



Perinatal Mental Health Seminar

How do we Assess and Manage Perinatal Anxiety in the Primary Care setting?

Friday 3rd March, 2017

8.00 am	ARRIVAL REGISTRATION			
8.55 am	Welcome - Mark Ayling, CEO St John of God Burwood Hospital			
9.00 am	Anxiety disorders in Perinatal women – an overview <u>Dr Sylvia Lim-Gibson</u> , FRANZCP Perinatal Psychiatrist, RHW			
9.45 am	Self-Assessment for Emotional Wellbeing in Perinatal women- the <i>Mummatters</i> app <u>Professor M-P Austin</u> , SJOG Chair Perinatal Mental Health, perinatal psychiatrist RHW			
10.00 am	How safe are medications - for Anxiety Disorders -in Pregnancy & breastfeeding? <u>Professor M-P Austin</u> , SJOG Chair Perinatal Mental Health, perinatal psychiatrist RHW			
10.30 am	MORNING TEA			
10.45 am	Impact of maternal anxiety on mother-infant interaction and infant outcomes <u>Associate Professor Cathy McMahon</u> , Centre for Emotional Health, Psychology Department, Macquarie University			
11.45 am	Clinical case Hypothetical - "Everything has to be perfect, including me". <u>Professor Bryanne Barnett, FRANZCP AM + panel</u>			
1.15 pm	LUNCH			
2.00 pm	Workshop: Wot! Me worried? Management of Perinatal Anxiety Disorders in a nutshop Professor Gavin Andrews, AM, MD,			
3.00 pm	AFTERNOON TEA			
3.15 pm	Workshop Continued - Professor Gavin Andrews			
4.15 pm	FEEDBACK - QUESTIONS - CPD CERTIFICATES			





Olympic Park

Train Station

Perinatal Mental Health Seminar

Friday 3rd March, 2017

DATE: Friday 3rd March, 2017

TIME: 9.00 am - 4.30 pm (Equivalent to 5 CPD hours for AHPRA)

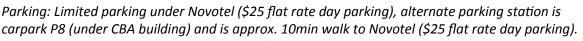
(8.00am - Arrival & Registration)

VENUE: Novotel Sydney Olympic Park,

Olympic Boulevard & Herb Elliot Ave, Sydney Olympic Park NSW

Novotel is located nearby Olympic Park train station

(approx. 3min walk).



More info: www.sydneyolympicpark.com.au/parking

COST: \$185.00 (includes lunch, morning and afternoon tea)

RSVP: 17th February, 2017 Fax: (02) 9747 5223 or email: filomena.cavallaro@sjog.org.au

Payment Options

Dietary Requirements:

Cheque Made Payable to	St John of God Health Care		
Cheques sent to:	P.O. Box 261 Burwood 1805 Attention: Filom		ena Cavallaro
Credit Card:	☐ VISA ☐ MAST	ERCARD	
Card holders name:			
Card Number:			Expiry Date:
Attendee Details	Please write in block letters		
Name:			
Organisation/Address:			
			Position
Address for Receipt:			
Phone:			
Email:			