

22nd November 2006.

Dr Ron Goldberg
72 Electra Street
Williamstown Vic 3016

Dear Ronnie,

I wonder if you would review the possibility of receiving research funding from Rotary of the order of \$30,000 for two years, so that we will be able to undertake and complete our study currently being carried out at the Monash Medical Centre and the Royal Children's Hospital.

The study specifically looks at the impact of prenatal diagnosis of complex congenital heart disease on the maternal handling of the infant and his/her outcome.

You may be aware, it is now possible to review the cardiac structure in utero in great detail by about 16 to 18 weeks. The possibility of a cardiac abnormality is usually picked up on routine scan that is done on most pregnancies to review the wellbeing of the infant. When such an abnormality is found, many of the mothers are referred to the Fetal Cardiac Unit at the Monash Medical Centre, where a further detailed scan is carried out with skilled obstetricians and cardiologists in attendance. The parents are then counselled as to the nature of the abnormality, the likelihood for the need for intervention and the attendant risks. Usually an informed decision is made by the parents as to whether or not to continue with the pregnancy. Such a decision is required by 22 weeks otherwise it need go to a hospital committee if termination is being considered between 22 to 24 weeks.

Past experience has shown that when such pregnancies are continued with, the parents seem to be able to grieve the loss of their anticipated "normal" infant, come to terms with the nature of the abnormality and the need for intervention during the newborn period or early infancy. They seem to be much less stressed following the birth of the baby and seem to be able to handle the baby in much more "normal" ways, which we feel augers well for the baby's future. That contrasts markedly with those parents whose infant is diagnosed as having complex congenital heart disease during the newborn period, with the need then to rapidly assimilate the complex knowledge being imparted to the parents and come to terms with the need for intervention which is often life threatening.

A study has now been planned in great detail to try and objectively document the differences between the two groups. I have an NHMRC funded doctorate student Ms Jenny Re, a trained psychologist/psychotherapist who will carry out much of the psychological observations while myself and my colleagues will review the cardiac abnormality and the medical status before and subsequent to any surgical intervention. The study is being done in collaboration with the University of Minnesota whose centre had learned of our project and was keen to review a local cohort.

I would be pleased to provide further information to you and your committee and to meet whoever you feel is appropriate. Enclosed is a summary of the study together with the anticipated costing for 1 year.

If successful the monies can be administered through the Dept of Psychological Medicine at Monash University of which I am a member of its academic staff, and under whose auspices Ms Re is doing her Doctorate.

I look forward to hearing from you.

With best wishes
Yours sincerely,

SAMUEL MENAHEM