National Priorities in Women’s Health Research and Translation

The Australian Health Research Alliance Women’s Health Research, Translation and Impact Network (AHRA WHN) led a broad-based consensus development process to establish agreed national women’s health research and translation priorities. The priorities were developed with reference to a systematic review led by Gita Mishra commissioned to inform the development of the Women’s Health Strategy, the Draft National Women’s Health Strategy 2020-2030, and were supplemented by expert and stakeholder input (electronic dissemination across the AHRA Centre’s and stakeholder groups nationally). This was followed by a national workshop, applying a well-established modified Delphi and Nominal Group Technique for consensus co-development. The process is outlined in the figure below.

The priorities identify opportunities for targeted funding in women’s health, with a firm focus on public benefit and community outcomes. Nine priorities and seven overarching principles were identified (see following page). Detailed research and translation topics were workshopped under each priority with extensive stakeholder consultation nationally across AHRA Centres and stakeholder groups with high level consumer input. These priorities are designed to inform future research and funding strategies and to drive health impact.

The priorities detailed below will accompany a paper published in an upcoming edition of the Medical Journal of Australia (details to follow shortly).

The detailed research and translation points under each priority are undergoing additional consumer input and iterative development and feedback is welcome. To provide feedback, please contact helena.teede@monash.edu
Women’s Health Research and Translation Priorities

**Priority 1**: Preconception, pregnancy, postpartum, and intrapartum health of mothers and infants

- Personalised and individualised care, variation in care and models of care including midwifery, specialist and primary care across these life phases, cross cultural issues, physical environment, shared decision-making and optimal quality and use of data including reducing variation in care.
- Preconception: contraception and reproductive planning, lifestyle and maternal excess weight, mental health, infertility, screening and management, differential access, system of care, contraceptive coercion, partners and genetic screening.
- Pregnancy: heralding future metabolic health with risk prediction and prevention opportunities, unhealthy lifestyle, maternal excess weight gain and obesity, maternal age, chronic disease, mental health including screening and perinatal mental health planning, variation in access and models of care (including continuity of care), evidence-based birth education, sleep, alcohol, smoking and substance abuse, violence and sexual abuse including in
childhood and impact on birth/trauma in general, development and implementation of evidence-based guidelines for antenatal care, childbirth and early parenting programs including evaluation and implementation, induction of labour, caesarean section, perineal injury, mode of birth, analgesia short- and long-term impacts, and partner support.

- Intrapartum: models of care, addressing prior birth trauma, and care collaboration.
- Postpartum: mental health, timely follow up, breastfeeding education and support, consistency and continuity of postpartum care including integration with maternal and child health nurses, non-communicable disease prevention and care, follow-up on healthy lifestyle, personalised medicine approaches with risk stratification e.g. women with gestational hypertension, GDM and optimal screening, monitoring and prevention of chronic disease, contraception, parenting support, self-care, promoting optimal attachment.
- Reproductive health issues that have significant epigenetic and population attributable factors in health e.g. fetal growth restriction, altered fetal movements, and pre-term birth (impact on child’s future health), implement and evaluate programs to improve this.

**Priority 2: Mental health research and translation**

- Drivers (endocrine, social and environmental drivers) of high risk and prevalence of mental illness in women, understanding periods of vulnerability to mental illness.
- Promotion of strong mental health, strengths, resilience of individual and communities, risk and resilience factors for women across different life stages.
- Life stages:
  - Mental health in young women in adolescence and early twenties including around suicidal ideation and self-harm and drivers and resilience factors for this, impact of social media, use of social media and apps to capture data in research.
  - Mental health around women who are infertile. Monitoring mental health in infertility and treatment.
  - Links between maternal mental health, attachment and unsettled babies (high rate of subsequent mental illness), risk and resilience factors linking unsettled babies and development of mental illness.
  - Mental Health in pregnancy and postpartum.
  - Menopause impact on mental health.
  - Physical and mental comorbidity
  - Depression, loneliness and social isolation and spiral of decline in ageing and effective interventions.
• Cognitive decline, dementia with female specific research, lifestyle modifications to reduce risk.
• Culturally and Linguistically Diverse women/Indigenous/marginalised groups and mental health (social isolation, particularly with young children).
• Women with poor mental health and violence and abuse.
• Models of care and referral pathways that provide continuity and consistency and integrate effectively with other services, lived experience, shared decision making, carers in mental health, NDIS impact on mental health outcomes.
• Anxiety drivers and resilience factors, appropriate services.

Priority 3: Reproductive health
• Topic areas including: Endometriosis, Polycystic Ovary Syndrome, infertility: equitable access to services, evidence based guidelines for infertility treatment, variation in care, registry including treatment alignment with guidelines, national monitoring of outcomes (including long term), early menopause and menopause, gynaecological interventions, gynaecological cancers, heavy menstrual bleeding, urinary and faecal incontinence, prolapse, hysterectomy, screening - including prevention and raising awareness and access to care e.g. pelvic floor therapies, and immunisation for human papilloma virus.
• Links between high-risk pregnancy and risk for non-communicable disease in late life and targeting pregnancy as an opportunity for transforming women’s health.
• Prevention of unplanned pregnancy, improving access to contraception including long acting agents, emergency contraception, surgical/medical abortions.
• Improving evidence-based guidelines to support primary health practice and workforce capacity building linking to impact on reproductive health choices for women.
• Exploring the role of men in reproductive health, including conception and contraception.

Priority 4: Chronic disease and preventative health
• Consider fatal and non-fatal burden and female specific features and trends across all national health priority areas.
• Chronic disease (particularly heart disease and stroke) prevention and treatment including multi-morbidity – with common risk factors and requiring integrated and comprehensive approach to chronic disease management.
• Exploring women’s cardiovascular disease and mechanisms to address differences to improve the cardiovascular health of women.
• Cancer – Breast cancer, gynaecological cancers including ovarian, endometrial, cervical cancer (especially among young, disadvantaged populations); and other cancers including lung and bowel cancer/optimal screening and detection, genetic risk assessment, improved diagnosis and more effective treatments; improving reproductive outcomes in women with cancer; promoting exercise and health behaviour change (weight loss, nutrition) in cancer survivors.

• Mental health conditions chronicity and comorbidity with physical health conditions.

• Optimal screening for chronic disease.

• Quality of life of living with non-communicable diseases and multi-morbidity.

• Access to care and burden of care/models of person-centred care-integrating care: developing models of care/measuring outcomes and including self-management approaches to chronic disease management.

• Lifestyle and healthy lifestyle and prevention, not just obesity, especially preconception and during pregnancy.

• Exploring health promoting environments, social determinants of health risk behaviours, life stage/life course approach.

• Vaccinations and quality use of medicines/prescribing.

Priority 5: Healthy lifestyle, nutrition, physical activity and the prevention of obesity

• Understanding why people don’t engage in healthy lifestyle and addressing the root cause at all levels.

• Understanding drivers of unhealthy lifestyle.

• Principles of environment and design of communities at all levels is critical.

• Impact and modification of unhealthy food advertising and exploration of interventions including a tax on sugar.

• Modifying influence on policy.

• Body image, eating disorders and the role in mental health and healthy lifestyle.

• Smoking prevention, cessation and safe alcohol use.

Priority 6: Violence and abuse

• Childhood abuse and impact over the life course on women’s health and wellbeing and healthcare costs.

• Life course approach including abuse at all life stages from childhood, to pregnancy and beyond to the elderly.

• Primary, secondary and tertiary prevention of intimate partner and family violence.

• Drivers, risk factors and resilience factors.

• Improving resources and services for women with abuse experiences.
• Screening for domestic violence, impact and outcomes.
• Clinical pathways and models of care.
• Capacity building of clinicians and trauma informed care.
• Healthcare access, patient centred care and shared decision making.
• Partnering with men’s health and exploring drivers of violent behaviour and gender inequity.

Priority 7: Indigenous women’s health
• Indigenous women’s empowerment and appropriate models of care.
• Addressing racism and ageism.
• Understanding diversity of women and their experiences.
• Big data analysis of databases with Indigenous data that often is not analysed.
• Barriers around Indigenous access through ethics.
• Addressing gaps on reproductive health other than STIs: infertility, contraception. Closing the Gap - disparities in all areas to be addressed.
• Integrated and holistic maternity and infant health services linked to primary care and Aboriginal Community Controlled Organisations.
• Social determinants of health are included and addressed – family violence, drug and alcohol, poverty issues and access to services.
• Health, social and emotional and cultural wellbeing – addressing trauma including around child protection and removal practices.
• Adaptive methodology to account for contexts and smaller populations.

Priority 8: Healthy ageing
• Addressing Ageism.
• Maintaining intrinsic capacities: muscle strength, cognitive ability (e.g., nutrition, physical capacity, social activity).
• Preventing disease, minimise disease impact through holistic and integrated care.
• Protect against increasing demands on the older person.
• Compensate for loss of capacity and facilitate reablement.
• Access to appropriate and timely aged care, with an emphasis on care in the community, access to respite care, and admission to residential aged care when other supports are no longer adequate.
• Social and environmental supports (e.g. address loneliness).
• Models of care for end of life and palliation –including access.
• Evidence based approaches to healthy aging and aged care provision or facilities.
• Align with and support the Royal Commission into Aged Care.
**Priority 9: Sexual health**

- STI-sexual pain and sexual safety, function and satisfaction or experience. Understanding impact of pain, mechanisms, prevention and optimal treatment, equitable access to services (e.g. sexual medicine therapy, pelvic floor physiotherapy).
- Screening and management.
- Health literacy across the board from school, using digital technology.
- Involve partners – see above.
- Consider all sexual orientation, not just heterosexual relationships.

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**Overarching Principles for Research and Translation in Women’s Health**

1. Women in their lived environment including social determinants of health
2. Responsibility for co-design and translation and impact
3. Community engagement and empowerment
4. Primary, secondary, and tertiary prevention across all priorities
5. Health literacy and shared decision making
6. Equity for priority and vulnerable populations including Indigenous, culturally and linguistically diverse, refugee, gender diverse individuals, and those in rural and regional areas
7. Research processes require partnership, transparency, governance, priority setting, stakeholder engagement and large-scale collaboration - hence it requires sophisticated processes and organisations with the capacity, credibility and capability to undertake these processes