

Our new home at University of Technology Sydney has provided fantastic opportunities for AMOSS during 2015 to take stock, harness resources and plan for the future.

AMOSS studies

See the recently published paper on [super obesity in pregnancy](#) and its association with social disadvantage and adverse perinatal outcomes.

Quantitative data collection for rheumatic heart disease and massive obstetric haemorrhage studies have ended, with analysis in progress on these and other studies. We continue our work exploring the impact of RHD on the women who journey through pregnancy with this condition, and on the challenges in health services.

This newsletter

We hope you like reading this newsletter in its new format! - with the long overdue revamp of the AMOSS website. This issue focuses on amniotic fluid embolism (AFE). Cara - a survivor of AFE – and A/Professor Nolan McDonnell (AMOSS Investigator) give poignant perspectives on the impact of this condition on family, community and clinicians as well, of course, as the women who experience this often catastrophic event. Nolan is the lead author of an upcoming AMOSS paper on AFE (in press) which we look forward to circulating in the early new year. Thank you to Cara for her generosity in sharing her story.

Staff moves

I thank Nasrin Javid for all her work as project co-ordinator of the AMOSS study especially in the smooth transition of the project from UNSW to UTS in 2014. She provided thoughtful guidance and leadership in co-ordinating multiple studies on breast cancer, vasa praevia and massive obstetric haemorrhage. I am sure those of you who have worked with Nasrin will have appreciated her warm collegiality, clinical expertise and professionalism. She is leaving us to pursue her doctorate on a full-time basis and we wish her all the best. We welcome Kirisha Thana who has proved a terrific addition to the AMOSS team with her administrative support.



AMOSS Investigators and PhD supervisors Liz Sullivan and Caroline Homer farewell Nasrin Javid

Partnerships

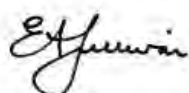
The collaboration that underpins AMOSS continues. A research partnership with Dr Shilpanjali Jesudason of Royal Adelaide Hospital and her team of investigators will commence next year to study chronic kidney disease in pregnancy, using the AMOSS system. Work with our counterpart UKOSS (UK Obstetric Surveillance Systems) continues, with upcoming studies comparing super obesity and vasa praevia in progress. We look forward to working with RHD Australia as they build resources on RHD in pregnancy for midwives and other clinicians.

Of course, among the most important partnerships are those with our participating AMOSS sites that have contributed data over the years. We are currently working on a series of changes to our web data collection, including benchmark reports to feed back to sites.



We look forward to 2016 as we disseminate and publish more findings from the AMOSS system. Surveillance continues on AFE, and planned new studies include cardiovascular disease and cancer in pregnancy in addition to chronic kidney disease. We will continue to use AMOSS resources and research to engage with stakeholders, raise awareness and participate in conversations around clinical guidelines and care, with the overarching aim of improving maternal and perinatal outcomes for women with severe and rare conditions in pregnancy.

On behalf of the AMOSS Investigators and project team, I wish you and your family and friends a safe and restful break, and all the best for 2016.



Professor Elizabeth Sullivan
Principal Investigator AMOSS, Professor of Public Health, Faculty of Health and Assistant Deputy Vice-Chancellor (Research), University of Technology Sydney

Rheumatic heart disease in pregnancy news

NSW: Rheumatic fever and rheumatic heart disease are now notifiable diseases -see the [NSW Health website](#).

Qld: RHD Australia & RHD Queensland in partnership with Heart Foundation (Qld) and AMOSS RHD in Pregnancy study are holding a **two day workshop** on the prevention of acute rheumatic fever and impact of rheumatic heart disease. All health professionals are invited to attend. Brisbane Convention and Exhibition Centre 22 – 23 March 2016. More info/register [here](#).

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Rheumatic heart disease study

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Gestational Breast Cancer

Professor **Elizabeth Sullivan**, University of Technology Sydney, Winthrop Professor **Christobel Saunders**, University of Western Australia; Professor **Jan Dickinson**, University of Western Australia; Dr **Angela Ives**, University of Western Australia; Professor **Jane Fisher**, Monash University; A/Professor **Greg Duncombe**, Royal Brisbane Women's Hospital; Dr **Karin Hammarberg**, Monash University.

Massive Obstetric Haemorrhage

Professor **Elizabeth Sullivan**, University of Technology; Dr **Claire McLintock**, Auckland City Hospital; A/Prof **Erica Wood**, Monash University; Dr **Zoe McQuilten**, Monash University; Professor **David Ellwood**, Griffith University; Dr **Wendy Pollock**, La Trobe University; A/Prof **Andrew Bisits**, Royal Hospital for Women; Dr **Amanda Henry**, UNSW Medicine.

RHD in pregnancy

Chief: Professors **Elizabeth Sullivan**, University of Technology; **Lisa Jackson Pulver**, UNSW Medicine; **Jonathan Carapetis**, Telethon Institute for Child Health Research; Dr **Warren Walsh**, UNSW Medicine; Professor **Michael Peek**, University of Sydney; Dr **Claire McLintock** Auckland City Hospital, A/Prof **Suzanne Belton**, Menzies School of Health Research; **Associate:** Professor **Alex Brown**, Baker IDI NT; A/ Professor **Elizabeth Comino**, UNSW Medicine; Ms **Heather D'Antoine**, Menzies School of Health Research; Dr **Simon Kane**, Lyell McEwin Hospital, Adelaide; Professor **Juanita Sherwood**, University of Technology Sydney; Dr **Sujatha Thomas**, Royal Darwin Hospital, Darwin; Dr **Bo Remenyi**, Menzies School of Health Research NT; Ms **Geri Vaughan**, University of Technology Sydney.

Vasa Praevia

Professor **Elizabeth Sullivan**, University of Technology; A/Prof **Yinka Oyelese** Jersey Shore University Medical Centre; A/Prof **Robert Cincotta**, Mater Mothers Hospital; A/Professor **Greg Duncombe**, Royal Brisbane Women's Hospital; Professor **Caroline Homer**, University of Technology Sydney.

Amniotic fluid embolism (AFE): the long term aftermath

Cara Johnson# experienced an AFE in 2006. She shared her story a few years ago for an AMOSS Annual Report, and an excerpt from a clinical perspective is outlined below. Cara's surgeon summarises ... "After several hours of treatment for her AFE, including conservative medical and surgical options, Cara required a hysterectomy to control the bleeding. Although stable in theatre, she started to bleed again several hours later. The bleeding continued in spite of what at the time seemed to be a successful attempt at uterine artery embolisation. Cara required over 100 bags of blood products. Eventually we exhausted the State's reserves and had to inform her husband that it was unlikely that Cara would survive. Thankfully Cara had other ideas. The bleeding stopped and her condition stabilised."

Names changed

Geri Vaughan spoke with Cara again recently in between her family travels, where she reflected on the long-term impact of AFE for both her and her family.

Can you talk a bit about your early recovery, how it was for you and your family

I think we all handled it differently. Medically, I was told my recovery would take months, but I couldn't believe that - honestly, the attention felt too over the top. There was one midwife [who has walked along with Cara since the AFE occurred] - I would say to her "I love you all and you're great - but - really?! I don't need your time".

I was told I'd be in hospital for three months, but got to a point where I felt mentally I was worse off there than I would be at home. I was allowed out only because I agreed to have a fulltime carer (Cara's husband). He was thrown in the deep end! Paul was grateful to have the extended medical team around ... for him it was an assurance that they had everything covered. For me, I wanted them at arms length and was determined to do things my way. In hindsight, I'm grateful they were so persistent... I had no idea of the complexity of it all.

What about bonding and caring for [baby] James?

I was told it's not uncommon to have problems bonding after traumatic births. But then a Mental Health team midwife visited [in hospital]: James was lying on my chest and she said with the look on my face, she knew that wasn't an issue. But that was a sobering thought, that I was perhaps at risk?... and from then on it was probably in the back of my mind.

Part of claiming back some confidence in my abilities was learning to do it my way. When I first got home, I couldn't lift James, so I'd pull him onto the couch from the pram on a blanket with my hands/feet. It was important I could do things for him, that I got skin on skin contact - I couldn't do it any other way. My Child Health nurse was amazing. "Ok this is not quite normal", she'd say. "How can we do things safely that works for you all?". And we'd sort it out. I had good people that gave sensible advice: that helped me move through the doubt I had about being a mother.

And as time went on?

About eighteen months after the AFE something clicked. It was like 'Oh my God, this happened to me'. I *did* nearly die. And all of a sudden it was horrible. Like I'd woken up. Everything was really hard. I would ring my midwife and say: "Hey I don't understand why - but this and this is happening and I'm not normal". I became engulfed with fear. People were saying "You've survived an AFE!". I felt like I was on display. And I thought they were saying - "...so what's the problem? Why are you bitter that you've had a hysterectomy?" There's a stigma to the mental health side - and hey, I was one of them. I understand more now. It's really hard to put your hand up - it's a control thing.

And I know it sounds silly looking back, but I was terrified of losing my baby James: that someone would step in and say "You're just not cutting it. We need to take him away until you get your act together". It was then that I asked for help.

What happened then?

I wanted to know what had happened, to understand it, so I asked to see my file. My midwife wasn't keen on me just reading it, so we went through it together. And I saw what happened. That helped ... it told me it was alright, I was allowed to be a bit wobbly! I got confirmation and surety ... that it will be ok. Nobody's judging you, nobody is going to take James. It was like a massive hug. We had the perfect people right through helping us.

It's nearly ten years since you had the AFE. How is it now?

You know, I'm good. But then - a couple of weeks ago I had a medical procedure and had a full blown panic attack. Fortunately I'd had that doctor before - both he and the anaesthetist were fantastic. But as quick as a flick - I lost it - and that's nearly ten years after the AFE.

You've been pretty active in the community of AFE survivors. What led you to that?

I was on a baby website and there was another woman who'd had an AFE - the first one I'd met. We swapped numbers and spent 2 1/2 hours talking. For the first time I felt (cont)

AFE: THE CLINICIAN'S PERSPECTIVE

Clinical Associate Professor **Nolan McDonnell**
[AMOSS Investigator, Staff Specialist Department of Anaesthesia and Pain Medicine, King Edward Memorial Hospital for Women Perth WA]

It has been said that in life there are often a few events that define the path we end up taking. For me personally, my interest in amniotic fluid embolism (AFE) started towards the end of my anaesthetic training, with my wife heavily pregnant with our first child. After inserting a relatively uncomplicated epidural into a woman in labour, I was almost immediately called back to find her unconscious and with no pulse. Ultimately, after significant resuscitation efforts, the mother and her baby survived and she has now gone on to have a further child. However, this case which happened over a decade ago made me realise how little we know about AFE, how little teaching there was at the time about the specific resuscitation demands for pregnant women and the impact of catastrophic events such as this on - not only the woman concerned and her family - but also the staff involved.



A decade on from that how has our knowledge of AFE changed? Unfortunately, it is fair to say that there has been little progress in understanding this condition. What we do know is that it is currently the leading cause of direct maternal mortality in Australia and New Zealand with a higher prevalence than some other countries. What we don't know is why. Is there something about our population which puts us more at risk of the condition? Is it over-diagnosed? We still do not know what triggers AFE and hence rely on case reports of the condition and registries such as AMOSS to further our knowledge. The good news is that the case fatality rate from AFE has decreased dramatically in recent times, with a mortality of approximately 20%. Any death of course is devastating, but these rates are a significant improvement on earlier mortality rates of up to 80-90%. There is no doubt that this is in part due to the greatly improved resuscitation teaching for all clinical staff as well as advances in critical care techniques.

What of the staff that are involved in situations such as this? The impact of critical events on the patient and their family/friends is usually profound and often long-lasting. Staff involved in the care of the women can also suffer significant psychological trauma. The patient and their family are the 'first' victims. The 'second' victims are members of the health care team involved in care, who can unrealistically blame themselves for events that may have unfolded and suffer from many features consistent with post traumatic stress disorder. *(cont next column)*

(Cara's story - The long-term impact of AFE – cont)

normal. Her whole world was completely different to mine, but we were in the same space – and it was ok. All of a sudden it wasn't scary to say how it felt, because there was another person that understood. And it made me think – if I feel like that and so does she, there's probably others. I found the (USA) AFE forum and started the Australian branch. I've had an amazing network of support – I've been really lucky, and I try and put back a bit. A lot of women who've survived AFEs (and their partners) don't have that. Sometimes the smallest support can make the biggest difference.

What could more support look like for women who've had an AFE?

It's not just for AFE. There needs to be some sort of ongoing support for maternal conditions when it doesn't go ok. Each case is different, and those who survive will recover in their own way, in their own time at their own level. I feel a referral to a GP that understands AFE (what an AFE is) is so important. You need their understanding as your base. It all comes back to having that one person that can be your 100% support and link you to a network of people to assist in your recovery. The emotional and mental side are as big, if not bigger sometimes, than the physical recovery.

And now?

And over time, I've got me back. I'm not just Cara who's had an AFE and a medical miracle, so lucky, etc etc. I'm Cara who is a great Mum, wife, friend, volunteer etc again. Our family is taking every day as a miracle. We look at life differently, and make time to make memories.

Thanks and chocolates to ...

Sandy Nelson and Kayleen Jordan of (Gold Coast University Hospital) and Danielle Siewert (Liverpool Hospital Sydney), Elize Bolton (Mater Brisbane), Bernadette White (Mercy Hospital for Women Melbourne), Jo Borman and Boon Lim (Canberra Hospital), Kristen Rickard (Royal North Shore Hospital), Cath Jamieson (The Women's Hospital Melbourne), Simon Kane (Lyell McEwin Hospital Adelaide), the Nepean midwives at Nepean Hospital (especially Sue Downward, Peta Armstrong and Juanita Taylor), for their ongoing support of AMOSS, particularly for their work with the massive obstetric haemorrhage study.

And thank you to all the participating New Zealand data collectors!

(AFE clinician's perspective – cont)

So where are things heading in the future with AFE? First and foremost we continue to rely on case registries such as AMOSS to help us understand the condition further. A "rethink" of many of the potential pathophysiological processes is required, which is where reporting of individual cases is important. Coupled with this, we need to maintain the high standards of teaching and training in the management of the collapsed obstetric patient for all staff who may be involved in caring for pregnant women, no matter what the health care setting. We must also realise that the psychological toll of such critical events can be overwhelming for both the staff and patients involved in such events and therefore ensure that appropriate support mechanisms are in place.

More information on AFE

McDonnell N, Knight M, Peek MJ, Ellwood D, Homer CSE, McLintock C, Vaughan G, Pollock W, Li Z, Javid N, Sullivan EA, on behalf of the Australasian Maternity Outcomes Surveillance System (AMOSS) investigators. **Amniotic fluid embolism: An Australian-New Zealand population-based study** *(Accepted, in press. BMC Pregnancy and Childbirth)*

McDonnell N, Percival V, Paech MJ, [Amniotic fluid embolism: a leading cause of maternal death yet still a medical conundrum](#), *Int J Obstet Anesth.* 2013 Nov;22

Thanks to the following participating AMOSS sites

Albany Regional Hospital, WA
 Albury Wodonga Health, VIC
 Alice Springs Hospital (ASH), NT
 Angliss Hospital, VIC
 Ararat Campus, VIC
 Armadale Health Service, WA
 Armidale Hospital, NSW
 Ashford Hospital, SA
 Atherton Tableland Hospital, QLD
 Attadale Private Hospital, WA
 Auburn Hospital, NSW
 Auckland City Hospital, NZ
 Ayr Hospital, QLD
 Bairnsdale Regional Health Service, VIC
 Ballarat Health Services, VIC
 Bankstown-Lidcombe Hospital, NSW
 Bathurst Base Hospital, NSW
 Bay of Plenty DHB, NZ
 Beaudesert Health Service, QLD
 Bega Hospital, NSW
 Benalla & District Memorial Hospital, VIC
 Bendigo Health Care Group, VIC
 Bentley Health Service, WA
 Biloela Hospital, QLD
 Blacktown Hospital, NSW
 Bowral Hospital, NSW
 Box Hill Hospital, VIC
 Bridgetown District Hospital, WA
 Broken Hill Health Service, NSW
 Broome District Hospital, WA
 Bunbury Regional Hospital, WA
 Bundaberg Hospital, QLD
 Burnside War Memorial Hospital, SA
 Busselton District Hospital, WA
 Caboolture Hospital, QLD
 Cairns Base Hospital, QLD
 Cairns Private Hospital, QLD
 Calvary Health Care, SA
 Calvary Health Care ACT, ACT
 Calvary Health Care Riverina, NSW
 Calvary Health Private, TAS
 Calvary John James, ACT
 Campbelltown Hospital, NSW
 Canterbury Hospital, NSW
 Carnarvon Regional Hospital, WA
 Casey Hospital, VIC
 Central Gippsland Health Service, VIC
 Charleville Hospital, QLD
 Chinchilla Hospital, QLD
 Christchurch Women's Hospital, NZ
 Coffs Harbour Base Hospital, NSW
 Cohuna District Hospital, VIC
 Colac Area Health, VIC
 Collie District Hospital, WA
 Cooma Hospital, NSW
 Cootamundra Hospital, NSW
 Cowra Health Service, NSW
 Dalby Hospital, QLD
 Dandenong Hospital, VIC
 Darwin Private Hospital, NT
 Deniliquin Hospital, NSW
 Derby Regional Health, WA
 Djerrivarrh Health Services, VIC
 Dubbo Base Hospital, NSW
 Dunedin Hospital, NZ
 Echuca Regional Health, VIC
 Emerald Hospital, QLD
 Epworth Freemasons Hospital, VIC
 Esperance District Hospital, WA
 Fairfield Hospital, NSW
 Figtree Private Hospital, NSW
 Fiona Stanley Hospital (Kaleeya), WA
 Flinders Medical Centre, SA
 Flinders Private Hospital, SA
 Forbes Hospital, NSW
 Frances Perry House, VIC
 Frankston Hospital, VIC
 Galliers Private Hospital & Specialist Centre, WA
 Gawler Health Service, SA
 Geelong Hospital, Barwon Health, VIC
 Geraldton Regional Hospital, WA
 Gippsland Southern Health Service, VIC
 Gisborne Hospital, NZ
 Gladstone Hospital, QLD
 Gladstone Mater Hospital, QLD
 Glen Innes Hospital, NSW
 Glengarry Private Hospital, WA
 Gold Coast University Hospital, QLD
 Goondiwindi Hospital, QLD
 Gosford Hospital, NSW
 Goulburn Base Hospital, NSW
 Goulburn Valley Health, VIC
 Gove District Hospital, NT
 Grafton Base Hospital, NSW
 Greenslopes Private Hospital, QLD
 Grey Base Hospital, NZ
 Griffith Base Hospital, NSW
 Gunnedah Hospital, NSW
 Gympie Hospital, QLD
 Hawke's Bay Hospital, NZ
 Hawkesbury District Health Service, NSW
 Hedland Health Campus, WA
 Hervey Bay Hospital, QLD
 Hobart Private Hospital, TAS
 Hornsby Ku-ring-gai Hospital, NSW
 Hurstville Private Hospital, NSW
 Hutt Valley Hospital, NZ
 Innisfail Hospital, QLD
 Inverell Health Service, NSW
 Ipswich Hospital, QLD
 Jessie McPherson Private Hospital, VIC
 John Flynn Gold Coast Private Hospital, QLD
 Joondalup Health Campus, WA
 Kalgoorlie Regional Hospital, WA
 Kapunda Hospital, SA
 Kareena Private Hospital, NSW
 Katanning District Hospital, WA
 Katherine Hospital, NT
 Kempsey District Hospital, NSW
 Kerang & District Hospital, VIC
 King Edward Memorial Hospital For Women, WA
 Kingaroy Hospital, QLD
 Kununurra District Hospital, WA
 Kyabram District Health Service, VIC
 Latrobe Regional Hospital, VIC
 Launceston General Hospital, TAS
 Leeton Hospital, NSW
 Lismore Base Hospital, NSW
 Liverpool Hospital, NSW
 Logan Hospital, QLD
 Longreach Hospital, QLD
 Loxton Hospital Complex, SA
 Lyell McEwin Hospital, SA
 Mackay Base Hospital, QLD
 Macksville Hospital, NSW
 Manning Base Hospital, NSW
 Mansfield District Hospital, VIC
 Mareeba Hospital, QLD
 Margaret River District Hospital, WA
 Maryborough District Health Service, VIC
 Mater Misericordiae Hospital Mackay, QLD
 Mater Misericordiae Hospital Rockhampton, QLD
 Mater Mothers Hospital Brisbane, QLD
 Mater Private Hospital Redland, QLD
 Mater Women's and Children's Hospital Hyde Park, QLD
 Mercy Hospital for Women, VIC
 Mersey Community Hospital, TAS
 Middlemore Hospital, NZ
 Mildura Base Hospital, VIC
 Millicent & District Hospital, SA
 Milton-Ulladulla Hospital, NSW
 Mitcham Private Hospital, VIC
 Monash Medical Centre, VIC
 Moree Hospital, NSW
 Moruya District Hospital, NSW
 Mount Barker and Districts Soldiers Memorial Hospital, SA
 Mount Gambier & District Health Services, SA
 Mount Isa Hospital, QLD
 Mt Waverley Private Hospital, VIC
 Mudgee District Hospital, NSW
 Mullumbimby Hospital, NSW
 Murray Bridge Soldiers' Memorial Hospital Inc, SA
 Murwillumbah District Hospital, NSW
 Muswellbrook District Hospital, NSW
 Nambour General, QLD
 Naracoorte Health Services, SA
 Narrabri Hospital, NSW
 Narrandera Hospital, NSW
 Narrogin Regional Hospital, WA
 Nelson Hospital, NZ
 Nepean Hospital, NSW
 Nepean Private Hospital, NSW
 Newcastle Private Hospital, NSW
 North Eastern Community Hospital, SA
 North Gosford Private Hospital, NSW
 North Shore Private Hospital, NSW
 North West Brisbane Private Hospital, QLD
 North West Private Hospital Burnie Campus, TAS
 Northam Regional Hospital, WA
 Northeast Health Wangaratta, VIC
 Northern Beaches Maternity Services, NSW
 Northpark Private Hospital, VIC
 Norwest Private Hospital, NSW
 Orange Base Hospital, NSW
 Osborne Park Hospital, WA
 Palmerston North Hospital, NZ
 Parkes Hospital, NSW
 Peel Health Campus, WA
 Peninsula Private Hospital, VIC
 Pindara Private Hospital, QLD
 Port Augusta Hospital & Regional Health Services, SA
 Port Lincoln Health Services Inc, SA
 Port Macquarie Base Hospital, NSW
 Port Pirie Regional Health Service, SA
 Portland District Health, VIC
 Proserpine Hospital, QLD
 Queanbeyan District Hospital & Health Service, NSW
 Redcliffe Hospital, QLD
 Redland Hospital, QLD
 Riverland Regional Health Service, SA
 Rockhampton Hospital, QLD
 Rockingham General Hospital, WA
 Roma Hospital, QLD
 Rotorua Hospital, NZ
 Royal Brisbane and Women's Hospital, QLD
 Royal Darwin Hospital, NT
 Royal Hobart Hospital, TAS
 Royal Hospital for Women, NSW
 Royal North Shore Hospital (RNSH), NSW
 Royal Prince Alfred Hospital (RPAH), NSW
 Ryde Hospital, NSW
 Sandringham Hospital, VIC
 Scott Memorial Hospital, NSW
 Seymour District Memorial Hospital, VIC
 Shoalhaven District Memorial Hospital, NSW
 Singleton District Hospital, NSW
 South Coast District Hospital, SA
 South Gippsland Hospital (Foster), VIC
 South West Health Care (Camperdown), VIC
 South West Health Care (Warrnambool), VIC
 Southern Flinders Health - Crystal Brook Campus, SA
 Southland Hospital, NZ
 St Andrew's Ipswich Private Hospital, QLD
 St George Hospital, NSW
 St George Hospital Queensland, QLD
 St George Private Hospital, NSW
 St John of God Geelong, VIC
 St John of God Geraldton, WA
 St John of God Health Care Ballarat, VIC
 St John of God Health Care Berwick, VIC
 St John of God Health Care Bunbury, WA
 St John of God Health Care Subiaco, WA
 St John of God Hospital Bendigo, VIC
 St John of God Hospital Murdoch, WA
 St John of God Mt Lawley Hospital, WA
 St Vincents Private Hospital, QLD
 St Vincents Private Hospital Melbourne, VIC
 Stanthorpe Hospital, QLD
 Stawell Regional Health, VIC
 Sunnybank Private Hospital, QLD
 Sunshine Hospital, VIC
 Sutherland Hospital, NSW
 Swan Hill District Hospital, VIC
 Swan Kalamunda Health Service, WA
 Sydney Adventist Hospital, NSW
 Sydney Southwest Private Hospital, NSW
 Tamworth Rural Referral Hospital, NSW
 Tanunda Hospital, SA
 Taranaki Base Hospital, NZ
 Tauranga Hospital, NZ
 Temora District Hospital, NSW
 The Bays Hospital Mornington, VIC
 The Canberra Hospital, ACT
 The Kilmore & District Hospital, VIC
 The Mater Hospital Sydney, NSW
 The Northern Hospital, VIC
 The Royal Women's Hospital, VIC
 The Sunshine Coast Private Hospital, QLD
 The Tweed Hospital, NSW
 The Wesley Hospital, QLD
 The Whyalla Hospital & Health Services, SA
 Thursday Island Hospital, QLD
 Timaru Hospital, NZ
 Toowoomba Base Hospital, QLD
 Townsville Hospital, QLD
 Tumut Hospital, NSW
 Wagga Wagga Base Hospital, NSW
 Waikato Hospital, NZ
 Waikerie Health Services, SA
 Wairarapa Hospital, NZ
 Wairau Hospital, NZ
 Waitakere Hospital, NZ
 Waitemata DHB, NZ
 Wallaroo Hospital, SA
 Warwick Hospital, QLD
 Wellington Hospital, NZ
 Werribee Mercy Hospital, VIC
 West Gippsland Hospital, VIC
 Western District Health Service (Hamilton), VIC
 Westmead Hospital, NSW
 Westmead Private Hospital, NSW
 Whanganui Hospital, NZ
 Whangarei Hospital, NZ
 Wimmera Health Care Group (Horsham), VIC
 Wollongong Hospital, NSW
 Women's and Children's Hospital, Adelaide, SA
 Wonthaggi Hospital (Bass Coast Regional Health), VIC
 Wyong Hospital, NSW
 Yarrowonga District Health Service, VIC
 Young Hospital, NSW