. While sitting in the opulent French Writing Room – a venue favoured by the wives of previous Governors, I learned of the inspiring work done behind the scenes from some of Tasmania's first ladies.

During the first day we had several keynote speakers, interspersed with an hilarious take on women's opportunities (or not) from comedian Nelly Thomas. During the afternoon session I enjoyed listening to Lorraine Greaves from Canada, whose presentation was titled "Improving Women's Health Through Policy: The prisms of location, sector, time and place." She discussed the need for engagement as a means to keep women's health on the agenda and highlighted four points she saw as essential for this to occur:

- Network (we genuinely do this well, but she spoke of the need to make it count)
- Don't forget the power of reacting (sometimes a passionate response can really make the point)
- Enter the dialogue (Don't be a bystander, join in the conversations, say what you are thinking)
- Always link to the platform (whatever the topic and wherever you are; raise the issues, any issue that's important for you is important for women's health and wellbeing)

We can all take the opportunity to 'engage' as we all have roles across the community - as an employee or employer, as a daughter, as a sister, as a partner, as a mother and most of all as a woman. Like the women behind the past Governors of Tasmania, we can make a difference if we engage.

I had the opportunity to present a conference paper at my first Women's Health conference. This was an exciting opportunity for me to put GWHS and the work we do on the National Agenda.

Jan Tracey

Health Promotion Project Worker

I thought the National Aboriginal and Torres Strait Island Women's Health Strategy was outstanding and I was surprised that there was not more in the media about such an important potential advance in Aboriginal women's health.

Some of the other highlights for me included:

Fran Baum's session which was very thought provoking: "choice is a code word for privilege". She illustrated the importance of the Social Determinants of Health with the fact that 18% of the world's population still practice open defaecation. Cuba's very successful primary health care service in a very poor country is accessible by everyone and accountable to local communities (as are women's health services in Australia which are run locally by women, for women).

Helen Kelleher said that gender mainstreaming is of value only if it has the possibility to transform gender equity outcomes. Mainstreaming assumes that men and women have equal opportunities for equal outcomes. Gender mainstreaming depoliticises gender and makes women seem needy. It is better to discuss and use gender equity from social relations in society standpoint as it recognizes that in all societies, women are disadvantaged by the financial/social/economic/political power of men.

To reduce violence against women we have to eliminate inequality in assets and employment. While there should be equal representation in parliament, ie 50% women and men, a goal of 30% of women in parliament might be more realistic. We need targets for changes in inequality as well as naming and measuring inequalities to get equity. Dr Melanie Heenan's address emphasised that the key determinant for Intimate Partner Violence is unequal power. Violence against women ignores diversity among women and we also need more understanding of violence against women by same sex partners and violence by women to their children.

Pat Anderson is the chairperson of the Co-operative Research Centre for Aboriginal Health Board, Darwin. She said that: Violence against women is not cultural. Aboriginal women are hospitalized 35 times more than non aboriginal women for family violence, and while colonization is a cause for violence it is not an excuse. Social structures that were protective have broken down. Self determination has been rejected by the last two governments, and interventions have further disempowered aboriginal communities.

Alma Ries

Community Health Nurse

Snippets from the GWHS Council Members:

- A great experience enriched by the strong presence of women with disabilities and indigenous women speakers.
- Glenys and I initiated a networking lunch for board members of women's health services across Australia. This was well attended by women from several States and feedback was very positive. One woman from Kalgoorlie stated that for her it was the most valuable session she had been to during a conference. The arts and culture dimension also enriched the conference - it was not just about words.
- Being introduced to the Knitting Room was a highlight (exhibition of 3-dimensional knitted artwork portraying a 1950's house). Watch out for it if it comes to Victoria.

Frances Ford

- Inspiring and exciting, the contrast of presenters and the way that they presented gave variety and depth to the conference; themes were from both a rural and metropolitan focus.
- Treated to 3 days of speeches, workshops and information sessions presented by women from all around the country with the opportunity to network and make new contacts.
- The content of presentation by indigenous women attending ensured that their voice was heard.
- Key note presentation by Pat Anderson "Gender Policy and Practise that leads to Better Health Outcomes for Aboriginal Women, particularly in terms of Preventing Violence against Women" was brilliant looking at both the positive as well as the negative.
- Many women spoke with a political focus and some with an academic focus, we heard the angry voice of Jo Wilmont talking about Progressing National Women's Health Agenda alongside Donna Stewart's patient voice asking for Understanding and Fostering of Mental Health Outcomes but all women spoke with the same purpose.
- There was a large amount of presentations with regard to Family Violence bringing home to us the need to continue the work in this area.
- The inclusion of arts/crafts in the program show cased women's talent, abilities, independence and strength.
- Strong messages of inclusion, family, respect and support were loud and clear.

Cathy Carr & Diane Robinson

- A positive and invigorating experience for me.
- Broad and diverse range of topics.
- Challenging ideas, discussion and thoughts.
- Large contingent of Aboriginal women speakers / presenters / delegates speaking out strong and loud.
- Great mix of sessions, key note addresses and entertainment.
- The social program was excellent, I especially enjoyed the Women's Performance night - what a range of talent.
- Great networking opportunities.
- Disappointment with the small number of sessions addressing Lesbian health and wellbeing issues and the way these were streamed.

Congratulations to the organisers especially the Tasmanian women.

Glenys McBride

NURSE'S SNIPPETS

Nurse's Snippets

from the Healthed Annual Women's Health Update

March 2010

These are not definitive descriptions of problems and their treatments, but highlights from the conference. For further information contact the community health nurse at Gippsland Women's Health Service.

Immunisation

Inlaws and grandparents, aunts and uncles: if extended family have booster immunizations for diseases like whooping cough and flu etc it will protect the pregnant woman and the newborn baby. There is currently a whooping cough epidemic in Victoria.

The best option for women and their partners who are planning pregnancy is for both to have the relevant immunizations such as whooping cough, chicken pox, hepatitis B and german measles, before pregnancy. This protects her at a vulnerable time as well as the baby during pregnancy and after birth via breast milk. Some immunisations are safe in pregnancy, but live virus vaccines should be avoided during and up 1 month before pregnancy. H1N1 or swine flu vaccine is regarded as safer in pregnancy than contracting that flu which can be very serious for pregnant women, who are susceptible to viral pneumonia, which can be fatal. (*GWHS Nurse's note: in Japan all school children are vaccinated against flu, which protects the rest of the population.*) Swine flu can also cause spontaneous abortions (miscarriage) and premature delivery. As well, maternal fever from any cause can cause neural tube defects in the developing fetus.

Chicken pox vaccination is recommended as pregnant women who get more than 100 lesions (spots) are at risk of pneumonitis which can be fatal. It does cross the placenta and can also have serious consequences for the fetus.

Human Papilloma Virus (HPV)

80% of all sexually active people will get HPV, and natural immunity is not possible, so you can continue to get HPV throughout life. Therefore HPV vaccine is approved and recommended for women up to 45 years of age (but you have to pay if over 26 years), even if they have had previous positive pap smears. Gardasil the vaccine used in Australia is effective against HPV 16 & 18 which cause up to 75% of cervical cancers, as well as oral, vaginal and vulval cancers, and HPV Types 6 and 11 which cause the majority of genital warts.

While HPV is a necessary cause of cervical cancer, there are cofactors which make women infected with the virus less likely to spontaneously clear it. These cofactors include smoking (X3 times the risk), younger age at first sex, higher number of partners and long term use of the combined pill which causes some immuno-suppression. Not using condoms or dams also confers a higher risk as there are more opportunities for infection.

Many people are unaware that HPV can infect the throat after unprotected oral sex causing throat cancer, as well as anal cancer from unprotected anal sex. The speaker strongly advocated that all boys should receive Gardasil to protect them from genital warts and protect female partners from HPV. They especially recommended it for homosexual men/boys to protect them from oral and anal cancers

Osteoporosis

There are many more choices for treatment and more chance for confusion! See new NHMRC guidelines in April 2010.

**T-score:**

Normal: Higher than -1

Osteopenia: Between -1 and -2.5

Osteoporosis: -2.5 or lower

Picture from Osteoporosis Australia website:

www.osteoporosis.org.au

Losing more than 3cm in height may indicate osteoporosis which should be diagnosed by Dual-energy X-ray Absorptiometry-DXA. If can't stand with your heels and back against the wall and have the back of your head touching the wall this may also indicate osteoporosis. While many people are aware of the T score to measure osteoporosis, the Z score is maybe less well known. The T score measures bone density of the woman being assessed and compares it with the bone density of a 30 year old healthy woman. The Z score compares the T score of a woman, with that of a healthy woman of the same age (men are compared with men). Low Z score may indicate the presence of other conditions like coeliac disease or an eating disorder.

A problem with treating osteoporosis is compliance with the medications. Women who have already had an osteoporitic fracture need over 800units of Vitamin D and 1200 mg or more of Calcium daily (low calcium intake precipitates Vitamin D breakdown). The highest risk for a subsequent fracture is in the first year after the initial fracture. With over 80% compliance in taking Vitamin D and Calcium, there is a 24% risk reduction for further fractures. Higher compliance = higher risk reduction. Supplementation with Vitamin D also reduces falls by 22% in elderly.

(Rickets is being diagnosed again in children due to Vitamin D deficiency in mothers.)

Compliance in taking oral Bisphosphonates which may need to be taken for over 5 years, is poor. Those who take 1 less dose per month have 64% less protection. Missing half of prescribed doses means no real protection. However Zoledronic acid can be given by once yearly intravenous infusion which takes 15 minutes at outpatient sites that are available around Gippsland.

Nurse's Snippets Continued...

Women on long term Alendronate who develop hip or leg pain need an x-ray of the hip to rule out a subchanteric (just below the gall of the thigh bone) fracture, which can happen due to low bone turnover.

Another important treatment that can build bone is PTH - Teriparatide, a parathyroid hormone which increases bone formation and reduces fracture risk in women who have already had a fragility fracture. There is PBS reimbursement for this drug in patients: with severe osteoporosis, a T score under -3, two minimal trauma fractures, intolerance of bisphosphonates or a fracture after 12 months of drugs like Alendronate.

Any woman who develops a rash while taking Strontium Ranelate (especially within the first 3-6 weeks) should stop taking the drug and urgently see a doctor as this 'DRESS' reaction can be life threatening.

Dysfunctional Uterine Bleeding

A quarter of all women will experience at least one episode of excessive bleeding that is not due to pregnancy or any recognizable disease. It is a diagnosis of exclusion and is thought to be due to hormonal (not uterine) factors. It most commonly affects women after puberty (teenagers with excessive bleeding should have their blood clotting profile checked) and before menopause. Polycystic ovarian syndrome is a significant cause, as well as hypothyroidism, obesity or hyperprolactinaemia. Pregnancy must be excluded.

All women with significant abnormal vaginal bleeding should have a transvaginal pelvic ultrasound by an experienced gynaecological ultrasonographer. Endometrial (lining of the uterus) thickening is a very important finding and needs further investigation as this may indicate uterine cancer. Risk factors include: obesity, PCOS, age over 45, infertility/nulliparity (no pregnancies), family history of colon or endometrial cancer and exposure to unopposed oestrogens.

A new treatment being trialled for fibroids is MRgFUS (MRI Guided Focused Ultrasound), which they described as like using a magnifying glass to burn grass! Sound waves (ultrasound) are focused to a 1mm point under MRI real time imaging and the fibroid burnt mm by mm. Some other treatments and their efficiency, are listed below.

DRUG	MEAN REDUCTION IN BLOOD LOSS	% WOMEN BENEFITING
Mirena (Levonorgestrel IUCD)	94% there may be 6 months of irregular spotting after insertion.	100%
Oral Progesterone (has side effects)	87% is used 3 weeks on and 1 off.	86%
Tranexamic Acid (only taken on heavy days)	47% can cause thromboembolism	56%
NSAIDs (non steroidal anti inflammatories eg nurofen ect.	29%	51%
Oral Contraceptive Pill	43%	50%
Danazol - has major side effects	50%	76%

Contraception for women over 40 years

While fertility does decrease with age, women can get pregnant until menopause. Menopause is a retrospective diagnosis made when there has been no natural period for 12 months.

The general age to stop hormonal contraception is around 51 years, using barrier methods until there has been a full 12 months with no natural period. The average age for menopause in Australia is 51, but some women will be earlier and some much later in their late 50's. (GWHS Nurse's note: women in this age group remain at risk of sexually transmitted infections, condoms and abstinence are the only reliable preventatives.) Cardiovascular risks are more important to consider in this age group with regard to contraception and include smoking, diabetes, hypertension, and obesity. The risk of blood clots also increases with age.

Because of decreasing fertility, less effective methods of contraception may be suitable at this time. These include diaphragms (94% effective with perfect use, 87% with typical use), progestogen only (mini) pill and other progestogen only methods. The combined pill is World Health Organisation Category 2 (benefits generally outweigh risks), but not for smokers. Lower dose pills may have a lower risk for blood clots, and the vaginal ring has the lowest level of oestrogen. 'Natural' oestrogen pill Clara has only 2 placebo pills so less problems with oestrogen withdrawal, and less metabolic impact, but there may be more irregular bleeding (as is common with all lower dose pills). Follicle Stimulating Hormone levels (used as an indicator for menopause) are affected by the combined pill.

Depo-provera is Cat 2 for women over 45 due to its negative effects on bone density and heart risks.

Other options include intrauterine devices such as Mirena (excellent if heavy bleeding a problem and may help with endometriosis) or the copper IUD. Permanent methods include tubal ligations including the essure method where micro coils are placed in the fallopian tubes.

Acne in Women

Acne is common in adolescence and peaks in severity in girls between 10-15 years (boys 13-18). It usually resolves by 25 years of age, but 5% of women in their 40's still have clinical acne. It can have a severe impact on quality of life, due to its effects on self esteem and relationships, especially in adolescents. Successful treatment can reverse this. A low GI diet can help with mild acne and weight loss can also help as SHBG levels sex hormone binding globulin-drop with obesity. Hormones affect acne as they cause an alteration in the keratinisation process (more dead skin), they affect the inflammatory & immune response, increase sebum (oil) production and allow P acnes, bacteria-colonization in the follicles. About half of all women experience acne flares premenstrually.

Treatment depends on severity and takes 12 weeks to work fully and needs to be continued for 12 months. It can take the skin 2 weeks to get used to the topical treatments. Skin support while undergoing treatment is important. This involves using products from the eczema, not the acne - section at the chemist. Moisturiser, sunscreen and gentle cleansing are desirable but scrubs, masks, toners, facials and steams should be avoided.

Nurse's Snippets Continued...

Mild non-inflammatory acne is treated with a topical Retinoid lotion which normalizes the skin cell life cycle reducing dead skin buildup as well as reducing inflammation and bacteria growth.

If inflammation is present a topical antibiotic or benzylperoxide (BPO) 2.5% lotion is added (stronger than 2.5% is no more effective and irritates the skin). Moderate acne is treated with a topical retinoid plus oral antibiotics and maybe BPO as well. These act on 3 of the 4 causes of acne. Severe, nodular/cystic acne is treated by a specialist with oral Isotretinoin which impacts on all 4 causes of acne.

Mild, moderate and severe acne may all improve with oral contraceptives, and some women will respond better to those with anti-androgens in them, they have girl's names eg Diane, Yaz. Spironolactone (used for hypertension) is sometimes used and may help some women.

Fertility Treatments/What's New in IVF

Fertility in women falls by 10% annually from about 32 years of age. It is not only eggs, but older women apparently have less sex so less opportunity for getting pregnant! Chances of success with embryo transfer also reduce with age. Success rates at age 34 or younger=35%, at 35-36=28%, 37-38=21%, 39-40=12%, 41-42=5%. Social egg freezing may be available but not under medicare. This refers to the freezing of eggs for women without a partner while eggs are still good quality, e.g. a 32 year old single woman. Surrogacy is now allowed in Victoria, with embryo donation now an option for some. Outcomes are better with donated eggs from women younger than 36 as eggs from older women have chromosomal issues cause by weakening of the substance that binds the chromosomes. In America where donors are under 33 years the success rate is 55% live births as opposed to 32.6% in Australia There is a move to allow compensation to egg donors in Australia.

It is now possible to measure Anti-mullerian hormone which appears after puberty at any stage in the menstrual cycle (it's like an egg counter). It is a good predictor for responsiveness to ovarian stimulation.

The health of IVF babies from the 70's & 80's is currently being studied as these adults are the first generation to grow up following IVF conception. Currently there is only a slight increase in fetal abnormalities in babies born via IVF — 6 in 1000 births compared to 2 in 1000 births via natural conception.

It seems that pregnancies from frozen embryo implanted during a natural cycle have better outcomes than fresh embryos in a stimulated cycle. This is better for the woman, in that she has less overall ovarian stimulation, and the babies are a better birth weight.

"What is Normal Fertility Nowadays?"

It used to be said that women weren't considered to be infertile until they had tried unsuccessfully for 12 months to become pregnant. A Melbourne study of 3000 live births at the women's showed that 85% of births were conceived in the first 6 months after stopping contraception.

Six months of unprotected sex in a woman aged 35 or more is an emergency and requires referral to a fertility specialist." (J. McBain; Healthed Lecture Notes 2010 p 30).

Menopausal symptom treatment for women following cancer treatment:

(GWHS Nurse's note: Do not cease or start any treatments on the basis of this article without first discussing it with your treating practitioners!)

Women with breast cancer attending an MSAC clinic (Managing Menopause Symptoms after Cancer) experienced the following severe symptoms: hot flushes 40%, night sweats 36%, loss of interest in sex 30%, sleeping difficulties 25%, fatigue 22%.

Hot flushes can be successfully treated without the use of oestrogen.

Successful treatments include: Gabapentin (anticonvulsant), Clonidine (anti-hypertensive), progestogens (safety is not established in women with BC) and several antidepressants. Women on Tamoxifen cannot use Paroxetine (Paxil) or Fluoxetine (Prozac) as they may interfere with the action of Tamoxifen, leading to an increased risk of dying. Severe hot flushes due to Tamoxifen may predict a better prognosis. *(GWHS Nurse's comment: maybe knowing hot flushes are potentially a good sign that treatment is working, might help with coping with the symptoms?)*

A small trial of 13 women with breast cancer with severe menopausal symptoms involved treatment with a 'Stellate Ganglion nerve block' (in the head). This reduced hot flushes and apparently improved sleep.

Vaginal dryness can occur after natural or treatment induced menopause, affecting up to 40% of women. As well as making intercourse painful, vaginal dryness can cause or worsen existing urinary problems. Oestrogen creams 'Ovestin and Vagifem' are usually prescribed to treat vaginal dryness. Vaginal oestrogens are systemically absorbed and this is a cause for concern for women taking aromatase inhibitors. However Ovestin cream does not increase estradiol blood levels in users, as it is not metabolized by the body into a usable form of oestrogen. So Ovestin vaginal cream is the safer choice for women after breast cancer treatment. Topical testosterone may also be effective.

Sleep disturbances are common and causes are not always known. 'Stilnox' may help with getting to sleep and reduce the amount of awakenings. 'Lunesta'- as well as improving sleep can help with hot flushes and depression, which is more common in women with hot flushes!

Alma Ries

Community Health Nurse

The Magic of Laughter!

Laughter is no Joke! In fact, laughter is a great danger to disease!

When was the last time you had a really good belly laugh? Can't remember - oh dear...

Society today dictates that we must act like 'sensible, mature adults' - but where's the fun in that? No wonder we're so stressed! From the time we were little children, people have been telling us to 'stop being silly', 'wipe that smile off your face', 'grow up' and 'what are you so happy about'. As a result, we have become 'shut down' and afraid of making any noise.

But our body's need us to laugh. When we laugh, we release Endorphins, or as I like to call them - 'Happy hormones'. They're nature's narcotics, and we don't even need a prescription!

The most wonderful thing, is that we don't have to be falling down on the floor in hysterical laughter, holding our bellies with tears in our eyes, about to wet our pants to access them! Although that kind of laughter is of course very enjoyable, it is not essential in order to get a hit of endorphins. Just smiling, in fact even just faking a smile, will do the same thing. That's because our brain can't tell the difference! It's true! If we are feeling frustrated and angry, and then we fake a smile for a few minutes, our brain will release these lovely happy hormones, and then whoosh, the adrenalin and cortico - steroids (from the frustration and anger) are washed away, and we are left feeling relaxed and happy, now that's magic!

We all know how wonderful laughter feels. Haven't we all had the experience of getting the giggles, and then it gets stronger and stronger and we just can't stop laughing. The more we try to stop laughing the funnier the situation becomes and the harder it is to stop! We literally 'get high' on laughter. We are consuming so much fresh oxygen into our lungs, that we usually feel 'light headed' after a good hearty laugh. In fact, sometimes it's difficult to even stand up after a really good belly laugh. We have become so relaxed, our legs feel like jelly! That's because laughter relaxes our nerves and muscles - that includes pelvic floor muscles, so watch out!

There are so many immense benefits to laughter, emotionally, physiologically, mentally and even spiritually. Here are a few that I consider to be the most important. Laughter :

- Relieves stress and anxiety
- Increases T and NIK cells, which fight off and destroy damaged and cancerous cells
- Improves alertness and focus
- Helps us sleep better
- Reduces depression by increasing our levels of Serotonin
- Stimulates Growth hormones
- Increases Creativity

- Balances blood pressure (up or down!)
- Improves thyroid function
- Strengthens the respiratory system
- Induces relaxation
- Strengthens the Immune system
- Improves our feeling of joy and well-being, and heaps of other amazing physical, mental, and spiritual benefits!

Laughter breaks down the walls between us and others. It reconnects us like a 'social glue'.

Did you know that it is impossible to be angry and laugh at the same time - give it a try! Anger releases adrenalin and cortico steroids, whilst laughter releases endorphins. They simply do opposite jobs!

Years ago, it was often thought that people who were perhaps 'not so bright' laughed more. In fact, the opposite is true! It has been proven scientifically that people with a higher IQ laugh more! So there it is, proof that the 'work place clown' is probably smarter than the person who is bent over their computer 'being very serious!' - I know which one I'd rather be!

I have been running 'laughter workshops' for over 8 years now, and have seen some amazing transformations in people even in a short 1 1/2 hour workshop. When we are suddenly allowed to 'have fun' and laugh out loud, dress up and 'play', our minds make a shift. We remember how natural it is for us to have fun and enjoy ourselves. Of course we all have fun with our families, work mates and friends, but I'm talking about really getting active about it. At 'Laughter Works Australia', our workshops include activities like big stomping tantrums, jumping for joy, games, dressing up in all kinds of crazy outfits (tutus, feather boas, jester hats, colourful wigs etc), juggling, laughter 'exercises', and heaps of other hilarious interactive activities! We usually all end up on the floor laughing hysterically about absolutely nothing! I love my job!

So, find your nearest 'laughter club' - there are over 6,000 in the world now! Just google 'laughter clubs' in your State, and go along and laugh and play to your hearts content with a group of like minded and very playful people! Or go to my website www.laughterworksaustralia.com You might find that a giggle too!

Perhaps you would even like me to come and train someone in your workplace to run a little laughter club of your own!

The most important thing to remember, is not to take ourselves and life too seriously. Things are important, but often not as serious as we think they are!

And in the words of Patch Adams....

"The most revolutionary act one can do, is to smile in public!"

Bronwyn Williams

www.laughterworksaustralia.com

GWHS thanks Bronwyn for her contribution.

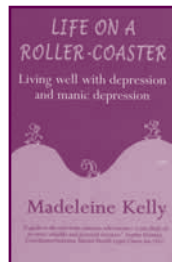
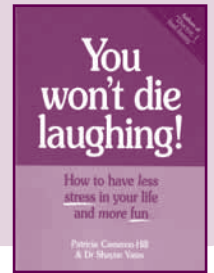
RESOURCES AVAILABLE FROM THE LIBRARY

To borrow resources please call into the service, phone or order online and we can send them to you. FREE Reply Paid post service is available for returns. Freecall 1800 805 448 or www.gwhealth.asn.au

You Won't Die Laughing!

How to have less stress in your life and more fun
By Patricia Cameron-Hill & Dr Shayne Yates

You won't die laughing! Contains real-life stories, original cartoons and humour that will amuse you while you learn how to manage stress. The book shows how laughter can be a short cut to renewed perspective and stress relief. Life really is more fun when you laugh.



Life on a Roller-Coaster

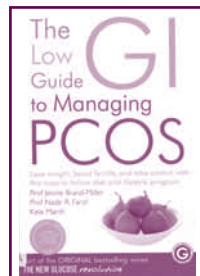
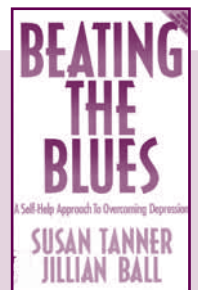
Living well with depression and manic depression
By Madeleine Kelly

Life on a Roller Coaster will show you how to take charge of depression and manic depression and live to the max! The book is an encouraging and empowering resource for anyone who lives with manic depression - whether they're on the roller coaster or watching from the ground.

Beating the Blues

A self-help approach to overcoming depression
By Susan Tanner & Jillian Ball

Beating the Blues reveals, with compassion and candor, how we can all turn our moods around and use them to change our lives for the better. Depression has been described as the common cold of the psyche. At any time, one in five adults is feeling down; one in ten shows more significant signs of depression. *Beating the Blues* allows the reader to ask her/himself if she/he might be suffering from depression



The Low GI Guide to Managing PCOS

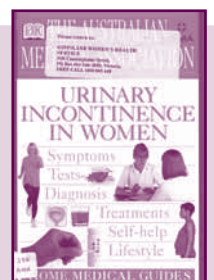
Loose weight, boost fertility & take control with this easy-to-follow diet and lifestyle program
By Prof Jennie Brand-Miller, Prof Nadir R Farid & Kate Marsh

Polycystic ovarian syndrome (PCOS) affects up to one in four women; yet only half of those with the condition are aware of it. Often difficult to diagnose, the symptoms can include weight gain, difficulty achieving pregnancy, mood swings, hirsutism, acne, irregular periods and lack of energy. With *The Low GI Guide to Managing PCOS*, help is at hand with information to assist managing your weight, increasing your physical activity and taking care of yourself and eating the healthy low GI way.

Home Medical Guide to Urinary Incontinence in Women

Symptoms, Tests, Diagnosis, Treatments, Self-help, Lifestyle
By The Australian Medical Association

This clear, concise illustrated guide gives expert advice on living with and understanding female incontinence. Written in conjunction with the AMA and leading Australian specialists the book includes chapters on the function of the bladder, why incontinence mostly affects women, managing the problems associated with incontinence and measures for finding the right treatment, therapists, etc.



The Women's Health Bible

An essential Guide to Health and Wellbeing for Every Woman
By The Editors of Prevention

The Women's Health Bible is a unique health guide that integrates alternative medicine, self-care remedies and mind-body healing techniques with conventional medical treatment. A goldmine of trustworthy, practical advice, recommendations and remedies from leading doctors, nutritionists, fitness instructors, psychologists and other healthcare experts.



REG. NO. AOO24460W

Application for Membership

Gippsland Women's Health Service Inc.

Any woman who resides, works or studies in the Gippsland region and supports the Statement of Purpose of Gippsland Women's Health Service Inc is eligible to be a member of the Association.

Name _____

Address _____ Postcode _____

Telephone _____ (AH) _____ (BH) Email _____

New Membership Membership Renewal Have you changed your address in the past 12 months? Yes No

If yes, what was your previous address? _____

Individual Membership enables you to vote at the AGM and general meetings, stand for election as a member of the Council, access to library service, invitations to special functions, inclusion on our mailing list for programs, workshops and forums.

Do you wish to receive a newsletter? Yes NoDo you wish to receive periodic email updates Yes No

- > Membership is for one year only and must be renewed annually.
- > There is no entrance fee or annual membership subscription.

I agree with the Statement of Purposes and wish to become a member/renew my membership of Gippsland Women's Health Service Inc. for one year, ending after the Annual General Meeting 20____.
(please complete relevant year)

I accept that GWHS Constitution requires a register of Members be retained by GWHS and that a list of member names will be available for viewing by other GWHS members at the GWHS registered address in accordance with the Constitution and Privacy Legislation.

In the advent of my admission as a member of the Association, I shall at all times comply with the rules of Gippsland Women's Health Service Inc.

Signature of Applicant _____ Date _____

Please complete and return to:
Gippsland Women's Health Service Inc.
Repy Paid 664, Sale Vic 3850

Office Location: 56B Cunninghame Street, Sale Vic 3850
Telephone: 03 5143 1600 or 1800 805 448 Fax: 03 5143 1224
Email: admin@gwhealth.asn.au Website: gwhealth.asn.au

For Office Use Only:

Date Received: _____ Date Entered into Database: _____

Staff Member: _____

GIPPSLAND WOMEN'S HEALTH SERVICE NEWSLETTER

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GIPPSLAND
WOMEN'S
HEALTH
SERVICE INC.

REG. NO. AOO24460W

Gippsland Women's Health Service is an independent, regional health service run by women for women. The Association develops and implements health promotion programs based on the social model of health, which work at a number of levels to empower women to increase control over, and improve their health.

The Service Offers:

- Information resources from our free postage library service in the form of books, videos, articles, pamphlets and audio tapes
- Free Health Information Line - 1800 805 448 to speak to our Community Health Nurse
- Free, confidential pregnancy testing, options counselling and telephone options counselling
- Information, referral and support to all women of Gippsland, their partners and health professionals

Why a Women's Health Service?

- Women and men have different health needs
- Women use health care not only for ill health, but for health maintenance, such as pregnancy, contraceptive management and menopause
- Women in their role as carers use health care services more frequently than men
- Women are more likely to be socially and economically disadvantaged than men

24 HOUR CRISIS LINES

- | | |
|--|--------------|
| ■ Triage (Mental Health Emergency Service) | 1300 363 322 |
| ■ Women's Domestic Violence Crisis Service | 1800 015 188 |
| ■ Gambler's Help | 1800 156 789 |
| ■ Lifeline | 13 11 14 |
| ■ Kids Help Line | 1800 551 800 |
| ■ Latrobe Community Health Service
24 Hour Aged, Disability and Carer Support | 1800 242 696 |
| ■ Gippsland Centre Against Sexual Assault | 1800 806 292 |

As an information service/health advice line for all women's health queries, you may call Gippsland Women's Health Service on 1800 805 448 or 5143 1600 from Monday - Thursday: 9.00am to 4.00pm, Fridays: 9.00am to 3.00pm
You can also leave a message after hours and we will get back to you.
However, please note that we are not a crisis service.