



International
Confederation
of Midwives

*Together
again:
from evidence
to reality*

Abstract book

11-14 June 2023
33rd ICM Triennial Congress
Bali, Indonesia

Johnson's[®]

Premier Sponsor of the
33rd ICM Triennial Congress

**Monday,
12 June 2023**

**Monday, 12 June 2023,
09:00-10:30**

PP 01 Plenary session #1: Realising the top demands of midwives – a pathway towards better pay, and a happier, healthier midwifery workforce

Leanne Levers (United Kingdom)

Jacqueline Dunkley Bent (United Kingdom)

Monde Christine Mukelabai Imasiku (Zambia)

Juana Berinstein (Canada)

ENGLISH

In 2022, the White Ribbon Alliance, together with the International Confederation of Midwives, published *Midwives' Voices, Midwives' Demands* – a report detailing the top demands of over 56,000 midwives from 101 countries. In response to the question, “What do you want most in your role as a midwife?”, midwives overwhelmingly indicated being paid a living wage, with benefits as their top demand. This is unsurprising given that midwives globally remain at the bottom of the pay equity ladder, even as they quite literally shoulder the costs of supporting women and families—from delivering babies to treating survivors of gender-based violence—in places where there would otherwise be no services.

This conversation will spotlight the work of midwives and other activists who have fought for and won the right to better pay and working conditions for their profession. It will feature a diverse range of experts from various professions and social and economic contexts sharing first-hand accounts of their successful lobbying efforts to increase compensation and improve working conditions for midwives, women and other marginalised groups. Delegates will leave this discussion with guidance and models for their own pay-equity work.

SPANISH

Hacer realidad las principales exigencias de las matronas y matrones: un camino hacia una mejor remuneración y un personal de partería más feliz y saludable.

En 2022, la Alianza del Listón Blanco, junto con la Confederación Internacional de Matronas, publicó *Las voces de las matronas, lo que exigen las matronas*, un informe en el que se detallan las principales demandas de más de 56.000 matronas y matrones de 101 países. En respuesta a la pregunta “¿Qué es lo que más desea de su trabajo como matrona?”, indicaron de forma abrumadora que su principal exigencia era un salario digno con prestaciones. No es de extrañar, dado que las matronas y matrones siguen ocupando los últimos puestos en la escala de igualdad salarial, a pesar de que, literalmente, asumen el costo de ayudar a mujeres y familias -desde asistir en partos hasta tratar a supervivientes de la violencia de género- en lugares donde, de otro modo, no habría servicios.

Esta conversación pondrá como centro de atención la labor de las matronas, los matrones y otros activistas que han luchado y conquistado el derecho a mejores condiciones salariales y laborales para su profesión. Contará con la participación de diversos expertos de distintas profesiones y contextos sociales y económicos que compartirán testimonios de primera mano sobre sus exitosos esfuerzos de presión para aumentar la remuneración y mejorar las condiciones de trabajo de las matronas, los matrones, las mujeres y otros grupos marginados. Los delegados saldrán de este debate con orientaciones y modelos para su propia labor en pro de la igualdad salarial.

FRENCH

Réaliser les principales exigences des sages-femmes — une voie vers une meilleure rémunération et une main-d'œuvre de sages-femmes plus heureuse et plus saine.

En 2022, la White Ribbon Alliance, en collaboration avec la Confédération internationale des sages-femmes, a publié *Midwives' Voices, Midwives' Demands* — un rapport détaillant les principales demandes de plus de 56 000 sages-femmes de 101 pays. En réponse à la question « Qu'attendez-vous le plus de votre rôle de sage-femme ? », les sages-femmes ont indiqué à une écrasante majorité qu'elles souhaitaient avant tout être rémunérées à un salaire décent et bénéficier d'avantages sociaux. Cette situation est loin d'être surprenante, étant donné que les sages-femmes restent globalement au bas de l'échelle de l'équité salariale, alors qu'elles assument

littéralement les coûts de l'aide aux femmes et aux familles — de l'accouchement aux traitements des survivants de la violence fondée sur le genre — dans des endroits où il n'y aurait aucun service sans elles. Cette conversation mettra en lumière le travail des sages-femmes et d'autres militants qui se sont battus et ont obtenu le droit à de meilleurs salaires et conditions de travail pour leur profession. Un large éventail d'experts issus de diverses professions et de divers contextes sociaux et économiques partageront des témoignages de première main sur leurs efforts de lobbying réussis pour augmenter la rémunération et améliorer les conditions de travail des sages-femmes, des femmes et d'autres groupes marginalisés. Les délégués termineront cette discussion avec des conseils et des modèles pour leur propre travail sur l'équité salariale.

**Monday, 12 June 2023,
11:00-12:30**

MONDAY, 12 JUNE 2023, 11:00–12:30

Nusa Dua 1

C 01 PROFESSIONAL ISSUES (+THREE-MINUTE THESIS)

ORAL PRESENTATION

0 001 - How midwives cope with inner conflicts as part of their profession

*Natascha Seboek*¹

¹ *Swiss midwives association, Canton Zurich / Birth center midwives, Winterthur, Switzerland*

BACKGROUND

Midwives are strongly challenged by the current, medical model of obstetrics. They are obliged to represent the guidelines, but also act as advocates for the women. The duty of care is opposed to the right of self-determination. Furthermore, physiological birth is only diagnosed retrospectively. This places midwives in a field of tension. Nature should take its course, but they should not intervene too late if the birth does not correspond to the linear guidelines. Complex conflicts of values, roles and/or interests arise. Dealing with conflicts, the scope for decision-making and the effects on professional satisfaction are of interest as well as dealing with security and responsibility in challenging situations.

OBJECTIVES

The perception, the significance and the handling of the described conflicts will be made visible. Salutogenic resources can be presented.

METHODS

The current state of research is evaluated on the basis of a literature review. Studies from several countries are considered. In addition, a qualitative survey with four Swiss midwives, working in a midwifery-led-care-model interviewed about their handling of conflicts.

RESULTS

Conflicts are clearly perceived and resolved in many cases. Dealing with it is seen as part of everyday worklife and is sometimes classified as a stimulating challenge. Coping in a satisfactory manner is not always successful. The professional, continuous relationship with the families makes it easier to deal with challenges. At the same time, however, this close cooperation makes it more difficult to understand the system.

CONCLUSIONS

The multi-layered skills of midwives should be made visible. Continuous Midwifery-led-care should be promoted in order to strengthen satisfaction and health of mother, child and midwife. The demand for continuous support models should be met. By pointing out the different perspectives on birth, an understanding is advised and conflicts in the interdisciplinary cooperation are simplified.

KEY MESSAGE

Masterthesis will not be submitted until August22. Key message is pending.

MONDAY, 12 JUNE 2023, 11:00–12:30

Nusa Dua 1

C 01 PROFESSIONAL ISSUES (+THREE-MINUTE THESIS)

ORAL PRESENTATION

0 002 - Finding perspective: a midwives' theory of workplace adversity and resilience

Halima Musa Abdul¹, Billie Hunter², Lucie Warren², Dikaios Sakellariou²

¹ Ahmadu Bello University, Nursing Sciences, Kaduna, Nigeria

² Cardiff University, School of Health Care Sciences, Cardiff, Wales, United Kingdom

BACKGROUND

Midwives have been reported as experiencing workplace adversity due to the nature of their work. In Nigeria, midwives' stress is exacerbated by a high maternal and infant mortality rate, busy tertiary hospitals, shortage of midwifery workforce and basic resources.

OBJECTIVES

This study aimed to develop a middle-range theory of midwives' experiences of workplace adversity and resilience in Northern Nigeria.

METHODS

A constructionist-grounded theory approach was used for the study. Following ethical approval from all necessary institutions, data were collected via interviews and field notes with purposive and theoretical samples of midwives (n =20) across two tertiary institutions in Northern Nigeria. A total of thirty-four interviews were conducted. Data analysis was through the iterative process of grounded theory guided by symbolic interactionism.

RESULTS

The grounded theory shows that the midwives in tertiary hospitals in Nigeria experienced workplace adversity resulting from a shortage of human and material resources, relational challenges and attending to a traumatic birth. They responded by 'finding perspective' through engaging in self-care to prevent stress and burnout. The self-care strategies they described included solitary reflection and informal debriefing with colleagues, these created a sense of understanding and further insight into ways of dealing with some difficult workplace situations. The midwives drew from the following two major resilient strategies: the protecting actions which include using improvisation, spirituality, having a sense of purpose, supportive collegiality, using professional detachment; and the promoting actions which include two main actions by the participants; personal and professional development, and better remuneration.

CONCLUSIONS

Understanding midwives' experiences of workplace adversity and resilience is essential to support midwives in thriving in their work so that they are able to give safe, high quality and compassionate care to mothers and their babies.

KEY MESSAGE

The key message is about investing in midwives as a way of improving outcomes for women and babies through resilience.

0 003 - The criminalisation of homebirth and independent midwifery care in Argentine courts: how to win at an unfair game?

Marina Lembo¹

¹ *Parir con parteras, Materno-infantil, Vicente Lopez, Florida, Argentina*

PURPOSE

To share argentine midwifery struggles, conquests and strategies experienced at Courts while advocating for homebirth clients and practitioners. Including worldwide networking as the most powerful tool.

DISCUSSION

Court trials are plenty of bias regarding hospital and home settings, medical and midwifery models of care, MDs and midwives as experts. Analysis should be equally done and factual above all things.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

One of the recent achievements of midwifery has been the input of midwives to help Judges to understand and decide in Court Trials. While it was meant to participate in mal praxis claims, it became a resource for clients and accused midwives related to homebirth to have access to a proficient analysis essential for a fair trial, and in the same way to expose dangerous medical management.

EVIDENCE IF RELEVANT

Several criminal trials against women and midwives regarding homebirth have arisen in the last 8 years throughout the country. Coincidentally linked to the increase of independent midwifery and Human rights in Childbirth activism. The most powerful strategy used was the collaborative work between in-and-out of the country professional associations, NGO's, lawyers, trained midwives in Judicial process, GPs, MDs, ObGyns, birth and midwifery activists. By using the Amicus Curiae as a way to provide information and have the right to declare in the trial.

KEY MESSAGE

Independent midwifery and homebirth suffer discrimination and unequal treatment at the Power of attorney. Under the prejudice that everything occurring in out-of-the hospital settings is suspected of a crime and people involved are considered criminals. Midwives as experts to study the case are also underestimated or unrecognized as an authoritative knowlegde figure. Nevertheless this gives the opportunity to make perinatal human rights and midwifery scope visible and legitimate, expanding its practice and strenghtening midwifery international bonds, which shows the global backup and support as part as a whole.

0 004 - The clinical practice implications of the #MeToo Movement on women's health providers

Gila Zarbiv¹, Anna C. Kienski Woloski Wruble²

¹ Department of Obstetrics and Gynecology, Hadassah-Hebrew University Medical Center and Faculty of Medicine, Hebrew University of Jerusalem, Jerusalem, Israel

² Henrietta Szold Hadassah Hebrew University, School of Nursing in the Faculty of Medicine, Jerusalem, Israel

BACKGROUND

In recent years there has been an increasing trend of women speaking out against sexual abuse, trauma, and harassment called the #MeToo Movement. The impact of the #MeToo Movement on Women's Health Care Providers (WHCPs = CNMs and OBGYNs) clinical practice behaviors (CPBs) (informed consent, explanation of procedures, presence of a chaperone, patient comfort, and obtaining a sexual history) has yet to be examined.

OBJECTIVES

The main aim of this study was to compare clinical practice behaviors of WHCPs before and after the establishment of the #MeToo Movement. The secondary aim was to examine the relationship between WHCP's knowledge, gender, and profession and change in CPBs.

METHODS

The present study was a cross sectional, comparative, correlational study of 84 CNMs (n = 57) and OBGYNs (n = 27) using a self-report questionnaire.

RESULTS

CNMs reported change in 6/19 ($p < 0.01 - 0.3$) CPBs. OBGYNs only showed change in one CPB ($p = 0.01$). CNMs showed greater change in clinical behaviors since the establishment of the #MeToo Movement than OBGYNs ($p = 0.03 - 0.048$). All OBGYNs knew about the existence of the #MeToo Movement in comparison with only two thirds of the CNMs. CNMs and OBGYNs showed a positive correlation between knowledge and change in select CPBs ($p = 0.02 - 0.03$). All males heard about the #MeToo Movement in comparison to approximately three quarters of females ($p = 0.02$). Select CPBs were performed less often by males than their female counterparts ($p < 0.01$).

CONCLUSIONS

The present study contributes to the understanding of the effect of the #MeToo Movement on CPBs of CNMs and OBGYNs. Continued investigation is warranted to better understand the clinical impact of the #MeToo Movement on WHCPs.

KEY MESSAGE

This research may be the basis for development of an improved clinical environment for practitioner and patient in the #MeToo climate.

T 001 - Midwifery-led research for evidence-based practice: clinical midwives' engagement in research in Ethiopia, 2021

Keflie Yohannes Gebresilassie¹, Belayneh Ayanaw Kassie¹, Adhanom Gebreegziabher Baraki², Sintayehu Daba Wami³

¹ University of Gondar, Midwifery Directorate, Gondar, Ethiopia

² University of Gondar, Epidemiology and Biostatistics, Gondar, Ethiopia

³ University of Gondar, Environmental and Occupational Health - Department of Environmental and Occupational Health and Safety, Gondar, Ethiopia

DESCRIPTION OF RESEARCH OR INNOVATION

Health workers involvement in research had an impact on studies and whole system. They influence the clinical practice and help to implement evidences. Although International Confederation of Midwives (ICM) put research as one of midwifery competencies and professional development activity, clinical midwives poorly involved in research. Institution-based cross-sectional study conducted among midwives working at public health facilities in Ethiopia from September to October, 2020. A structured and pre-tested self-administered questionnaire used to collect data and entered into Epi-info version 7. Descriptive statistics used to describe study population. Bi-variable and multi-variable logistic regression analysis performed using STATA Version 14 and significance level declared at 95% confidence interval, p-value less than 0.05 and respective odds ratios. Out of 335, 314 participated making the response rate 93.7%. Among all, one hundred seventy-two (54.8%) (95% CI: 49.08%, 60.37) have good skill on research. Having mothers with formal education [AOR: 1.90, 95% CI: (1.03, 3.51), currently work on referral hospitals [AOR: 2.33, 95% CI: (1.19, 4.53)] and having good level of knowledge on research [AOR: 2.19, 95% CI: (1.25, 3.82)] have significant association with good research skill. Forty-eight (15.2%) (95% CI: 11.5%, 19.7%) ever participated in research during their clinical practice. Although more than half have good research skill, only a small proportion of midwives involved in research. Capacity building activities are crucial to strengthen midwives' skill on research and ensure their involvement.

SIGNIFICANCE TO MIDWIFERY

Midwives working in the clinical setting are poorly involved in research activities due to different reasons from individual reasons to organizational capacities. Therefore the study assessed their engagement in research and factors so as to bridge the gap through applicable strategies. The study will be a bass for further studies and highlights need for capacity building activities on research for clinical midwives to realize evidence based midwifery care through midwifery-led researches.

PP 02 Supporting midwives to advance sexual and reproductive health and rights across the life course: highlights from WHO (WHO)

PARTNER FUNDED SESSION

SESSION SPONSORED BY WHO

As key members of the health workforce, midwives provide essential sexual and reproductive health (SRH) services, fulfilling key competencies of midwifery care that include promoting health and well-being, upholding human rights, supporting women to make informed decisions and ensuring women receive high quality and respectful care. These competencies cut across multiple aspects of sexual and reproductive health and are fundamental to the guidance and products developed by the World Health Organization (WHO) Department of Sexual and Reproductive Health and Research, including the UN Special Programme HRP, which aim to support midwives and other members of the health workforce to advance sexual and reproductive health and rights.

The purpose of this panel is to describe how WHO engages with midwives and contributes to building their competencies in sexual and reproductive health. New WHO resources related to specific sexual and reproductive health topics will be introduced, including on maternal and perinatal health, access to contraception and comprehensive abortion care, addressing violence against women, and prevention and care related to female genital mutilation.

Speakers to be confirmed from WHO Headquarters, WHO South-East Asia Regional Office and midwifery partners working to advance sexual and reproductive health and rights.

0 005 - Physiological analysis to initially heal mammary ducts with no milk ejection reflex

*Mitchelle Asano*¹

¹ midwifery Home support for breastfeeding and child care, Rhythmic Einreibung, Fukuoka, Kasuya, Japan

PURPOSE

To report physiology based on practice to heal breast when milk ejection reflex doesn't occur.

DISCUSSION

Oxytocin is a peptide well known for the stimulation of milk ejection and affection. The mechanisms of the release are unique and complex, and are still being researched today.

Infants' suckling induces the release of oxytocin into both breasts equivalently, then, milk ejection reflex induces the burst from all milk ducts. Japanese mothers expect midwives to heal the breasts' phenomenon (which is usually called lactation problem) when she feels that some parts of the breasts are abnormal. Midwives try to heal it with touch therapy.

The unusual condition of mammary glands often reduces the milk ejection. If the condition gets worse, ejection could stop. The state of no ejection causes anxiety because of the risk of mastitis. However, when a mother has a mammary duct where milk ejection isn't initially seen at all, lactation could be restored by our breast touch care.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

These cases above show that the duct finally starts ejecting instead the unlike ducts that were working but stopped working. It means that oxytocin targets only the one mammary duct curiously enough, even though oxytocin is a neuroendocrine mechanism targeting all of the ducts. This phenomenon is sometimes observed in our practice with the touch care.

In this presentation, the physiology of this phenomenon will be targeted and reported with a video which was permitted by the mother to present, in addition to the analysis of the oxytocin release mechanisms.

EVIDENCE IF RELEVANT

Holistic analysis of this phenomenon was presented in the Academic Conference of Anthroposophy Medicine in Japan (Asano 2018).

Oxytocin release mechanisms is unique among neuroendocrine reflexes in its temporal pattern (Crowley and Armstrong 1992).

KEY MESSAGE

This is a presentation of physiology which is discovered by our breast touch care.

MONDAY, 12 JUNE 2023, 11:00–12:30

Nusa Dua 5

C 02 BREASTFEEDING

ORAL PRESENTATION

0 006 - An overview of systematic reviews on the impact of Baby-Friendly Initiative accreditation

Hora Soltani¹, Alison Morison¹, Frankie Fair¹

¹ *Sheffield Hallam University, College of Health, Wellbeing and Life Sciences, Sheffield, United Kingdom*

BACKGROUND

Breastfeeding rates are low globally and support systems such as the Baby Friendly Initiative (BFI) have been established to support healthy infant feeding practices and infant bonding.

OBJECTIVES

A systematic synthesis of current reviews was undertaken to examine the state of literature on the impact of BFI accreditation.

METHODS

Six electronic databases were searched for systematic reviews evaluating BFI accreditation. Study selection, data extraction and critical appraisal of included reviews was undertaken by two authors, with disagreements resolved through discussion with another author. Due to heterogeneity, a narrative synthesis was used. Ethical approvals were not required.

RESULTS

Fourteen reviews met inclusion criteria. Overall confidence in the review results was rated as high for three reviews, low for two reviews and critically low for nine reviews. Most evidence suggested some increase in breastfeeding initiation, exclusivity and duration of breastfeeding and one main trial in a middle-income country suggested decreased gastrointestinal infection and allergic dermatitis in infants. However, overall certainty in the evidence was rated as very low across all outcomes due to concerns over risk of bias and heterogeneity among original studies.

CONCLUSIONS

Some improvement in breastfeeding initiation and duration is seen with BFI accreditation especially in low-income countries, although the duration of any breastfeeding improvements was uncertain and confidence in these findings was very low due to the poor methodological quality of existing evidence. Evidence around any impact of BFI accreditation on long-term health of mothers and babies is currently minimal. Well-designed controlled trials or prospective comparative cohorts are required to better evaluate the impact of full BFI accreditation on short- and long-term outcomes. Particular attention also needs to be paid to the context of the research.

KEY MESSAGE

BFI accreditation may result in increased initiation, exclusivity and duration of breastfeeding, but more high quality research is required.

0 007 - “Ruang Sehati” portable lactation pod at the tourism site of Yogyakarta, Indonesia: promoting breastfeeding mothers’ satisfaction, positive experiences, and a private environment while travelling

Venny Vidayanti¹, Giyawati Yulilania Okinarum², Sri Hasta Mulyani³

¹ *University of Manchester, Nursing- Midwifery and Social Work, Manchester, Indonesia*

² *Universitas Respati Yogyakarta, Midwifery Programme, Yogyakarta, Indonesia*

³ *Universitas Respati Yogyakarta, Informatics Programme, Yogyakarta, Indonesia*

BACKGROUND

Breastfeeding provides numerous physical, financial, and psychological advantages. As mothers continue to work, travel, and live in a variety of settings, the demand for breastfeeding spaces grows. Yogyakarta is a prominent tourist destination in Indonesia, but access to lactation rooms in public facilities in tourist sites appears to be nonexistent. The lack of lactation spaces and facilities will impact the breastfeeding practices of mothers who engage in tourism activities in public settings.

OBJECTIVES

The aim of the study was to design and establish “Ruang Sehati,” a portable public area for breastfeeding that promotes breastfeeding mothers’ satisfaction, positive experiences and a private space for breastfeeding while travelling.

METHODS

This study employed a cross-sectional design. 122 breastfeeding mothers were randomly selected to participate in this study. This study employed linear regression analysis to examine the association between Ruang Sehati Lactation Pod usage and breastfeeding mothers’ satisfaction and positive experiences. Ethical approval was given for the conduct of this study.

RESULTS

“Ruang Sehati” lactation pod provides a number of amenities, a comfortable chair, a locking door, a sink, a changing pad for baby diapers, decorations that create a soothing atmosphere, good lighting, paper towels. There is a significant association between service satisfaction and the experience of breastfeeding women using the Ruang Sehati lactation pod. The higher the service quality, the greater the satisfaction and experience of lactation room users. The contribution of service to satisfaction and experience is 42% and 36%, respectively.

CONCLUSIONS

Our findings indicate that a private space lactation room will foster positive experiences, a sense of satisfaction, and a private environment to assist breastfeeding mothers in implementing exclusive breastfeeding in a public setting.

KEY MESSAGE

The local government needs to promote and provide safe and comfortable lactation spaces in public areas to facilitate mothers breastfeeding their babies.

MONDAY, 12 JUNE 2023, 11:00–12:30

Nusa Dua 5

C 02 BREASTFEEDING

ORAL PRESENTATION

0 008 - AD-MIRE breastfeeding – working with women to turn their experiences into a resource to support breastfeeding in an Australian hospital

Leanne Cummins¹, Shahla Meedy¹, Valerie Wilson¹

¹ *University of Wollongong, Maternity Services, Illawarra Shoalhaven Local Health District, Wollongong, Australia*

PURPOSE

To develop a hospital-based intervention, co-designed with women who have GDM, to improve feelings of support for breastfeeding in a regional Australian hospital.

DISCUSSION

Despite help from health professionals, women with GDM do not breastfeed as often as women with no GDM. Literature suggests one way to improve a woman's confidence and intention to breastfeed is to provide antenatal education that is tailored to their individual needs and gathered from person-centred approaches.

Our Participatory Action Research (PAR) study worked with women who had GDM to ascertain their needs for breastfeeding support. These ideas were developed with staff input to provide an intervention that was co-designed with women who had GDM to improve breastfeeding support.

Prior to commencement of the study, we obtained ethics approval from the Joint University, Local Health District Health and Medical Human Research Ethics Committee 2019/ ETH12108.

RESULTS

Thirty women with GDM participated in workshops and asked for information and breastfeeding support to be available on their phones, anytime they required it, and in a variety of formats (i.e. inclusion of breastfeeding apps and videos). Staff at the hospital developed local hospital-based webpages with consumer input to provide a well-utilized resource for women.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Women-centred care involves listening to what women want. This research shows how working with women to implement a co-designed intervention in a local hospital can improve women's access to breastfeeding information.

KEY MESSAGE

Working collaboratively with women can lead to interventions that are well utilized by women to improve feelings of support for breastfeeding.

IW 01 Twinning between midwives workshop: an inspirational way of strengthening associations

ICM WORKSHOP

Liselotte Kweekel (Netherlands)

Silvia Aldana (Guatemala)

Franka Cadée (Netherlands)

Harushimana Augustin (Burundi)

Evelyn Annette Kanyunyuzi (Uganda)

Edythe Mangindin (Iceland)

Would you like to explore what twinning can do for your association? Would you like to initiate a twinning relationship, but don't know where to start? Or do you have experience with twinning between midwives' associations that you want to share with others? Then this twinning workshop is for you!

Twinning is defined as a cross-cultural, reciprocal process where two groups of people work together to achieve joint goals. It is not predictable or generalizable but rather a dynamic process through which midwives' associations share knowledge and skills and work together on joint, inspiring goals. In doing so, they build long-term, trusting, and supportive relationships. There is growing evidence that twinning increases the organizational and technical capacity of midwives' associations.

ICM has recently commenced a twin-to-win pilot (2023–2024) project with six midwives associations, with the aim of exploring best practice and compiling a twinning toolbox for future potential midwives' association twinning.

SESSION

This will be an interactive workshop. Participants will first hear a panel of twinning experts share their real time experience of twinning and answer and discuss questions from the audience. In the second half of the workshop participants will engage in 'speed twinning' where they can experience the first stage of twinning which is finding a suitable twin partner and deciding on one common goal.

During this workshop all participants will get real-life experience of the first stage of twinning, and some participants may even meet the twin of their life! All participants are encouraged to exchange contact information, because there is nothing that can stop you from building on this first twinning contact after the ICM Bali Congress.

KEY MESSAGE

With a healthy dose of genuine curiosity and openness, any midwives' association can start a twinning relationship. You'll learn by doing and we encourage you to make a start in this session by exploring the benefits of twinning to your association.

0 009 - A description of the culture of birth and parenting classes in Cyprus: an ethnographic approach

Eleni Michael Hadjigeorgiou¹, Maria Frangou², Nicos Middleton¹, Yianna Koliandri³, Eleftheria Lazarou⁴

¹ Cyprus University of Technology, Nursing, Limassol, Cyprus

² Cyprus University Of Technology, Nursing Department, Limasool, Cyprus

³ Cyprus University of Technology, Department of Nursing- School Of Health Sciences, Limassol, Cyprus

⁴ Cyprus University of Technology, Nursing Department, Limassol, Cyprus

PURPOSE

To explore parent's needs for perinatal education.

To improve perinatal education in Cyprus.

DISCUSSION

An ethnographic study design approach was employed with an overt non-participant observation by the researcher. The participants included pregnant women (n = 171) and their spouses / partners (n = 125) who attended 19 preparation for parenthood classes. Semi-structured (n = 12) telephone interviews with the participating women and the researcher's field notes and reflective diary were used for the analysis of the data. Data were analyzed using inductive content analysis. Results: Four main thematic categories emerge: 1) Views and opinions about the classes 2) Important perinatal topics 3) Usefulness and reasons for attending the course and 4) The journey of learning. Parents-to-be want to attend classes to access trustworthy information, feel more confident and better prepared for labour but ask for practical training with a different pedagogical approach for neonatal care.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The importance of antenatal courses is not appropriately promoted in Cyprus, as attendance is low, compared to the number of primigravadas per year. Considering the health benefits of these courses, for the mother and child, policy makers should be alarmed by this lack of attendance and furthermore implement a nationwide standardised curriculum within the framework of the national health system in Cyprus. Such an effort should take into consideration a family-oriented approach and the needs and expectations of the husband or partner equally as those of the mother and newborn.

EVIDENCE IF RELEVANT

Cyprus is a small island that need to reform perinatal education.

KEY MESSAGE

Knowledge is power and women need this power to fight for their rights. Therefore, health professionals especially midwives should offer them evidence based perinatl education.

T 002 - Exploring the interplay of family functioning, parental optimism and perceived health measures to protect children against COVID-19 in Jordan

Reem Ali¹, Layaly Al-Hassanat¹

¹ Jordan University of Science and Technology, Faculty of Nursing, Maternal and Child Health and Midwifery Department, Irbid, Jordan

DESCRIPTION OF RESEARCH OR INNOVATION

BACKGROUND

Protecting children from SARS-CoV2 (COVID-19) infection is greatly depending on their parents. Due to novelty of the COVID-19 pandemic knowledge about factors affecting parents' health measures to protect their children is lacking. Objectives: The objective of this study was to examine the relationship between parents' health measures, perceived risk of corona viruses, family functioning and parental optimism in Jordan. Methods: Descriptive correlational cross-sectional study targeting parents with children across Jordan was used. A self-report questionnaire was used to obtain data via social media from 793 parents. Results: The majority of the current sample were female with an average age of 40.28 years, and around half of the sample had a university education. In this sample, more than half (56.6%) of the participants reported a low-to moderate perceived risk of COVID-19, and only 25.9% were willing to vaccinate their children. Slightly less than two-thirds (63.9%) of the participants agree on the effectiveness of health measures (e.g., social distancing, face-mask) to protect their children from COVID-19. Parental perceived risk of corona viruses, family functioning and parental optimism were found to be significant predictors of parental perceived health measures to protect their children from corona infection.

CONCLUSION

The study results provided descriptive data useful for the concerned authority and nurses. Health promotion initiatives should be carefully utilizing family strengths and positive parental expectations for the future to enhance parents' health measures to protect their children against Corona infection.

SIGNIFICANCE TO MIDWIFERY

Nurses/Midwives can play a pivotal role in promoting for COVID-19 vaccination for children by providing updated and transparent information about the possible risks of COVID-19 infection among children and the vaccine's benefits for both children and communities. Health promotion initiatives (Awareness campaigns) predicated on family relations and beliefs would be more efficient to enhance parents' health measures to protect their children.

0 010 - Childbirth education: a systems-based approach to the use and application of an evidence-based programme

Kerry Sutcliffe¹, Hannah Dahlen², Elizabeth Newnham³, Linda MacKay⁴, Kate Levett¹

¹ University of Notre Dame Australia, School of Medicine, Sydney, Australia

² Western Sydney University, School of Nursing & Midwifery, Sydney, Australia

³ University of Newcastle, School of Nursing & Midwifery, Newcastle, Australia

⁴ University of Notre Dame Australia, School of Arts & Sciences, Sydney, Australia

BACKGROUND

Childbirth education (CBE) aims to support women by providing information and practical techniques to help manage childbirth. Little is known about how support people and their wider networks influence the utilisation of CBE strategies during labour and birth.

OBJECTIVES

To use a systems framework to explore; i) the impact birth partners have on mothers adopting evidence-based CBE strategies, and ii) attitudes of healthcare professionals to the use of CBE information and techniques during labour and birth.

METHODS

This PhD study uses a mixed-methods approach within a systems framework and includes qualitative and quantitative methods. Thematic analysis of in-depth interviews with mothers and birth partners, focus groups with care-providers and quantitative outcomes from questionnaires following participation in an evidence-based CBE program.

RESULTS

This study is currently being conducted and specific results will be available for the conference. Findings from a systems perspective will provide insights into the application of CBE strategies and the influence birth partners and care-providers have on this. This has important implications regarding the effectiveness of CBE understanding how systemic and relational factors impact knowledge translation into practice.

CONCLUSIONS

It cannot be assumed that what is learnt in CBE is implemented during labour and birth. Relational and systems factors exist that have a mediating effect on the application of CBE strategies. Understanding of these factors is needed to ensure CBE translates from evidence into practice.

KEY MESSAGE

Childbirth education that promotes physiological birth and supports the individual woman, but fails to understand the influence that partners, care-providers and organisational culture has on the application of CBE strategies, is likely to fail due to inadequately addressing systemic stressors.

MONDAY, 12 JUNE 2023, 11:00–12:30

Kintamani 2

C 03 CHILDBIRTH EDUCATION/ FAMILY (+THREE-MINUTE THESIS)

ORAL PRESENTATION

0 011 - What is known about children's understandings of childbirth? A scoping review

*Michelle Turner*¹

¹ University of British Columbia, Midwifery, Vancouver, Canada

BACKGROUND

There is a growing body of evidence that connects fear-based attitudes toward childbirth with poorer health outcomes for childbearing people. Low knowledge of pregnancy and childbirth has been linked to higher rates of fear and medical interventions leading to numerous papers calling for childbirth education to be offered in primary school classrooms. Midwives have been highlighted as health care professionals well suited to providing evidence-informed, confidence-instilling pregnancy and childbirth education in schools, particularly that which supports a midwifery philosophy of care founded on ethical principles of justice, equity and respect.

OBJECTIVES

In support of this aim, this paper aims to better understand, what is known from the existing primary literature about children's understandings of childbirth?

METHODS

There is a paucity of research explicitly examining children's understandings of childbirth, which gave rise to a need for a method that broadly maps and summarizes relevant literature in the field. Scoping reviews are well suited to identifying both the breadth of existing knowledge on a particular topic and gaps in the literature using rigorous, iterative methods. They can assess a body of literature in relation to time, location, source and origin as a way of understanding the research knowledge base, clarifying key concepts and summarizing the types of evidence that lead to said knowledge.

RESULTS

This scoping review highlights the extent of the research gap by both summarizing the relevant literature on children's understandings of childbirth and highlighting the dearth of methodological diversity.

CONCLUSIONS

Might greater attention to pregnancy and childbirth education with young people, supported by research and scholarship, decrease fears and improve health towards greater reproductive justice?

KEY MESSAGE

This scoping review is a call to action for midwives and educators to work with children to reimagine school-based childbirth education programs, and to share their experiences within a global community of school-based childbirth educators.

0 012 - Knowledge, acceptance, and uptake of family planning: a cluster randomised controlled trial of group antenatal care in Ghana

Ruth Zielinski¹, Georgina Amankwah², Vida Kukula², John Williams², Cheryl Moyer³, Nancy Lockhart¹, Jody Lori¹

¹ University of Michigan - Ann Arbor, Nursing, Ann Arbor, USA

² Dodowa Health Research Center, Maternal and Child Health, Dodowa, Ghana

³ University of Michigan - Ann Arbor, Obstetrics & Gynecology, Ann Arbor, USA

BACKGROUND

More than 300,000 women die from complications related to pregnancy and childbirth each year. Greater utilization of FP improves outcomes by preventing unplanned pregnancies and short pre-pregnancy intervals. Antenatal visits are an optimal time to discuss FP, but many women do not attend antenatal visits regularly and visits are often limited to risk assessment.

OBJECTIVES

To test a model of group ANC for pregnant women in Ghana and knowledge, acceptance, and uptake of FP.

METHODS

A study randomized by facilities (14) was conducted comparing group and routine ANC. Midwives at intervention sites were trained in facilitating group ANC. Between July 2019 and November 2021, research assistants recruited women presenting for ANC at all sites and created groups by gestational age at intervention sites. Baseline data (T0) were collected with follow-up data collection at third trimester (T1), 6-weeks (T2), 6-months, and 1-year post-birth. The intervention consisted of 8 Group ANC Meetings with the 7th Meeting focused on FP. Results are presented comparing FP data across timepoints in both the intervention and control groups.

RESULTS

Women (1761 at T0 and 1285 at T1) understood the importance of pregnancy spacing (> 97%). Participants in Group ANC had a greater increase in knowledge of FP methods (increase of mean = 2.2 [T0] to 3.9 [T1] versus controls (mean = 2.01 [T0] to 2.37 [T1], $p < 0.0001$). Percent of women in Group ANC intending to use FP increased from 40.5% at T0 to 61.0% at T1 while the control group remained unchanged indicating a significant difference in the intervention group ($p < 0.0001$). Data collection/analysis from T2 and T3 (including FP uptake) is underway.

CONCLUSIONS

Group ANC has the potential to increase uptake of FP which will, in turn, improve maternal and newborn outcomes globally.

KEY MESSAGE

Group ANC can be one approach to increasing FP knowledge, acceptance and uptake.

T 003 - MATE - the Midwifery Assessment Tool for Education

Grace Thomas¹, Billie Hunter¹

¹ Cardiff University, School of Healthcare Sciences, Cardiff, United Kingdom

DESCRIPTION OF RESEARCH OR INNOVATION

High-quality midwifery education is essential for high-quality maternity care¹; however midwifery education and maternity care vary across the globe. To support countries in strengthening midwifery education, our WHO Collaborating Centre developed the Midwifery Assessment Tool for Education (MATE)². MATE was developed over three years, using an iterative, collaborative process with regional midwifery experts in UK and three European countries. A three-phase co-design approach was used to develop, pilot and field-test MATE. Phase 1: initial development of MATE with expert midwifery support; Phase 2: MATE piloting workshops in Czech Republic and Lithuania focusing on clarity, usability and relevance; Phase 3: MATE field-testing workshop in Bulgaria exploring the process of using MATE and its effectiveness for generating discussion. Purposive selection of workshop participants ensured a broad range of perspectives: clinicians, educators, students, policy makers and service users. All participants were invited to give narrative feedback during workshops and via completion of a post-workshop online survey. University Research Ethics Committee advised that formal ethical review was unnecessary. Feedback indicated that MATE was highly effective for generating in-country dialogue and frank discussions about the future of midwifery education and practice. Collaborators in all phases reported that engaging with MATE co-design and testing was a positive experience. A 'bottoms up' approach ensured that MATE content was relevant to regional needs, culturally acceptable and appropriate.

SIGNIFICANCE TO MIDWIFERY

Published by WHO in May 2020, MATE provides focused questions and evidence-informed resources to stimulate and inform discussions within country. MATE is specifically pertinent to Midwifery Education and Midwifery Leadership elements of the ICM Professional Framework for Midwifery³. It is essential for countries to develop and strengthen midwifery education, alongside professional regulation, so that midwives are recognised and can practice to the full scope of practice⁴ to deliver skilled, safe, quality compassionate and respectful care for women, people and families.

MONDAY, 12 JUNE 2023, 11:00–12:30

Uluwatu 1

C 04 EDUCATION ASSESSMENT AND TEACHING METHODS 1 (+THREE-MINUTE THESIS)

ORAL PRESENTATION

0 013 - Faculty and student perceptions of clinical competency assessment: a mixed-methods inquiry

Deborah Duran-Snell¹

¹ Oregon Health & Sciences University, Nurse-Midwifery, Portland, USA

BACKGROUND

Demonstration of clinical competency is necessary and evaluation of clinical competency in midwifery education programs lacks clarity and consistency and is often a subjective process. Recognizing the complex process of measuring clinical performance and competency, how do midwifery faculty measure student clinical competence? The Objective Structured Clinical Examination (OSCE), may be considered a valuable strategy for enhancing the assessment of midwifery student clinical competence and confidence.

OBJECTIVES

One objective was to assess and compare self-reported confidence and anxiety levels of midwifery students, pre- and post-OSCE (n = 23). This inquiry also provides a frame of reference for exploring the attitudes and perceptions of midwifery/nursing faculty about the assessment of student clinical competence. The two research questions guiding the qualitative portion included the following: 1. What are the attitudes of midwifery/nursing faculty regarding clinical competency assessment? 2. What are the perceptions of midwifery/nursing faculty regarding clinical competency assessment?

METHODS

An exploratory quantitative design was used to explore student self-confidence and anxiety with OSCEs in the development of clinical decision-making through the use of the Nursing Anxiety and Self-confidence with Clinical Decision-Making (NASC-CDM) questionnaire. A purposive sample from four educational institutions were interviewed face-to-face and analyzed through the lens of both pragmatism and social constructivism using phenomenological methods to generate themes. From twelve verbatim transcripts a list of 89 significant statements were generated that were then clustered into ten categories. These were further grouped into three essential themes.

RESULTS

Using paired *t* testing, student self-confidence increased and anxiety decreased post OSCE. The three identified themes, “difficult”, “inconsistent”, and “subjective”, reflect findings found in the study’s literature review.

CONCLUSIONS

Quantitative findings were congruent with previous research on OSCEs supporting depth of learning, and increased self-confidence and decreased anxiety.

KEY MESSAGE

Evidence of OSCEs application in relation to self-confidence and anxiety, has the potential to make an effective and meaningful contribution.

0 014 - Welcome to the “Dragon’s Den” - developing authentic assessment in an innovative 4-year undergraduate master’s in science Midwifery with Leadership programme

Jayne Marshall¹

¹ University of Leicester, School of Healthcare, College of Life Sciences, Leicester, United Kingdom

PURPOSE

Developing new undergraduate pre-registration curricula ensures the future midwifery workforce is fit for practice/purpose in *all* aspects of the profession, including leadership as advocated by reviews into UK midwifery practice and education (1, 2); skills traditionally acquired *post*-registration. Including authentic assessments within the theoretical components support the student in aspiring to a leadership role by developing confidence to challenge the status quo as critical thinkers and being creative in shaping the future of the midwifery profession.

DISCUSSION

This paper discusses the development of a *Dragon’s Den* assessment within an undergraduate pre-registration midwifery with leadership programme, where leadership potential and creativity is nurtured from the beginning, ultimately aiming to advance the midwifery profession and improve quality of service.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The evidence for an enhanced level of business, entrepreneurial and communication acumen prompted the university to be at the vanguard in developing a pioneering pre-registration midwifery *with Leadership* programme. Students undertake a variety of authentic assessments to prepare them for the realities of becoming a registered midwife alongside the knowledge and skills associated with a leadership role. Creating a business case for an innovation or change in midwifery practice and presenting a 3 minute pitch to a panel of “*Dragons*” is just one assessment that helps to achieve this.

EVIDENCE IF RELEVANT

- 1 Department of Health (2016) *National Maternity Review. Better Births. Improving outcomes of maternity services in England. A five year forward review for maternity care.*
- 2 Ockenden D (2022) *Findings, Conclusions and Essential Actions from the Independent Review of maternity services at the Shrewsbury and Telford Hospital NHS Trust*, London, HMSO.

KEY MESSAGE

The midwifery profession requires leaders who are proficient and confident as well as visionary to shape its future in the best interests of childbearing women, their babies and families. This pioneering programme, aims to prepare the future midwife leader by including authentic assessment throughout.

0 015 - Weaving the mat: enablers for Pasifika midwifery students in Aotearoa New Zealand

Talei Jackson¹, Karen Wakelin², George Parker³

¹ Auckland University of Technology, Midwifery, Auckland, New Zealand

² Otago Polytechnic, Midwifery, Dunedin, New Zealand

³ Victoria University of Wellington, Health, Wellington, New Zealand

BACKGROUND

Despite a large, and increasing, Pacific birthing population in Aotearoa New Zealand, Pasifika midwives are a minority within the midwifery workforce. Low numbers of Pasifika students enter and complete midwifery education, and consequently, Pasifika midwives are under-represented. There is a need to attract and retain greater numbers of Pasifika midwifery students to grow our Pacific midwifery workforce.

OBJECTIVES

This study investigated the sources of support for Pasifika midwifery students in Aotearoa New Zealand, that contributed to their academic achievement, enabling them to complete their midwifery degree.

METHODS

A qualitative approach, informed by the *Talanoa* Research Methodology (TRM), was used to investigate enablers for Pasifika midwives' who had successfully completed midwifery education in Aotearoa New Zealand. *Talanoa* were conducted with 10 participants, who were recruited via purposive sampling. *Talanoa* took place face-to-face, either individually or in small groups. Interview data were transcribed and coded using thematic analysis.

RESULTS

Family and cultural support were paramount for student success. Connections with Pacific communities, sister-ship with other Pasifika students, 'Aunties' who offered pastoral and academic support, and Pacific educators within institutions, were enablers for Pasifika students. Foundation courses and engagement with learning support services were deemed beneficial, as were scholarships and subsidies, which relieved some of the significant financial pressure that Pasifika midwifery students faced.

CONCLUSIONS

Pasifika midwifery students are enabled by support from family, close connections with the Pacific midwifery community, a Pasifika presence within institutions, and financial assistance. A wrap-around approach providing culturally appropriate support is recommended as an enabler for Pasifika midwifery students in Aotearoa New Zealand.

KEY MESSAGE

To grow the Pasifika midwifery workforce in Aotearoa New Zealand, culturally appropriate solutions are needed recruit, retain and successfully graduate Pasifika midwifery students.

0 016 - Weaving holistic reflection within midwifery education and practice

Janice Bass¹, Mary Sidebotham¹, Debra Creedy¹, Linda Sweet², Roslyn Donellan-Fernandez¹

¹ Griffith University, School Nursing & Midwifery, Queensland, Australia

² Deakin University, School of Nursing and Midwifery, Melbourne, Australia

BACKGROUND

Reflective capacity is as an essential professional attribute underpinning development of autonomous, self-determined, life-long learning, and critical reflective thinkers. Despite this professional requirement, little is known about how reflective capacity is developed, facilitated, or measured within education and practice.

OBJECTIVES

To design, develop, test, and evaluate a model of holistic reflection, and education resources to scaffold development of holistic reflection.

METHODS

Using Education Design Research principles, a multi-method approach was applied to four empirical studies

- i. Design and development of a structured model of holistic reflection supported by resources and conceptual framework
- ii. Evaluation of effectiveness of the model in developing reflective capacity
- iii. Evaluation of utility of the model as an educational resource for educators
- iv. Design and testing of a tool to measure holistic reflection. Ethical approval granted by Griffith University Research Ethics Committee.

RESULTS

The Bass Model Holistic Reflection facilitates deep learning from experience and integration of practice knowledge in holistic ways. The unique combination of critical reflection, reflective writing, and reflexive conversations effectively scaffolded reflective capacity over time. The Bass Model and Reflective Practice Toolkit was positively evaluated as a resource that effectively builds holistic reflection capability. The Holistic Reflection Assessment Tool provides a valid and reliable measure of reflective capacity that scaffolds progression across the holistic reflection continuum. Adopting a whole-of-program approach provides the foundation building blocks and scaffolds development of holistic reflective capacity.

CONCLUSIONS

Embedding holistic reflective pedagogy within curricula scaffolds and facilitates development of reflective capacity to realise the transformative potential of holistic reflection. It is recommended that the Bass Model comprising the holistic reflection conceptual framework, model, resources, and assessment tool be embedded as an education strategy within curricula. This will strengthen the educational practices that promote transformative learning through holistic reflective practice.

KEY MESSAGE

Embedding holistic reflection in midwifery education facilitates transformative learning that generates holistic midwifery knowledge and practice.

W 01 Female genital mutilation (FGM) deinfibulation skills workshop using clinical photographs to diagnose FGM types and simulate repair techniques with a deinfibulation model

WORKSHOP

Juliet Albert¹, Janet Fyle², Huda Mohamed³

Additional facilitators: Aissa Sara Edon (United Kingdom), Alison Perry (United Kingdom)

¹ Imperial College Healthcare NHS Trust, Queen Charlotte's & Chelsea Hospital, Gynaecology and Maternity, London, United Kingdom

² Royal College of Midwives, Professional Policy and Practice, London, United Kingdom

³ Whittington Health, Specialist FGM Midwife, London, United Kingdom

THE LEARNING OUTCOMES

Be competent to:-

- Provide evidence based specialist midwifery care for survivors of FGM
- Communicate effectively with women and families affected by FGM underpinned by cultural sensitivity and trauma informed theoretical principles
- Diagnose FGM Types and assess complex presentations
- Discuss physical and psychological complications for woman during pregnancy
- Discuss with women (and significant others) timing of deinfibulation (antenatal or intrapartum) and appropriate choice of anaesthetic
- Counsel women about physical changes and aftercare post deinfibulation
- Obtain informed consent
- Undertake deinfibulation safely
- Ensure accurate documentation
- Demonstrate awareness of preventative education around FGM – discussion around human rights, current evidence and research, community engagement and barriers to accessing care
- Complete comprehensive and holistic safeguarding risk assessments and awareness of appropriate multi-agency referrals

THE PROCESS/ACTIVITIES

- Interactive session – Quiz – Quick Refresher / Background
- Clinical photographs to enable identification of FGM Types
- Role play – demonstrating gold standard consultations:- counselling women using line drawings to explain different types of FGM; physical and psychological consequences; human rights violation; right to bodily integrity; why communities continue FGM; prevalence in countries of origin
- Group discussion – pros and cons of antenatal versus intrapartum deinfibulation; counselling women regarding choice of pain relief
- Choice of anaesthesia, suturing materials and techniques
- In pairs, design consent form – from group feedback, develop co-designed consent form template
- Discussion around counselling/information pre and post procedure (such as what to bring to appointment, changes in micturition, blood flow during menstruation and aftercare)
- Watch UK FGM National Clinical Group Deinfibulation video
- Observe Midwife Educator simulating deinfibulation on a model - then practice in pairs using foam models
- Complete deinfibulation Proforma Template
- Workshop Evaluation

AUDIENCE PARTICIPATION

- Group discussions
- Design of consent forms
- Role play
- Simulation
- Feedback

REFERENCES

- WHO (2020) Types of FGM with subgroups - <https://bit.ly/3rS3WXu>
- Abdulcadir J et al (2016) Defibulation: A Visual Reference and Learning Tool
- SHAMSA: Trauma Informed Care - SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (hhs.gov)
- RCM accredited FGM deinfibulation workshop - <https://bit.ly/3Kjf5qL>

W 02 Midwives matter: developing compassionate selfcare skills workshop

WORKSHOP

Mary Steen¹, Shwikar Othman², Annette Briley³, Vikki Smith¹, Jenny Fereday⁴

¹ University of Northumbria, School of Nursing- Midwifery and Health, Newcastle-Upon-Tyne, United Kingdom

² University of South Australia, Clinical and Health Sciences, Adelaide, Australia

³ Flinders University, College of Nursing & Health Sciences, Adelaide, Australia

⁴ University of South Australia, Adelaide, Australia

THE LEARNING OUTCOMES

- (1) To explore the concept of self-compassion and befriending yourself
- (2) To discover how self-compassion and compassionate midwifery care are interwoven
- (3) To discuss the health and wellbeing benefits of self-compassion and compassion
- (4) To develop some self-compassion skills to prevent compassion fatigue

THE PROCESS/ACTIVITIES

This workshop will be interactive and include: Introducing concept of self-compassion and how this is an important component of selfcare, calm breathing, deep relaxation, power of touch techniques will be introduced. A check-in meditation to increase awareness of the self-critic will be facilitated, Four interactive exercises to enable experiential learning: (1) Dispelling the Myths, (2) Accepting how we feel, (3) Befriending Self, (4) Being compassionate to Self. A check-out meditation to increase awareness of self-compassion and mindful techniques will bring the workshop to a close. Participants' will create their own compassion Haiku and be given a self-compassion affirmation card to keep and use as a wellbeing strategy at end the workshop.

AUDIENCE PARTICIPATION

Audience will undertake some meditation and interactive group work. ICM's Professional Framework for Midwifery: Midwives can find it challenging to be compassionate to others if they are not compassionate to themselves and at risk of compassion fatigue and burnout. This workshop relates to an enabling environment and most importantly 'caring for carers.' which is often overlooked. This workshop will be underpinned by research evidence and provide education and training Originality: this workshop has been adapted and further developed for ICM congress from an ongoing research and education project. Midwives attending ICM Congress will benefit from this workshop.

REFERENCES

- Steen et al, 2021, The influence of self-compassion upon midwives and nurses: A Scoping Review. EBM 19(13): 16–30
- Steen et al, 2022, Self-compassion Education for Health Professionals (Nurses and Midwives): Protocol for a Sequential Explanatory Mixed Methods Study, JMIR Res Protoc. 11(1):e34372

0 017 - The Re:Birth Project: A consultation on a shared language for labour and birth in the UK

Sara Webb¹, Mary Ross Davie², Juliet Rayment³, Birte Harlev-Lam⁴

¹ Royal College of Midwives, Research and Information Services, London, United Kingdom

² NHS Greater Glasgow and Clyde, Maternity Services, Glasgow, United Kingdom

³ Royal College of Midwives, Professional Team, London, United Kingdom

⁴ Royal College of Midwives, Executive Director, London, United Kingdom

BACKGROUND

There have been increasingly heated public conversations in the UK around the term ‘normal birth’. These have raised questions about all the language we use to describe different types of labour and birth.

OBJECTIVES

In the first project of its kind in the UK, Re:Birth consulted 8,000 members of the ‘maternity community’ on how we make sure the language we use in maternity services helps support safe and high quality care.

METHODS

The project was overseen by a group of 25 representatives UK maternity service user support organisations, midwives, obstetricians and other birth workers – encouraging a diverse range of experiences and perspectives. We carried out twelve Listening Groups (n = 110) and two public surveys (n = 7712) exploring professional and public experiences, thoughts and feelings around the language of labour and birth.

RESULTS

Service users asked for a personalised approach to language: for terms that were descriptive and technically accurate; non-judgmental, non-hierarchical, nor value-laden; and that reflected their actual experience. Health professionals also needed consistent terms to use in clinical notes, research and audit and so through open elicitation and stepped filtering, participants were facilitated to selected a series of preferred terms to describe different types of labour and birth for use in these contexts.

CONCLUSIONS

As a result of the project, Re:Birth has produced guidance for health professionals on having personalised conversations with women and families through the 5As: Acknowledge, Ask, Affirm, Avoid and Annotate. And for the first time, we also have a series of preferred terms to describe labours and births in clinical notes, research and audit.

KEY MESSAGE

The project showed that sensitively facilitated conversations can support open, nuanced and respectful conversations on topics that in other spheres have become dichotomised, heated and toxic.

MONDAY, 12 JUNE 2023, 11:00–12:30

Uluwatu 4

C 05 STANDARDS AND FRAMEWORKS

ORAL PRESENTATION

0 018 - Developing an international consensus definition of critical thinking in midwifery

Amanda Carter¹, Mary Sidebotham¹, Debra Creedy¹

¹ Griffith University, School of Nursing and Midwifery, Meadowbrook, Queensland, Australia

BACKGROUND

Critical thinking in midwifery practice is vital to inform safe, evidence based, and woman centred clinical decision-making. Current generic definitions of critical thinking developed by other disciplines do not align with the distinctive, multidimensional and complex nature of midwife practice.

OBJECTIVES

To develop an international consensus definition of critical thinking in midwifery practice.

METHODS

A two round Delphi study was used. The Delphi method involved identifying the research problem, selecting participants, developing a questionnaire of statements, conducting anonymous survey rounds, collecting feedback, and summarising findings. Thirty-two international midwifery experts participated in the first qualitative round. In round two, twenty-one of these experts ranked the relevance and clarity of concepts from round one.

RESULTS

A consensus definition of critical thinking in midwifery practice was achieved and will be discussed. The expert panel identified and defined 14 'Habits of Mind' and 12 Skills of critical thinking in midwifery practice.

CONCLUSIONS

This study is an international first and delineates the characteristics of critical thinking in midwifery. Critical thinking in midwifery is unique and distinctive to other professions and requires its own discipline-specific definition. This definition can be used to guide decision-making in midwifery practice, education, and research.

KEY MESSAGE

Midwives use critical thinking skills to evaluate the evidence in terms of quality and applicability to each woman's unique circumstances. An international consensus definition of critical thinking in midwifery practice provides a shared understanding of the skills and attributes required.

0 019 - Achieving value in maternity care - implementation, testing and refinement of the international consortium for health outcomes measurement standard set for pregnancy and childbirth

*Valerie Slavin*¹

¹ Gold Coast University Hospital, Womens Newborns and Childrens, Gold Coast, Australia

BACKGROUND

Variation in maternity clinical practice and outcomes is rife. Value-based health care aims to address unwarranted variation and drive quality improvement but requires the systematic and rigorous measurement of outcomes and costs. The ICHOM (International Consortium for Health Outcomes Measurement) Standard Set of person-reported outcome measures (PROMs) for pregnancy and childbirth was developed to measure value in maternity care but the quality of the set was unknown.

OBJECTIVES

To evaluate the validity, reliability and feasibility of the ICHOM Standard Set for Pregnancy and Childbirth.

METHODS

A systematic review was conducted to evaluate the quality of the ICHOM set development process. Next a narrative review evaluated the quality and psychometric performance of nine PROMs included in the ICHOM set. A series of studies were then conducted to: (i) assess psychometric performance, (ii) refine outcome measures to improve psychometric performance, (iii) offer recommendations, and (iv) offer an alternative if inclusion of the PROM could not be supported. A final study evaluated the feasibility of the ICHOM Set in practice.

RESULTS

The ICHOM set met 75% of the minimum standards for development. The psychometric performance of five included PROMs was unknown in relation to childbearing women. Results of subsequent psychometric studies supported the inclusion of all but one of the included PROMs in the ICHOM set but under the caveat of some refinements and recommendations. High recruitment, response, and retention rates at 6-months supported feasibility.

CONCLUSIONS

The revised ICHOM set is a robust set of outcomes and measures that is acceptable to childbearing women.

KEY MESSAGE

Universal embedding of the ICHOM set into routine clinical practice has the potential to inform value-based healthcare to drive quality improvement and is recommended.

0 020 - The Midwife Matrix: preserving a timeless blueprint for a practical, sustainable, scalable model of maternity care

Geradine Simkins¹

¹ Birthways Consulting, LLC, Owner, Maple City, MI, USA

PURPOSE

How do we ensure the values unique to our profession survive and are relevant within the hegemony of corporate maternity care systems? How do we safeguard and bequeath to younger practitioners, scholars, and researchers the unique qualities of the midwifery model of care? One way is to record and codify the wisdom contained in the lived experiences and philosophies exemplified by generations of remarkable midwives that are aging towards retirement.

DISCUSSION

Midwifery excellence occurs through continuous learning and transfer of knowledge from highly experienced to less experienced practitioners. In my anthology, *Into These Hands, Wisdom From Midwives* (2011), I highlighted the memoirs of 25 seasoned midwives so their knowledge and acumen was available to others. While the individual stories were inspiring, the commonalities that united them were striking.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

After conducting a qualitative analysis using the query 'what matters to these midwives,' 12 themes emerged. I created a conceptual design, *The Midwife Matrix*, which can be (and has been) used in academic and clinical settings. My second book, *The Midwife Matrix, Reclaiming Our Bodies, Our Births, Our Lives* (2020), was a treatise on how these 12 essential qualities are the foundation for a distinct philosophy of midwifery. *The Midwife Matrix* is depicted graphically as a Celtic Trinity Knot through which the qualities free-flow across looped pathways with no beginning and no ending. This visual aid helps learners conceptualize the holistic and interconnected nature of qualities within the model. These simple and powerful qualities are the guiding principles in what we call 'the midwifery model of care,' also linked to older wisdom traditions. It is a timeless blueprint for a practical, scalable, sustainable model of maternity care.

EVIDENCE IF RELEVANT

[Above]

KEY MESSAGE

The wisdom garnered from midwives' lived experiences is a treasure. *The Midwife Matrix* is our heritage from the ancestors and our legacy for generations to come.

0 021 - Impact of the built environment on labour and birth outcomes: the Swedish Room4Birth randomised trial

Lisa Goldkuhl¹, Hanna Gyllensten¹, Christina Nilsson², Helle Wijk¹, Marie Berg¹

¹ Institute of Health and Care Sciences, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden

² Munkeböck Antenatal Clinic, Region Västra Götaland, Gothenburg, Sweden

BACKGROUND

Attempts have been made to improve hospital birth environments to preserve birth physiology and, thereby, reduce unnecessary interventions in labour. However, research about the effect of these improvements on birth outcomes shows contradictory results.

OBJECTIVES

To evaluate whether a birthing room redesigned with person-centred considerations improves birth outcomes and childbirth experiences of nulliparous women, compared with regular birthing rooms.

METHODS

We conducted a randomised controlled trial in nulliparous women admitted to a Swedish birth unit in active phase of labour. Women were randomised to either the redesigned room (New room) or a Regular birthing room. An estimated number of 1274 participants were needed to detect a difference of 8% between the groups in the primary composite outcome: spontaneous vaginal birth, no oxytocin augmentation, post-partum blood loss < 1000 ml, and a positive childbirth experience. Secondary outcomes included labour and birth outcomes, and questionnaire-based data regarding childbirth experience 2 hours, 3 months, and 12 months after birth.

RESULTS

Due to the Covid-19 pandemic, the trial was terminated early, and 406 women were included ($n = 204$ in the New room, $n = 202$ in the Regular room). No statistically significant difference was found between the two randomised groups in the primary outcome (42.2% versus 35.1%; odds ratio: 1.35, 95% CI 0.90–2.01). Findings from our secondary analyses showed that women in the New room required epidural analgesia to a significantly lower extent and had a more positive childbirth experience 3 and 12 months after birth compared with women in the Regular room.

CONCLUSIONS

This prematurely terminated trial could not verify that the New room would improve the primary composite outcome. Nonetheless, the findings demonstrate that a birth environment with conscientious design positively affects women's childbirth experience up to one year after birth.

KEY MESSAGE

These findings provide knowledge about the value of the built environment in improving women's childbirth experiences and perceptions of pain.

0 022 - Clearing the way for change: MT4C a midwifery specific tool designed to identify the barriers and enablers to change within the clinical setting

Sara Davis¹, Sara Bayes², Sadie Geraghty³, Dianne Bloxsome⁴

¹ Edith Cowan University, School of Nursing and Midwifery, Perth, Australia

² Australian Catholic University, School of Nursing, Midwifery and Paramedicine, Fitzroy, Australia

³ Notre Dame University, Faculty of Medicine Nursing and Midwifery and Health Sciences, Fremantle, Australia

⁴ Edith Cowan University, School of Nursing and Midwifery, Joondalup, Australia

BACKGROUND

There is an acknowledged gap between research evidence and its use in practice. Midwives are ideally placed to identify these gaps and their impact on the care of women, babies, and families. Implementation Science provides tools to help bridge the gap, but these are most effective when they are discipline-specific. There is currently no implementation tool specifically designed for the midwifery setting.

OBJECTIVES

The study aimed to create a midwifery specific tool that has the potential to identify enablers and barriers to change within the clinical setting.

METHODS

Participatory Action Research was the chosen methodology. Midwives in clinical practice who had direct involvement in change implementation activities were recruited from various midwifery settings in Australia and the UK. Consultation through a series of focus groups and online surveys led to the creation of a midwifery-specific change implementation tool – the 'Midwifery Tool 4 Change' ('MT4C').

RESULTS

The MT4C is a progressive web-based application accessible via any desktop or handheld device. Comprising 18 elements across 3 key implementation domains, the user can evaluate the readiness for change within their specific clinical area. A report is generated, which can be used to develop an implementation strategy addressing the unique and particular barriers of that setting, streamlining the implementation process.

CONCLUSIONS

The 'MT4C' is the first midwifery specific implementation tool. Created *by* midwives, *for* midwives it uses language and terminology that resonates with midwives. It is easily accessible, functional and contains key factors previously identified as influential in pre-existing implementation frameworks. Testing is currently underway to ensure fitness for purpose.

KEY MESSAGE

With a greater understanding of the factors which affect the successful implementation of change within the clinical setting; and the use of context-specific tools, midwives can become successful drivers of change and improve the quality and experience of maternity care for women and babies.

0 023 - Midwifery centres during the pandemic: enabling environments for midwives and optimal experiences for women

Jennifer Stevens^{1,2}

¹ Goodbirth network, Goodbirth, North Adams, USA

² Boston University, School of Public Health, Boston, MA, USA

BACKGROUND

The midwifery model of care is appropriate for the majority of healthy pregnant women, yet its full expression may be limited within the medical model. Midwifery centers provide an enabling environment for the practice of midwifery. In high-resource countries, they have been shown to provide safe, efficient, and satisfying care.

OBJECTIVES

A quasi-experimental design was used to assess the impact of three models of care on women's experiences of respect, and trust in maternity care, both before and during the pandemic in Bangladesh, as well as women's fear and knowledge of COVID-19, during the pandemic. The models were: "fully enabled midwifery" ("FEM") in a midwifery center; "midwifery and medicine" ("MAM") in facilities with midwives working alongside other providers; and "no midwifery" ("NoM") in facilities without midwives.

METHODS

Phone survey data were collected and analyzed from all women (n = 1,191) who delivered from Jan 2020 – June 2020 at seven health care facilities in Bangladesh.

RESULTS

Pre-pandemic, women served by the FEM model reported significantly higher rates of trust and respect ($p < 0.001$) compared to the NoM model, and significantly higher rates of trust ($p < 0.001$) compared to MAM. During the pandemic, in the FEM model, the experiences of respect and trust were stable, not changing significantly from the pre-pandemic rates, and were significantly higher than both the MAM and NoM models ($p < 0.001$). Additionally, during the pandemic, women served by the FEM model had the lowest experience of COVID fear ($p < 0.001$).

CONCLUSIONS

Midwifery centers had a significantly positive effect on woman's experience of respect and trust in care compared to the other models, even in the context of a pandemic. This model should be supported and replicated as an enabling environment for the practice of midwifery.

KEY MESSAGE

Midwifery centers provide a stable enabling environment for the practice of midwifery positively impacting women's experience of care, even during the pandemic.

0 024 - Community participation models to enhance maternal and neonatal health – do they work? An exploration of the facilitators and barriers to implementation in the Indonesian context

Vinami Yulian¹, Linda McGowan², Tomasina Stacey³

¹ Universitas Muhammadiyah Surakarta, School of Nursing, Sukoharjo Central Java, Indonesia

² University of Leeds, School of Healthcare, Leeds, United Kingdom

³ King's College London, Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care, London, United Kingdom

BACKGROUND

'Desa SIAGA' (alert village) is a promising community participation model (CPM) aimed to improve maternal and neonatal health (MNH) outcomes, by empowering communities to support safe motherhood in Indonesia. However, there is limited evidence exploring the underlying processes of community participation within the Desa SIAGA programme.

OBJECTIVES

This study investigated facilitators and barriers to the implementation of community participation through 'Desa SIAGA' in Sukoharjo Regency, Central Java.

METHODS

A comparative case study with 23 in-depth interviews was conducted with women, neighbours, and stakeholders in two study sites. Interview data were analysed using thematic analysis and narrative synthesis. Interpretation was strengthened by non-participant observation of essential meetings, field-notes, and documentary analysis.

RESULTS

The CPM in the Desa SIAGA has the potential to improve MNH. However, the community involvement in the programme appeared to be lacking. Social and cultural values as well as religious beliefs were identified as the main facilitating factors that influence the delivery and implementation of the Desa SIAGA. The community were motivated to support women to give birth since helping each other is a good deed in the lens of the social, cultural and religious values. Nevertheless, the community also believed that pregnancy was a 'women business' therefore gendered roles affected fathers' involvement in the programme. The barriers of the programme delivery and implementation also identified the importance of community empowerment and limiting factors such as lack of role clarity, policy guidance, and training for key workers as well as workload and communication issues.

CONCLUSIONS

This study revealed important insights into the social, cultural and organisational complexities of implementing a community participation model to improve MNH in Indonesia.

KEY MESSAGE

In order for Desa SIAGA (and similar CPMs) to be successful in improving MNH, understanding of the importance of the role of community empowerment is essential.

0 025 - Trends in maternal mortality 2000–2020: estimates by WHO, UNICEF, UNFPA, World Bank and the United Nations Population Division

Ann-Beth Moller¹, Jenny Cresswell¹, Lale Say¹

¹ WHO, Sexual and Reproductive Health and Research, Geneva, Switzerland

BACKGROUND

To monitor progress towards Sustainable Development Goal (SDG) indicator 3.1.1; reduce global maternal mortality ratio (MMR) to less than 70 by 2030, the UN's Maternal Mortality Estimation Inter-Agency Group (consisting of WHO, UNICEF, UNFPA, World Bank Group, and UNPD) (UN-MMEIG) regularly develop and disseminate internationally comparable maternal mortality estimates. Hemorrhage is the most common cause of maternal death followed by indirect obstetric deaths. Competent midwives providing quality evidence-based care and working in an enabling environment are paramount in averting maternal deaths.

OBJECTIVES

To analyse comparable global, regional and country estimates of maternal mortality levels for the period 2000–2020.

METHODS

We updated the UN-MMEIG input databases using systematic searches. We estimated maternal mortality levels and 80% uncertainty intervals using two statistical models: a Bayesian misclassification model to account for errors in reporting of maternal death and a Bayesian maternal mortality estimation model to estimate the MMR for each country-year.

RESULTS

Final results will be launched in autumn 2022. The previous model found that between 2000 and 2017 the global MMR fell by 38%, from 342 deaths to 211 deaths per 100 000 live births; this represents an average annual rate of reduction (ARR) of 2.9%. The global lifetime risk of maternal mortality for a 15-year-old girl in 2017 was estimated at 1 in 190; nearly half of the level of risk in 2000: 1 in 100. while Southern Asia accounted for nearly 20% (58 000).

CONCLUSIONS

Despite global progress in reducing maternal mortality, action is needed in many countries to meet the ambitious SDG 2030 target, and ultimately eliminate preventable maternal mortality.

KEY MESSAGE

There is a continued urgent need for maternal health and survival to remain high on the global health agenda ensuring women have access to competent providers, essentially midwives, and care before, during and after childbirth.

0 026 - Root Cause Analysis investigations - do they work or is it time to try something else? Midwives' experiences of root cause analysis investigations

Laura McLaughlin¹

¹ Cardiff and Vale University Health Board, Maternity, Cardiff, United Kingdom

BACKGROUND

There are over 1 million adverse incidents a day in healthcare. To reduce the recurrence of incidents we must learn from these events. Root Cause Analysis (RCA) investigations were introduced into healthcare in late 1990s as a means of investigating incidents following their success in the nuclear, aviation and manufacturing industries. However, since RCAs were introduced into healthcare there has been no research exploring their effectiveness at improving patient safety. Over recent years there has been a number of investigations into the quality and safety of maternity care within the National Health Service (NHS). Maternity services are also the highest cost litigation within the NHS.

OBJECTIVES

This research was undertaken as part of Professional Doctorate studies and aimed to explore midwives' experience and impressions of RCA investigations to improve patient safety and inform future methods of investigating patient safety incidents.

METHODS

Ethical approval was obtained from the Research Ethics committee Cardiff University. Participants were recruited via the Royal College of Midwives (RCM) Welsh branches. All participants were registered midwives working in NHS Wales. Approval for advertising through the branches by the Director of RCM Wales. The branches shared the research advert on their closed RCM Facebook groups and branch display boards with a link to the survey.

RESULTS

An online survey hosted by Microsoft Forms was used for data collection. The survey used multi-choice and open text questions. The online survey allowed flexibility for participants to complete the survey in a range of settings at a convenient time. It also protected their anonymity. Demographic data is presented as descriptive statistics for context. Data from the open text questions has been extracted from Microsoft Forms into Nvivo for thematic analysis.

CONCLUSIONS

Since this research idea was presented virtually at ICM 2021, data has been collected and analysed.

KEY MESSAGE

This research will inform future patient safety investigations.

0 027 - Early detection of postpartum haemorrhage and treatment using the World Health Organisation MOTIVE “first response” bundle: a cluster randomised trial

Ioannis Gallos¹, Adam Devall², James Martin³, Lee Middleton⁴, Hadiza Galadanci⁵, Fadhun Alwy Al-Beity⁶, Zahida Qureshi⁷, Justus Hofmeyr⁸, Neil Moran⁹, Susan Fawcus¹⁰, Ashraf Aswat², Kristie-Marie Mammoliti², Leanne Beeson^{2,4}, Sindhu Kulandaipalayam Natarajan^{2,4}, Marcelina Podeseck², Isobelle Horne^{2,4}, Jenipher Okore⁷, Mandisa Singata-Madliki¹¹, Elani Muller¹¹, Edna Arends¹⁰, Aminu Ado Wakili⁵, Ard Mwampashi⁶, Cherrie Evans¹², Meghan Bohren¹³, Fabiana Lorencatto¹⁴, Suellen Miller¹⁵, David Lissauer¹⁶, Shireen Meher¹⁷, Pallavi Latthe¹⁷, Andrew Weeks¹⁶, Andrew Shennan¹⁸, Anne Ammerdorffer¹⁹, Eleanor Williams²⁰, Ilias Goranitis²¹, Tracy Roberts²⁰, Haleema Shakur-Still²², Fernando Althabe²³, Mariana Widmer²³, Olufemi Oladapo²³, Metin Gulmezoglu¹⁹, Karla Hemming³, Arri Coomarasamy²

¹ World Health Organization, Maternal and Perinatal Health Unit- UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction HRP - Department of Sexual and Reproductive Health and Research SRH, Geneva, Switzerland

² University of Birmingham, WHO Collaborating Centre for Global Women's Health, Institute of Metabolism and Systems Research, Birmingham, United Kingdom

³ University of Birmingham, Public Health, Epidemiology and Biostatistics, Institute of Applied Health Research, Birmingham, United Kingdom

⁴ University of Birmingham, Birmingham Clinical Trials Unit, Institute of Applied Health Research, Birmingham, United Kingdom

⁵ Bayero University, African Center of Excellence for Population Health and Policy, College of Health Sciences, Kano, Nigeria

⁶ Muhimbili University of Health and Allied Sciences, Department of Obstetrics and Gynaecology, Dar es Salaam, Tanzania

⁷ University of Nairobi, Department of Obstetrics and Gynaecology, Nairobi, Kenya

⁸ University of Botswana, Faculty of Medicine, Department of Obstetrics and Gynaecology, Gaborone, Botswana

⁹ KZN Department of Health, Department of Obstetrics and Gynaecology, Pietermaritzburg, South Africa

¹⁰ University of Cape Town, Department of Obstetrics and Gynaecology, Cape Town, South Africa

¹¹ University of the Witwatersrand, Effective Care Research Unit, Johannesburg, South Africa

¹² Jhpiego, Johns Hopkins University, Maternal & Newborn Health Unit, Technical Leadership Office, Baltimore, USA

¹³ University of Melbourne, School of Population and Global Health, Gender and Women's Health Unit, Centre for Health Equity, Melbourne, Australia

¹⁴ University College London, Centre for Behaviour Change, London, United Kingdom

¹⁵ University of California, Department of Obstetrics and Reproductive Sciences, School of Medicine, San Francisco, USA

¹⁶ University of Liverpool, Institute of Life Course and Medical Sciences, Liverpool, United Kingdom

¹⁷ Birmingham Women's and Children's NHS Foundation Trust, Department of Obstetrics and Gynaecology, Birmingham, United Kingdom

¹⁸ Kings College London, Department of Women and Children's Health, School of Life Course Sciences, London, United Kingdom

¹⁹ Concept Foundation, Geneva, Switzerland

²⁰ University of Birmingham, Health Economics Unit, Institute of Applied Health Research, Birmingham, United Kingdom

²¹ University of Melbourne, Melbourne School of Population and Global Health, Melbourne, Australia

²² London School of Hygiene and Tropical Medicine, Faculty of Epidemiology and Population Health, Department of Population Health, London, United Kingdom

²³ World Health Organization, Department of Sexual and Reproductive Health and Research, Geneva, Switzerland

BACKGROUND

Every six minutes a mother dies from postpartum haemorrhage (PPH) in low-resource countries, in the prime of her life and often leaving behind a young family. The WHO provided evidence-informed recommendations for managing PPH. However, adherence to these recommendations is currently limited by several challenges.

OBJECTIVES

To evaluate the implementation of early detection and the use of the WHO MOTIVE 'first response' treatment bundle for PPH.

METHODS

Multi-country, parallel cluster randomised trial with a baseline control phase in secondary level health facilities in Kenya, Tanzania, Nigeria, South Africa, and Pakistan. Health facilities are eligible for inclusion if they have 1000 to 5000 births a year and provide comprehensive obstetric care with ability to perform surgery for PPH. The E-MOTIVE intervention consists of three elements: 1) a strategy for early detection of PPH, which allows triggering of the 'first response' treatment bundle; 2) a 'first response' bundle called "MOTIVE", based on the WHO guideline recommendations and consisting of uterine Massage, Oxytocic drugs, Tranexamic acid, IV fluids and Examination & Escalation; and 3) an implementation strategy, focusing on simulation-based training with peer-assisted learning, local E-MOTIVE champions, feedback of actionable data to providers, calibrated drape with action line, and MOTIVE emergency trolley and/or carry case. The control is usual care with dissemination of the current guidelines. *Primary outcome*: Composite of the following three clinical outcomes: severe PPH defined as blood loss ≥ 1000 ml or postpartum laparotomy for bleeding or postpartum maternal death from bleeding.

RESULTS

The E-MOTIVE study is acquiring post-randomisation intervention data in Kenya, Nigeria, South Africa and Tanzania. Pre-randomisation baseline data collection is underway in Pakistan. Whilst baseline data collection is ongoing in Pakistan, the intervention will be refined through 'adaptive cycles' which test the intervention and implementation strategy. Study to report results by Q2 2023 on over 215,000 women.

T 004 - An evaluation of the introduction of a midwifery continuity of care model for women at increased risk of preterm birth

Cristina Fernandez Turienzo¹, Kirstie Coxon², Andrew Shennan H¹, Jane Sandall¹

¹ King's College London, Department of Women and Children's Health, London, United Kingdom

² Kingston University London, Department of Midwifery, London, United Kingdom

DESCRIPTION OF RESEARCH OR INNOVATION

Models of midwifery continuity of care are recommended in international guidance and at the heart of maternity policy in the UK. However, understanding how these models work, for whom and in what context is crucial for successful implementation and scale-up. POPPIE is a pilot RCT conducted in South London to evaluate a care pathway that combined midwifery continuity of care and a specialist obstetric clinic for women at increased risk for preterm birth. We aim to describe and evaluate the implementation of the POPPIE model, the local context and potential mechanisms of action.

We did a multiphase mixed method triangulation design. We combined data from medical records, meeting records and key documents, postnatal surveys with women (n = 168) and semi-structured interviews with women, healthcare providers and stakeholders (n = 53). Data from meeting records and key documents were examined narratively. Interview data were analysed using three relevant implementation frameworks. Data triangulation followed a convergent parallel and pragmatic approach.

SIGNIFICANCE TO MIDWIFERY

We found the POPPIE model was feasible, delivered with high fidelity and satisfied most women and midwives. Despite delays in early adoption delays (likely associated with lack of existing continuity models at the hospital), most midwives and clinical managers reported the model was embedded within established services and sustained and adapted after the trial (strongly facilitated by national maternal policy on continuity pathways). There were no impact on most clinical outcomes except skin-to-skin contact and breastfeeding immediately after birth. It's possible that hypothesised mechanisms based on increased trust and engagement, improved care coordination and earlier referral, may improve outcomes in populations suffering more social determinants of preterm birth, such as women with social complexity, who find services hard to access. Midwifery research/policy implications: larger trials are needed to evaluate the impact and implementation of midwifery continuity models on disadvantaged groups.

**Monday, 12 June 2023,
12:50-13:50**

SS 01 Digital learning and hands-on practice to reach ICM Competencies: launching the ICM – Laerdal learning solution for educating midwives (ICM & Laerdal)

SATELLITE SYMPOSIUM

Erin Ryan (Netherlands)

Ruth Zielinski (USA)

Brenda Zulu Tembo (Zambia)

Josefine Törnqvist (Sweden)

Anna Af Ugglas (Norway)

Sally Pairman (Netherlands)

Tore Laerdal (Norway)

BACKGROUND

There is a shortage of nearly 1 million midwives globally. By fully investing in midwifery-led programs by 2035, two-thirds of maternal & newborn deaths could be prevented, equating to 4.3 million lives per year by 2035 (UNFPA, WHO & ICM). Additionally, there are 10,000 midwifery education programs globally that vary in quality.

Furthermore, midwifery students globally have trouble gaining the clinical experience they need to feel competent when they graduate as opportunities to gain hands-on experience prior to graduation is limited.

The International Confederation of Midwives (ICM) and Laerdal Medical has developed a partnership to strengthen competency-based Midwifery Education globally. Together, we are launching a co-developed, practical learning solution which will support students to get hands-on experience using digital tools and peer to peer learning, based on the ICM competencies and model curriculum.

The Lunch Satellite Symposium “Digital learning and hands-on practice to reach ICM Competencies” is a 60-min session focused on how digitally guided peer-to-peer training can increase the quality of education for student midwives, free up time for educators and help students meet the Global Midwifery Competencies as defined by ICM. The session is co-organized by ICM and Laerdal.

EVENT LAYOUT

Introduction by ICM and Laerdal (5min)

Panel discussion with midwifery educators led by moderator – Erin Ryan, ICM Midwife Advisor – Education (20 min)

TOPICS

- Increasing quality of midwifery education
- Enabling students to take a larger role in their own education

PANEL

- Ruth E. Zielinski, PhD, CNM, FACNM, FAAN - Clinical Professor, Program Lead Midwifery Graduate Program, University of Michigan School of Nursing, US.
- Brenda Zulu Tembo, Registered Nurse and Registered Midwife - Lecturer in the Faculty of Nursing and Midwifery Sciences, Lusaka Apex Medical University, Zambia
- Josefine Törnqvist, Registered Nurse – Midwife student at Karolinska Institute, Sweden

INTERACTIVE DEMONSTRATION (20 MIN) LED BY MODERATOR AND ANNA AF UGGLAS, LAERDAL

- Product demonstration
- Simulation scenario on stage
- Audience participation through mobile phone.
- Debrief

Official launch by Sally Pairman, CEO ICM and Tore Laerdal, Chairman Laerdal (5 min)

Summary and closing by moderator (5 min)

SS 02 Expanding PFP access through private sector facilities (Jhpiego Indonesia)

SATELLITE SYMPOSIUM

Lukmanul Hakim (Indonesia)

Megan Marie Christofield (USA)

Siti Fatimah (Indonesia)

Nur Fitri Rahmadainawati (Indonesia)

SUBTOPICS

1. The Role of Quality Improvement Team in PFP service improvement
2. SMART Advocacy
3. PFP Skill Refreshment for health practitioners in PFP counseling and service delivery
4. Strengthening the role of FP Field Officer (PLKB) in PFP service (PFP Technical Guidance for PLKB/PKB)
5. Supply Chain and relevant factors for FP and PFP

WHO Health System Building Blocks is an analytical framework used by WHO to describe health systems, containing 6 core components; Leadership and governance, Service delivery, Health system financing, Health workforce, medical products, vaccines and technologies, and Health information systems. In elaborating Health Policies, Strategies, and Plans. Since 2020, Jhpiego Indonesia has been implementing KBPP Pilihan in twelve districts. KBPP Pilihan adopted the WHO Health System Building Blocks, intervenes specifically in 12 districts and 3 provinces. The purpose of the project is to improve maternal, newborn and child health outcomes by increasing coverage of quality postpartum family planning (PFP) services and leveraging existing PFP gains and momentum in Indonesia. Through KBPP Pilihan, we supported the government of Indonesia in building the capacity of health facilities and providers in delivering reproductive health services, to reduce the number of births with too close pregnancy space as well as to increase the number of postpartum mothers using immediate contraceptive methods right after delivery, up to 6 months postpartum.

KBPP Pilihan's activities were designed together with the district partners and key stakeholders. Each activity is carried out in collaboration between the Health Office, FP District Office and Health Provider Facilities, under the supervision of the local government. Project support provided is in the form of technical assistance. The activities carried out are focused on increasing the capacity of health workers, family planning field officers, strengthening the health system and involving the private sector in KBPP services.

This session will show the program implementation success story.

SS 03 Partnering with midwifery associations in fragile settings to strengthen health resilience and improve health outcomes (Momentum IHR)

SATELLITE SYMPOSIUM

Deborah Armbruster (USA)
Ibrahim Zemkoye Fouréra (Niger)
Gaoh Zara Issa (Niger)
Zechariah James Budige (South Sudan)
Bilal Emmanuel (South Sudan)
Shahla Abdalla Hassan (Sudan)

PURPOSE

This session will present similarities and differences between Niger, South Sudan, and Sudan on the question of “what constitutes an enabling environment for the transition from humanitarian to development assistance and midwifery associations’ role in that transition?” Participants can expect to learn lessons from three fragile settings, especially impacting women and girls, and to gain familiarity with a collection of organizational capacity assessment and performance improvement tools.

BACKGROUND

MOMENTUM Integrated Health Resilience (hereafter MOMENTUM), is funded by USAID to work in fragile settings to improve voluntary family planning and reproductive health (FP/RH), and maternal, newborn, and child health (MNCH) outcomes. The project strives to help local actors prioritize life-saving interventions and provide not only evidence-based health care but also promote gender equity and youth-friendly services. MOMENTUM works with new and underused partners in fragile settings and focuses on strengthening their capacity to implement projects that improve health resilience.

Guided by a strategy developed in its project year one, MOMENTUM developed a roadmap for structured and responsive interventions to increase the likelihood of successful grants management. This included developing pre-award assessment tools and adapting the Organizational Capacity Assessment (OCA) tool, the Organizational Performance Index (OPI) tool, and grant management assessment tools while also developing grants management graduation indicators for use with local partner activities.

Sequence.

- The Niger representative will speak about a pilot to monitor and assess the effectiveness of the partnership to strengthen the capacity of Niger’s National Midwives’ Association at both the national and regional level to improve the professionalism and quality of care provided by urban midwives.
- The South Sudan representative will speak about the formal Memorandum of Understanding between the South Sudan Association of Nurses and Midwives (SSNMA) and MOMENTUM to train SSNMA members as trainers and mentors in Safe Delivery, Essential Newborn Care and Emergency Obstetric and Neonatal Care.
- The Sudan representative will speak about the formal Memorandum of Understanding between the South Kordofan Midwifery Association and MOMENTUM to support the registration of the group in Sudan through UNFPA, licensing maintenance, and development a continuing education system for the group.

The project is funded by USAID and has conflicts of interest to declare.

MONDAY, 12 JUNE 2023, 12:50–13:50

Uluwatu 5

SS 04 Strengthening midwifery education in Indonesia and roadmap for the future (Indonesian Midwives Association and UNFPA Indonesian Office)

SATELLITE SYMPOSIUM

Elvira Liyanto (Indonesia)

Ike Kurnia (Indonesia)

Melania Hidayat

Emi Nurjasmi Indomo (Indonesia)

Arianti Anaya

Ir. Nizam

This satellite session aimed to showcase the Indonesian midwifery education, the opportunity and challenges in further improve the quality of pre-service training of the midwives that in the end will improve the competencies of midwives graduates. IBI's President to explain the evolution of Midwifery education in Indonesia and the plan to improve midwifery education. Open discussion will be conducted in the talk show format to generate inputs and commitment from the relevant stakeholders represented by resource persons in this session.

SS 05 Jaundice screening of neonates using smartphones (Picterus)

SATELLITE SYMPOSIUM

Tormod Thomsen (Norway)

Gabriela Jiménez Díaz

Sandra Gerlinde Sedlmaier-Ouattara (Germany)

Neonatal jaundice affects 60%–80% of newborns worldwide and can cause permanent brain damage or even death if not detected early. Neonatal jaundice screening and monitoring is a key component of newborn care during the first two weeks of life. In this session we will introduce you to a new and innovative way of neonatal jaundice screening by using an app called Picterus Jaundice Pro on your smartphone.

Program:

12:50: Welcome and introduction – CEO, Tormod Thomsen, PhD.

12:55: Global burden of jaundice and screening methods – Gabriela Jimenez Diaz, MD.

13:05: Picterus Jaundice Pro: a smartphone based solution to screen for neonatal jaundice – Tormod Thomsen.

13:15: Study outcomes and experiences using Picterus Jaundice Pro in low, middle and high income countries – Gabriela Jimenez Diaz.

13:25: “Using the smartphone based solution for jaundice screening in the daily midwifery work” Midwife Sandra Sedlmaier-Ouattara, MSc.

13:35: Interactive workshop to use the app on your own smartphone.

**Monday, 12 June 2023,
14:00-15:30**

0 028 - Workload and burnout among diverse midwifery group practices in an urban Australian setting

Sophie Hickey¹, Sue Kildea¹, Yu Gao¹, Cameron Hurst¹

¹ Charles Darwin University, Molly Wardaguga Research Centre, College of Nursing and Midwifery, Brisbane, Australia

BACKGROUND

It is unclear what is an acceptable caseload for midwives providing on-call continuity of midwifery care, including for women with complex clinical, cultural and psycho-social needs. Whilst an opportunity for building stronger relationships and having rewarding connection for both midwives and families, this type of work is accentuated by irregular hours and intensive work periods, with midwives susceptible of burnout. Some caseload models have been modified to respond to the needs of 'vulnerable' groups: women from refugee background, young women, First Nations women and women with multiple medical risks. It is unknown whether midwives working in these modified midwifery group practices (MGPs) work the same or differently to other groups.

OBJECTIVES

This study aimed to describe self-reported work-related activities of caseload midwives working in different models of care within a two-week period and impact on burnout.

METHODS

A Time-Motion study was undertaken with midwives working in MGP at two large Australian tertiary hospitals. Consenting participants recorded work-related activities performed in 15-minute increments over 24 hours for 14 consecutive days (n = 64). The Copenhagen Burnout Inventory was also administered via a survey. Differences in work patterns and outcomes between midwifery groups are presented.

RESULTS

Caseload midwives working in modified Midwifery Group Practices to provide care to First Nations families reported similar work hours compared to other all/low-risk MGPs – despite having a reduced caseload (attending fewer births per year). Differences in time spent on providing clinical care, training, driving to appointments, admin and meetings are presented. Work pattern differences were also noted for midwives working with refugees and young women. Factors associated with burnout are presented.

CONCLUSIONS

More research is needed to understand how caseload impacts burnout, factoring the needs of women with diverse circumstances and preferences.

KEY MESSAGE

Evidence from this study supports reduced caseloads for MGPs providing community-based care to First Nations families.

0 029 - Midwifery degree apprenticeships: a model to improve retention in midwifery

Sally Ashton May¹, Heather Bower²

¹ Royal College of Midwives, Policy and Practice, London, United Kingdom

² Royal College of Midwives, Education, London, United Kingdom

PURPOSE

To present an apprenticeships model of midwifery education that enhances student retention, with the potential to improve retention of qualified midwives.

DISCUSSION

Midwifery Degree Apprenticeships (MDAs) were developed in England as an employer-led route into midwifery, initially for Maternity Support Workers (MSWs). The first MDA programme commenced in 2020, using the government's apprenticeship levy to support university fees. This expanded to eight approved MDA programmes in 2022, including both direct entry and shortened programme routes. Curriculum content is identical to that for non-apprentices, but can be delivered to suit the employer. Apprentices remain employed for the duration of the programme.

Preliminary feedback on progression suggests negligible attrition from MDA programmes. This is a significant finding, given that Health Education England has reported attrition of 31% for traditional direct entry midwifery programmes (HEE, 2018).

Benefits of MDA programmes are that apprentices have already experienced working in healthcare and are acclimatised to NHS culture and working practices. They are unlikely to decide they have made a wrong career choice, which accounts for nearly a third of avoidable reasons for students leaving (HEE, 2018). They are generally local, mature applicants who are likely to remain in midwifery once qualified.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwifery attrition in the UK is increasing, although the number of midwives joining the register is static (NMC, 2022). This suggests the need to focus on retention rather than recruitment. Initial data from MDA programmes show that retention is high. If this continues once qualified, the MDA route has the potential to improve retention of midwives, which is crucial to the future midwifery workforce.

EVIDENCE IF RELEVANT

Health Education England (2018) *RePAIR: Reducing pre-registration attrition and improving retention report*. London: HEE

Nursing and Midwifery Council (2022) *The NMC Register 1.4.2021 – 31.3.2022* London: NMC.

KEY MESSAGE

Preliminary feedback suggests Midwifery Degree Apprenticeship programmes have the potential to improve retention in midwifery.

0 030 - Midwives' intention to leave the profession and reasons why - a study of midwives in 2021 and 2022 in Victoria, Australia

Robyn Matthews¹, Della A Forster^{1,2}, Rebecca Hyde^{1,2,3}, Helen L McLachlan^{2,3}, Michelle Newton^{2,3}, Sharon Mumford^{2,3}, Touran Shafiei², Fleur Llewelyn⁴, Meabh Cullinane²

¹ Royal Womens' Hospital, Midwifery and Maternity Services Research Unit, Melbourne, Australia

² La Trobe University, Judith Lumley Centre, Melbourne, Australia

³ La Trobe University, School of Nursing and Midwifery, Melbourne, Australia

⁴ The Royal Women's Hospital, Clinical Education, Melbourne, Australia

BACKGROUND

A robust, skilled midwifery workforce is integral to safe maternity care provision. In 2021 the World Health Organization reported a global shortage of 900,000 midwives. In Australia there is an ageing midwifery workforce and the percentage of midwives who are registered and working in the profession is decreasing.

OBJECTIVES

To explore midwives' career plans, and any intentions to leave the profession, including reasons they would consider leaving.

METHODS

An online, population-based survey of midwives working in public and private maternity services and privately practising midwives in Victoria, Australia was conducted between March and October 2021. Questions explored how long midwives planned to remain in the profession, how often they thought about leaving and the reasons why. Respondents could opt into a longitudinal study where they would receive a similar survey yearly for four years, with the first sent in August 2022.

RESULTS

In total, 20% of midwives in Victoria (1038/5185) completed the baseline survey. Almost 40% of midwives had thought about leaving the profession monthly or more frequently. One in five were unsure how long they would stay in the midwifery profession, and a quarter were planning to leave in the next five years. The main reasons cited were feeling 'worn out' (73%), 'work related stress' (64%) and being 'disillusioned with midwifery' (58%). In total 325 midwives consented to the longitudinal study, which will mean their workforce trajectory and factors that can impact will be followed over time. Baseline data and Wave 1 of the longitudinal data will be presented.

CONCLUSIONS

A significant number of midwives are thinking of leaving the profession. This will impact the current workforce and the quality and safety of maternity care.

KEY MESSAGE

Understanding the reasons and factors why midwives are leaving the profession will allow for targeted strategies to increase midwife retention.

0 031 - Implementing, sustaining and upscaling caseload midwifery in Australia: a qualitative study exploring maternity managers' views of facilitators and barriers

Sophia Holmlund^{1,2}, Helen McLachlan², Della Forster², Michelle Newton², Meabh Cullinane², Touran Shafiei², Fiona McLardie-Hore²

¹ Umeå University, Department of Nursing, Umeå, Sweden

² La Trobe University, Judith Lumley Centre, School of Nursing and Midwifery, Melbourne- Victoria, Australia

BACKGROUND

Continuity of care from a named midwife during pregnancy, birth and the early postnatal period (caseload or team midwifery) is associated with improved clinical and psychosocial outcomes for women and infants compared to other models, and for midwives, working in caseload models is associated with improved role satisfaction and lower rates of burnout. Despite this, less than 10% of women can access caseload midwifery care in Australia.

OBJECTIVES

To explore the views of maternity managers regarding facilitators and barriers to implementing, sustaining and upscaling of caseload midwifery in Australia.

METHODS

Between December 2021 and March 2022, semi-structured interviews were undertaken with 16 maternity managers from public hospitals in metropolitan, regional and rural areas throughout Australia. Data are being analysed using thematic analysis.

RESULTS

Emerging themes show that factors affecting implementation, sustainability and expansion of caseload models include support from both midwifery and obstetric managers, ensuring the model is managed so it is cost neutral following implementation, and consideration of ways to best expose midwifery students and new graduates to caseload models. Barriers included limited understanding of, and support for, the model by some hospital executives, medical staff and core midwives.

CONCLUSIONS

Our preliminary analysis suggests the primary consideration for increasing and sustaining caseload midwifery in Australia is strong organisational support underpinned by a clear understanding of the benefits of the caseload model. All key players need to be informed and 'on board'.

KEY MESSAGE

Factors affecting caseload midwifery implementation and sustainability were similar among maternity managers across Australia, with both local and system level supports and strategies needed for ongoing improvement.

0 032 - Antenatal cardiotocography in primary midwife-led care: maternal and perinatal outcomes and serious adverse events among low-risk pregnant women a prospective observational cohort study

Elise Neppelenbroek^{1,2}, Corine Verhoeven^{1,3,4}, van der Heijden Olivier⁵, Marit van der Pijl^{1,2}, Carola Groenen⁵, Wessel Ganzevoort^{6,7}, Bas Nij Bijvank⁸, Ank de Jonge^{1,7}

¹ Amsterdam University Medical Centres, Vrije Universiteit Amsterdam- Midwifery Academy Amsterdam Groningen, InHolland, Midwifery Science, Amsterdam, Netherlands

² Amsterdam University Medical Centres, Amsterdam Public Health- Quality of Care, Amsterdam, Netherlands

³ Maxima Medical Centre, Obstetrics and Gynaecology, Veldhoven, Netherlands

⁴ University of Nottingham, Midwifery, School of Health Sciences, Nottingham, Netherlands

⁵ Radboud University Medical Centre, Amalia Children's Hospital, Obstetrics and Gynaecology, Nijmegen, Netherlands

⁶ Amsterdam University Medical Centres, Universiteit van Amsterdam, Obstetrics and Gynaecology, Amsterdam, Netherlands

⁷ Amsterdam University Medical Centres, Amsterdam Reproduction and Development Research Institute, Amsterdam, Netherlands

⁸ Isala Women and Children's hospital, Obstetrics and Gynecology, Zwolle, Netherlands

BACKGROUND

Antenatal cardiotocography (aCTG) is used to assess fetal wellbeing. The procedure has until now mostly been performed as part of obstetrician-led care. Developments in E-health mean that aCTG can be performed outside the hospital in midwife-led care, hereby increasing continuity of care. It is yet unknown whether such a task shift leads to a safe reduction in referrals from midwife-led to obstetrician-led care.

OBJECTIVES

To evaluate process outcomes of implementing aCTG in midwife-led care, maternal and perinatal outcomes of low-risk pregnant women receiving this care, and the incidence (with outcomes, causes, avoidability, and potential prevention strategies) of serious adverse events in midwife-led care.

METHODS

Prospective observational cohort study and a case series study of serious adverse events.

RESULTS

A total of 1584 low-risk pregnant women were included in the analyses of this cohort study, for whom 1795 aCTGs were performed in midwife-led care. 1561 (87%) women did not need to be referred to the hospital where they otherwise would have received the CTG. Severe neonatal morbidity occurred in 1.7% of neonates. Of the total cohort of 5736 women, one case with a serious neonatal outcome was assessed as a serious adverse event attributable to human factors.

CONCLUSIONS

aCTG performed in midwife-led care increased continuity of care. Maternal and perinatal outcomes were in the expected range for a low-risk population in midwife-led care. However, to evaluate rare outcomes, a larger sample size would be required. Evaluating the quality of CTG monitoring and subsequent care remains important in midwife-led and obstetrician-led care.

KEY MESSAGE

The findings from this study may support further implementation of aCTG in midwife-led care, hereby increasing continuity of care. Continued governance of quality of care in midwife-led and obstetrician-led care remains important.

0 033 - Supporting pregnant women who have suffered previous trauma: findings from interviews with women with lived experience of trauma, healthcare professionals, and voluntary sector experts

Joanne Cull¹

¹ University of Central Lancashire, School of Community Health and Midwifery, Preston, United Kingdom

BACKGROUND

Over a third of pregnant women (~250,000) each year in the UK have suffered trauma such as domestic abuse, childhood trauma or sexual assault. Women who have suffered trauma are more likely to be depressed, anxious, or have symptoms of post-traumatic stress disorder, use coping mechanisms such as smoking or alcohol, be in a currently abusive relationship or even commit suicide. Pregnancy can be a difficult time for this group of women, but is also a uniquely powerful time to offer support. However, at present midwives in the UK do not discuss prior trauma with pregnant women.

OBJECTIVES

To establish how and when midwives should talk with women about prior trauma, what support should be offered, and what training midwives need.

METHODS

Semi-structured interviews / focus groups were carried out with women with lived experience of trauma (n = 20), healthcare professionals (n = 13), and voluntary sector experts (n = 7).

RESULTS

Five key themes were identified: the importance of routine trauma discussion; women should be offered multiple opportunities to discuss prior trauma; relationships are critical; the importance of an individualised approach to trauma discussions; and the need for emotional support for midwives carrying out routine trauma discussion.

CONCLUSIONS

Raising the issue of previous trauma is important and could be hugely beneficial to women, and midwives are the right professionals to do this. Women should be given multiple 'light touch' opportunities across the care pathway to discuss prior trauma. Relationships are critical as women will only disclose if they trust the person asking. An individualised approach is key, taking the woman's lead on what support she would like and how the information should be documented and shared. Listening to trauma disclosures can be distressing, and good quality support for midwives is essential.

KEY MESSAGE

Discussing previous trauma with women is valuable, but also complex and highly sensitive.

0 034 - The disclosure and discussion on avoidable harm in NHS maternity care with affected families

Mary Adams¹, Charlotte Bevan², Maria Booker³, Natalie Sanford⁴, Julie Hartley¹, Alexander Heazell⁵, Elsa Montgomery⁴, Treadwell Maureen⁶, Jane Sandall¹

¹ King's College London, Department of Women and Children's Health, London, United Kingdom

² Stillbirth and Neonatal Death Charity, Research and Prevention, London, United Kingdom

³ Birthrights, Policy, London, United Kingdom

⁴ King's College London, Faculty of Nursing, Midwifery and Palliative Care, London, United Kingdom

⁵ University of Manchester, School of Medical Sciences, Manchester, United Kingdom

⁶ Birth Trauma Association, Research and Policy, Derby, United Kingdom

BACKGROUND

Disclosure and discussion of maternity safety incidents with those injured is an entitlement of individuals or families and can contribute to post-incident healing. It also provides opportunity for organisational learning and might increase public confidence in services. In the NHS in England a range of measures are in place to improve post-incident communication with families however the critical factors that underpin the success of these interventions are not known.

OBJECTIVES

To identify critical factors underpinning successful disclosure and develop impactful guidance for maternity staff and families.

METHODS

A 30-month, qualitative realist evaluation, in three study phases:

1. Scoping: review of international maternity literature; one-to-one interviews with national stakeholders (n = 67), including 23 injured families to develop our theory
2. Ethnography: in-depth studies of disclosure improvements in 3 higher-performing NHS maternity hospitals (n = 78 staff interviews; n = 4 family interviews; n = 52 meeting observations)
3. Interpretive Forums (n = 5) with injured families; maternity staff and national and local service managers to sense-check our findings and agree main messages from the study.

RESULTS

Our film encapsulates the critical factors for disclosure:(a) meaningful and timely in-person acknowledgment of family harm;(b) opportunities for flexible inclusion in incident reviews;(c) possibilities for families to understand and contribute to an understanding of events in their own terms;(d) disclosure skills and psychological safety of maternity staff;(e) families knowing that post-incident improvements are underway.

CONCLUSIONS

We identify the need for professional development in post-incident communication with injured families and for supportive organisational processes and ethos.

KEY MESSAGE

Post-incident disclosure with affected families is an entitlement and a source of learning for improvement; it requires professional training and organisational support.

Ethics and Conflicts of Interest: University (BDMRESref11174;BDMRESref22033) and National (REC:20/LO/1152;IRAS262197;HRACAG20/CAG/0121) Ethical Approvals were acquired.

Findings and outputs are relevant to the ICM philosophy of respectful and just care of women.

T 005 - Facility based maternal deaths, the series of events and underlying circumstances a mixed method study with relatives and health care providers in Somaliland

Jama Egal¹

¹ Dalarna University, School of Education, Health and social studies, Falun, Sweden

DESCRIPTION OF RESEARCH OR INNOVATION

Somaliland has one of the highest maternal deaths in the world and most of the estimated maternal deaths of 732/100,000 live births in Somaliland. This study aims to explore maternal deaths, series of events and their underlying circumstances at the main referral hospital in Somaliland. Method: This study used a mixed method approach. A quantitative Maternal Near Miss Study including 6658, 923 pregnant women of which 29 maternal deaths occurred at the main referral hospital in Somaliland from April 2019 till March 2020. Each of the maternal deaths was examined for the events and circumstances that led to the death. The woman's relatives, midwives and doctors providing care to the woman were invited to take part in individual interviews. The quantitative data was analysed with descriptive statistics using SPSS and the qualitative part of the study was analysed with content analysis using NVivo. Results: The highest direct cause of maternal death was severe eclampsia and pre-eclampsia combined which caused 24% of all the mortalities, then severe post-partum haemorrhage causing 21% of the deaths, 17% of the women who died, died while still pregnant, 75.0% deaths did not access any formal education, 82.1% had undergone the pharaonic type of FGM. A series of missed opportunities to provide lifesaving treatment for health care providers was identified. The categories "Poor risk awareness at community level" and the second category "Inadequate inter-professional collaboration at the hospital" illustrate the missed opportunities described in the subcategories. Conclusion: Policy makers need to use this evidence to plan policies. Simulation lab on obstetric emergencies with teamwork in focus can be a way forward together with community sensitisation. We recommend commencement of nation maternal death surveillance system.

SIGNIFICANCE TO MIDWIFERY

This research evidence is important for achieving the SDGs which a key priority globally and for the Somaliland ministry of health.

PP 03 Midwife-led birthing centres in low- and middle-income countries: what works and why? (Bill & Melinda Gates Foundation & ICM)

PARTNER FUNDED SESSION

Shree Mandke (Netherlands)

Oliva Bazirete (Rwanda)

Sheila Clow (South Africa)

Halima Musa Abdul (Bangladesh)

Caroline Homer (Australia)

Scovia Nalugo Mbalinda (Uganda)

Andrea Nove (United Kingdom)

Saad Ibrahim Rasheed (Pakistan)

Vanessa Scarf (Australia)

During this session, we will share learning from a recent research project, which aimed to improve our understanding of what is needed to establish and operate successful midwife-led birthing centres in low- and middle-income countries. A multi-country research team will lead an interactive discussion during which we will discuss ‘what works’ and ‘why’ when establishing and operating midwife-led birthing centres. The main focus of the session will be on low- and middle-income countries because nearly all of the existing research evidence is from high-income countries. We will, however, highlight key similarities and differences between our findings and the findings of research from high-income countries.

An initial scoping review and survey identified that many of the world’s low- and middle-income countries have midwife-led birthing centres. A detailed, mixed-method study was conducted, involving 16 midwife-led birthing centres in four countries: Bangladesh, Pakistan, South Africa and Uganda. The research findings indicate key enablers and challenges to the establishment and operation of these centres, and also provide estimates of the cost-effectiveness of this model of care in a range of settings.

The team will propose a revised, more inclusive, definition of midwife-led birthing centres, and also a ‘pathway to change’. Using the research findings and other evidence, we will explain how strategic investment in this model of care has the potential to contribute to improved maternal and newborn health and wellbeing as well as improved midwife retention.

Following presentations from the research team, the session will be an interactive one, inviting the audience to share their own experiences and perspectives as we consider how to use the research findings to advocate for widening access to this model of care. The session will provide practical suggestions and strong advocacy material for all those interested in introducing or developing midwife-led birthing care.

IW 03 Securing the future of midwifery workshop: strengthening young midwives to take the lead (YML; ICM)

ICM WORKSHOP

Ann Yates (Netherlands)
Liselotte Kweekel (Netherlands)
Anitah Kusaasira (Uganda)
Harushimana Augustin (Burundi)
Doreen Mwazani (Malawi)
Edith Niber (Ghana)
Feri Anita Wijayanti (Indonesia)
Hanifatur Rosyidah (Indonesia)
Jeffthanie Mathurin (Haiti)
Mahfuja Jhumu (Bangladesh)
Philip Chirwa (Zambia)
Prasansa Budha Lama (Nepal)
Sabita Khadka (Nepal)
Agnes Chipulu Mwafulirwa (Zambia)
Asma Khatun (Bangladesh)
Fredrica Hanson (Ghana)
Nakatudde Hadijah (Uganda)
Rose Cardelle B Riche (Haiti)
Harriet Nayiga (Uganda)
Bartholomew K. Kamlewe (Zambia)

PURPOSE OF THE SESSION

Young Midwife Leaders (YML) and Executive Midwives Leaders (EML) comprised of 16 midwives in 15 countries present a range of topics on developing great leadership among young midwives. They will be supported by members of the YML alumni.

DISCUSSION

Following a general overview of ICM's YML program, the midwife leaders will present their experience of the program focusing on aspects that strengthen advocacy and leadership competencies. A panel discussion will showcase the impact of the program in the past and present. During the workshop, there will be audience participation to establish ways to integrate leadership in other countries. The current program has included five EML's from Midwives' Associations who will outline the impact of the YML program on leadership within their organization.

KEY MESSAGE

By nurturing the next generation of midwives, ICM will strengthen young midwives to be great leaders and address some of the biggest global health challenges of today. In addition, ICM will build a global community among young midwives to foster support and learning and create opportunities for research, innovation, and advocacy.

T 006 - Soft robotic cervix with encoded biomechanics for simulation training

Kaie Mikheim¹, Indrek Must², Mona Küüts²

¹ University of Tartu, Institute of Biomedicine and Translational Medicine, Tartu University Hospital- delivery ward, Tartu, Estonia

² University of Tartu, Institute of Technology, IMS Lab, Tartu, Estonia

DESCRIPTION OF RESEARCH OR INNOVATION

Palpation is an essential dexterous skill of physical examination to evaluate the process of cervical dilation. The slightly subjective nature of palpation challenges the efficient training for this skill, known from literature and feedback from students, to favor simulation training for the uniform experience. Static simulation trainers are being used in daily training practice, sufficiently reproducing natural anatomic features for eyes to see and for hands to feel. However, fast-evolving scenarios involving rapid shape changes or swelling, such as in cervix dilation, are currently replicated via a small number of discrete 'snapshots,' each represented by an individual static model. A single-piece mannequin that would mimic the dynamic physiological process in its full natural extent, according to the given simulation scenario, would greatly streamline this basic skill training. Here we present a soft robotics solution that mimics the shape and stiffness profiles of cervix dilation. The robotic cervix is designed as an add-on feature to the existing, modular simulation training infrastructure. The soft robotic cervix embodies fibers arranged in an elastomeric matrix to mimic the placement and orientation of muscular fibers in a natural cervix. The specific fibrous arrangement, both in natural and synthetic structures, embodies a material-level program to define the dynamic behavior upon dilation. The bioinspired encoding at the material level, balancing between soft- and hardware, is an example of embodied intelligence. Encoding of biomechanics can be extended also to mimic anatomic features beyond the cervix, enabling even other synthetic organs without a biological counterpart.

SIGNIFICANCE TO MIDWIFERY

The aim of this presentation is to introduce to midwives and students state-of-the-art robotics, enhancing simulation training by mimicking the dilation of the cervix at a new qualitative level.

0 035 - A qualitative study on the definition and levels of complexity of learning situations within role-based midwifery education for the implementation of programmatic testing

Elke Tichelman¹, Ans Pellikaan-van Limbeek², Niek van den Bogert³, Dingena Epker-de Leeuw van Weenen²

¹ Research Centre Innovations in Care, Rotterdam University of Applied Sciences, Midwifery, Rotterdam, Netherlands

² School of Health Care Studies, Rotterdam University of Applied Sciences, Midwifery, Rotterdam, Netherlands

³ Programme for Learning Technology and Innovation, Rotterdam University of Applied Sciences, Rotterdam, Netherlands

BACKGROUND

Several frameworks are being developed to support competency or role based education. In midwifery education, limited literature exists about these frameworks for example in combination with complex learning situations. A clear definition of 'complexity' and 'levels of complexity' in learning situations is essential for the transition to programmatic testing within midwifery education. Meaningful feedback and reflection on the complexity of situations could help the learning process.

OBJECTIVES

The aim of this study is to explore the definition and levels of complexity in preconceptional, prenatal, natal and postnatal learning situations within role based midwifery education and investigate interpretation differences between different actors.

METHODS

A qualitative study was performed in 2020–2021 in the midwifery school in Rotterdam, the Netherlands. Amongst different actors like midwifery students, clinical rotations assessors and teachers we assessed the level of complexity of twelve preconceptional, prenatal, natal and postnatal learning situations within midwifery. Afterwards three focus group interviews were conducted and analyzed using grounded theory.

RESULTS

The main results show three overarching themes. The first theme is "dimensions of complexity", like accumulation of the factors: available time, language, pathology, simultaneity. The other themes are the "degree of urgency" and "unpredictability". These themes were present at all learning situations. The results showed small but relevant differences in interpretation between the different actors. Based on the themes we developed a flowchart for all actors to determine whether there is a complex or non-complex professional learning situation.

CONCLUSIONS

The three themes "dimensions of complexity", "degree of urgency" and "unpredictability" give more meaning to the definition and the levels of complexity of learning situations within role based midwifery education. This could help to narrow the interpretation differences.

KEY MESSAGE

Within role based midwifery education and the transition to programmatic testing this study adds themes to the definition and level of complexity and has led to a practical flowchart.

0 036 - Designing ePortfolios to improve midwifery education in practice: what's the best feedback format?

Mieke Embo¹, Olivia De Ruyck², Jess Morton², Sofie Van Ostaeyen³, Clara Wasiak⁴, Marieke Robbrecht⁵, Vasia Andreou⁶, Oona Janssens³, Helena Demey⁷

¹ University Ghent and Artevelde University of Applied Sciences, Research, Sint-Martens-Latem, Belgium

² Ghent University, Communication and social sciences, Ghent, Belgium

³ Ghent university, Educational sciences, Ghent, Belgium

⁴ Ghent university, Law, Ghent, Belgium

⁵ Ghent University and Antwerp University, Paediatrics, Ghent and Antwerp, Belgium

⁶ Catholic University Leuven, General Practitioner, Leuven, Belgium

⁷ Ghent University and Artevelde University of Applied Sciences, Educational sciences- research, Ghent, Belgium

BACKGROUND

Eportfolios are crucial tools for workplace learning and feedback. The latter is a key element for a personalised learning process. However, feedback often lacks quality. Research on how workplace feedback should be incorporated into an ePortfolio design is scarce, but nonetheless, imperative.

OBJECTIVES

This study aims to answer the question “Which feedback format do students, mentors (workplace), and teachers (university) find most appropriate to include in an ePortfolio design to improve the quality of feedback at the workplace?”

METHODS

A usability testing method was employed with nursing and midwifery students (n = 25), mentors (n = 27) and teachers (n = 20) in Flanders (Belgium). Data collection took place between February and April 2022. A feedback prototype was designed with three different formats: 1) blank box, 2) structured boxes with questions and 3) speech-to-text. Participants had to provide feedback on videos with simulation-based scenarios. All participants used the three formats. After the test, participants completed a web-based survey with close and open questions to measure perceived 1) ease of use, 2) usefulness, and 3) attitude. Quantitative data were analysed with SPSS27 and qualitative data with NVIVO12.

RESULTS

Most participants preferred the structured feedback format. Although participants claimed that the blank box was equally easy to use, the structured format scored higher for increasing feedback quality. More than 75% of the participants perceived the structured questions as a convenient guide to improve their feedback. The speech-to-text format scored slightly worse in all three variables due to technological issues. Nevertheless, this format was recommended as a tool for setting quick reminders or recording conversations.

CONCLUSIONS

All participants preferred structured feedback, followed by the blank box. Speech-to-text received the lowest score, mainly because the technology was not yet up to scratch. More research on incorporating feedback formats in ePortfolio designs is recommended.

KEY MESSAGE

The feedback format in ePortfolios matters and users preferred structured feedback.

0 037 - Building confidence in commencing midwifery students using low-fidelity simulation experiences

Jennifer Eustace¹, Karen McDonald Smith²

¹ Griffith University, School of Nursing and Midwifery, Meadowbrook, Australia

² Griffith University, School of Nursing and Midwifery, Logan, Australia

PURPOSE

Commencing midwifery students not yet in clinical placement can find applying midwifery theory to clinical midwifery skills daunting. The use of medical sim models can offer opportunities for simulation in the laboratory setting. Often the models are “parts” of a woman, so do not align with a holistic woman-centred approach. Repetitively performing skills also shifts the focus from holistic woman-centred assessment to the “tasks” they are learning. The use of low-fidelity simulation, for example where students roleplay “the woman” using a scenario and props, offers the opportunity for connection and shared learning while developing confidence and critical thinking.

DISCUSSION

Supporting students to practice new skills, and incorporate a woman-centred and holistic approach requires creativity and the incorporation of non-threatening learning experiences. Roleplaying the woman with a scenario and donning wearable breasts or a pregnant abdomen can provide fun learning opportunities that ensure that the woman remains the focus.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Ensuring simulation has a woman-centred approach rather than on disembodied parts ensures that the student focuses their learning holistically. Students have the opportunity to experience the skill as both the “woman” as well as the learner providing a unique opportunity to experience the process through the woman’s lens.

EVIDENCE IF RELEVANT

Simulation experiences facilitate learning of both the science and the art of midwifery through the practice of skills and role-play. Low-fidelity roleplay simulation allows students to engage in clinical scenarios in an environment that is non-threatening and promotes confidence (Ruyak et al, 2018).

KEY MESSAGE

Developing confidence and competence with midwifery clinical skills in a safe non-threatening environment is essential. Simulation should focus holistically on the woman rather than on the “tasks” the student is learning. Providing fun well designed learning opportunities that include roleplay, scenarios, low-fidelity props that the students can replicate away from the laboratory enhances student learning.

0 038 - A mixed methods pilot study of feasibility and effectiveness of 4 training approaches of the ENC Now! content

Astrid Groenbaek¹, Selamawit Tesfaye², Meron Tessema², Beena Kamath-Rayne³, Anna Ugglas⁴, Maimunat Alex-Adeomi⁵, Hiwot Wubshet⁶

¹ Maternity Foundation, Research and Learning, Copenhagen, Denmark

² Maternity Foundation, Research and Learning, Addis Ababa, Ethiopia

³ American Academy of Pediatrics, Global Newborn and Child Health, Chicago, USA

⁴ Laerdal Global Health, Stavanger, Norway

⁵ American Academy of Pediatrics, Global Training and Implementation, Chicago, USA

⁶ Maternity Foundation, Director- Ethiopia Country office, Addis Ababa, Ethiopia

BACKGROUND

Studies of training modalities demonstrate that low-dose-high-frequency practice achieves sustained learning outcomes (Bluestone et al., 2013; Evans et. al., 2018). However, such interventions were challenged by Covid-19 restrictions. Online training and blended learning (the combination of in-person simulation with online/digital training) approaches can be an effective and safer way to reach health care workers.

OBJECTIVES

Leveraging evidence to date, Laerdal Global Health and the American Academy of Pediatrics developed a digital training package called Essential Newborn Care Now (ENC Now!, available at hmbs.org) that incorporates the WHO ENC course. Maternity Foundation collaborated with these partners to test how the Safe Delivery App (SDA) could add value in blended and onsite self-directed learning during and after ENC training, which was delivered to skilled birth attendants in 4 areas in Ethiopia.

METHODS

We used a mixed-methods study design to explore feasibility and effectiveness of four training modalities over 6 months: a two-day intensive training with or without SDA versus a spaced-out approach of five bi-weekly sessions with or without SDA. An online trainer delivered training via Zoom and was supported locally by an on-site facilitator to guide clinical skills practice. A self-directed learning plan with weekly digital exercises prompted from the trainer was implemented in all arms. A final assessment was done at 6 months.

RESULTS

The project saw significant improvements in ENC knowledge and skills across all modalities from baseline to endline and high retention rates at 6 months. Qualitative feedback collected from participants/facilitators suggest that online trainings delivered to participants at their facility were well received, despite challenges with competing priorities and at times internet connectivity. Participants found the weekly exercises helpful to ensure retention of lessons learned.

CONCLUSIONS

Remotely delivered training plus self-directed learning curriculum using digital tools can effectively increase and sustain knowledge and skills over a 6-month period.

KEY MESSAGE

As conclusion.

0 039 - Standing on the threshold: birth right citizenship and immigrant incorporation during the perinatal period

*Zoë Miller-Vedam*¹

¹ University of California, Irvine, Department of Sociology, Irvine, USA

BACKGROUND

Perinatal health care services are in highest demand. Recent literature highlights the pervasive mistreatment during the perinatal period experienced by people of color and marginalized communities, including pregnant immigrants. Despite differences in healthcare models and receptiveness towards immigrants, over the past decade there has been a rising backlash against pregnant immigrants and birthright citizenship in the US and Canada.

OBJECTIVES

This project is an intersectional examination of factors that affect immigrant experiences of perinatal care through a mixed-methods study of citizenship, immigrant incorporation, and family formation decisions. Specifically, the project examines perinatal health as a source of liminal inclusion for immigrants; how certain immigrants are constructed as reproductive threats; and how midwifery can provide culturally safe care for legally vulnerable populations.

METHODS

This project is a comparative qualitative case study analysis of perinatal healthcare access in British Columbia and USA between 2010 and 2022. It is a mixed methods study relying on archival, ethnographic, and interview data to trace narratives about pregnant immigrants as reproductive threats and their experiences of perinatal care. The data was analyzed using grounded theory and thematic analyses.

RESULTS

The results demonstrate that pregnancy is a source of liminal (limited, changeable, and conditional) status within societies. The perinatal period is a critical site of racialization. Parenting and citizenship values are transmitted to pregnant immigrants during the perinatal period through their interactions with providers. Although midwifery models of care emphasize culturally competent care, providers may still reinforce certain narratives of inclusion and exclusion.

CONCLUSIONS

The perinatal period is a critical site for understanding immigrant incorporation. Midwives have the potential to provide supportive, culturally competent care to immigrant populations. However, even supportive providers and care models can reinforce racialized narratives during the perinatal period.

KEY MESSAGE

This project demonstrates how legal status and norms about “good” citizenship shape racialization experiences during the perinatal period.

0 040 - Immigrant women's perspectives on contraceptive counselling provided by midwives in Sweden – a qualitative study

Mia Kolak^{1,2}, Charlotta Löfgren³, Stefan R. Hansson^{2,4}, Christine Rubertsson^{2,5}, Anette Agardh¹

¹ Lund University, Department of Clinical Sciences Division of Social Medicine and Global Health, Malmö, Sweden

² Skane University Hospital, Department of Obstetrics and Gynecology, Malmö and Lund, Sweden

³ Malmö University, Department of Social Work, Malmö, Sweden

⁴ Lund University, Department of Clinical Sciences Lund, Malmö, Sweden

⁵ Lund University, Department of Health Sciences Faculty of Medicine, Lund, Sweden

BACKGROUND

Immigrant women in Sweden often have unmet sexual and reproductive health needs. Successful contraceptive counselling may improve their sexual and reproductive health and rights. The Swedish model with midwives as the main providers of contraceptive counselling is unique. Increased knowledge about immigrant women's perspectives on contraceptive counselling provided by midwives in Sweden is important for immigrant women's health, both at the individual and societal levels.

OBJECTIVES

To explore immigrant women's own perspectives on receiving contraceptive counselling from midwives in Sweden, in order to obtain deeper knowledge about the factors they themselves perceive as important in the counselling situation.

METHODS

A qualitative approach was used with 19 in-depth individual interviews and qualitative manifest and latent content analysis.

RESULTS

Trust emerged as the overall important factor in the contraceptive counselling meeting. Contraceptive counselling was seen as a private matter and not easily shared with unknown midwives or interpreters. Moreover, knowledge was lacking about the midwife's professional role as a contraceptive counsellor, and women also wanted more knowledge about contraceptives and sexual and reproductive health care and rights. Previous experiences of contraceptives and preconceptions were important considerations for contraceptive choice, but communicating these needs required a trustful relationship. Cultural and social norms concerning when and why to use contraceptives needed to be acknowledged in the midwife encounter.

CONCLUSIONS

Although immigrant women want more knowledge about contraception, a trustful relationship with the midwife is needed to be able to make informed contraceptive choices. Midwives may need increased awareness of the many factors influencing immigrant women's choices to ensure women's contraceptive autonomy. Policy changes that promote new ways of counselling and ability to provide continuous care are needed.

0 041 - Midwives and their role in screening for perinatal depression in asylum-seeking and refugee women – the need for clearer communication

*Amanda Firth*¹

¹ University of Huddersfield, School of Human and Health Sciences, Huddersfield, United Kingdom

BACKGROUND

Perinatal depression affects around 15% of women in the perinatal period, but rates may be four times higher for asylum seeking and refugee women. It is estimated that at least 50% of cases in the general maternity population remain undiagnosed in the UK. Women from ethnic minorities, non-English speakers and asylum seeking and refugee women have the highest risk of not having their depressive symptoms recognised or supported by formal health care systems.

OBJECTIVES

To identify how maternity services in England can be developed to more effectively recognise and support asylum seeking and refugee women with symptoms of perinatal depression.

METHODS

The qualitative research project was underpinned by post-colonial feminist philosophy. In depth interviews were undertaken with 14 midwives and 20 asylum seeking and refugee women who were pregnant or had birthed in the last two years in England. Reflexive thematic analysis was used to analyse the combined interview data.

RESULTS

Midwives universally administered depression screening tools, but few women interviewed recognised that they had been asked about their mental health in pregnancy. Language barriers were significant, with some midwives and women relying on Google Translate to facilitate conversations about maternal mood. Midwives found screening tools problematic and frequently adapted the questions. Midwives asked women about their migration experiences as part of their assessment of their mood. Women did not understand that these conversations were being used to assess their mood and many women were cautious of discussing migration experiences with midwives.

CONCLUSIONS

Failure to adequately address language barriers disempowers the woman from discussing her mood. Discussion of migration experiences is not an effective method of assessing maternal mood.

KEY MESSAGE

Depression screening needs to be more effective, with midwives and women having a shared understanding of the purpose of depression screening and the methods used.

0 042 - Are pregnancy outcomes affected by a lack of legal status? The specific case of Switzerland

Caterina Montagnoli^{1,2,3}, Philippe Wanner²

¹ University of Basel, Institute for biomedical Ethics, Basel, Switzerland

² University of Geneva, Institute of Demography, Geneva, Switzerland

³ University of applied sciences of Western Switzerland, Midwifery, Geneva, Switzerland

BACKGROUND

In a context of increased mobility, it is fundamental to get to know migrants' needs and how governments could ensure equal opportunity in health of both regular and irregular immigrants simply applying low-cost primary health care measures.

OBJECTIVES

In order to identify health issues on which to intervene, this study analyses the impact of the mother's lack of legal status, together with available biological and socio-economic characteristics, on four indicators of adverse perinatal outcomes in Switzerland.

METHODS

Based on the exhaustive records of live births occurring from 2005 to 2018 ($n = 1,292,225$), different indicators of birth outcome were analyzed using logistic regressions: Preterm birth, Low and Very Low birth weight, Small for gestational Age and any of these four adverse outcomes were defined as independent variables. Statistical analysis was performed using the statistical package STATA, 17th version.

RESULTS

Compared to the children of mothers legally residents in Switzerland, the ones born from irregular migrants have higher risks of PTB (aOR 1.52 [1.27–1.82] $p < 0.001$) and VLBW (aOR 1.60 [1.24–2.06] $p < 0.01$). In contrast, we observe that in irregular migrant groups the odds of SGA is lowered (aOR .76 [.68–.84] $p < 0.01$). A similar effect is observed when controlling any adverse outcome (aOR .84 [.76–.92] $p < 0.01$).

CONCLUSIONS

Our results, together with those coming from the available literature, impose changes both on the assessment of pregnancy outcomes as well as on the social determinants of health for which the analysis are adjusted for.

KEY MESSAGE

Given the complexity of the migration phenomenon, future studies should be able to account for the local structural restrictions in the organization of care, the extension of the person's network as means of health accessibility, the diverse backgrounds and cultures as well as the recent arrival of the migrant.

W 03 Death Cafés - key opportunities for learning within midwifery education and midwifery care workshop

WORKSHOP

Helen Bedford¹, Beth Hardy¹, Polly Sykes², Drew Atherton¹, Lucy Criddle¹

¹ University of York, Department of Health Sciences, York, United Kingdom

² University of York, Social Work and Social Policy, York, United Kingdom

THE LEARNING OUTCOMES

Participants will:

- engage in a unique Death Café with an empowering global midwifery community
- experience rich learning and meaningful reflection
- understand the process of running a Death Café
- have the experience to consider hosting a Death Café as an accessible learning tool in educational, clinical or community settings

THE PROCESS/ACTIVITIES

Death has an inevitable but unsettling place within maternity care globally (Gates Foundation 2021; UNICEF 2021). Midwives must therefore be educated and supported to provide skilled care to families when encountering death and bereavement, as well as seeking to reduce mortality (UNFPA 2022). Whilst death is subject to a wealth of perspectives amongst societies and cultures globally, Page and Kitzinger (2019) note, '*birth, like death, has been over medicalised*'; therefore many societies and individuals struggle to engage with this typically 'taboo' subject.

To support midwifery students' learning, Death Cafés have been successfully introduced and evaluated within our education institution. These supportive, not for profit events provide safe, confidential spaces for conversations about death without any leading agenda (Death Café 2022).

This Death Café workshop will provide a unique and powerful opportunity for participants from diverse backgrounds and cultures to engage as a 'compassionate community'.

A highly interactive workshop is proposed (café-style set up with refreshments; five tables each of seven participants; AV set-up for presentation)

Skillful and supportive facilitation will:

- introduce the Death Café concept
- demonstrate the learning potential of Death Cafés, including overview of our student evaluation
- enable active participation in a real time Death Café

AUDIENCE PARTICIPATION

Highly active – in the Death Café described above.

REFERENCES

- Death Café (2022) *What is death cafe?* <https://deathcafe.com/what/>
- Gates Foundation (2021) *Maternal mortality* <https://www.gatesfoundation.org/goalkeepers/report/2021-report/progress-indicators/maternal-mortality/>
- Page, L & Kitzinger, C (2019) *From medicalisation to humanisation of birth and death*. <https://commissiononthevalueofdeath.wordpress.com/2019/12/21/from-medicalisation-to-humanisation-of-birth-and-death/#>
- UNICEF (2021) Neonatal mortality <https://data.unicef.org/topic/child-survival/neonatal-mortality/>
- UNFPA (2021) The state of the world's midwifery 2021 <https://www.unfpa.org/sites/default/files/pub-pdf/21-038-UNFPA-SoWMy2021-Report-ENv4302.pdf>

W 04 Addressing women's psychosocial health in the perinatal period workshop

WORKSHOP

Cesa Pratiwi¹, Linda McGowan²

Additional facilitator: Angela Graves (United Kingdom)

¹ *Aisyiyah University of Yogyakarta, Midwifery, DI Yogyakarta, Indonesia*

² *University of Leeds, School of Healthcare, Leeds, United Kingdom*

THE LEARNING OUTCOMES

Assessing women's psychosocial health during perinatal period is a potential practice to identify those who are at risk of psychological distress and to recognize symptoms of psychological distress which might associated with social factors. Original research which was conducted in Indonesia informs that women's psychological health during pregnancy period are influenced by sociocultural and economic factors and thus biopsychosocial model could be used by midwives when providing services and care to women. Our more recent research has demonstrated that women's mental health has been further impacted in a negative way by the COVID-19 pandemic. This workshop will upskill midwives in identifying women's biopsychosocial factors which might influence the women's psychological health and enhancing the practice of how to perform a sensitive and thorough psychosocial assessment to optimize women's perinatal journey.

By the end of this session the participants will be able to:

1. Identify the most common biopsychosocial and cultural factors which might influence women's psychological health during their perinatal period,
2. Develop a sensitive approach in conducting the psychosocial assessment of women during their perinatal period,
3. Demonstrate communication skills demonstrated in the workshop to equip them in their interactions with women who are distress,
4. Gain knowledge about resources they can use to help support women and their families.

THE PROCESS/ACTIVITIES

1. Introductory presentation : 10 minutes
2. Group split and role play : 15 minutes
3. Group activities : 30 minutes
4. Group presentations : 25 minutes
5. Debriefing session : 10 minutes

AUDIENCE PARTICIPATION

Carefully observe the role play and actively involve during the discussion sessions.

REFERENCES

- Pratiwi, C. S. 2019. Healthcare professionals' assessment of pregnant women's psychological health in Indonesia: A Qualitative case study (Doctoral thesis)
- McGowan L, et.al. 2022. Exploring the effect of Covid-19 on women's experiences of pregnancy, birth and postpartum in Indonesia: A rapid online survey (BMC Pregnancy and Childbirth, Manuscript under review)

0 043 - Strengthening Papua New Guinea's policy environment for midwifery: a review of the development of the first midwifery policy in the Pacific

Titilola Duro-Aina¹, Marielle Sander², Caroline Homer³, Lucy Au², Catherine Breenkamkong⁴

¹ UNFPA, PSRO Fiji, Suva, Fiji

² UNFPA, Papua New Guinea Country Office, Port Moresby, Papua new Guinea

³ Burnet Institute, Maternal Child and Adolescent Health, Melbourne, Australia

⁴ UNFPA, Asia Pacific Regional Office, Bangkok, Thailand

PURPOSE

In May 2021, the State of the World's Midwifery Report, (SOWMY) was released globally. The report estimated that the current midwifery workforce in PNG meets just 32% of the need required for effective MNH care, thus, indicating a severe shortage of midwives. A national consultation workshop with key stakeholders was held to review the SOWMY report. One of the key areas identified at that workshop was the need for the development of a midwifery policy for PNG to formally guide the education and practice of midwifery in PNG through midwifery specific regulation and standards; to drive a whole of government approach to planning and resource allocation, and secure support from government, local communities, and partners.

DISCUSSION

A collaborative, systematic approach was used to develop the policy with an initial workshop to identify the Vision, Strategic Actions and Monitoring and Evaluation Framework for the policy. Stakeholders agreed on the policy vision statement that "Every woman in PNG has access to a qualified and competent midwife who provides woman-centred, holistic and high quality SRMNAH care that is available, accessible, acceptable, and affordable"; and adopted the policy framework to six focus areas aligned with global strategies and priorities. These are 1) Midwifery Regulation, 2) Midwifery Education, 3) Professional Association, 4) Midwifery Workforce, 5) Enabling Environment, 6) Midwifery Recognized as an integral part of SRMNAH. The final policy draft has been shared with the NDOH, for finalization and submission to NDOH Executive Team for endorsement.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Enabling Policy Environment.

KEY MESSAGE

Midwives can deliver most essential SRMNAH interventions if they are able to operate within a fully enabled health system and work environment. The PNG Midwifery Policy (2021–2030) will help make this a reality by highlighting the urgent need for greater investments in skilled and educated midwives to meet the needs of women, and families in PNG.

0 044 - Shaping evidence-based health policy by founding a scientific professional society for midwives in the D-A-CH countries - an example for building up leadership

Nina Knappe¹, Astrid Krahl², Suzanne Simon³, Ute Lange⁴

¹ *Ludwigshafen University of Business and Society, University of Applied Sciences, Department of Social Work and Health Care, Ludwigshafen, Germany*

² *Zürich University of Applied Sciences, Department of Health, Zürich, Switzerland*

³ *Ev. Hochschule Berlin EHB, Midwifery, Berlin, Germany*

⁴ *University of Applied Health Sciences, Department of Applied Health Sciences, Bochum, Germany*

PURPOSE

The German Society for Midwifery Science e.V. (DGHWi) was founded 2008 as a joint initiative of Universities from Germany, Austria, Switzerland and Associations from Germany as the German Association of Midwives (DHV).

Midwives in Germany have traditionally strong professional associations, but not a professional chamber or the possibility of regulation. The associations represent their members in remuneration negotiations with the health insurance funds. In contrast, scientific societies in Germany are consulted in institutions of the health policy and are organized in the Association of the Scientific Medical Societies in Germany (AWMF). The AWMF members play a vital role in creating evidence-based guidelines and submitting expertise to the Joint Federal Committee (Gemeinsamer Bundesausschuss – G-BA), which is the highest decision-making body of the joint self-government health care services. Up to 2010 there have only been medical societies that acquired the status of members. By founding the DGHWi and becoming a member of the AWMF, midwives are now actively involved in the health care policy.

DISCUSSION

The DGHWi works in partnership with professional associations and complements the midwifery framework with the area of research. It publishes its own scientific journal (Journal of Midwifery Science), is involved in the development of guidelines, organizes international conferences, supports networking for Universities and is connected to international partners and organizations.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The DGHWi supports all aspects of the professional framework in midwifery, especially the aspect of leadership, and it promotes the health care for women and families and the further development of midwifery in the German speaking language space.

KEY MESSAGE

The DGHWi as an independent scientific society is a crossed border initiative based on a shared language space and offers midwives in Germany and German-speaking areas to participate in processes of political regulation around childbirth.

0 045 - The “black mirror” of midwifery practice and education in Antwerp: forecasting its future with scenario planning

Yvonne Kuipers¹

¹ Antwerp University of Applied Sciences, School of Midwifery, Antwerp, Belgium

BACKGROUND

Midwifery across the world is facing changes and uncertainties. By recognizing plausible future options, a contemporary and strategic scope of midwifery practice and education can be established.

OBJECTIVES

To provide plausible future options for midwifery practice and education by facilitating professional and institutional learning.

METHODS

Structuration theory and intuitive logics scenario planning methods were used to structure contextual midwifery scenarios. This approach offers a set of concepts that can be used to consistently and systematically analyze future uncertainties within midwifery practice and education.

RESULTS

Key trends and developments are presented, subdivided into demographic, social, political, technological, and financial issues, including the COVID-19 pandemic. The certain and uncertain variables derived from the key trends and developments led to three scenarios. Six certain and six uncertain variables were identified. A two-dimensional framework showed these factors: (a) maternity care services and organization and (b) the society of childbearing women and their families. Three scenarios described the plausible future of midwifery: (a) midwife-led care monitoring maternal health needs, (b) midwife-led holistic care, and (c) midwife/general practitioner-led integrated maternity care.

CONCLUSIONS

All of the scenarios show the direction of change with a strategic focus, the importance of midwifery authenticity, and digital adaptability in maternity services. Also, the coronavirus disease 2019 (COVID-19) pandemic cannot be ignored in future midwifery.

KEY MESSAGE

Current trends and developments acknowledges different future options for future midwifery and education, allowing to choose the best or optimum option recognising which trends and developments to embrace or avoid. Midwifery authenticity in a biopsychosocial model of care and digital adaptability shapes a clear direction of transformation, change, scope, proactive behavior, and strategic focus. This study is merely a theoretical exercise and a means for in-depth discussion among student health care practitioners, with further research and exploration of pragmatic organizational details and planning strategies needed.

0 046 - Global strategic directions for nursing and midwifery: can we build better together and transfer evidence into reality in the European region?

Mervi Jokinen¹, Grace Thomas², Billie Hunter²

¹ Royal College of Midwives, Professional Team, London, United Kingdom

² Cardiff University, School of Healthcare Sciences, College of Biomedical and Life Sciences, Cardiff, United Kingdom

PURPOSE

Two important documents were published in 2021, the Global Strategic Directions for Nursing and Midwifery (GSDNM)^a and the State of World's Midwifery (SOWMy). The latter clearly stated the many discrepancies in the state of midwifery in the European Region, reinforced by WHO Euro workforce resolution. The development of European Roadmap for implementation of the Global Strategic Directions was in progress 2020–21, it provided an opportunity for midwives to engage and influence this European Policy action plan.

DISCUSSION

There was a core group responsible for shaping a document that would be seen to address concerns, inadequacies in the landscape of European midwifery. The Roadmap⁴ states the European policy priorities and includes the monitoring and accountability framework set by GSDNM, indicators adopted by WHO Euro member states. The proactive midwifery action ensures more transparent separation of midwifery indicators from nursing ones. This is vital in enhancing development of recognised, effective, professional midwifery workforce, key in delivering quality maternity care in the national health systems.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

During the presentation we will look at how midwifery associations, WHO Collaborating centres (midwifery) can lead agenda in setting European policy documents and action plans that shape the political and systems environment in which midwives practice their profession. Harmonising regulation, education and workforce data across a large region, in spite of national member state challenges, can be strengthened by collaborative work with WHO regional leaders. The midwifery leadership in developing resources and tools which ensure sharing midwifery research, evidence and best practice is essential, e.g. WHO Midwifery Assessment Tool for Education (MATE).

EVIDENCE IF RELEVANT

References will be provided.

KEY MESSAGE

Midwifery leadership ensures we own and strive for our profession that is fit for purpose. In solidarity we can design a health system that can deliver equitable, person-centred quality care for all women, babies and their families.

0 047 - How to use cultural indicators to facilitate the implementation of midwife-led continuity of care models of practice

Kim Watts¹, Hilary Wareing², Karen Jones³

¹ Kim Watts Consultancy Ltd, Consultancy Services Specialising in Maternity Service Provision, Nottingham, United Kingdom

² iPIP Ltd, Director, Warwick, United Kingdom

³ Denison Europe, Director of Consultant & Partnerships Europe, Newcastle, United Kingdom

PURPOSE

To explore how specific cultural traits within an organisation can impact the successful implementation of midwife-led continuity models.

DISCUSSION

There is compelling evidence that midwife-led continuity models (MCOC) can improve both the safety and outcomes in maternity services. However, the roll out and introduction of these models particularly in the United Kingdom (UK) has not been without its challenges. Additional targeted funding and national training to support implementation has had a limited impact on achieving national targets. In order to understand why this may be the case the team have examined possible cultural factors and their impacts.

It is well established that there are strong links between organisational culture and organisational performance and this is no different for maternity services. Using an established tool which examines organisations cultural traits the team have mapped relevant policy documents providing guidance on MCOC implementation and action points recommended in the recent Ockenden report to the domains of the tool. This exercise provides the opportunity to develop additional focused MCOC questions for a survey that can be administered to Midwives in individual Trusts. Findings of the survey can then be fed back to management during a facilitated workshop to identify key areas within their organisation that may be affecting the implementation of MCOC locally and help them to develop future strategies that will aid successful implementation. The principles of this approach are not limited to this topic and could also be applied to other service change.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Reflects ICM framework Midwife-led continuity of carer model of practice.

KEY MESSAGE

This approach could provide a framework to aid the implementation of MCOC in a more holistic way at individual Trust level, whilst enabling a macro level identification of common traits needing to be addressed in both future organisational and policy development.

0 048 - The deinstitutionalisation of home birth in the English National Health service: capitulation, compromise and counteraction

*Lisa Common*¹

¹ University of Nottingham, Business School, Nottingham, United Kingdom

BACKGROUND

Research evidence and national health policy has consistently and increasingly recognised that home birth represents an effective, safe and inexpensive solution for healthy women. Why then has it become increasingly difficult for women to choose where their children are born?

OBJECTIVES

This research drew on sociological and organisational theories of institutional work to explore the strategies involved in maintaining or transforming the provision of home birth across three separate maternity providers in England.

METHODS

This was a qualitative multiple case site study that used semi-structured interviews with health professionals and leaders (n = 48); interviews and focus groups with service users (n = 16); non-participant observation and documentary analysis. Data was collected June 2015 – March 2016. The data was analysed using thematic narrative analysis.

RESULTS

In this study, case sites were observed to be surrendering, maintaining or transforming home birth services in the face of precipitating background threats. These included social change, technological developments, policy discontinuities and regulatory enforcement. A cyclical pattern of persistent pressure on midwives to prioritise the in-hospital maternity service and take a risk minimisation approach to care were identified as key factors influencing the deinstitutionalisation of home birth. Even non-isomorphic change and innovation from a midwife-led company without an obstetric-unit found that their legitimacy to provide home birth care was contested.

CONCLUSIONS

In the presence of weak or diminishing organisational commitment to home birth as part of a portfolio of maternity services, the biomedical model can be seen to be prioritised and home birth becomes framed as either an indulgent or illegitimate choice for women to make that disadvantages most maternity service users by drawing the midwifery workforce away from in-hospital provision.

KEY MESSAGE

If midwives are to continue to support childbirth as a physiological process, they should be prepared to protect home birth as a choice for women and birthing people.

0 049 - The impact of integrating midwives into primary healthcare settings on access to care: a case study from Ontario, Canada

Liz Darling¹, Riley Graybrook², Bismah Jameel¹, Anna Dion¹, Susana Ku-Carbonell¹, Stephanie Begun³, Cristina Mattison¹

¹ McMaster University, McMaster Midwifery Research Centre, Hamilton, Canada

² McMaster University, McMaster Midwifery Research Center, Hamilton, Canada

³ University of Toronto, Social Work, Toronto, Canada

BACKGROUND

In Canada, most midwives work in midwifery-led continuity of care models in community-based midwife-only practice groups. Typically, midwives in Canada are not integrated into interprofessional primary healthcare settings. New funding arrangements in Ontario, Canada in 2018 supported the implementation of new midwifery models located within interprofessional settings.

OBJECTIVES

The objective of our research was to examine how the integration of midwives into interprofessional primary healthcare teams impacts access to care.

METHODS

We conducted a case study using Yin's methods. Our case was expanded midwifery care models set in primary healthcare teams. The context was Ontario, Canada. We interviewed 35 midwives, other healthcare providers, healthcare administrators and policy makers using a semi-structured interview guide with questions based on Levesque et al.'s conceptualization of access to care. We digitally-recorded and transcribed the interviews and coded them using NVivo software.

RESULTS

We identified nine themes, each related to one of Levesque's five dimensions of access: visibility leads to approachability, co-location of services, recognition and legitimization of midwifery, taking services to clients' homes, always available, easily accessed, cost savings (reduced travel), system navigation and care coordination, and midwives specialized knowledge. Our finding revealed that integrating midwives in primary healthcare settings increased visibility and trust in the profession, decreased access barriers such as travel time and cost, increased collaboration between professionals and ensured more timely and available care.

CONCLUSIONS

Access to care can be improved by integrating midwives into primary healthcare settings, especially for people who have been less likely to access midwives in Canada previously. Integrating midwives into interprofessional teams can also enhance the appropriateness of care for underserved populations.

KEY MESSAGE

Uni-professional community-based midwifery models of care remain effective and efficient; however, policymakers in health systems in Canada should consider creating new or expanding existing funding arrangements to support the further integration of midwives into interprofessional primary healthcare teams.

0 050 - A synthesis of international research using the Perceptions of Empowerment in Midwifery Scale (PEMS): the effects of culture and language on sub-scale identification

Anne Matthews¹, Asiya Mu Azzam¹

¹ *Dublin City University, School of Nursing, Psychotherapy & Community Health, Dublin, Ireland*

BACKGROUND

The Perceptions of Empowerment in Midwifery (PEMS), with 3 sub-scales, was developed in Ireland and published in 2006. Since then different versions and sub-scales of the scale have been proposed based on further studies and factor analysis.

OBJECTIVES

To identify and synthesise evidence about the use of the PEMS globally.

To re-examine its psychometric properties across studies.

To compare the results of factor analysis from four published studies which proposed different sub-scale structures.

METHODS

A scoping review was carried out. Relevant evidence was found using searches of major databases and other grey literature sources for unpublished material alongside a review of all requests for and email correspondence about the use of the scale. Covidence was used for screening of studies for inclusion and data extraction.

RESULTS

Twenty-five references were imported for screening (22 studies), with 13 studies included, from 14 countries in 8 different languages. The four studies proposing new sub-scales which are the focus of this paper are: Pallant et al 2015, in New Zealand, Lukasse & Pajalic 2016 in Norway, Hajiesmaello et al 2020 in Iran and Murat Öztürket et al 2018 in Turkey, with four, three, three and five sub-scales suggested, respectively, across these 4 studies. Sub-scales differed based on results though the 'management' related sub-scale remained similar across studies.

CONCLUSIONS

All published studies used the full original 22-item scale, allowing for further testing and comparison, and all acknowledged previous PEMS work. All used very similar factor analysis procedures and parameters. Culture and language were found to be important when naming sub-scales. Next steps include follow-up with all researchers who have used or are using the PEMS and to plan a multi-country study using PEMS.

KEY MESSAGE

A scale to measure midwifery empowerment has been further developed and adapted; it is valid and reliable and cultural interpretation and language are important in its use.

0 051 - Why don't pregnant women follow guidelines on consumption of important dietary sources of iodine? A quantitative pilot study

Þórdís Björg Kristjánsdóttir¹, Berglind Halfdansdóttir¹, Ingibjörg Gunnarsdóttir^{2,3}

¹ University of Iceland, School of Health Sciences - Faculty of Nursing and Midwifery - Midwifery studies, Reykjavik, Iceland

² University of Iceland, School of Health Sciences - Faculty of Food Science and Nutrition, Reykjavik, Iceland

³ National University Hospital of Iceland, Unit for Nutrition Research, Reykjavik, Iceland

BACKGROUND

Iodine is important during pregnancy for normal growth, development, and metabolism of the fetus. Iodine deficiency was recently observed for the first time in Iceland, among pregnant women, most likely due to lower fish and dairy consumption when compared to previous studies.

OBJECTIVES

The aim of the study was to examine why pregnant women do not consume food items that are important sources of iodine. The purpose of the study was to support midwives' informative role in prenatal care.

METHODS

A quantitative cross-sectional study. Pregnant women (n = 100), answered a telephone interview questionnaire in December 2019 – January 2020, on consumption of fish, dairy and supplements containing iodine. Descriptive analysis on intake rates and reasons for suboptimal intake, according to Icelandic guidelines, was performed.

RESULTS

The percentage of women claiming they never consume dairy was 13% and only 27% consumed two or more portions a day, which is in line with guidelines. Various explanations were given for not following the guidelines on dairy consumption but 24% gave no specific reason. The percentage of women who said they never consume fish was 9% and only 27% consume fish two or more times a week, which is in line with guidelines. Various reasons were given for not following the guidelines but 18% gave no reason. Only 7% of women took supplements containing iodine.

CONCLUSIONS

The findings suggest that there are several different reasons for low consumption of food items rich in iodine and use of dietary supplements containing iodine is uncommon. It is important to provide women with information on the significance of food rich in iodine in prenatal care.

KEY MESSAGE

Suboptimal intake of iodine rich foods is common in Iceland. Knowledge on women's reasons for suboptimal intake is important for personalized prenatal education and support.

0 052 - The importance of taking pain histories for the latent phase of labour

Vanora Hundley¹, Carol Clark², Vanessa Bartholomew¹, Helen Cheyne³

¹ Bournemouth University, Centre for Midwifery, Maternal & Perinatal Health- Bournemouth University, Bournemouth, United Kingdom

² Bournemouth University, Faculty of Health & Social Sciences, Bournemouth, United Kingdom

³ University of Stirling, Nursing Midwifery Allied Health Professions Research Unit, Stirling, United Kingdom

BACKGROUND

The latent phase of labour has been identified as a challenging time for women and midwives. Women who seek early hospital admission may have heightened fear and anxiety in relation to pain routed in their pre-pregnancy experiences. Understanding a woman's pain history could identify women in need of additional support.

OBJECTIVES

To determine the prevalence of pain catastrophising in a healthy non-pregnant population and to identify characteristics that might predict pain catastrophising prior to pregnancy.

METHODS

Design – Prospective observational study.

Sample – 122 women undertaking an undergraduate degree (18–23 years) at two higher education institutions in Scotland and England.

Tool – semi-structured online survey with four validated questionnaires (CFPP, FPQ-III, PASS-20, PCS) to identify the prevalence of pain catastrophising and fear of childbirth.

Analysis – Multiple linear regression to explore the predictive factors that significantly correlated with pain catastrophising.

RESULTS

A high prevalence of pain catastrophising was found in nulliparous women of reproductive age: a cut-off score of 20 and above = 47.5% (58/122 participants), a cut-off score of 30 and above = 21.3% (26/122). Fear of pain ($\beta = 0.14$, $t = 4.21$, $p < 0.001$) and pain-related anxiety ($\beta = 0.40$, $t = 11.39$, $p < 0.001$) were significant predictors of pain catastrophising. However, there was no correlation between fear of childbirth and pain catastrophising.

CONCLUSIONS

Pain catastrophising was higher than expected due perhaps to sampling bias (self-selection). However, it is reasonable to hypothesise that the pain catastrophising scale may be a good tool to predict those women likely to require additional support in the latent phase of labour.

KEY MESSAGE

Pain histories provide midwives with early identification of women who may need additional support to manage pain in labour.

T 007 - Midwife-led continuity of care for obstetric safe surgery: key findings from Makueni County, Kenya

Mary Muthengi¹, Daisy Ruto², Freda Nyaga², Christine Muia²

¹ *Jhpiego, Obstetric Safe Surgery, Makueni, Kenya*

² *Jhpiego, Obstetric Safe Surgery, Nairobi, Kenya*

DESCRIPTION OF RESEARCH OR INNOVATION

The OSS intervention package implemented included multidisciplinary team-based clinical, leadership, and mentorship training of surgical teams (surgical, anesthesia, and nurse providers), and introduction of evidence-based clinical practices such as the WHO Surgical Safety Checklist (SSC), and infection prevention (IP) bundle to reduce surgical site infections (appropriate prophylactic antibiotics, vaginal cleansing with povidone iodine before CS, and proper abdominal surgical preparation), integrating immediate essential newborn care at CS (delayed cord clamping, immediate skin-to-skin contact), and early initiation of breastfeeding, along with tracking women and newborns following discharge from the facility, at 7 and 30 days. Nurses and midwives were prominent leaders in these interventions. This intervention package was implemented in five of the highest volume facilities in Makueni County, in a hub and spoke model, from March 2021 to May 2022. The effect of the intervention was assessed using service delivery data from Kenya Health Information System (KHIS) and supplementary data collected from January 2021 to April 2022.

SIGNIFICANCE TO MIDWIFERY

SSC utilization increased from 0% at baseline to 100% in April 2022 (n = 4,051). Newborns at CS had delayed cord clamping increased from 0% at baseline to 82% (4,099). Mothers practicing immediate skin-to-skin care at CS increased from 0% at baseline to 88 % (n = 4,051). The percentage of babies initiated on breastfeeding within 1 hour of CS increased from 18% at baseline to 84% (n = 4,051). Prior to the OSS project, no mothers and newborns were being actively tracked following discharge from the facility. Across the five facilities, Midwives were able to track 81%(n = 2,265) and 73 % (n = 2,052) of mothers after CS at 7th day and 30th day respectively from June 2021 to April 2022. The surgical site infection rate decreased by 25% from 4.4% in quarter 2 2021 (April to June) to 3.3% in quarter 1 2022 (Jan to March).

0 053 - Female genital mutilation/cutting (FGM/C) among women giving birth – preventive actions and care of survivors in Finland

Mimmi Koukkula¹, Reija Klemetti²

¹ Finnish Institute for Health and Welfare, Special Services, Helsinki, Finland

² Finnish Institute for Health and Welfare, Public Health and Welfare, Helsinki, Finland

BACKGROUND

FGM/C causes negative health effects on 200 million girls and women, also during childbirth. Limited information is still available on the prevalence and adverse health effects of FGM/C. The National action plan for the prevention of FGM/C guides the preventive work in different fields in Finland including specific instructions for midwives. Practical level professionals should know the content of the guidelines to implement good practices. To target preventive measures correctly and to improve the care for the survivors of FGM/C, data and guidelines on the practice are needed.

OBJECTIVES

To explore the prevalence of FGM/C and the adverse health effects during birth and to describe how midwives can prevent the harmful practice and improve the health of the FGM/C survivors.

METHODS

A descriptive population-based register study. Data were obtained from the Finnish Medical Birth Register from 2017 to 2020. Perinatal outcomes such as a mode of delivery, interventions during delivery, lacerations, Apgar scores, asphyxia, etc. will be analysed by women's FGM/C status and presented in the conference.

RESULTS

Approximately 45,000 women give birth in Finland annually. The prevalence of FGM/C among them was 0.4 %. Of women from FGM/C practicing countries giving birth in Finland 15 % had undergone FGM/C. 0.04 % of parturients were defibulated. The national guidelines instruct midwives to ask about the practice and to give information about the harms of FGM/C, human rights, and legislation. Midwives intensify the referral of FGM/C survivors to defibulation, reconstructive surgery, mental health care and sexual therapy.

CONCLUSIONS

Midwives play a central role in identifying FGM/C, providing holistic care, registering data and disseminating information. Birth register offers valuable information about the prevalence of FGM/C among birthing women.

KEY MESSAGE

With the routinely collected register data on FGM/C it is possible to gain better understanding about the prevalence of FGM/C to guide the preventive work properly.

MONDAY, 12 JUNE 2023, 14:00–15:30

Uluwatu 7

C 14 FACILITATING SAFETY AND MANAGING COMPLEXITY 1 (+THREE-MINUTE THESIS)

ORAL PRESENTATION

0 054 - Give birth without fear: a Swedish method of ensuring an emotionally safe birth

*Camella Main*¹

¹ Camella Main, London Ambulance Service, London, United Kingdom

PURPOSE

The WHO Intrapartum Guide for a Positive Childbirth (2018) highlights that all women need good quality support during labour and childbirth, and we know that continuous emotional support has a significant impact on the clinical outcome and the emotional experience of birth, without any adverse side effects. The Give Birth Without Fear 'SAFE' model, originating from Sweden, provides a hands-on practical solution by training maternity healthcare professionals to meet this need.

DISCUSSION

The fact that fear of childbirth is rising is a well-known phenomenon within the maternity care sector. Despite this knowledge and the well-documented evidence that continuous, emotional support has a significant impact on the medical outcome and the emotional experience of birth, there is a lack of training for maternity care staff in how this support can strategically be given in the form of a common care model. Good quality support is an intervention without any known side-effects, as well as having the important economic benefit of reducing unnecessary medical interventions.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The Give Birth Without Fear 'SAFE' model has already been taught at several midwifery schools, and delivered as workshops and lectures at conferences both in Sweden and abroad. It has been well-established as a model within several Swedish maternity units for more than ten years. The presentation will explain the method and how it can be introduced, embedded and evaluated. The impact of the method in Sweden will be explored.

KEY MESSAGE

The "Give Birth without Fear" method is a practical solution to the rising fear of childbirth which is resulting in so much birth trauma and obstetric complications. Empowering women to have an emotionally safe birth should be the priority of every health authority, midwife and obstetrician worldwide.

**Monday, 12 June 2023,
16:00–17:30**

0 055 - Utilisation and determinants of antenatal care services

Worlanso A Shimray¹, Lalrambeiseii Lalrambeiseii², Medovinü Medovinü², Anamika Toppo², Vikethono Luho², Lalkhawngaihi Lalkhawngaihi², Adhuni Adahrii²

¹ Christian Institute of Health Sciences and Research, College of Nursing, Obstetrical and Gynaecological Nursing, Dimapur, India

² Christian Institute of Health Sciences and Research, College of Nursing, Dimapur, India

BACKGROUND

Antenatal care (ANC) offers an opportunity for early detection and prevention of pregnancy-related risk and complications, as well as for delivering effective therapy of both current and potential issues. As a result, nationwide health services are provided with a focus on mother and child health. Numerous studies have indicated that inadequate use of the available ANC services contributes to maternal and child morbidity and mortality. The purpose of the current study is to evaluate the utilization and determinants of antenatal care services in Singrijan, Nagaland.

OBJECTIVES

To assess the utilization and determinants of ANC services.

METHODS

A cross-sectional exploratory community-based study was conducted in Singrijan. Purposive sampling was used to recruit a total of 72 participants. A self-administered questionnaire developed by the researcher was used to gather data. The institution's Nursing Research Committee gave its approval for the study. The Andersen and Newman Behavioral Model served as the study's foundation.

RESULTS

According to the study's findings, 89 percent of the 72 individuals had used antenatal care services, while 11% had not. 64 percent of the 89 percent of those who had used, had more than four ANC visits and 36 percent had used fewer than four ANC visits. Long distance travel (39%), being healthy during a prior pregnancy (39%), and financial concerns (29%) were the top three reasons given for not going to the ANC facility. There was an association between the number of deliveries and the use of ANC services.

CONCLUSIONS

The study's findings identified a number of variables that affect how often women use prenatal care services. Therefore, guidelines can be developed and distributed to the village leaders for the purpose of disseminating knowledge about the issue, and other measures can be taken to encourage the use of antenatal care facilities.

KEY MESSAGE

To facilitate the utilization of ANC services.

0 056 - The application of group care global model in China: a pilot study

Xinfen Xu^{1,2}, Danqi Chen^{1,3}, Wenli Xu⁴, Peifei Chen⁴, Hongmei Lu², Peihua Chen², Guohua Wei⁴, Wenyan Zhu², Yunxia Zhou²

¹ Women's Hospital- School of Medicine, Zhejiang University, Nursing Department, Hangzhou, China

² Haining Maternal and Child Health Hospital, Branch of Women's Hospital- School of Medicine, Zhejiang University, Nursing Department, Haining, China

³ Zhejiang University, Nursing Faculty, School of Medicine, Hangzhou, China

⁴ Haining Maternal and Child Health Hospital, Branch of Women's Hospital- School of Medicine, Zhejiang University, Obstetrics Department, Haining, China

BACKGROUND

Group Care Global (GCG) Model was based on the CenteringPregnancy Model and CenteringParenting Model, which was designed to improve the quality of perinatal care and consequently perinatal outcomes. In recent years, GCG model emerged as a viable alternative or addition to traditional individual prenatal care.

OBJECTIVES

To compare a GCG model to traditional individual prenatal care on birth outcomes, neonatal outcomes, breast-feeding outcomes, depression and anxiety symptoms, personal cognition of birth in China.

METHODS

This quasi-experimental research was conducted with 119 women receiving GCG model (n = 58) or traditional individual prenatal care (n = 60) from August 2021 at a maternal and child health hospital in China. Participants completed the Positive and Negative Affect Schedule (PANAS-SF), State-Trait Anxiety Inventory (SATI-Form Y), Edinburgh Postnatal Depression Scale (EPDS), emotion valence rating and likelihood estimation measure (LEM) in the second and third trimesters. Data on baseline, birth and neonatal were obtained from medical records. Breastfeeding data were obtained through follow-up at 6 weeks postpartum. Intention to treat analyses were used to examine objectives.

RESULTS

Data collection of the research was ongoing, and portions of results were previously presented in the abstract. There were no significant differences in most of the demographic and baseline data between GCG model and traditional individual prenatal care, and the outcomes were comparable. The overall cesarean section rate of GCG model (32.76%) is below the national average (36.7%), and cesarean section rate among primiparas is 22.22%. The overall preterm birth rate of GCG model (5.17%) is lower than the national rate (6.4%).

CONCLUSIONS

Based on the current data, GCG model resulted more favorable birth and neonatal outcomes that was likely to have implications for design of midwife-led continuity of prenatal care.

KEY MESSAGE

GCG model might contribute to decrease the risk of perinatal adverse outcomes and enhance the childbirth experience in China.

0 057 - Abdominal examination during pregnancy may enhance relations between midwife, mother, and child: a qualitative study of pregnant women's experience

Katrine Bruun Bonnén¹, Sara Marie Hebsgaard Offersen², Lea Høj Høstrup¹, Rikke Damkjaer Maimburg³

¹ Aarhus University, Department of Clinical Medicine, Aarhus, Denmark

² Aarhus University, Department of Public Health, Aarhus, Denmark

³ Aarhus University, Department of Clinical Medicine, Aarhus N, Denmark

BACKGROUND

The abdominal examination is a routine procedure performed by the midwife several times during pregnancy and used to monitor the growth and wellbeing of the baby. Textbooks focus on the technical performance, with little attention to the women's experience of the examination.

OBJECTIVES

To explore the women's experience of the abdominal examination.

METHODS

Participant observation and semi-structured interviews with 10 pregnant women. The thematic analysis was inspired by Braun & Clarke. The interviews were transcribed verbatim, and themes and ideas were continually discussed in the author group.

RESULTS

Four central themes emerged; *An essential examination*, *The baby becomes real*, *The importance of being involved*, and *Different senses give different experiences*. The themes describe how the women regard the abdominal examination as an essential part of the midwifery consultation, being the moment where the baby is most in focus and becomes real and tangible. Being prepared and involved prior to and during the examination is pivotal for how the abdominal examination is experienced by the women. The abdominal examination is crucial to the women as it provides them with important sensory aspects not gained from the ultrasound examination.

CONCLUSIONS

The abdominal examination is regarded as essential in the midwife consultation and holds the potential of supporting a woman's bodily sensation of her baby reinforced by the midwife's manual palpation. Touch can be a way for a pregnant woman of getting acquaintance with her unborn child giving the midwife a profound potential to facilitate the process of bonding between mother and baby.

KEY MESSAGE

The abdominal examination provided by the midwife may facilitate bonding between the mother and baby if provided with bodily respect.

0 058 - Long-term cost savings with centring-based group prenatal care

Suze Jans¹, Xanne Westra¹, Matty Crone², Elske van den Akker-van Marle³, Marlies Rijnders¹

¹ TNO, Child Health, Leiden, Netherlands

² LUMC, Public health, Leiden, Netherlands

³ LUMC, Biomedical Data Sciences, unit Medical Decision Making, Leiden, Netherlands

BACKGROUND

Group antenatal care (GANC) is a group-based care-model combining antenatal care, with health assessment, education, and peer support. GANC shows positive results on perinatal outcomes, but little is known about GANC effects on maternity health care costs and longer-term health outcomes. Few studies in the United States examined high risk populations showing positive GANC effects on costs and outcomes. Dutch primary care midwives have reported higher costs when providing GANC but whether costs are compensated by better outcomes in low-risk populations, is unknown.

OBJECTIVES

To assess the effect of replacing individual antenatal care (IC) by GANC on antenatal health care costs, psychosocial and health outcomes, expected future healthcare costs.

METHODS

A cost-benefit analysis comparing costs and consequences of GANC with IC. Primary data was derived from a stepped wedge cluster randomized controlled trial performed in the Netherlands, assessing health and psychosocial effects of GANC compared with IC. Other data was retrieved from literature and an online questionnaire among midwifery practices. The cost-benefit analysis applied a healthcare perspective. Costs and effects were discounted at a 4% rate. Main outcome measures were differential cost of GANC and lifetime healthcare costs related to effects of GANC compared to IC.

RESULTS

GANC comes at a differential cost of €44.- extra / person compared to IC. Projected healthcare cost-savings in children and mothers, related to increased breastfeeding rates, reduced prevalence of pregnancy induced hypertension and less postpartum smoking, lead to average net cost-savings of €76.- (minimum €7 - maximum €145) per GANC participant.

CONCLUSIONS

Although GANC shows better health- and psychosocial outcomes when compared to IC, it is more costly to provide. Findings indicate that differential costs of GANC are off-set by long-term healthcare cost-savings.

KEY MESSAGE

GANC offers long-term health care cost savings. However, savings are gained by society at large while costs are carried by individual care providers.

0 059 - Conflicting attitudes between clinicians' and women's attitudes regarding maternal requested caesarean section: a systematic review

Margareta Johansson¹, Jonatan Alvan², Agneta Pettersson², Ingegerd Hildingsson¹

¹ Uppsala University, Department of Women's and Children's Health, Uppsala, Sweden

² Swedish Agency for Health Technology Assessment and Assessment of Social Services, Swedish Agency for Health Technology Assessment and Assessment of Social Services, Stockholm, Sweden

BACKGROUND

Caesarean section (CS) could sometimes be a life-saving operation but might also be a harmful intervention.

OBJECTIVES

To synthesize and contrast women's and clinicians' attitudes towards maternal requested CS, and the experiences of the decision-making process for CS.

METHODS

The electronic databases of CINAHL, EBSCO, MEDLINE, PsycInfo and Scopus were screened. All peer-reviewed papers published between 2000 and 2021 were scrutinized for selection. Qualitative studies that had minor or moderate risk for methodological quality deficiencies according to *Grading of Recommendations Assessment, Development, and Evaluation- Confidence in the Evidence from Reviews of Qualitative research*, were included in the meta-syntheses. Two descriptive thematic meta-syntheses of qualitative studies, inspired by Thomas and Harden, were carried out.

RESULTS

The meta-synthesis included 13 qualitative studies, involving 209 women and 141 clinicians representing five countries. From the women's perspective, two descriptive themes were emerged; *Women regarded CS as the safest mode of birth*, and *Women's rights to receive support and acceptance for CS request*. From the clinicians' perspective, two themes were found; *Conflicting attitudes on women's rights to choose a CS, a mode of birth that imply health risks*, and *Demanding experiences of consulting women with a CS request*. Women's and clinicians' perspectives were contrasted regarding the right to choose caesarean section, risk assessment and the decision-making process.

CONCLUSIONS

Support in the decision-making process was understood by women as receiving acceptance for a CS request. Clinicians viewed support as encouraging a vaginal birth, giving enough time for consultative discussions, showing respect for women's birth preference and resisting a request that creates increased health risks.

KEY MESSAGE

These qualitative meta-syntheses explored a discrepancy between women's and clinicians' attitudes regarding women's right to choose CS.

0 060 - “Having someone in your corner”: women’s experiences of negotiating water immersion for a vaginal birth after a previous caesarean section

Bethan Townsend¹, Rhona McInnes², Jennifer Fenwick³, Carolyn Hastie¹, Mary Sidebotham⁴

¹ Griffith University, School of Nursing and Midwifery, Griffith University, Southport, QLD, Australia

² Transforming Maternity Care Collaborative, Practice translation, Brisbane, QLD, Australia

³ Transforming Maternity Care Collaborative/ NSW Health, CMC Maternity Services Gosford Hospital, CCLHD, Gosford NSW, Australia

⁴ Transforming Maternity Care Collaborative/ Griffith University, School of Nursing and Midwifery, Griffith University, Southport, QLD, Australia

BACKGROUND

For women who plan a vaginal birth after a caesarean section (VBAC) keeping subsequent births normal and free from intervention are key factors that increase success rates. Water immersion (WI) offers potential benefits for women having a VBAC, however, there is a dearth of evidence in this area.

OBJECTIVES

To theorise women’s experiences of negotiating WI for labour and birth to achieve a VBAC.

METHODS

Grounded Theory methodology. Twenty-five Australian women planning or using WI for their VBAC participated in a digitally recorded interview. A constant comparison method of data analysis was adopted. Corbin and Strauss’s framework and analytic process comprising open coding, axial coding and theoretical integration was utilised. Full ethical approval was granted.

RESULTS

‘Taking the reins’ the core category in the substantive theory, explained the women’s experiences of assuming authority over their birth. Five major categories were discovered demonstrating the actions and interactions taken by the women to take control of their VBAC experience. The basic social process, ‘Wanting natural and normal’ was the driving force behind the women’s desire to birth vaginally. Two mediating factors either hindered (Rules for birth) or supported (Having someone in my corner) the women on their journey to negotiate WI for their VBAC.

CONCLUSIONS

WI for women wanting or experiencing a VBAC added a level of controversy. The rhetoric of risk was commonly used to control and regulate women’s choices and bodies. For women without a midwife perceived as being ‘in their corner’ their ability to exercise choice and control over their preference for VBAC and WI was challenging if not at times impossible.

KEY MESSAGE

WI was a valuable tool for this cohort of women.

The women’s rights to self-determine was paramount to their safety and wellbeing.

Having a ‘known’ midwife was a crucial factor in their ability to access and use WI.

0 061 - An exploration of midwives' attitudes towards caring for women and people birthing outside of guidelines

*Becky Westbury*¹

¹ Hywel Dda University Health Board, maternity, Aberystwyth, United Kingdom

BACKGROUND

The ICM professional framework for midwifery 2021 recognises research evidence and leadership as key. Birth outside of guidelines is an ever-growing area of midwifery that requires strong leadership and a sound evidence base. Previous studies in relation to those wishing to birth outside of guidelines (TWBOG) have found midwives' attitudes to form a spectrum, with midwives displaying extremely varying comfort levels.

OBJECTIVES

This study aimed to discover midwives' attitudes towards caring for TWBOG, and to identify any contributing factors. Comfort levels of midwives were explored, with opportunity for free-text responses to complement closed questions.

METHODS

A mixed-methods online survey was shared via social media for 14 days, inviting participation from registered midwives working in the UK. Ethical approval was obtained from Swansea University, with no conflict of interest declared. 707 responses were obtained, and data were analysed using both NVivo and SPSS. Qualitative data were coded within NVivo and 5 key themes were identified, whilst quantitative data were analysed using SPSS to compare responses to variables.

RESULTS

Five key qualitative themes were identified; person-centred care; 'as long as/' fear of implications; coercion; negative relationships; and organisational resources/time. Whilst free text responses contained many positive views and experiences, an overwhelming number of responses referred to past negative experiences, barriers and worrying workplace culture. Quantitative results showed that most midwives felt comfortable caring for TWBOG, however community midwives felt more comfortable than hospital midwives. 73.58% of respondents felt they would like more training or guidance in this area. Respondents who answered negatively to the comfort level questions stated they did not want further training, suggesting this area of practice does not interest them.

CONCLUSIONS

Most midwives express positive feelings about caring TWBOG, however some respondents expressed extremely negative views.

KEY MESSAGE

The impact of professional fear and organisational factors has implications for midwifery culture, professionalism and leadership.

0 062 - What women want for their next birth: a content analysis on the wishes for future pregnancy in a national Australian survey (BESt)

Hazel Keedle¹, Risharda Lockwood¹, Hannah Dahlen¹

¹ Western Sydney University, School of Nursing and Midwifery, Penrith, Australia

BACKGROUND

Although women in Australia have access to a variety of models of care and birth locations there is not universal access to all choices. Recent data from AIHW found most women (40%) accessed public hospital maternity care. Midwifery continuity of care has been found to reduce interventions in labour, reduce pre-term birth and increase women's satisfaction however only 17% of women in Australia had access to this model. An essential aspect to evaluating the impact of maternity models of care is to consider the experiences and attitudes of women who access maternity care.

OBJECTIVES

To understand the wants and wishes of women when planning a future pregnancy and birth experience in Australia.

METHODS

The Birth Experience Study surveyed women in 2021 who had birthed in Australia to explore a variety of factors contributing to pregnancy, birth and postnatal experiences. A qualitative content analysis was undertaken on 6,101 open text responses to the survey question "Would you do anything different if you were to have another baby".

RESULTS

There were seven main categories, five that focused on what women wanted for their next birth, one where women didn't want another pregnancy and one where women didn't wish to make any changes. The largest category 'I want to be a better advocate for myself' described how women internalised their previous experience, feeling the need to better advocate for themselves in future to receive the care or experience they deserved.

CONCLUSIONS

This study highlights that women in Australia highly value the wish to have a vaginal birth, access a midwifery continuity of care model and a choice of birth locations.

KEY MESSAGE

Through exploring women's wishes for a future pregnancy we are able to identify the factors most important in maternity care, which include choice for mode of birth, birth location and model of care.

0 063 - Quality improvement and evidence for advocacy effort: midwifery practice in Bangladesh

*Sanzida Khatun*¹, *Joy Camp*², *Tamara Curtis*², *Lisa Milner smith*², *Sarah Gregous*², *Sharmin Shobnam Joya*³, *Mahfuza jhumu*⁴, *Achiya Khatun*⁵

¹ *Bangladesh Midwifery SocietyBMS, midwifery, Siragjanj, Bangladesh*

² *The Royal college of midwives, Midwifery, London, United Kingdom*

³ *Asain University of Bangladesh, sociology, Dhaka, Bangladesh*

⁴ *Bangladesh Midwifery SocietyBMS, midwifery, Mymonshing, Bangladesh*

⁵ *Bangladesh Midwifery SocietyBMS, midwifery, Shylet, Bangladesh*

PURPOSE

Purpose Midwives' associations help integrate midwifery into health-systems and advocate for high-quality care. In Bangladesh, the midwifery profession and its association are new. Although midwives have been deployed into the health workforce since 2018 and there is policy-level support for midwifery, midwives' potential is not yet fully recognised by the community or by other health professionals. Many midwives do not yet work in an enabling environment or achieve their full scope of practice. In 2019, in response to midwives' raised concerns, the Bangladesh Midwifery Society (BMS) developed an audit tool to provide evidence for advocacy and to positively impact midwives' working environment. This work was supported through a twinning partnership with the Royal College of Midwives. The tool was piloted in 4 health facilities by two young midwife leaders (YMLs), with cooperation from local health-system managers. Re-audit identified that the tool had enabled identification and resolution of barriers to an enabling environment for midwives. This was published in a midwifery journal. COVID-19 prevented immediate scale up of this initiative. However, the first author is a YML in receipt of an international fellowship from the Nursing Now Leadership Challenge Programme. During 2022 she is leading a team in reviewing and updating the audit tool in light of the changing context of midwifery in Bangladesh and re-implementing it in 5 health facilities.

DISCUSSION

This initiative will provide updated data on issues impacting midwives' ability to provide high-quality care; this data can be used by midwives to drive local quality improvement and by BMS for national-level advocacy. BMS is currently working with ICM to deliver advocacy training and to develop an advocacy strategy.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Essential competencies; Midwifery Associations; Leadership; Enabling Environment.

EVIDENCE IF RELEVANT

Khatun et al 2019, JAM.;7(1):7–22. Mattison et al (2021) doi:10.1136/bmjgh-2020-004850.

KEY MESSAGE

Audit provides data to drive quality improvement and evidence for advocacy efforts.

0 064 - The Midwife Project Guatemala: preserving traditions and helping to empower the Mayan midwives from Lake Atitlan, Guatemala

*Sarah Smits*¹

¹ *Down to Birth Midwifery, Midwifery, Sale, Australia*

PURPOSE

Sharing knowledge from the practices of sacred Mayan midwifery from Lake Atitlan, Guatemala and to support The Midwife Project Guatemala.

DISCUSSION

The midwives are influenced by their Mayan culture. Many have lived through civil war which made it dangerous to continue their practices. They perform important ceremonies from pre-conception – postpartum seeking insight on how to care for the women and babies as well as gaining protection from the spirit realm. The midwives hold knowledge of plants, Mayan abdominal massage, some consult with the sacred fire. Many of these midwives have learnt their practice through dreams, or from knowledge passed through their family. However, the government warn against the use of traditional midwives. This has contributed to a lack of recognition and respect for their work. Many express that they are paid very little, if at all to attend a birth, also sharing they are sometimes not even offered a glass of water. They also express how births are becoming more challenging. The Midwife Project Guatemala was initiated to support the work of the local midwives; to bridge the gap between traditional and modern midwifery practices, preserve invaluable knowledge and to provide education programs to develop the skills and confidence of the midwives. With a long-term goal of opening a birth centre.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

With the medicalisation of midwifery practices across the world, the preservation of traditional practices is imperative. Midwives working in every setting deserve access to education, to feel safe and confident in their practice and support and recognition of their work.

EVIDENCE IF RELEVANT

Oral history collection of the midwives stories and footage from their sacred practices will be shared.

KEY MESSAGE

All midwives deserve support and recognition for their work. The Mayan midwives carry sacred knowledge that the project is working to preserve and share with the younger generation of midwives.

0 065 - Sharing evidence from a collaboration between the Swedish Association of Midwives (SBF) and the Ghana Registered Midwives Association (GRMA)

Fredrica Hanson¹, Gifty Baidoo², Malin Bogren³

¹ Ghana Registered Midwives Association GRMA, Project Management, Accra, Ghana

² Nursing and Midwifery Training School Korle-bu Teaching Hospital, Midwifery, Accra, Ghana

³ Svenska Barnmorskeförbundet SBF / SRAT, Midwifery, Stockholm, Sweden

PURPOSE

As members of the International Confederation of Midwives (ICM), The Executives of the Swedish Association of Midwives (SBF) and the Ghana Registered Midwives Association (GRMA) have, since early 2020, been engaged in a twinning initiative supported by the Swedish organization Union to Union. Both associations attained Labour Union status in 2019, and the project builds on the shared experiences around this process and is designed to build mutual relations and strengthen the two Associations. The main aim of the initiative is to support GRMA as a well-functioning professional labour union with the capacity to advance the midwifery profession in terms of education, training, legislation, regulation and provision of an enabling working environment. With the objective to Strengthen the organizational structures of the GRMA to function effectively as a professional labour union and additionally to strengthen the leadership, institutional, and technical capacities of the Midwifery Associations.

DISCUSSION

An institutional capacity assessment of GRMA was conducted in June 2020 using the ICM MACAT to undertake a SWOT analysis to serve as a baseline and guide the development of a strategic plan. A total of 8 thematic areas of weaknesses were identified.. Both associations met several times online to develop 6 strategic objectives towards achieving the goals set. Annual work plans and budgets were developed to implement activities within the two years of the twinning initiative.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Following the twinning intervention, membership of GRMA has increased by about 90%. Visibility on mainstream print and electronic and social media platforms have improved with all major activities being published, and the technical capacity of executives at national and regional levels has been strengthened.

EVIDENCE IF RELEVANT

Endline assessment with MACAT in October-2022 will provide evidence in capacity strengthening.

KEY MESSAGE

Learning has been both ways for the midwifery associations, important and lifelong relationships have developed with opportunities for collaboration in other aspects of midwifery.

0 066 - Experiences and lessons learned from twinning between Seed Global Health and Lira University to launch a Master of Midwifery Programme in Uganda

Amber Johnson¹, Samson Udho², Felister Apili², Julie Mann³

¹ Seed Global Health, Midwifery Educator, Boston, USA

² Lira University, Department of Nursing & Midwifery, Lira, Uganda

³ Seed Global Health, Midwifery Education, Boston, USA

PURPOSE

Africa has one of the largest midwife shortages in the world, with notable deficiencies of qualified faculty to educate midwives, particularly at the bachelor's degree level and above. In 2019, a twinning between Seed Global Health (Seed), an international non-governmental organization, and Lira University, a Ugandan public university, was developed to build capacity among local midwife educators and launch the first hybrid Master of Midwifery program. The primary outcome of this twinning was to expand and improve the midwifery workforce in Uganda.

DISCUSSION

Each academic year, Seed provides midwife educators as visiting faculty members at Lira University. These expert educators join a pool of faculty members in Lira University's Department of Midwifery, teaching an average of 70 students per class in classroom, skills laboratory, clinical, and online settings. The partnership has led to the accreditation of the Master of Midwifery Program, only the 2nd in the country and the first hybrid learning program. The first cohort of approximately 25 students is projected to start in August 2022. Strategic educator placements have also actively fostered faculty mentorship, adult learning principles, and the integration of technology, including digital content and remote learning, within the masters-level curriculum.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The twinning program aligns with the ICM's professional framework for midwifery of expanding midwifery education, promoting midwifery leadership, and creating an enabling environment for a forward-thinking midwifery training program.

EVIDENCE IF RELEVANT

The twinning between Seed and Lira University has provided lessons on collaboration for improved midwifery education, namely the benefits of formal engagement through a memorandum of understanding for sustained partnership and the complex and dynamic process that requires multi-stakeholders' engagement to develop an accredited master-level-curriculum.

KEY MESSAGE

This valuable partnership model should be explored in other regions that would benefit from expanded midwifery-led care.

IW 02 Midwives and advocacy workshop: the power of stakeholder engagement in pushing for change for midwifery

ICM WORKSHOP

Faridah Luyiga (Uganda)

Neha Mankani (Pakistan)

Patricia Nudi Arawo (Kenya)

This workshop is organised by the PUSH Campaign and International Confederation of Midwives (ICM). Midwives and Midwives' Associations (MAs) advocate for themselves as well as the women and newborns whom they care for. To be effective in shifting policy, it is critical for midwives and their associations to identify and leverage potential allies who can advance their advocacy goals. To support midwives and MAs in their capacity as advocates, the PUSH Campaign and International Confederation of Midwives (ICM) have organised this workshop under the theme; "Midwives and Advocacy: The power of stakeholder engagement in pushing for change for midwifery."

Building partnerships and networks/coalitions is critical in advancing key issues and priorities for the midwifery profession. In this workshop, the facilitators will share their experiences of mobilising stakeholders under the PUSH campaign across Southeast Asia and East Africa to improve policies and mobilise resources for midwifery. The workshop will include discussions around stakeholder and power mapping, developing a stakeholder participation strategy, the value of creating targets for policy change as well as policy analysis as a key element of identifying entry points for advocacy in your country. Participants will also have an opportunity to reflect on these experiences and to brainstorm what similar advocacy activities would look like in their own context. The workshop will impart valuable stakeholder engagement skills to midwives and midwifery advocates based on the key learnings and experiences of the PUSH campaign.

0 067 - Features associated with women's experiences of good quality care in maternity units: an organisational ethnography

Ellen Thael's¹, Soo Downe¹, Gordon Prescott¹, Marie-Clare Balaam¹

¹ University of Central Lancashire, School of Community Health and Midwifery, Preston, United Kingdom

BACKGROUND

A consensus exists between different constituencies involved at all levels of maternity care that quality of care (QoC) is important. The implicit assumption is that everyone defines and understands QoC identically. However, debate about where the balance between safety and personalisation in maternity care lies, raises important questions about different mental models that might be operating when people talk about 'Quality'.

OBJECTIVES

To examine how QoC is defined and implemented in two diverse settings with common organisational and governance structures, and to describe organisational approaches and practices that are associated with good outcomes and positive experiences for mothers, babies and families.

METHODS

An in-depth organisational ethnography in two diverse maternity units of one English NHS Trust was conducted, including Interviews, focus-groups, documentary analysis and observations. Framework analysis, based on previous study phases, was applied inductively to analyse the data obtained.

RESULTS

Forty-seven participants (managers, frontline staff, women and their birthing partners) were recruited for the organisational ethnography. Twenty-four interviews and two focus-groups were conducted. One hundred eighty hours of observation took place, and fifteen documents were collected. Preliminary results indicate that, understanding and implementation of 'quality care' was not uniform. Closely interlinked factors of QoC such as safety and personalisation were seen as separate entities, where the organisation's definition of safety was largely prioritised over the woman's personal or individual preferences. The analysis is ongoing. Full results will be available for the conference.

CONCLUSIONS

Even though people think they are communicating a shared concept when they talk about 'quality' in maternity care, this study suggests that their underlying mental models for the term may differ substantially.

KEY MESSAGE

High quality maternity care goes far beyond preventing morbidity and mortality. The implementation of a clear and shared vision about what goes well, for whom, under what circumstances is necessary for a maternity service to thrive.

0 068 - Implementing quality midwifery services in India: a case study of facilitators and barriers to the integration of midwives

Alison McFadden¹, Paridhi Jha², Andrew Symon¹, Bharati Sharma³, Sowmya Thota⁴, Neha Singh⁵, Joyce Marshall⁶, Jitender Nagpal⁷, Sowmya Ramesh⁸

¹ University of Dundee, School of Health Sciences, Dundee, United Kingdom

² Foundation for Research in Health Systems, Bengaluru, Karnataka, India, Research and Training, Bengaluru, India

³ Indian Institute of Public Health Gandhinagar, Maternal and child health, Gandhinagar, India

⁴ Fernandez Foundation, Midwifery, Hyderabad, India

⁵ Quicksand Design Studio, Community research, New Delhi, India

⁶ University of Huddersfield, Midwifery, Huddersfield, United Kingdom

⁷ Sitaram Bhartia Institute of Science and Research, Paediatrics, New Delhi, India

⁸ Population Council, Government and CSR Partnerships, New Delhi, India

BACKGROUND

The Indian Government's key strategy to improve quality of maternal and newborn care and reduce mortality and morbidity is implementing quality midwifery services. As India does not have independent midwives, additional training to international standards is provided to prepare nurse-midwives as Nurse Practitioners in Midwifery (NPM).

OBJECTIVES

An Indo-UK consortium conducted this study in two Indian states (Gujarat and Telangana) to: assess women's perceptions of maternity services and the acceptability of midwives as key providers; and identify barriers and facilitators to integrating professional midwives into maternity services.

METHODS

The qualitative study combined case study with human-centred design underpinned by ecological systems theory and quality care frameworks. The two case studies comprised interviews and focus group discussions with women and community influencers and interviews with healthcare providers and stakeholders. Data were collected in 2021/2. Analysis using the framework method of thematic analysis is nearing completion.

RESULTS

The study included 26 pregnant/newly-delivered women, 14 community influencers, 43 healthcare providers (NPMs, nurses, obstetricians) and six stakeholders. Preliminary findings suggest that women appreciate the care provided by NPMs, but face challenges at health facilities e.g., lack of privacy and cleanliness. The NPM participants reported that they gained good knowledge and skills from their training, but institutional barriers such as lack of a career pathway, unclear distinction between NPM and nursing roles, and lack of acceptance/confidence by obstetricians limited their scope of practice. Community awareness of midwives was limited but was increasing through mother-to-mother recommendations.

CONCLUSIONS

The findings will identify barriers and facilitators to the integration of NPMs into the health system, and highlight gaps in the quality of maternity care. The findings will be valuable in informing implementation of midwifery in countries that do not have professional midwives.

KEY MESSAGE

Integration of quality midwifery services in India should address institutional barriers and community awareness, alongside education and employment of midwives.

MONDAY, 12 JUNE 2023, 16:00–17:30

Kintamani 2

C 18 QUALITY CARE

ORAL PRESENTATION

0 069 - Inventing the wheel: UPENDO-S model an African response to quality maternity care

Everlyne Chepkemai Nyangwaria Rotich¹, Minette Coetzee²

¹ Moi University Eldoret Kenya, Department of Midwifery and Gender, Eldoret, Kenya

² The University of Cape Town, Health Sciences, Cape Town, South Africa

BACKGROUND

Provision of quality maternity care is enhanced by use of models and frameworks. These models provide interventions to improve availability and accessibility of services. Different models have been used to complement calls for skilled birth attendance and quality maternity care.

OBJECTIVES

The aim of the study was to involve women, midwives and health service managers in the discovery and design of a woman-centered midwife-led model of care.

METHODS

Appreciative Inquiry and Human Scale Development guided the study. Data was collected using the Appreciative Inquiry phases in Uasin Gishu County Kenya in 2016. Women and Midwives participated in focus group discussions while the health service managers participated in in-depth interviews in the discovery, dream and design phase of the study. Ethical approval was obtained from the University of Cape Town and Moi University and Moi Teaching and Referral Hospital Human research and ethics committees. Data was analyzed using thematic network analysis.

RESULTS

Data collected in the three phases of the study culminated in development of a wheel with seven main components with mnemonic UPENDO-s wheel: User-friendliness, Person (woman)-focused care, Excellence in evidence-based practice, Networking, Dedicated supported midwives, Organized care and Supportive leadership. It then led to coining of the term UPENDO which means 'love' in the Swahili language.

CONCLUSIONS

The study identified main areas that are important in maternity care. There was concurrence with the findings from the women, midwives and health service managers.

KEY MESSAGE

Maternity care users, providers and managers appreciate a framework to guide provision of services.

MONDAY, 12 JUNE 2023, 16:00–17:30

Kintamani 2

C 18 QUALITY CARE

ORAL PRESENTATION

0 070 - Quality of maternal and newborn care in private versus public facilities during COVID-19: findings of the IMAgiNE EURO study in 16 countries

Imagine Euro Study Group¹, Marzia Lazzerini¹

¹ Institute for Maternal and Child Health - IRCCS "Burlo Garofolo", WHO Collaborating Centre for Maternal and Child Health, Trieste, Italy

BACKGROUND

Evidence from World Health Organization (WHO) European Region countries reported higher rates of cesarean section (CS) in private compared to public facilities. Little information is available on the overall maternal perception of the quality of maternal and neonatal care (QMNC) around childbirth during COVID-19 pandemic.

OBJECTIVES

We aimed to explore QMNC during the COVID-19 pandemic by facility type, comparing rates of CS.

METHODS

Women who gave birth in the WHO European Region from March 1, 2020 to February 7, 2022, answered a validated online questionnaire. Rates of CS, discriminated by emergency CS during labor, emergency CS before labor, and elective CS -and a QMNC Index (scoring from 0 to 100 point, with higher scores indicating higher adherence to WHO Standards) were calculated for births in both facilities.

RESULTS

Answers of 25,206 mothers were analyzed. Mothers giving birth in private compared to public facilities reported significantly more frequently total CS (35.5% vs 19.0%, adjOR 1.70), elective CS (70.1% vs 66.6%, adjOR 1.90) and emergency CS before labor (17.3% vs 7.8% adjOR 1.39) ($p < 0.001$ for all comparisons), with analyses by country confirming these results. Findings on the distribution of the QMNC Index significantly differed by WHO Standards domain ($p < 0.001$) and were extremely heterogeneous across countries and across regions in the same country.

CONCLUSIONS

This study confirms that births in private facilities consistently have higher odds of CS during COVID-19 pandemic, while QMNC index was affected by geographical distribution rather than by type of facility alone.

KEY MESSAGE

Overall QMNC should be closely monitored in all sectors of WHO European region, either public or private, with the aim of achieving high quality respectful care for all women independently from facility type or geographical distribution.

T 008 - Expatriate mothers negotiating life in Cape Town, South Africa, a middle-income host country

Annaloice Penduka^{1,2}, Sheila Elizabeth Clow², Nicki Fouché²

¹ International University of Management IUM, Training Department, Windhoek, Namibia

² University of Cape Town, Health and Rehabilitation, Cape Town, South Africa

DESCRIPTION OF RESEARCH OR INNOVATION

Over 200 million immigrants currently live in foreign countries worldwide, with many forcibly displaced individuals and families from Africa. In 2017 more than half the 90 million migrants in Europe were women of childbearing age. Objective; of the study was to Identify the lived experiences of expatriate mothers in a foreign country while negotiating pregnancy, childbirth and motherhood. Methods A qualitative descriptive approach was employed and nine mothers were identified by using a purposive sampling method. Using Colaizzi's seven steps of data analysis, the in-depth conversations were collated into themes. Results-Theme-one: Being an expatriate mother in the host city was built on sub-themes of the participants feeling alone, having no family support and the husband being the sole support system. Theme-two: Organised antenatal healthcare and availability of necessary resources in Cape Town seen by easily accessible ANC, efficient ANC services and HCW with respectful-care in MOUs. Theme-three: High cost of living was represented by the participants need to access reliable work and remuneration, and the inability to afford leisure due to the constant need to work and send money back home. Theme-four: Labour and childbirth experiences in public healthcare services related to lack of caring by HCW. Some participants felt they needed to ingratiate themselves in order to receive the necessary care. Conclusions With the increase in migrant women of reproductive age, the need to understand their experiences is necessary so that they receive appropriate and comprehensive healthcare. This study highlighted the loneliness and isolation felt by these women and the need to build alternative family-type support structures, the financial pressure of supporting family in two countries, The reliable ANC and sadly the lack of HCW understanding and empathy for their circumstances in the birthing units and postpartum.

SIGNIFICANCE TO MIDWIFERY

Enabling Environment.

Commitment to Gender Equality and Justice, Equity, Diversity and Inclusion.

MONDAY, 12 JUNE 2023, 16:00–17:30

Uluwatu 1

C 19 IMMIGRANT AND REFUGEE EXPERIENCES AND CARE 2 (+THREE-MINUTE THESIS)
THREE-MINUTE THESIS PRESENTATION

T 009 - An Australian dedicated refugee midwifery group practice: exploring the impacts, outcomes and experiences of women and midwives

Mpho Dube¹, Sue Kildea², Yu Gao², Sarah Ireland², Angela Bromley³, Michelle Steel⁴

¹ Charles Darwin University, College of Nursing and Midwifery, Darwin, Australia

² Molly Wardagguga Research Centre, Charles Darwin University, College of Nursing and Midwifery, Brisbane, Australia

³ Charles Darwin University, College of Nursing and Midwifery, Alice Springs, Australia

⁴ Mater Mothers Hospital, Mater Mothers Hospital, Brisbane, Australia

DESCRIPTION OF RESEARCH OR INNOVATION

BACKGROUND

Women from a refugee background who resettle in high-income countries experience poorer perinatal outcomes compared to other women in host countries. Therefore, adapting midwifery continuity of care models to address cultural and social needs is fundamental to improve perinatal outcomes for women from a refugee background who resettle in high-income countries.

INNOVATION

Following an evaluation of a refugee antenatal clinic, a dedicated Refugee Midwifery Group Practice (R-MGP) service was established. Adaptions included moving antenatal care from hospital into a community venue, onsite social worker, delivery of language specific group antenatal care and education sessions, face-face and/or phone interpreting services when required. Methods: My doctoral research used a convergent mixed methods design to explore the impact of a dedicated Refugee Midwifery Group Practice (RMGP) service. We compared pregnancy, birth, postnatal and neonatal outcomes for women from a refugee background who received care at a RMGP service with those who received standard care, explored the experiences and perceptions of women who received care at the R-MGP interviews and the experiences of staff who work at the RMGP using one-one or focus group interviews.

RESULTS

Women who received care at the RMGP service had statistically significant improved maternal and neonatal outcomes compared to women who received standard care. Women reported that the service was accessible, midwives had cultural understanding, communicated well and were supportive, which led to positive birth experiences.

SIGNIFICANCE TO MIDWIFERY

Maternity services in high-income countries have a moral obligation to provide good quality maternity care to women from a refugee background. Therefore, continuity of midwifery care models when adapted to meet the needs of women from a refugee background will lead to improved perinatal outcomes.

0 071 - “I want to understand and need to be understood” The importance of professional interpreting services for women

Grace Thomas¹, Zora Jackman²

¹ Cardiff University, School of Healthcare Sciences, Cardiff, United Kingdom

² Cardiff University, Continuing and Professional Education, Cardiff, United Kingdom

PURPOSE

Midwives have a professional, legal and ethical duty to provide accurate, evidence-based information so that women are enabled to make choices and consent to their care. For women whose first language is not English, this can be challenging, causing anxiety and stress. Guidelines are clear that family members should not be used to interpret for women. This poses challenges for midwives who need support and education about how to work effectively with interpreters.

DISCUSSION

Clear, respectful and honest communication, specifically listening to women’s needs and wishes, is a fundamental aspect of midwifery care. It is a human right for women to make choices for their care and midwives have a duty to advocate this. We recognised challenges posed by communicating effectively using interpreters and developed an innovative, reciprocal partnership between the Public Services Interpreting programme and undergraduate Midwifery programme. The lead lecturer for interpreting developed workshops for student midwives, considering different modes of interpretation including virtual services. The midwifery lecturer leads a session with interpreting students to discuss context of maternity care and importance of accurate unbiased translation. Evaluation of these workshops is extremely positive and impact on professional practice is important.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This innovation is pertinent to the Education, Essential Competencies, and Commitment to Gender Equality, Justice, Equity, Diversity and Inclusion elements of the ICM Professional Framework for Midwifery.

EVIDENCE IF RELEVANT

The shocking evidence in the UK MBRRACE Report (2021) shows that Black women are four times more likely to die in childbirth than White women, with Asian and mixed race women twice as likely to die. Thus communication in their own language is clearly vital.

KEY MESSAGE

Use of professional interpreters is essential to respectful, safe care where women’s rights and wishes are upheld, and consent to treatment is enabled. Supporting student midwives to learn effective communication skills via interpreters is important and innovative.

MONDAY, 12 JUNE 2023, 16:00–17:30

Uluwatu 1

C 19 IMMIGRANT AND REFUGEE EXPERIENCES AND CARE 2 (+THREE-MINUTE THESIS)

ORAL PRESENTATION

0 072 - What is the experience of childbirth for migrant Kiribati women in New Zealand?

Kathy Carter-Lee¹

¹ Auckland University of Technology, Department of Health Sciences, Auckland, New Zealand

BACKGROUND

I am a New Zealand European midwife giving continuity of care for a caseload in which there are often 30 to 40% I-Kiribati (people of Kiribati, in the Pacific Ocean). There is anecdotal evidence of more serious complications in this immigrant group than for others in my care. Limited research exists.

OBJECTIVES

Using hermeneutic phenomenological methodology, this research seeks to uncover meaning in Kiribati women's New Zealand experience through childbirth to enable midwives to better understand the challenges they face as migrants.

METHODS

Guidance was sought from Kiribati Advisors regarding method. Sampling was purposive. 9 Kiribati women who had experience of birth in NZ, or experience of birthing in Kiribati and supporting other I-Kiribati birthing in New Zealand, and 4 midwives who had cared for Kiribati women, agreed to participate. Unstructured one-to-one interviews using indicative questions were recorded and transcribed for analysis. Data analysis was carried out via reflexive thinking, crafting stories from the transcripts, and engaging in a process of reflecting, writing, and re-writing.

RESULTS

(PRELIMINARY RESULTS) Tension shows from being torn between two cultures, and between the NZ Health system and traditional Kiribati healthcare. Silence speaks in all that is unspoken, often masking anxiety and confusion. Trust becomes the bridge between. It is won by getting to know the woman.

CONCLUSIONS

Migrant women face additional challenges through childbirth as they seek to understand the ways of their new country of residence.

KEY MESSAGE

I-Kiribati participants say, "don't assume". Midwives need to invest time in listening, getting behind the respectful silence.

0 073 - Caring for migrant women in maternity services Royal College of Midwives pocket guide to support midwives and maternity support workers caring for vulnerable migrant women

Clare Livingstone¹

¹ Royal College of Midwives, 10–18 Union Street, London, United Kingdom

PURPOSE

This pocket-sized guide was developed to support the maternity care of migrant women in the United Kingdom [ii].

It was developed with the assistance of a multi-agency working group, to share the knowledge and skills of specialist practitioners with non-specialist midwives, students and maternity staff working in areas with new migrant populations.

DISCUSSION

UK maternal mortality rates are four-fold higher among women from Black backgrounds, and almost two-fold amongst women from Asian backgrounds, compared to white women [ii].

Addressing these inequalities is a key priority for policy makers.

Public Health England commissioned the Royal College of Midwives to produce new resources for midwives and I led the project.

Content covers mental health, trauma, violence and abuse, recommending a continuity of care model with a holistic approach.

There is practical advice on financial hardship, housing and immigration issues.

Research amongst midwives also found systemic barriers impacting on women's experience of maternity services; NHS charging resulting in fear and avoidance, and a Government policy of refugee dispersal that disrupted care continuity [iii].

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This resource is aligned with the ICM Professional Framework, demonstrating commitment to gender equality, justice, equity, diversity and inclusion.

EVIDENCE IF RELEVANT

- [i] Royal College of Midwives. (2022) Caring for Vulnerable Migrant Women. https://www.rcm.org.uk/media/5280/caring-for-vulnerable-migrant-women-2020-125x85mm_14.pdf
- [ii] Knight, M. (2020) Saving Lives, Improving Mothers' Care. Lessons learned to inform maternity care from UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2016–18. NPEU. MBRRACE-UK_Maternal_Report_Dec_2020_v10_ONLINE_VERSION_1404.pdf (ox.ac.uk)
- [iii] Maternity Action. (2019) The impact on midwives of NHS Charging. DUTY-OF-CARE-with-cover-for-upload.pdf (maternityaction.org.uk)
- [iv] Royal College of Midwives. (2022) Position Statement: Caring for Migrant Women. rcm_position-statement_caring-for-migrnt-women.pdf

KEY MESSAGE

War and turbulence have led to new waves of migration globally and an increased policy focus. Both the guide and a position statement [iv] were launched at the House of Commons, where midwives met Parliamentarians and advocated for improved resourcing and legislative changes.

This paper aims to share our work with international midwives.

W 05 Avoiding episiotomy and tears through favourable birthing positions workshop

WORKSHOP

Cathryn Ellis¹, Kriti Chaudhary², Prasansha Budha³, Katrina Bloomaert⁴, Sophia Tageya⁵, Jean-Francois Rostoker⁴, Beatrice Asibazuyo⁵, Stacey Waggoner⁶

¹ University of British Columbia, Midwifery Program, Department of Family Practice, Vancouver, BC, Canada

² B.P. Koirala Institute of Health Sciences, Bachelor Midwifery Education Program, Dharan, Nepal

³ Paropakar Maternity and Women's Hospital, Birthing Center, Kathmandu, Nepal

⁴ University of British Columbia, Midwifery Program, Dept. of Family Practice, Vancouver, Canada

⁵ Masaka Regional Referral Hospital, Maternity, Masaka, Uganda

⁶ Stacey Waggoner, RM, Midwifery, Abbotsford, Canada

THE LEARNING OUTCOMES

Research has demonstrated that the use of routine episiotomy is harmful to birthing mothers. Many maternity policies and guidelines now encourage restricted episiotomies in health facilities. Some midwives and midwifery tutors need guidance about changes in technique to prevent tears and episiotomies. Research has found some positions result in more tears, but others are beneficial in preventing tears. The participant will learn ways to avoid episiotomy and support women in their choice of birthing positions. They will demonstrate ways of maximizing maternal comfort and decreasing tears. Participants will learn perineal support techniques of side-lying and other favourable positions on delivery tables and beds.

THE PROCESS/ACTIVITIES

A team of midwives and a doctor will demonstrate maternal and hand positions to support the perineum using low fidelity teaching tools (delivery pants and dolls with placenta). We explore positions of semi-sitting with one leg straight, side-lying with one or both legs relaxed or straight, and vertical positions of kneeling and all fours through simulation.

AUDIENCE PARTICIPATION

Participants divide into small groups and take turns wearing birthing pants and trying different positions while others are coached by the Canadian, Nepalese and Ugandan facilitators to use hand positions to guide the head out slowly. This workshop can be facilitated in 45 minutes, with seven groups of five people in each group. Equipment needed: seven simulated delivery beds. These may be benches, sofas, or even narrow mattresses. Handouts will be provided.

REFERENCES

- Aasheim V, Nilsen A, Reinar, L, Lukasse M. (2017). Perineal techniques during the second stage of labour for reducing perineal trauma. Cochrane Review.
- Lehrman, E. (1985) Birth in the left lateral position: A alternative to the traditional delivery position. American Journal of Nurse-Midwifery.30(4).
- Meyvis, I., Van Rompaey, B., Goormans, K.... Mistiaen, W. (2012). Maternal Position and Other Variables: Effects on Perineal Outcomes in 557 Births. Birth 39:2.

W 06 CANCELLED WORKSHOP Acupressure for pain relief in labour workshop

WORKSHOP

Loredana Zordan¹

¹ University College London, Maternity, London, United Kingdom

THE LEARNING OUTCOMES

To describe the principles of Acupressure for pain relieve in labour; to demonstrate the techniques involved and teach the points needed; to locate the points accurately by description and demonstration, To describe clinical applications for each point; to demonstrate the correct application of pressure to tutors; to encourage midwives to teach these techniques to women and their birthing partner. Advantages acupressure :Non invasive technique, easy to implement within the midwifery practice; accessible, effective safe birthing tool for midwives, promoting partner involvement and reducing the need of pharmaceutical pain relief in labour.

THE PROCESS/ACTIVITIES

The workshop will include practical session for points location on each other's with expert supervision and a small group activity for a clinical scenario solving exercise using acupressure for pain relief in labour. The participants will also receive an additional booklet outlining the acupressure points used for pain relief during labour. Practical demonstrations will be supported with a power point presentation and a video showing the locations of the acupressure points.

90 minutes workshop: 45 minutes practical session for points location on each other's; 25 minutes for identification of suitable acupressure points and evaluation of clinical scenario as a group activity, 20 minutes review of the points used during the workshop.

AUDIENCE PARTICIPATION

Midwives will participate actively toward the learning outcome. These includes: revision of acupressure points location for pain relief in labour; identification of suitable acupressure points and evaluation of clinical scenario as a group activity

MONDAY, 12 JUNE 2023, 16:00-17:30

Uluwatu 4

C 20 FRENCH - PROFESSIONAL ISSUES (+THREE-MINUTE THESIS)

THREE-MINUTE THESIS PRESENTATION

T 010 - Professional associations and homebirth: a French experience of midwifery activism

Stauffer Floriane¹, Audrey Gohier¹, Anthony Bouvier²

¹ Association Professionnelle de l'Accouchement Accompagné à Domicile, Pool formateur, Luneville, France

² Association Professionnelle de l'Accouchement Accompagné à Domicile, Roquefort-les-pins, France

DESCRIPTION OF RESEARCH OR INNOVATION

In France, homebirth is a practice subject to a coercive policy. Therefore, while 37% of women plan to give birth at home, only 0.3% of births take place at home. Since 2019, the hundred midwives accompanying them have decided to come together in association to promoting and defending this practice.

Our first action was to carry out a survey on the practice in France. This made it possible to identify the practitioners offering support for homebirths, their practices and their organization. It made it possible to evaluate the local solutions already in place in order to draw from them a proposal for a national model which we wish to be the bearer and promoter with the French authorities. From these proposals were born several actions, the main ones being:

The creation of a data collection tool in order to be able to analyze the practice of planned homebirths from an epidemiological point of view. It is based on the EuroPeristat perinatal health indicators, in order to be able to compare its results with those of other places of birth.

The development of recommendations for good practice to the various actors involved in homebirths, in partnership with other professional associations and users. Our lobbying campaigns have enabled us to reopen a dialogue with the governing bodies of our country.

The development of a training offer specific to the extra-hospital environment and adapted to the specificities of the French healthcare system. We have developed a training program and have succeeded in having it accredited by the authorities.

The establishment of a legal pool to offer quality defense to those of us targeted by legal or disciplinary actions due to the practice of homebirths.

SIGNIFICANCE TO MIDWIFERY

Our work exemplifies the empowerment of midwives and with the aim of developing care centered on the needs of women.

0 074 - Communication between midwives and communities in the digital age: case of a Tik-Tok account of a Senegalese midwife

Fatoumata Ngayta Diop¹

¹ UNFPA, Senegal, Dakar, Senegal

PURPOSE

The ICM Midwifery Philosophy and Care Model Reference Document shows the importance of midwives providing the right information and advice to encourage communities to participate and improve decision-making.

DISCUSSION

Senegal is marked by its still high rate of maternal mortality 236 per 100,000 (DHS 2017) to this is added the insufficient number of midwives available with a ratio of 1 midwife for 1414 inhabitants (DHS 2017). This low coverage of midwives has several consequences, particularly in communication between midwives and communities.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

To strengthen this communication and support prevention, a tik-tok account was created by a midwife to discuss maternal and neonatal health through short awareness videos. The videos last 3 minutes and the consumption takes into account all aspects of maternal and neonatal health and are made in one of senegalese local language, Wolof.

EVIDENCE IF RELEVANT

In 7 months (September 2021 – March 2022), 122 videos were posted, 13,436 people subscribed to the account with 85% women and 15% men.

The people who follow the videos and subscribe to the account are from Senegal (95%), Mali (2%), Italy (1%) and France (2%).

173,713 people watched the videos with 297 comments and 118 shares in 60 days according to analytics data.

26564 people liked the posted videos and more than 2000 comments were made on the videos.

The most viewed and shared video got 105,000 views and 167 shares and it was about the menstrual cycle.

The most commented videos were those that talk about family planning methods.

8 online discussion sessions were followed, and they were attended by 30,700 people and 1,001 new subscribers were recorded following these lives.

KEY MESSAGE

These main results and the various positive feedback from the beneficiaries have shown that it's essential to integrate new information and communication technologies, particularly social networks, to improve communication between midwives and populations, particularly women and young people.

<https://vm.tiktok.com/ZML4aYQ7e/>

MONDAY, 12 JUNE 2023, 16:00-17:30

Uluwatu 4

C 20 FRENCH - PROFESSIONAL ISSUES (+THREE-MINUTE THESIS)

ORAL PRESENTATION

0 075 - The telephone platform “alo saj fanm”

Emmanuelle Hebert¹, Yves Carmelle Fanfan², Jeffthanie Mathurin³

¹ Canadian Association of Midwives, Global Programs, Montreal, Canada

² Faculté de sage-femme d'Haïti, Sage-femme, Port-au-Prince, Haïti

³ Association de sages-femmes d'Haïti, Sage-femme, Port-au-Prince, Haïti

PURPOSE

Share the experience of the deployment of a telephone platform by an association of midwives.

DISCUSSION

Maternal mortality remains a challenge for Haiti despite significant progress over the past 20 years. The maternal mortality rate was 359 deaths per 100,000 live births in 2015 (WHO), seven times higher than the international average set by the Sustainable Development Goals for 2030. Unassisted deliveries by qualified personnel or outside the institutional circuit are at the root of a preponderance of maternal and newborn deaths. In 2020, the Association of Midwives of Haiti set up a telephone platform for perinatal health managed by midwives, allowing for the provision of information for pregnant women, particularly those living in remote areas. This platform offered three modalities of information: 1. A call center – 3 to 6 midwife operators answer questions. They also promote the importance of prenatal visits, going to a health institution for birth, and the role of midwives 2. A pre-recorded voice mail with a menu available to choose from 3. Pre-recorded voicemail messages The platform is being deployed progressively in selected communes in three departments (Nippes, Sud-Est, and Nord-Ouest) between September 2020 and September 2021. A survey prior to its implementation and one year afterwards allowed an analysis of the effect of this platform on the knowledge of its users. The hotline received over 20,000 calls. Over 750 people signed up for instant notifications. In addition, it was found that not only did users have a better knowledge of certain topics around pregnancy, but more of them were planning to do their four recommended prenatal visits and could now explain what a midwife was.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwifery Associations.

Midwifery Leadership.

EVIDENCE IF RELEVANT

No evidence.

KEY MESSAGE

A telephone platform is a good information tool for pregnant women and also a good tool to increase midwife visibility.

MONDAY, 12 JUNE 2023, 16:00-17:30

Uluwatu 4

C 20 FRENCH - PROFESSIONAL ISSUES (+THREE-MINUTE THESIS)

ORAL PRESENTATION

0 076 - An initiative in the Francophonie to make midwives and their discipline visible

Celine Lemay¹, Geneviève Castiaux², Raymonde Gagnon¹, Atf Ghérissi³, Yvonne Meyer⁴, Christine Morin⁵, Claudine Schalck⁶

¹ Université du Québec à Trois-Rivières- Québec- Canada, Sage-femme, Trois-Rivières Québec, Canada

² HELLANUX, département para-médical- section sage-femme, Bruxelles, Belgium

³ Université Tunis-El Manar, Ecole Supérieure des Sciences et Techniques de la Santé, Tunis, Tunisia

⁴ Haute Ecole de Santé Vaud HESAV, filière sage-femme, Lausanne, Switzerland

⁵ Centre hospitalier Universitaire et université de Bordeaux, École de sage-femme, Bordeaux, France

⁶ CNAM University, Center for occupational psychology and development -CRTD, Paris, France

PURPOSE

- present the creation of a Collection of books directed by a midwives' committee from some continents and French-speaking countries
- show the potential of this initiative for midwives and their specific discipline
- encourage midwives' visibility within their professional community
- promote a better knowledge of the profession to a wider audience

DISCUSSION

This collection of books managed by midwives dedicated to their discipline is unprecedented in the French-speaking countries. It's a real and symbolic inscription of a space to talk, discuss and reflect that can be shared by all. Themes that are brought can echo within a public sensitive to questions about women's health issues, including maternity/parenthood and reproductive rights. Midwives of the steering committee are insuring the pertinence, the quality and the interest of the Collection. Readers will get to know midwives' works from the French-speaking world, notably researches, thesis and other types of publications. Midwives will capture better the importance of research in order to move further the profession and to feel proud of their professional identity. It should also allow stakeholders to value midwifery profession. Beyond many different situations, speaking the same language is supporting a common framework to share knowledges and reflections. Moreover, this Collection is contributing to strengthening relationships between French-speaking midwives' associations of ICM. It is certainly a model of midwives' leadership.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Teachers of midwifery should transmit the importance of doing research, sharing knowledges and publishing in order to make midwifery visible and to make midwives proud of their profession.

EVIDENCE IF RELEVANT

4 books published between 2020 and 2021 and 2 others expected till the end of 2022, illustrating the relevance of this initiative.

KEY MESSAGE

Publishing one's own work is an occasion for a francophone midwife to be known as an author. Using french language is a way to get the interest of the francophone readers to midwifery.

0 077 - Defining the professional identity of midwives: a research process conducted through a partnership between a midwives' association and university researchers

Raymonde Gagnon¹, Céline Lemay², Georges A Legault³, Jean-Pierre Gagnier⁴

¹ Université du Québec à Trois-Rivières, Département Sage-femme, Trois-Rivières, Canada

² Université du Québec à Trois-Rivières, Département Sage-femme, Trois-Rivières Québec, Canada

³ Université de Sherbrooke, Faculté de droit/ Philosophie / éthique appliquée, Sherbrooke Québec, Canada

⁴ Université du Québec à Trois-Rivières, Département de Psychologie, Trois-Rivières Québec, Canada

PURPOSE

Twenty years after being recognized as a profession and being integrated in the health care system, Québec's midwives felt the need to revisit the hallmarks of their professional identity to ensure a coherent development of the profession. To achieve this, the professional association established a partnership with a team of researchers, and included women in the process. The purpose of the presentation is to demonstrate the pertinence and the potential of this kind of research for the advancement of the profession.

DISCUSSION

Sixty-five midwives attended two days of reflections around specific themes. A focus group with parents who used midwifery services was held between these two meetings. The iterative thematic analysis helped deepen the meaning-making process at every step of the research. The « cooperative inquiry » approach contributed to the emergence of knowledge from experience. Its theorisation became an important tool for the professional midwives' association. The multidisciplinary quality of the team (psychology, philosophy, socio-anthropology, midwifery) led to a richer and deeper analysis and results. The participation of midwives revived their sense of belonging and their will to collectively address the issues raised by the research process. Crossing the perspective of midwives and parents on professional identity is essential for the evolution of the profession. It's a way to connect with the core meaning of midwifery: being "with woman".

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

In line with ICM's professional framework, this initiative promotes a supportive environment based on mutual respect between women and midwives. This research by and for midwives serves as a guide for the profession's development.

EVIDENCE IF RELEVANT

The research's report was presented to: Association, College, University, midwives, student midwives and parents. Questions raised by the research is now part of the Quebec midwives' association's strategic plan.

KEY MESSAGE

A collective midwives/women approach conveys the deep values and meaning of the profession, regardless of the context.

0 078 - Community empowerment through the integrated “adolescent health care community movement” (integrated-GEMPAR) in addressing adolescent, maternal and child health

Gita Kostania¹, Rita Yulifah¹, Asworoningrum Yulindahwati¹, Desy Dwi Cahyani¹

¹ Health Polytechnic of the Ministry of Health Malang, Diploma of Midwifery, Malang East Java, Indonesia

PURPOSE

Explaining the concept of *GEMPAR* that is integrated with maternal and child health.

DISCUSSION

Pregnancy, childbirth, puerperium and neonates are natural processes, and it's possible that complications may occur that interfere with health until death. Maternal and child mortality is the first priority of the targeted health problems. Various efforts have been made to overcome maternal and child mortality, but have not experienced a significant reduction, due to many factors. So we're trying to make innovations that focus on promotive-preventive efforts through mentoring that boils down to upstream (adolescents). Adolescents are the entrance to maternal and child health. By preparing adolescents as mothers-to-be from the beginning, they will have a longer time to prepare for a healthy pregnancy, childbirth, and puerperium. The concept of this activity is through the mentoring of individuals and groups. Mentoring is provided to integrated adolescents with mothers and children who are oriented towards selfcare individuals. The assistance provided on an ongoing basis will empower women to increase knowledge, thereby fostering attitudes and responsibilities towards reproductive health. Assistance is provided in addition to selfcare, but also increasing public awareness to be more concerned about adolescent health problems through community health care.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Application in midwifery philosophy and midwifery education.

EVIDENCE IF RELEVANT

The Integrated-*GEMPAR* Model adopts community empowerment through group education and continuity of care models in midwifery education. One of the efforts in improving the status of public health is community empowerment through education (Wulandari,et.al., 2019). While the Continuity in Midwifery Care experience can increase the learning and motivation of students to work in a Continuity of Care model (Carter, et.al., 2020).

KEY MESSAGE

Addressing maternal and child health issues stemming from adolescent health, through community empowerment with a promotive-preventive approach, with the continuous mentoring of individuals and groups of adolescents, mothers and children.

MONDAY, 12 JUNE 2023, 16:00–17:30

Uluwatu 5

C 21 ADOLESCENTS (+THREE-MINUTE THESIS)

THREE-MINUTE THESIS PRESENTATION

T 011 - A picture is worth a thousand words: youth experiences of maternal near-misses in Haiti through photo voice

*Tonya MacDonald*¹

¹ McMaster University, Health Research Methods, Evidence and Impact, Hamilton, Canada

DESCRIPTION OF RESEARCH OR INNOVATION

This qualitative study will be a community-based participatory research exploration of maternal near-miss experiences as a means to understand current challenges and identify solutions to improve community maternal health, specifically focused on youth maternal health in Haiti.

We will use Photovoice as an arts-based method to explore the direct, lived experiences of youth maternal near-miss survivor participants. Youth will narrate their experiences of near-misses through photos, and:

1. Reflect on individual experiences, including challenges and realities that shape their health and well-being;
2. Generate collective discussion regarding shared experiences and potential solutions regarding the challenges that they face;
3. Empower communities to inform policy makers regarding maternal health realities.

The objectives of this study are to understand and amplify the voices of Haitian youth who have experienced maternal near-misses:

PRIMARY OBJECTIVES:

To engage Haitian youth in an arts-based Photovoice process of exploring and depicting their experiences of maternal near-misses in their community.

To support youth leadership and empower youth to share their messages regarding maternal-neonatal health and well-being in their community.

To mobilize the messages of youth to key stakeholders in order to advocate for improved maternal-neonatal health and well-being, with particular attention to young women/childbearing people.

SECONDARY OBJECTIVES:

To identify successes, and challenges regarding Photovoice methodology from the perspectives of project participants and researchers.

To generate recommendations regarding Photovoice as an inclusive approach to optimize knowledge transfer and mobilization.

SIGNIFICANCE TO MIDWIFERY

Youth with lived experiences of maternal near-misses are well-positioned to contribute to the understanding of maternal health. Youth are future leaders of their communities and drivers of change. They have much to offer in terms of working with women and childbearing people to champion their choices, to make their reproductive health experiences as positive as possible and to have their political voices heard alongside traditional birth attendants, midwives and other birth attendants who advocate for women's sexual and reproductive health rights.

MONDAY, 12 JUNE 2023, 16:00–17:30

Uluwatu 5

C 21 ADOLESCENTS (+THREE-MINUTE THESIS)

ORAL PRESENTATION

0 079 - Experiences, magnitude, and drivers of disrespect and abuse of adolescents during facility-based childbirth in sub-Saharan Africa: a scoping review

Samson Udho¹, Sheila E. Clow¹

¹ University of Cape Town, Department of Health & Rehabilitation Sciences, Cape Town, South Africa

BACKGROUND

Adolescents are more likely to experience disrespect & abuse during facility-based childbirth. However, research evidence on the experiences, magnitude, and drivers of D&A of adolescents during facility-based childbirth is limited.

OBJECTIVES

To establish research evidence on the experiences, magnitude, and drivers of disrespect & abuse of adolescents (10 to 19 years) during facility-based childbirth in sub-Saharan Africa and identify gaps in the literature to inform future research.

METHODS

We conducted a scoping review of peer-reviewed articles published in English from 2011 to date. We systematically searched four bibliographic databases. Two independent reviewers screened the references, and discrepancies were resolved by discussions. We charted key elements using a pre-determined tool and performed numerical analysis and synthesis of the review studies.

RESULTS

We retrieved 4,006 unique articles and 11 met the inclusion criteria. The studies were conducted across eight countries among adolescents from 14 to 19 years. More than two-thirds of the studies were quantitative, 72.7% (n = 8). Only one study was exclusively done among adolescents. Adolescents constituted less than 25% of the total sample size in studies (n = 10) that included other women. The drivers of disrespect & abuse of adolescents in childbirth (age and social disapproval of adolescent pregnancy) were the most reported outcome, 72.7% (n = 8). Only three studies reported experiences and prevalence of disrespect & abuse in adolescents during facility-based childbirth.

CONCLUSIONS

There are gaps in research evidence on the experiences, magnitude, and drivers of disrespect & abuse of adolescents during facility-based childbirth in sub-Saharan Africa.

KEY MESSAGE

Adolescent childbirth requires more focus, especially in relation to the experiences, magnitude, and drivers of disrespect & abuse during facility-based childbirth to strengthen respectful maternity care among adolescents.

MONDAY, 12 JUNE 2023, 16:00–17:30

Uluwatu 5

C 21 ADOLESCENTS (+THREE-MINUTE THESIS)

ORAL PRESENTATION

0 080 - Les pipelettes: a French live chat for teenagers and young women on sexual health, contraception, prevention of STIs and vaccination

*Adrien Gantois*¹

¹ Le Pre Saint Gervais, France

PURPOSE

Today, young people look for solutions to their problems on online forums, where they only can find various comments. Anyone who has had this experience knows how destabilising and even dangerous this search can be. If you are constipated, you can be “diagnosed” with colon cancer in an hour on the forum!

Being informed, learning and understanding are now subject to consumer reflexes, and this is all the more pronounced among young people.

“Les pipelettes” is a French webapp connecting teenagers with professional midwives so they can chat together. This way, teenagers and young women can get professional, tailored, and/or medical advice to their issues.

DISCUSSION

“Les Pipelettes” is a digital tool that makes it possible to deliver information messages and prevention advice to teenagers and young women 24/7. It guarantees the confidentiality of any discussion (users can connect using a pseudo).

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Behind their phone and computers, volunteer midwives directly give answers to the users. This guarantees expertise, but also respect, secrecy, an exchange.

The service proposed by Les Pipelettes does not correspond to any of the 5 telemedicine acts defined in the law. It therefore falls within the framework of free, pseudonymous health advice.

EVIDENCE IF RELEVANT

The livechat was launched on April 7th 2021.

- The number of conversations confirms the need for sexual health. 7951 conversations in 2021
- Main themes of the conversations : 1) sexuality, 2) gynaecology with the sub-themes menstruation/cycle and information on the consultation, 3) contraception, the majority of conversations are about Risk of pregnancy/ Pregnancy test, the side effects of contraceptives and the different methods available /help in choosing.
- 88% satisfied users
- A strong community on social media (4k Facebook, 10k Instagram, 30k Tik Tok).

KEY MESSAGE

“Les pipelettes” livechat enables to massively inform teenagers and young women on the themes of sexual health, contraception, prevention of STIs, vaccination and other health and prevention advice.

MONDAY, 12 JUNE 2023, 16:00–17:30

Uluwatu 5

C 21 ADOLESCENTS (+THREE-MINUTE THESIS)

ORAL PRESENTATION

0 081 - An exploration of the experiences of adolescent mothers accessing perinatal services in Rwanda to inform the birth of trauma- and violence-informed care: an interpretive description

Aimable Nkurunziza^{1,2}, Victoria Smye¹, Nadine Wathen¹, David Cechetto³, Panagiota Tryphonopoulos¹, Kimberley Jackson¹, Darius Gishoma²

¹ Western University, Arthur Labatt Family School of Nursing, London, Canada

² University of Rwanda, School of Nursing and Midwifery, Kigali, Rwanda

³ Western University, Schulich School of Medicine and Dentistry, London, Canada

BACKGROUND

Teenage pregnancy continues to be a major global public health problem. In Rwanda, the majority of teenage pregnancies (75%) are related to sexual violence. Additionally, teen mothers face unique challenges such as stigma, rejection, and trauma/violence originating from their parents, peers, and the broader community, which can lead to poor mental health outcomes. Due to trauma, teen mothers may experience challenges when using healthcare services, for example, when perinatal services fail to employ trauma- and violence-informed care (TVIC).

OBJECTIVES

To explore and describe adolescent mothers' experiences accessing perinatal services of primary healthcare settings in Rwanda.

METHODS

This study utilized an interpretive description (ID) methodology. As part of a larger study currently in progress, 15 adolescent mothers were interviewed using semi-structured interviews. Data were analyzed using an iterative thematic analysis.

RESULTS

The following themes were found: supportive perinatal care; the re-creation of trauma – interpersonal (gender-based), institutional and structural violence, and stigma and discrimination.

CONCLUSIONS

The findings revealed that adolescent mothers face both positive and negative experiences in accessing perinatal services in Rwanda, for example, the re-creation of trauma for adolescent mothers was a central finding in this study and supports the need to integrate TVIC in provider education and perinatal services.

KEY MESSAGE

Adolescent mothers are a vulnerable population and need tailored, trauma- and violence-informed care to support them physically, psychologically and spiritually when accessing perinatal services.

0 082 - Perceptions, Practice and Power: a grounded theory of the influence of early warning tools on midwifery practice

Bridget Ferguson¹, Adele Baldwin¹, Amanda Henderson¹, Clare Harvey¹

¹ Central Queensland University, School of Nursing Midwifery and Social Sciences, Rockhampton, Australia

BACKGROUND

Midwifery practice underpins achieving positive perinatal outcomes. Contemporary healthcare is increasingly framed by risk management which impacts on midwifery practice. One risk management strategy is the use of Maternity Early Warning Tools (MEWTS). This grounded theory study explored the complex interplay between midwifery practice, risk management related to the use of MEWTS.

OBJECTIVES

The study sought to understand the impact of maternity early warning tools on midwifery practice.

METHODS

Straussian grounded theory supplemented with Clarke's Situational Analysis was used. Purposive sampling resulted in 18 registered midwives participating in semi-structured interviews.

RESULTS

The final theory from this study, *The coalescence of perceptions, practice and power*, explains the impact of MEWTS on the professional behaviours and attitudes of midwives across levels of experience and seniority.

CONCLUSIONS

A MEWT does not capture the intricate and detailed assessment and management of a midwife's care and, in some cases, this singular risk management strategy may serve to emphasize risk. MEWTS have become enmeshed in midwifery practice and are likely to remain so. However, this study clearly showed that tools such as these are part of midwifery practice and should complement and enhance midwifery expertise.

KEY MESSAGE

The use of MEWTS in midwifery practice must be embedded in process and policies that minimize risk as well as supporting individual midwives to fulfil their scope of practice and respect the autonomy of the role.

0 083 - Modifiable and non-modifiable risk factors for umbilical cord prolapse when amniotomy is used: a Swedish nationwide register study

Sofia Ingvarsson^{1,2}, Kristofer Årestedt^{1,3}, Kristina Schildmeijer¹, Marie Oscarsson¹

¹ *Linnaeus University, Faculty of Health and Life Sciences, Kalmar, Sweden*

² *Region Kalmar County, Department of Obstetrics and Gynecology, Kalmar, Sweden*

³ *Region Kalmar County, Department of Research, Kalmar, Sweden*

BACKGROUND

Amniotomy is one of the most commonly used interventions in modern obstetric and midwifery practice. The most severe complication to amniotomy is umbilical cord prolapse; a rare obstetric emergency that can cause fetal morbidity and/or mortality.

OBJECTIVES

To identify risk factors for umbilical cord prolapse in labours when amniotomy is performed.

METHODS

This retrospective nationwide study included data from the Swedish Pregnancy Register on all births from January 2014 to June 2020. The main outcome, umbilical cord prolapse, was identified in the data by the International Classification of Diseases (ICD-10), diagnosis code O69.0. Multiple binary logistic regression analysis was used to identify risk factors. Ethical approvals were given by the Swedish Ethical Review Authority (No. 2019-03626 and 2020-04657).

RESULTS

During the study period, a total of 614 857 women gave birth, of which 234 756 (38.18%) underwent amniotomy. Umbilical cord prolapse occurred in 362 (0.15%) of the cases. In the final multiple regression model, twin delivery was the strongest non-modifiable risk factor (OR 10.90). Other risk factors associated with umbilical cord prolapse were higher maternal age (OR 1.02), higher Body Mass Index (OR 1.02), increasing parity (OR 1.06) and maternal country of birth outside of the EU (OR 1.43). Induction of labour was the strongest modifiable risk factor (OR 2.82). Epidural analgesia decreased the probability for umbilical cord prolapse (OR 0.33).

CONCLUSIONS

Risk factors for umbilical cord prolapse when amniotomy is used were maternal country of birth outside of the EU, higher maternal age and BMI, increasing parity, induction of labour and twin delivery.

KEY MESSAGE

Knowledge on risk factors to umbilical cord prolapse, when using amniotomy, can prevent causing significant harm. In the present study; induction of labour was a modifiable risk factor for umbilical cord prolapse.

MONDAY, 12 JUNE 2023, 16:00–17:30

Uluwatu 7

C 22 FACILITATING SAFETY AND MANAGING COMPLEXITY 2 (+THREE-MINUTE THESIS)

ORAL PRESENTATION

0 084 - Enabling midwives and the use of maternity early warning tools

Lyn Ebert¹, Elaine Jefford², Samantha Nolan³, Deborah Massey⁴, Trudy Dwyer⁵, Flenady Tracy Flenady⁵, Kerry Reid-Searl⁵

¹ Southern Cross University, Faculty of Health, Coffs Harbour NSW, Australia

² University of South Australia, Clinical & Health Sciences, Adelaide SA, Australia

³ Queensland Health, Gold Coast Hospital, Gold Coast, Australia

⁴ Southern Cross University, Faculty of Health, Bilinga, QLD, Australia

⁵ Central Queensland University, Nursing, Midwifery and Social Sciences, Rockhampton North, Australia

BACKGROUND

Maternity Early Warning Tools have been widely developed and implemented in maternity care to enhance timely recognition and response to the clinically deteriorating maternal patient. However, factors that influence midwives' use of MEWTs have not yet been explored.

OBJECTIVES

To explore factors that impact Australian midwives' use of MEWTs in the maternity care setting.

METHODS

This study was a cross-sectional mixed methods design. Purpose sampling via media forums resulted in the recruitment of 87 AHPRA registered midwives working in various Australian maternity settings. Midwives, irrespective of primary model of care, were invited to complete an online survey consisting of both open and closed-ended responses with descriptive statistics used to analyse the quantitative data responses and an interpretative inductive approach applied to generate the resultant themes.

RESULTS

Midwives had positive attitudes towards using the MEWT and believe it is an adjunct to support the early identification of maternal clinical deterioration. Themes identified as influencing factors include 1: the influence of education and training; 2: views on documentation and escalation, and 3: the influence of others.

CONCLUSIONS

Ongoing, multi-disciplinary training is required to ensure consistent use of MEWTs to aid detection and response to clinical deterioration in maternity settings.

KEY MESSAGE

Midwives can find it challenging to comply with the MEWT charting, greater education, and a shift in workplace culture around use of MEWTS is required.

T 012 - Breech and cephalic birth research on timelines: avoiding the perpetuation of Friedman's Curse by focussing on the mother and child instead of the clock

Betty-Anne Daviss¹

¹ East Ottawa Midwives, Midwife Associates, Ottawa, Canada

DESCRIPTION OF RESEARCH OR INNOVATION

Concerned about the limitations imposed by Friedman in the 1950s, in the 1980s–1990s, the Midwives Alliance of North America's Statistics' Committee created the terms "plateaus" and "cervical reversal" (morphed into "recoil") to better describe and research at what centimetres labouring people tended to stall and how frequently that occurred. We discovered that labourers go at their own individual pace, progressing in stops and starts, rarely following the straight-line obstetrics of the Friedman Curve. But it was not until 2018 that WHO began to recommend against the use of medical interventions to accelerate labor before 5 cm and abandoned the cervical dilatation rate threshold of 1 cm/hour during active first stage. Growing evidence demonstrates the latter is "inaccurate to identify women at risk of adverse birth outcomes."

We now find timelines being imposed upon vaginal breech by national guidelines, when the largest study to date on upright breech birth (in Frankfurt) suggests many women go beyond these suggested guidelines with no apparent adverse outcomes. The most troubling recent study advocating for speeding up normal breech labours used a non-probabilistic methodology--a convenience sample of random videos (not randomized)-- to record and suggest micro-management of the expulsion of the breech baby from the birth of the hips. An associated algorithm called for intervention if the head was not born within 3 minutes of the umbilicus. We analysed systematic consecutive data instead, taken from two hospitals using upright breech methods. It revealed primips often take longer than multips and there were no long term adverse outcomes even (although rare) when the head took 9 to 12 minutes to emerge after the umbilicus.

SIGNIFICANCE TO MIDWIFERY

Midwives have always protected normal birth. We suggest our ultimate intervention should be to stop the hurrying (bullying) at cephalic and breech labours, observing the mother and baby's condition instead of the clock.

0 085 - The effect of a structured teaching programme on knowledge regarding self-assessment of DFMC among normal and high risk primigravids at Red Cross Hospital, Bhopal, MP

Surabhi Bhargava¹

¹ White Ribbon Alliance India., Centre for Catalyzing Change, New Delhi, India

BACKGROUND

'Quickening' is time when woman experiences FM in early pregnancy. A FM chart records frequency of FM and thereby assesses condition of fetus. Decreased FMs are present in 5% to 15% of pregnancies and are associated with IUD and IUGR. The investigator found that most of women do not have adequate knowledge regarding FMC during pregnancy.

OBJECTIVES

To evaluate effectiveness of STP & compare pre, post test knowledge.

METHODS

RESEARCH DESIGN: Pre experimental one group pre test post test

TARGET POPULATION: Normal & high risk primigravida mothers of 28–40 weeks of gestational age

ACCESSIBLE: Attending ANC OPD of Red Cross Hospital, Bhopal (M.P.)

SETTING: Selected hospital of Bhopal, M.P.

SAMPLING TECHNIQUE: Purposive

SAMPLE SIZE: 60 (30 normal and 30 high risk)

INDEPENDENT VARIABLE STP

DEPENDENT Normal and high risk primigravida mothers TOOL: Self structured interview schedule for socio-demographic and knowledge data. Good: 19–26 Average: 10–18 Poor: 0–9 Self structured DFMC chart.

PRE TEST (DAY 1): Interview

INTERVENTION (DAY1) STP

POST-TEST (DAY 8): Interview

COMPARISION

RESULTS

53.33% normal primigravida mothers had poor knowledge in pre test and after STP 83.33% had good knowledge.

53.33% high risk primigravida mothers had average knowledge in pre test and after STP 90% had good knowledge.

Knowledge level of pre and post test of normal and high risk primigravida mothers was statistically significant ($p < 0.05$). Knowledge level of pre test of normal and high risk primigravida mothers and post test of normal and high risk primigravida mothers was statistically not significant ($p > 0.05$).

CONCLUSIONS

The STP was effective in increasing the knowledge, among normal and high risk primigravida mothers.

KEY MESSAGE

Complications can arise in high risk pregnancies, in order to reduce the perinatal mortality formal counting of the fetal movements by pregnant women could identify a fetus at risk.

**Monday, 12 June 2023,
17:30-19:00**

SS 06 Amplifying Midwives voices and building leadership (WHO Country office for India)

SATELLITE SYMPOSIUM

Medha Gandhi (India)

Aparajita Gogoi (India)

Mitali Adhikari (India)

Haldane Thresia (India)

Sheetal Samson (India)

(Sponsored by WHO and co-hosted by WRAI and WHO)

PURPOSE

- The discussion will centre around the pathway of action to realise the top demands from the midwives' voices campaign. It will explore and synergise guidance and models to action the top asks from a normative, policy and programmatic point of view.
- Audience will also hear from the panellist about the experience of midwifery leadership course that helped them to develop their individual and collective leadership competencies, and helped them draft strategies for creating, supporting and implementing high-level midwifery policies at sub national level.
- Learnings from other countries about how evidence from midwives' voices has been used to advance midwifery as a cadre.

BACKGROUND AND CONTEXT

A dedicated professional cadre of Nurse Practitioners in Midwifery (NPMs) was introduced under the Government of India Midwifery Initiative. Leadership development of midwives has been identified as a key priority in the global report "The State of the World's Midwifery", 2021.

For ensuring the mainstreaming of NPMs in India, it is vital to hear from midwives directly as to how they envision a strengthened midwifery cadre in India. The audience will also hear from professional midwives and maternity health-care workers about their aspirations and how they can realise their full potential. This will be based on from the nation-wide campaign that WRAI and ICM ran a with professional associations in India in 2022. The campaign received responses from 10,450 midwives from across 28 states and 3 union territories that went into the creation of a Charter of Asks from the midwives.

The audience will hear from the participants of the Midwifery Leadership Programme in India (2021) that build the leadership capacity of senior nurses/midwives holding responsibility for midwifery services, education, practice and regulation and how the midwifery leadership course that helped them to develop their individual and collective leadership competencies, and helped them draft strategies for creating, supporting and implementing high-level midwifery policies at sub national level.

AUDIENCE

The session is expected to gather around 60 experts, including Midwifery champions, leaders, implementers, professional association's members, government, non -government experts.

KEY MESSAGES/OUTCOME

Midwives' voices need to be heard and they must be empowered to take charge and lead cadre building and positioning efforts to realize a midwifery model of care that ensures quality, equitable and dignified care to every woman and new-born, everywhere.

**Tuesday,
13 June 2023**

**Tuesday, 13 June 2023,
08:00-08:45**

SS 08 Developing midwifery education faculty: implementation experiences from Africa, Asia and the Pacific regions (UNFPA)

SATELLITE SYMPOSIUM

Catherine Breen Kamkong (Thailand)

Erin Ryan (Netherlands)

Charles Ameh (United Kingdom)

Rachel Smith (Australia)

Pandora Hardtman (USA)

High-quality midwifery education is essential to prepare midwives to provide high-quality sexual, reproductive, maternal, newborn and adolescent healthcare 1. The WHO Global Strategic Directions in Nursing and Midwifery (2021–2025) 2 and the State of the World's Midwifery 2021 Report 3 have identified an urgent need to invest in improving midwifery education and training through strengthening of midwifery faculty in both pre-service and in-service settings.

Despite evidence of the benefits produced by investment in it, midwifery education and training remain grossly underfunded in many countries. There are wide variations in the content, quality and duration of education programmes, and key challenges relating to resources and infrastructure which adversely affect students' learning experience and limit opportunities for gaining "hands-on" experience 3.

There are varying approaches to building midwifery faculty capacity across low- and middle-income settings 4. The purpose of this sessions is to share experiences and lessons learned from the implementation of midwifery faculty development programmes in Africa, Asia and the Pacific region. Two new resources jointly developed by UNFPA and ICM to support faculty development will also be launched at this session.

1. Gavine A, MacGillivray S, McConville F, Gandhi M, Renfrew MJ. Pre-service and in-service education and training for maternal and newborn care providers in low- and middle-income countries: an evidence review and gap analysis. *Midwifery*. 2019;78:104–13. doi: 10.1016/j.midw.2019.08.007.
2. Global strategic directions for nursing and midwifery 2021–2025. Geneva: World Health Organization; 2021.
3. State of the World's Midwifery 2021. New York: UNFPA, WHO, ICM; 2021.
4. West, F., Homer, C., & Dawson, A. (2016). Building midwifery educator capacity in teaching in low and lower-middle income countries. A review of the literature. *Midwifery*, 33, 12–23.

SS 09 New insights from the first use of heat-stable carbetocin (Ferring Project Family – Safe Birth)

SATELLITE SYMPOSIUM

Faridah Luyiga (Uganda)

Nakatudde Hadijah (Uganda)

Uchenna Igbokwe (Nigeria)

Raksha Devaraj (India)

A panel of seasoned practitioners from Nigeria, Uganda and India will share their first in-practice experiences from using heat-stable carbetocin, a novel uterotonic for the prevention of Postpartum Haemorrhage (PPH) in LMICs: Can their learnings be implemented at scale to empower midwives and strengthen quality of care during the third stage of labour?

Heat-stable carbetocin is a novel uterotonic indicated for the prevention of PPH during the third stage of labour. It was developed to address limitations in refrigeration and cold-chain transport in LMICs and is made available by Ferring at a sustainable not-for-profit access price in LMICs, where over 90% of PPH deaths occur. Following the initial registration by Swissmedic in 2020, heat-stable carbetocin has been approved in India, Nigeria, Tanzania, Sierra Leone, South Sudan, Uganda, Democratic Republic of Congo, Malawi, Ghana, Kenya and Zambia. To date, heat-stable carbetocin has been introduced into maternity services in India in 2021, as well as in Nigeria, Madagascar, Sierra Leone and Uganda in 2022, and implementation research pilots are ongoing in multiple countries led by various public-private collaborations.

PANEL SESSION

At this session, we will hear from a panel of seasoned practitioners from Nigeria, Uganda and India and their first in-practice experiences from using heat-stable carbetocin in LMICs for the prevention of PPH in the context of everyday challenges of delivering safe birth. Through a moderated discussion, the panel will share practical learnings from implementation pilots in Nigeria, Uganda and India, including what difference the introduction of heat-stable carbetocin has made in their respective settings. Speaking from their individual contexts, the panel will address how we go from pilots to scale and empower midwives to strengthen quality of care where the needs are greatest.

SS 10 Midwifery at scale: perspectives on building the midwifery workforce of the future (MOMENTUM CGL)

SATELLITE SYMPOSIUM

Suzanne Stalls (USA)

Diana Henry (Saint Lucia)

Marole Phelelo (Botswana)

Dora Lopez (Guatemala)

Surabhi Bhargava (India)

Jino V James (India)

Dominga Gerónimo Cristobal (Guatemala)

“Midwifery matters more than ever,” states the landmark Lancet series on midwifery. And the 2014 and 2021 State of the World’s Midwifery reports estimate that midwives who are well educated, trained, licensed, and regulated are capable of providing 87% of the essential sexual, reproductive, maternal, and newborn health care services that improve pregnancy, birth, and postpartum outcomes and increase access to universal health coverage. Such a workforce can respond to the fundamental needs of women, babies, and families – which still too often are not met – with skilled, compassionate care.

Midwifery education is the foundation of supporting the development of midwives who can provide skilled care upon graduation and are poised for careers in which they influence the availability and accessibility of high-quality care through example, leadership, and advocacy. This session will provide a forum for midwives and midwifery education experts to discuss and share best practices in midwifery pre-service education, learning valuable insights from each other. Participants and speakers will highlight the experiences of governments, NGOs, and educational institutions from around the globe. Together, they will discuss challenges faced and successes achieved in assembling the components of a sound approach to training midwives for this critical aspect of a cadre that supports the well-being of women and infants everywhere.

SESSION STRUCTURE

8:00–8:10 am: Welcome and overview (Robyn Churchill)

- Welcoming remarks
- Brief overview of components of midwifery education throughout the world

8:10–8:30 am: Best practices in midwifery pre-service education – Challenges and lessons learned.

- Facilitated as roundtables led by the speakers’ listed above with rotation occurring every 10 minutes. Each moderator of a roundtable will briefly share successes and challenges and then will open for discussion. The topics below note the specific and complementary perspective that each speaker will bring to their roundtable.
- India: The vision of building a midwifery cadre for all.
- Guatemala: Building a midwifery cadre to support marginalized communities.
- ECSACON/Africa: Supporting midwifery educational institutions to target improvements in academic programs.
- Caribbean Regional Midwifery Association: The critical role professional associations play in supporting midwifery pre-service education.

8:30–8:40 a.m.: Questions and answers (Moderated by Robyn Churchill)

8:40–8:45 a.m. Closing remarks (Suzanne Stalls)

SS 11 The supervision and coaching mechanism to ensure the quality of SRH services for women and girls (Indonesian Midwives Association and UNFPA Indonesian Office)

SATELLITE SYMPOSIUM

Ike Kurnia (Indonesia)

Elvira Liyanto (Indonesia)

Endang Sundari (Indonesia)

Elvira Liyanto (Indonesia)

Maria Endang Sumiwi

This satellite session aimed to generate discussion for strengthening quality of midwifery care through standardization of midwifery services in the national health insurance scheme. Sharing the role of midwives in Indonesian UHC. A short-video on the supervision and coaching mechanism process and several testimonials will be played. The IBI's coordinator will present a brief structure of the mechanism and the job aid "Tele-bidan" which was developed to support the programme. The dialogue will be conducted directly with resource persons from MoH as well as the participants to get views and inputs to improve the programme in the future, including plan for replication.

**Tuesday, 13 June 2023,
09:00-10:30**

PP 04 Plenary session #2: The last healthcare professionals standing – an exploration of the role of midwives in humanitarian and fragile settings

Gordon Willcock (Australia)

Maria Florencia Francisconi (Argentina)

Natalia Kanem

Jeffthanie Mathurin (Haiti)

Vira Tselyk (Ukraine)

ENGLISH

From Russia's war in Ukraine to brutal setback for women's rights in Afghanistan to disastrous flooding in Pakistan, the past year has included some of the worst political conflicts and environmental disasters in recent history. Through all of it, midwives are on the frontlines, often working outside of their usual scope of practice, without compensation and with limited medical supplies and resources to support women community members. We know that humanitarian emergencies like these seriously impact the health systems of an affected country, especially in the area of maternal, newborn and child health services. We also know that climate change and a rise in political instability mean midwives everywhere can anticipate and increase in their involvement in these events. So, how do we equip our global community to navigate and lead in times of crisis?

This plenary session will explore the role of midwives and midwives' associations in humanitarian emergencies. Delegates will hear from midwives and disaster response experts with first-hand accounts of delivering sexual and reproductive health services amidst war and natural disaster. Through this session, we will explore the tools, resources and training midwives require for this grueling, unpredictable work, and the underlying need for more resilient health systems with midwives' voices and leadership at the centre. While this conversation will touch on the tragic impact of war and climate change, its aim is to leave Delegates feeling empowered regarding their role and potential as activists and community leaders.

SPANISH

Los últimos profesionales sanitarios en pie – una exploración del papel de las matronas y matrones en entornos humanitarios y frágiles.

Desde la guerra de Rusia en Ucrania hasta el brutal retroceso de los derechos de la mujer en Afganistán, pasando por las desastrosas inundaciones de Pakistán, el año pasado se produjeron algunos de los peores conflictos políticos y desastres medioambientales de la historia reciente. En todo ello, las matronas y matrones están en primera línea, a menudo trabajando fuera de su ámbito habitual de práctica, sin remuneración y con suministros médicos y recursos limitados para apoyar a las mujeres de la comunidad. Sabemos que las emergencias humanitarias de este tipo afectan gravemente a los sistemas de salud de los países afectados, especialmente en el ámbito de los servicios de salud materna, neonatal e infantil. También sabemos que el cambio climático y el aumento de la inestabilidad política hacen que las matronas y matrones de todo el mundo puedan anticiparse y aumentar su participación en estos acontecimientos. Entonces, ¿cómo equipamos a nuestra comunidad mundial para navegar y liderar en tiempos de crisis?

Esta sesión plenaria explorará el papel de las matronas, los matrones y las asociaciones de matronas en las emergencias humanitarias. Los delegados escucharán a matronas, matrones y expertos en respuesta a catástrofes con relatos de primera mano sobre la prestación de servicios de salud sexual y reproductiva en medio de guerras y catástrofes naturales. En esta sesión analizaremos las herramientas, los recursos y la formación que necesitan para este trabajo agotador e impredecible, así como la necesidad subyacente de contar con sistemas de salud más resistentes en los que la voz y el liderazgo de las matronas y matrones ocupen un lugar central. Aunque esta conversación abordará el trágico impacto de la guerra y el cambio climático, su objetivo es que los delegados se sientan en capacidad de asumir su papel y su potencial como activistas y líderes comunitarios.

FRENCH

Les derniers professionnels de santé en place — une exploration du rôle des sages-femmes dans les contextes humanitaires et fragiles.

De la guerre de la Russie en Ukraine au recul brutal des droits des femmes en Afghanistan en passant par les inondations catastrophiques au Pakistan, l'année écoulée a été marquée par certains des pires conflits politiques et catastrophes environnementales de l'histoire récente. Dans tout cela, les sages-femmes sont en première ligne. Elles travaillent souvent au-delà de leur champ d'exercice habituel, sans compensation et avec des fournitures et des ressources médicales limitées pour soutenir les femmes de la communauté. Nous savons que les urgences humanitaires de ce type ont un impact sérieux sur les systèmes de santé des pays touchés, notamment dans le domaine des services de santé maternelle, néonatale et infantile. Nous savons également que le changement climatique et la montée de l'instabilité politique permettent aux sages-femmes du monde entier d'anticiper et d'accroître leur participation à ces événements. Alors, comment équiper notre communauté mondiale pour lui permettre de naviguer et de diriger en temps de crise ?

Cette session plénière explorera le rôle des sages-femmes et des associations de sages-femmes dans les situations d'urgence humanitaire. Les délégués entendront des sages-femmes et des experts en intervention en cas de catastrophe, qui partageront leurs expériences en matière de prestation de services de santé sexuelle et reproductive en temps de guerre et de catastrophe naturelle. Au cours de cette séance, nous explorerons les outils, les ressources et la formation dont les sages-femmes ont besoin pour ce travail éreintant et imprévisible, ainsi que le besoin sous-jacent de systèmes de santé plus résilients en accordant une place centrale à la voix et au leadership des sages-femmes. Cette conversation abordera l'impact tragique de la guerre et du changement climatique, mais son objectif est de donner aux délégués un sentiment d'autonomie quant à leur rôle et leur potentiel en tant que militants et leaders communautaires.

**Tuesday, 13 June 2023,
11:00-12:30**

0 086 - Increasing the Aboriginal and/or Torres Strait Islander Midwifery workforce – current and unexplored strategies

*Donna Hartz*¹

¹ University of Newcastle, School of Nursing and Midwifery, Gosford, Australia

PURPOSE

The purpose of this presentation discusses strategies to address the underrepresentation of Aboriginal and/or Torres Strait Islander people in the Australian Midwifery Workforce.

DISCUSSION

Aboriginal and/or Torres Strait Islander Midwifery workforce is a significant component of Birthing on Country models of care in Australia. Evidence shows these models improve the disparate outcomes of Aboriginal and Torres Strait Islander mothers, babies and families. There is an underrepresentation of Aboriginal and/or Torres Strait Islander people in the Australian midwifery workforce. The most recent workforce figures indicate that in 2019 there were 351 registered Aboriginal and Torres Strait Islander midwives representing 1.2% of the national midwifery workforce. This rate is well below the Aboriginal and/or Torres Strait Islander population parity of approximately 3.5 percent and the national birth rate of 4.8%. Based on the current workforce status and birth rate, an additional one thousand Aboriginal and Torres Strait Islander midwives must be trained to ensure the workforce is appropriate to meet parity for Birthing on Country and population needs.

Cultural, emotional, financial, and academic support during university studies is critical. Strategies include: University Indigenous Education Units; tutoring; mentoring; culturally safe academic and clinical systems; clinical placements in Aboriginal and/or Torres Strait Islander local facilities, specific services and cadetship and scholarships. There remains a 23% lower completion rate than non-Indigenous students. High School and post school vocational educational pathways can provide qualifications that promote academic and clinical confidence during tertiary studies and provide employment opportunities. This model is yet to be fully tested in the midwifery education space.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This paper outline current strategies to increase the midwifery education success of Aboriginal and/or Torres Strait Islander people.

KEY MESSAGE

The investment in strategies that increase the Aboriginal and/or Torres Strait Islander Midwifery workforce is paramount to improving health and well-being inequities for mother, babies and families.

0 087 - Researching the rights of the breastfeeding child in the removal of First Nations children: An emancipatory philosophical framework

Amanda Peek¹, Marjorie Atchan¹, Holly Northam¹

¹ University of Canberra, Faculty of Health, Bruce, Australia

PURPOSE

As a non-Indigenous midwife and PhD scholar, I seek to understand the lived experiences of First Nations infants, mothers, and communities when a child is removed and right to breastfeed is lost. This presentation describes the emancipatory philosophical framework guiding my study.

DISCUSSION

The World Health Organisation identifies breastfeeding as the most effective way to ensure child health. Australia is a signatory to the Convention on the Rights of the Child. Evidence suggests the child's rights may be subsumed in child removal decisions. There are critical questions to be answered considering consequences and rights. What are the consequences? What are the Child's rights? In Australia, First Nations children are 11.5 more likely to be removed from their families than non-Indigenous children. First Nations removal rates have risen from 51/1000 in 2017, to 58/1000 in 2021, so too has child morbidity and mortality. Removal of children at this formative age interferes with breastfeeding and impedes mother-infant attachment, both critical to the health of the baby. The midwife's relationship with the mother and infant is also severed.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwifery philosophy is underpinned by ethical principles of justice, equity, and respect. Care is holistic, respectful, and grounded in understanding of the woman's lived experience, recognising her right to self-determination. Importantly, despite best efforts, the midwifery profession and discipline lacks epistemological foundations and theories that recognize and address systemic injustice in First Nations maternity care and child protection. To work in culturally safe ways, I must critically reflect and position my values and knowledge system, recognising my inherent bias learnt through an education framed by western epistemology.

KEY MESSAGE

Coloniser research has had traumatic consequences for First Nations people. It is vital to develop a philosophical approach consistent with my midwifery frame to share and build knowledge approaches that forge pathways to healing and equitable health outcomes.

0 088 - Decolonising the midwifery curriculum: co-producing a Decolonising Midwifery Education Toolkit

Heather Bower¹, Fiona Gibb¹, Jane Becoe²

¹ Royal College of Midwives, Education, London, United Kingdom

² Royal College of Midwives, Equality- Diversity and Inclusion, London, United Kingdom

PURPOSE

To debate decolonising the midwifery curriculum, utilising a diverse and inclusive range of stakeholders, to co-produce a Decolonising Midwifery Education Toolkit.

DISCUSSION

Decolonisation is the process of challenging structural racism, re-evaluating education from a wider cultural perspective. Most Western healthcare education delivers teaching through a white Caucasian lens. Yet those receiving healthcare and those being taught represent diverse populations. Whilst there is growing interest in decolonising the healthcare curriculum, there is lack of discussion specifically relating to midwifery. This is relevant to maternity care because Black and brown women have poorer maternal and neonatal outcomes. The Royal College of Midwives (RCM) convened a Steering Group with diverse membership comprising maternity service users, midwifery students, maternity support workers (MSWs), midwifery lecturers and expert midwives (including the RCM's EDI midwife). The steering group agreed their output to be a Decolonising Midwifery Education Toolkit. A separate Reference Group, representing mixed diversity stakeholders, evaluated the toolkit from a consumer perspective, providing feedback to the Steering Group.

When co-producing resources such as the RCM's Decolonising Toolkit, it is important to ensure representation from a mixed diversity of stakeholders and that they are partners in co-production. By including a diversity of roles and backgrounds, both groups were able to provide 360 degree feedback, ensuring that the Toolkit represents diverse and inclusive perspectives.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The Decolonising Midwifery Education Toolkit will be launched at the RCM's Education Conference in March 2023. It contains definitions, practical guidance about student recruitment, curriculum content and teaching, assessment strategies, students' cultural safety and case studies. The Toolkit provides practical suggestions for decolonising midwifery education.

EVIDENCE IF RELEVANT

Recent reports about poorer maternal and neonatal outcomes for Black and brown women provided the motivation for this work.

KEY MESSAGE

Resources aimed at decolonising midwifery education should be co-produced with a diversity of stakeholders if they are to be fully inclusive.

0 089 - Codesigning continuity of midwifery carer models of practice for Australian Aboriginal and Torres Strait Islander women and babies

Melina Connors¹, Jocelyn Toohill², Sonita Giudice²

¹ Queensland Government - Department of Health, Office of the Chief Nursing and Midwifery Officer, Brisbane, Australia

² Queensland Government - Department of Health, Office of the Chief Nursing and Midwifery Officer, Herston, Australia

INTRODUCTION

In 2019 the Maternal Mortality Rate (MMR) for Aboriginal and Torres Strait Islander women was 17.5 per 100,000, while the MMR was 5.5 for non-Indigenous women. The Growing Deadly Families strategy (the strategy) aims to improve outcomes for women birthing Aboriginal and Torres Strait Islander babies within Queensland. Through the implementation of First Nations led, codesigned models of care, Aboriginal and Torres Strait Islander babies will have a stronger start to life

AIM

The aim of the strategy is to ensure that every woman in Queensland, giving birth to an Aboriginal and/or Torres Strait Islander baby, has high quality and culturally capable maternity services. This strategy highlights that the continuity of midwifery carer model works best when local services are supported to work together to achieve optimal care for their communities.

IMPLICATIONS

The strategy addresses key areas to improve maternity services for Australian Aboriginal and/or Torres Strait Islander people. When mothers are healthy, before and during pregnancy, the likelihood of full-term pregnancies and babies being born at a healthy birthweight increases. Listening to the voices of our mob we heard “We want a say in how maternity services are designed and delivered”. Our action is to form meaningful working partnerships for strong governance and leadership. “We don’t want to keep telling our same story to different people”. This requires that all woman have access to continuity of carer. “We want more of our people providing our maternity care”, which is embedding First Nations led models of care.

EVIDENCE IF RELEVANT

Conclusion This presentation will share the work occurring under this strategy, and the innovative codesigned continuity of midwifery carer models being implemented. Clinical outcome data will be presented from these models, including improved preterm birth rates, mode of birth and consumers’ perspective.

PP 05 Midwives for Impact: showcasing competent midwives saving lives (Laerdal)

PARTNER FUNDED SESSION

Franka Cadée (Netherlands)

Fekadu Mazengia Mazengia Alemu (Ethiopia)

Farida Begum (Bangladesh)

Frida Temple (Rwanda)

Hiwot Wubshet (Ethiopia)

Maiya Shobha Manandhar (Nepal)

Anshu Banerjee (Switzerland)

Tore Laerdal (Norway)

Anna Cecilia Frellsen (Denmark)

Sally Pairman (Netherlands)

Goma Devi Niraula Shrestha (Nepal)

BACKGROUND

In December 2020, The Lancet Global Health published a study on how investing in midwives could save millions of lives – every year. UNFPA and ICM supports the study, which modelled estimates of deaths averted in 88 low-and middle-income countries. The key findings from the study showed that midwives who are educated and regulated to global standards, play a vital role in reducing mortality, specifically maternal deaths, newborn deaths, and stillbirths.

The Partner panel “Midwives for Impact” is a 90 min session focused on how the global community and partnerships can support midwives and midwifery development to improve care and decrease the maternal and neonatal mortality and morbidity. The session will include learnings from recent studies, new innovative solutions, and successful implementation through partnerships. The session is organized by Laerdal in close collaboration with partners.

PROGRAMME

Introduction to the session by Franka Cadée, ICM President.

Presentations including Q&A (60 min, 7 min each including Q&A).

1. 50 000 Happy Birthday programmes leading to increased evidence and scale in selected countries – Fekadu Mazengia Alemu, Executive Director, Ethiopian Midwives Association.
2. Safter Birth Bundle of Care in Tanzania – to be confirmed.
3. Outcomes from the Mothers and Babies Survive training in humanitarian setting – Farida Begum, UNFPA Bangladesh.
4. SimBegin to strengthen midwifery faculty in Rwanda by Frida Temple, UNFPA Rwanda.
5. Sharing from the Essential Newborn Care and Safe Delivery App study in Ethiopia – Hiwot Wubshet, Country Director, Maternity Foundation, Ethiopia.
6. Presentation on the development of Nepal Midwifery Education by representative – Ms. Maiya Shobha Manandhar, Assistant Professor at NAMS.

Panel discussion led by moderator (30 min).

- UNFPA – to be confirmed.
- WHO – Dr Anshu Banerjee.
- Laerdal – Chairman Tore Laerdal.
- ICM – Sally Pairman, Chief Executive.
- Maternity Foundation – CEO Anna Frellsen.
- Nepal representative – Prof. Goma Niraula, Director, Nursing and Social Security Division and President, Midwifery Society of Nepal.

Summary and closing (5 min) by moderator Franka Cadée.

0 090 - Knowledge, attitudes, and preparedness for managing pregnant and postpartum women with COVID-19 among nurse-midwives in Kenya

Rose Maina¹, Rachel Wangari Kimani¹, James Orwa², Bernard Daniel Mutwiri¹, Carolyne K. Nyariki³, Sheila Shaibu¹, Valerie Fleming⁴

¹ Aga Khan University, School of Nursing and Midwifery, Nairobi, Kenya

² Aga Khan University, Department of Population Health, Nairobi, Kenya

³ Jomo Kenyatta University of Agriculture and Technology, Nairobi, Kenya

⁴ Liverpool John Moores University, Faculty of Health, Liverpool, United Kingdom

BACKGROUND

Globally, maternal morbidity and mortality have increased during the COVID-19 pandemic. Given the high burden of maternal and neonatal mortality in Kenya prior to COVID-19, frontline health workers, including nurse-midwives, must be competent to ensure continued quality maternal services. Knowledge and awareness of COVID-19 transmission influence nurse-midwives risk perception and ability to implement prevention strategies.

OBJECTIVES

We examined nurse-midwives' knowledge, attitudes, and preparedness in managing pregnant and postpartum women with COVID-19 in Kenya.

METHODS

A cross-sectional online survey was conducted among 118 nurse-midwives between July 2020 and November 2020. A 31-item survey comprising 15 knowledge, 11 attitude, and five preparedness questions was administered using SurveyMonkey. A link to the survey was distributed among nurse-midwives via email. Multiple logistic regression analysis was used to assess associations between the variables. A p-value <0.05 was considered statistically significant.

RESULTS

Eighty-five participants were included in the final analysis (response rate 72%). Most participants were female (n = 69, 81.2%), 52.9% (n = 45) worked in labor wards, and 57.6% (n = 49) worked in rural hospitals. Overall, 71% (n = 57) of participants had sufficient knowledge about managing COVID-19 in pregnant and postpartum women. However, only 63% were willing to receive COVID-19 vaccination. Nurse-midwives working in urban areas were 3.7 times more likely to have positive attitudes than those in rural areas (odds ratio 3.724, 95% confidence interval 1.042–13.31; $p = 0.043$).

CONCLUSIONS

Nurse-midwives' responses to the Kenyan government's COVID-19 guidelines for managing and caring for pregnant women were inconsistent. Continued professional development for nurse-midwives is important to ensure they stay abreast of evolving COVID-19 guidelines for maternal health. Our findings also suggest vaccine hesitancy may be a hurdle for ongoing COVID-19 vaccination.

Funding: Aga Khan University Kenya, School of Nursing and Midwifery Dean's Fund (ref #June 2020).

0 091 - Insights from maternity services birth in a lead maternity practice model during COVID-19

Robyn Maude¹, Susan Crowther², Jayne Krisjanous¹

¹ Victoria University of Wellington, School of Nursing, Midwifery and Health Practice, Wellington, New Zealand

² Auckland University of Technology, Midwifery, Auckland, New Zealand

BACKGROUND

COVID 19 suddenly changed the landscape of pregnancy and birth significantly having considerable impact on midwifery provision of care. Midwifery needed to adapt quickly and discover new ways of practising safely and sustainably. The purpose of this study was to highlight the experiences of New Zealand midwives providing continuity of care(r). Maintaining relational continuity, central to New Zealand maternity care, required new ways of functioning; this article proffers guidance to policy makers and practitioners when confronted by ongoing and future pandemic planning.

OBJECTIVES

To examine the challenges, adaptation and innovations in care provided by NZ midwives, whilst highlighting systematic weaknesses that threatened effective service delivery.

METHODS

A qualitative study design was used in order to capture in-depth meaning and nuance. Data collection entailed in-depth interviews with 15 midwives, working in both community and hospital settings between 1st March and 30th June 2020. Template Analysis developed by King was used in the thematic analysis. Ethics was achieved through the appropriate Human Ethics Committee.

RESULTS

Six main themes were found 1) Boundary spanning (balancing responsibilities), 2) Practical impact on workloads, 3) Reality and guidance mismatch, 4) Emotional Burden and navigating personal safety, 5) Relational connectivity matters, and 6) Significance of Midwifery contribution.

CONCLUSIONS

The six themes are contextually situated and mirror the need for midwives to adapt quickly when despite there being no time to make the necessary changes because the birth rate continued unabated, and any adaption placed extra burdens on an already busy workforce.

KEY MESSAGE

The contribution this work makes is an in-depth examination of the responsiveness of the NZ midwifery profession to ensure the structure and service delivery of the somewhat unique system of midwifery care in NZ did not break down. It highlights the rapid adaptations required in circumstances where independent community practice can be both liberating and isolating.

0 092 - Witnessing loss during lockdown: a qualitative study of midwifery care for women who experienced miscarriage during the COVID-19 pandemic in Melbourne, Australia

Meredith Temple-Smith¹, Jade Bilardi², Tatiana Zecher³

¹ University of Melbourne, General Practice- Melbourne Medical School, Melbourne, Australia

² Monash University, Melbourne Sexual Health Centre, Monash University, Melbourne, Australia

³ The Royal Women's Hospital, Maternity, Melbourne, Australia

BACKGROUND

Research has shown that the experience of miscarriage carries a high psychosocial toll, including clinical levels of anxiety, depression, and PTSD. Midwives play a large role in providing necessary emotional care at that time however the COVID-19 pandemic has affected their ability to care for women experiencing miscarriage through restrictions including PPE, physical distancing, telemedicine visits, and visitor limitations. Melbourne, Australia experienced some of the harshest and longest lockdowns globally with strict regulations continuing long past lockdowns.

OBJECTIVES

How have midwives perceived changes on their ability to deliver care? Has this led to change in the quality-of-care women who miscarried during the COVID-19 pandemic received?

METHODS

Ethical consideration was approved through the University of Melbourne which included a potential conflict of interest of the primary researcher also working as a midwife during the pandemic. Interviews were thematically analysed using the Communications Accommodation Theory which seeks to explain and predict why, when, and how people adjust their communicative behaviour during social interaction.

RESULTS

Twelve semi-structured interviews with midwives from 3 to 12 years' experience were thematic analyzed and created four main themes: COVID placed as the priority over their pregnancy loss; Choosing between meeting physical needs or emotional wellbeing; PPE as an emotional barrier and The clash of women's expectations of care with the standardized care available.

CONCLUSIONS

The emotional effects of COVID lockdown restrictions by women and families who experienced miscarriage during that time is potentially catastrophic. Interviewees regularly expressed their concern on the impacts of poor care on women's future mental and reproductive health.

KEY MESSAGE

This small study demonstrates the risk of increased emotional sequelae of miscarrying during COVID restrictions around the world may be long lasting and devastating and requires further research.

T 013 - Adherence to COVID-19 guidelines in maternity settings in public health facilities in Lusaka province, a mixed study

*Genevieve Musokwa*¹

¹ Nonkhululeko Nursing and Midwifery Agency, CEO, Lusaka, Zambia

DESCRIPTION OF RESEARCH OR INNOVATION

The overall purpose of the study is to describe Adherence to maternity service's guidelines for COVID 19 and factors associated with adherence among health providers in maternity settings in Lusaka Business District: A mixed methods research design will be used that will include descriptive research designs. A multi-centre study will be conducted at public, private and church owned hospitals, clinics and health centres that provide maternity services. Questionnaires with open and closed ended questions and observations of practices using a standard checklist in maternity settings will be administered. A pre-test will be undertaken of the data collection tools before data collections and ethical approval will be sought with the Ethical committee of the University Of Zambia (UNZAREC). Other methods of collecting data will include observations of clinical areas using a standard checklist of practice areas and review of guidelines and protocols currently being utilized in maternity centres. DThe major findings or trends will be recorded and will generate new knowledge for the provision of maternity services during the pandermic .. Various factors may be identified as to why Infection Prevention and Control Measures (IPCM) for COVID 19 are not adhered and it is envisioned that the study will be able to identify the factors associated with adherence and generate data that will improve practice and guide policy that will reduce maternal mortality and morbidity.

SIGNIFICANCE TO MIDWIFERY

Developing guidelines for clinical practice entails that policymakers ensure that resources and logistics are in place to ensure that there is adherence to these guidelines. The Covid 19 pandemic has brought a great uphill and affected health systems globally. Understanding the challenges with newborn outcomes. adhering to Covid 19 for maternity settings will improve patient outcomes and greatly affect the current initiatives of respectful maternity care.

0 093 - What is a positive childbirth experience? Developing a woman-centred, inclusive definition

Julia Leinweber¹, Yvonne Fontein-Kuipers², Sigfridur Inga Karlsdottir³, Anette Ekström-Bergström⁴, Christina Nilsson⁵, Claire Stramrood⁶, Gill Thomson⁷

¹ Institut of Midwifery, Charite University Medicine Berlin, Charite University Medicine Berlin, Berlin, Germany

² University College Antwerp, School of Midwifery, Health and Social Work-, Antwerp, Belgium

³ University of Akureyri, School of Health Sciences, Akureyri, Iceland

⁴ University West, Department of Health Sciences, Bora, Sweden

⁵ University of Borås, Faculty of Caring Science, Work Life and Social Welfare-, Bora, Sweden

⁶ OLVG Hospital, Department of Obstetrics and Gynaecology, Amsterdam, Netherlands

⁷ University of Central Lancashire, Maternal and Infant Nutrition & Nurture Unit, Preston, United Kingdom

BACKGROUND

A positive childbirth experience promotes women's health, both during and beyond the perinatal period. Understanding what constitutes a positive childbirth experience is thus critical to providing high quality maternity care. Currently there is no clear, inclusive, woman-centered definition of a positive childbirth experience to guide practice, education, and research.

OBJECTIVES

To formulate an inclusive woman-centered definition of a positive childbirth experience.

METHODS

Following a rapid literature review, a six-step process was developed: (1) Key concepts associated with a positive birth were derived from a rapid literature review; (2) The key concepts were used by interdisciplinary experts in the author group to create a draft definition; (3) The draft definition was presented to clinicians and researchers during an European research meeting on perinatal mental health; (4) The authors integrated the expert feedback to refine the working definition; (5) A revised definition was shared with women from consumer groups in eight countries to confirm its face validity; (6) A final definition was formulated based on the women's feedback.

RESULTS

The following definition was formulated: *A positive childbirth experience refers to a woman's experience of interactions and events directly related to childbirth that made her feel supported, in control, safe and respected; a positive birth can make women feel joy, confident and/or accomplished and may have short and/or long-term positive impacts on a woman's psychosocial wellbeing.*

CONCLUSIONS

The inclusive woman-centered definition highlights the importance of provider interactions for facilitating a positive childbirth experience; with feeling supported, having a sense of control, safety and respect being central tenets. This definition could help to identify and validate positive childbirth experience(s), and to inform practice, education, research, advocacy and policy making.

KEY MESSAGE

Women's experiences are key to defining positive childbirth experiences.

Quality of provider interaction is key to women feeling supported, in control, safe and respected during childbirth.

TUESDAY, 13 JUNE 2023, 11:00–12:30

Kintamani 3

C 25 WOMAN-CENTERED CARE (+THREE-MINUTE THESIS)

ORAL PRESENTATION

0 094 - “She always knows exactly what I need”: non-verbal communication between midwives at births in free-standing birth centres

Nancy Stone¹, Gill Thomson², Dorothea Tegethoff³

¹ *Evangelische Hochschule Berlin, Midwifery Sciences, Berlin, Germany*

² *University of Central Lancashire, School of Community Health and Midwifery, Preston, United Kingdom*

³ *Universität Rostock, Midwifery Sciences, Rostock, Germany*

BACKGROUND

Midwives' communication skills with clients has been well-researched. However, there is no research describing the communication between midwives at births in free-standing birth centres (FSBCs). At births in FSBCs in Germany, two midwives are present. They communicate non-verbally, when possible, to maintain a calm atmosphere. In Germany, when midwives commence work at FSBCs directly after achieving state certification, they must learn to communicate non-verbally.

OBJECTIVES

The purpose of this study is to describe the skills and knowledge acquired by midwives who commence work in a free-standing birth centre directly post-certification.

METHODS

A hermeneutic phenomenological study began in May 2021 and will continue until April 2024. For this presentation, the results of ten focus groups in ten FSBCs and 10 midwives in their first 9 months post-certification working in birth centres in Germany will be presented. The interviews lasted on average 75 minutes and were digitally recorded and transcribed in full. The data were analysed to identify key qualities and themes.

RESULTS

The main theme is “Non-verbal communication between midwives at births.” Underlying sub-themes are: She always knows exactly what I need and Recognising and communicating emergencies. The focus group participants stressed the importance of getting to know the new colleague well in and outside the birthing room, while the new midwives stressed the importance of learning their new skills in a supportive environment. This included shifting from the hierarchical communication experienced in their studies, where they were often silenced, to expanding their abilities to process sensory knowledge specific to birth centre birth and communicate non-verbally at births.

CONCLUSIONS

Good communication between midwives in FSBCs is a foundational aspect of safety in this setting. The induction of new midwives post-certification into a FSBC team includes learning non-verbal communication.

KEY MESSAGE

Non-verbal communication between midwives at births in FSBCs aids in preserving the calm, sacred atmosphere.

TUESDAY, 13 JUNE 2023, 11:00–12:30

Kintamani 3

C 25 WOMAN-CENTERED CARE (+THREE-MINUTE THESIS)

ORAL PRESENTATION

0 095 - “Walking alongside” Woman-centred ethics

Kate Buchanan¹, Elizabeth Newnham², Sadie Geraghty¹, Lisa Whitehead³

¹ University of Notre Dame, School of Nursing, Midwifery, Health Sciences and Physiotherapy, Fremantle, Australia

² University of Newcastle, School of Nursing and Midwifery, Newcastle, Australia

³ Edith Cowan University, School of Nursing and Midwifery, Joondalup, Australia

BACKGROUND

The maternity system is fraught with ethical issues, as evidence mounts of disrespect and mistreatment during pregnancy and birth. The bioethical principles that govern health care practice is limited in guiding care of child-bearing women. Midwifery-led care is guided by the International Confederation of Midwives International Code of ethics, which considers more than the bioethical principles. However, the dominant model of care supplants midwifery-led care in many settings, thus midwives are unable to exercise a deeper ethical capacity and sensitivity. In addition, there is limited empirical evidence as to women’s experiences of care from an ethical perspective and reveals a gap in the literature that has yet to be explored.

OBJECTIVES

This study sought to investigate women’s experience of maternity care from an ethical perspective.

METHODS

Feminist participatory action research (FPAR) was the research design utilised. Purposive sampling was used to recruit women who had experienced midwifery-led care. Thematic analysis was applied to five focus group interviews and ten one on one semi- structured interviews, totalling 20 participants from Perth, Western Australia.

RESULTS

The women in this study perceived care as either ethical or unethical based on the quality of the relationship, the knowledge that was shared and the manner of the care given. The primary theme: “Embodied Ethics” captures the woman at the centre of the care, her context, and her values and how the experiences of care impact her transformation during liminality of pregnancy and childbirth.

CONCLUSIONS

The care women receive during pregnancy and childbirth, has the potential to harm or benefit the childbearing woman.

KEY MESSAGE

Woman-centred ethics was demonstrated by autonomous midwives, and the outcome of the care was the woman was embodied, empowered, and strengthened.

0 096 - The Woman Centred Care Scale: where to from here?

Deborah Davis¹, Debra Creedy², Virginia Stulz³, Zoe Bradfield⁴, Elizabeth Newnham⁵, Marjorie Atchan¹, Lorna Davies⁶, Judith McAra-Couper⁷, Linda Sweet⁸

¹ University of Canberra, Faculty of Health, Canberra, Australia

² Griffith University, Midwifery, Brisbane, Australia

³ Western Sydney University, Midwifery, Penrith, Australia

⁴ Curtin University, Midwifery, Perth, Australia

⁵ University of Newcastle, Midwifery, Newcastle, Australia

⁶ Otago Polytechnic, Midwifery, Dunedin, New Zealand

⁷ Auckland University of Technology, School of Clinical Sciences, Auckland, New Zealand

⁸ Deakin University, Faculty of Health, Melbourne, Australia

BACKGROUND

Woman Centred Care (WCC) can be defined as care that “focuses on the woman’s unique needs, expectations and aspirations; recognises her right to self-determination ...; and addresses her social, emotional, physical, psychological, spiritual and cultural needs and expectations” [Australian Government. Department of Health, 2020]. In many countries, WCC has become a defining feature of midwifery. How do we know if we are providing WCC? Do certain types of educational experiences lead to care that is more woman centred? To answer these questions and more, we need some way of measuring WCC.

OBJECTIVES

This study aims to develop and test a scale to measure WCC in midwives.

METHODS

A staged approach was used for tool development including deductive methods to generate items, testing content validity with a group of experts, and psychometrically testing the instrument with a sample drawn from the target audience. The draft 58 item tool was distributed in an online survey using professional networks in Australia and New Zealand. Testing included item analysis, principal components analysis with direct oblimin rotation and subscale analysis, and internal consistency reliability.

RESULTS

319 surveys were returned. Analysis revealed five factors explaining 47.6% of variance. Items were reduced to 40. Internal consistency (.92) was high but varied across factors. Factors reflected the extent to which a midwife meets the woman’s unique needs; balances her needs within the context of the maternity service; ensures midwifery philosophy underpins practice; uses evidence to inform collaborative practice; and works in partnership with the woman. There is room for improvement in the scale so items were revised and validity will be tested on an international audience.

CONCLUSIONS

The Woman Centred Care Scale is an important step in developing a valid and reliable tool facilitating measurement of WCC.

KEY MESSAGE

Measuring WCC is important to enable us to better meet the woman’s needs for care.

TUESDAY, 13 JUNE 2023, 11:00–12:30

Kintamani 3

C 25 WOMAN-CENTERED CARE (+THREE-MINUTE THESIS)

THREE-MINUTE THESIS PRESENTATION

T 014 - Life after my PhD - from evidence to reality: implementing developed strategies to scaling up midwifery in South Africa

*Margreet Wibbelink*¹

¹ Midwife Specialist, Sensitive Midwifery, Pretoria, South Africa

DESCRIPTION OF RESEARCH OR INNOVATION

My dad once said to me whilst I was labouring away for my PhD, 'It's all good and well having a PhD in your professional field, but it comes with a responsibility'. That statement became very evident. My PhD journey was finalised by developing strategies for upscaling midwifery practice in South African public maternity units. I then embarked on an interesting journey implementing strategies through different initiatives. It is a work in progress but there is so much momentum that shows that the midwives are ready to stand up and take their profession to the much needed level it should be. I would love to present and elaborate on the different initiatives we have implemented and are currently working on, which looking back – are my developed strategies in reality. The two strategies and their sub-strategies are as follow:

STRATEGY 1. EMPOWERING MIDWIVES TO DELIVER WOMAN-CENTRED CARE

- 1.1 Empowering midwives to deliver woman-centred care
- 1.2 Empowering women to receive woman-centred care

STRATEGY 2. CREATING AN ENABLING WORK ENVIRONMENT FOR THE DELIVERY OF WOMAN-CENTRED CARE

- 2.1 Creating an enabling clinical practice environment for the delivery of woman-centred care
- 2.2 Creating an enabling professional environment for the delivery of woman-centred care

SIGNIFICANCE TO MIDWIFERY

If we, the midwives themselves, are not going to stand up for our profession and for the improvement of maternal health, who will? This talk is all about midwifery empowerment, to become leaders, activist, entrepreneurs, policy makers, movers and shakers. Not in theory, but in real life, guided by evidence.

0 097 - The effect of flash cards on counselling to midwife's confidence level and decision-making in contraception services in Indonesia

Dewi Novitasari Suhaid¹, Mitra Kadarsih², Ida Ayu Citarasmi², Kusuma Dini², Innana Mardhatillah²

¹ STIK Sint Carolus, Midwifery, Jakarta, Indonesia

² Indonesian Midwives Association, Midwifery, Jakarta, Indonesia

BACKGROUND

Family planning services with balanced counseling strategy (BCS) was oriented to acceptors. BCS method requires tools to increase effectiveness when conducting counseling. The use of flash cards as balanced counseling aid encourages active participation of the acceptors. The development of BCS using flash cards is expected to improve the quality of counseling and adoption of family planning methods. This strategy will minimize the counselor's dominance in the decision to choose family planning method, so that the final result regarding the method used is selected based on the medical situation and the needs of the acceptor.

OBJECTIVES

Determine the effect of the flash cards on the level of confidence of midwives in counseling and decision-making on contraceptive services in Indonesia.

METHODS

Used a cross-sectional design of 115 midwives in Indonesia who have done counseling on family planning using a flash cards. Flash cards used contains information about effectiveness, side effects and usage time. Made based on the referred of fourcorner stone WHO.

RESULTS

96% of midwives felt that there was increase in self-confidence when counseling family planning by using flash cards. 97% of the final decision-makers in determining the type of method are couples of childbearing age. Midwives are more confident in providing care to women with disabilities, youth and rape survivors. There is 1 midwife who reports confidently providing services to couples with disabilities, 2 cases of rape and 20 cases in adolescent couples.

CONCLUSIONS

The use of a flash cards that accompanies counseling in family planning has positive impact on behavior and attitudes of midwives in providing counseling for families. In addition it's also felt by active role of couples of childbearing age so that decisions are made based on the needs of couples of childbearing age.

KEY MESSAGE

Quality counseling will allow women to receive care according to their needs and rights.

0 098 - Midwifery and postpartum / post-abortion family planning

Laura Raney¹, Sofia Heffernan¹, Maryjane Lacoste²

¹ *United Nations Foundation, FP2030, Washington DC, USA*

² *Jhpiego, Country Director, Jakarta, Indonesia*

PURPOSE

This oral presentation will discuss the importance of postpartum and post-abortion family planning and the key role midwives can play in advocating for this care. It will also share knowledge and best practices from FP2030 commitment making countries who have begun implementing task sharing policies.

DISCUSSION

Midwifery care promotes, protects, and supports women's human, reproductive and sexual health, and rights. Globally, the role of midwives is paramount, particularly in the COVID-19 era where women may have delayed routine health care. Healthcare workers such as midwives are vital resources in postpartum and post-abortion family planning (PPFP/PAFP). Research consistently shows that the provision of voluntary family planning counseling and services as part of post pregnancy care not only raises awareness of the importance of birth spacing and postpartum contraceptive options, but also increases postpartum contraceptive use. Midwives are increasingly well placed to provide post pregnancy family planning counseling and services. This can be seen in the growing number of countries with task sharing policies, expanding the range of health care workers who can provide such care.

Over half of Family Planning 2030 commitment-making countries include commitments to increase access to post pregnancy family planning. These include countries such as Burkina Faso, Ethiopia, Mali, Niger, Pakistan, Rwanda, Tanzania, Togo, and Uganda. The methodologies to strengthen and scale up post pregnancy family planning vary across countries, though they all contain commitments to supporting training and human resources and strengthening integration at the different points of contact on the continuum of care (Burkina Faso, Niger, Pakistan, Rwanda).

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

When task sharing policies are implemented, and thus the role of midwives is expanded to include voluntary family planning counseling and provision, both women and community's benefit.

KEY MESSAGE

Midwives are increasingly well placed to provide post pregnancy family planning counseling and services.

0 099 - Providing pre-release contraception for incarcerated women: sharing midwifery experiences

Liza Winston¹, Carly Detterman¹

¹ *Baystate Medical Center, Midwifery and Community Health, Springfield, USA*

PURPOSE

Half of all pregnancies in the United States are unintended. More than half of unintended pregnancies occur to women not using contraception. Incarcerated women often have had poor access to contraceptive services in their communities, and have experienced high rates of unintended pregnancies prior to incarceration. While incarcerated in our community, midwifery care is available for full scope obstetric and gynecologic care. Midwives provide cervical cancer screening, sexually transmitted infection screening and treatment, gynecological well visits and prenatal care. In addition, we focus on counseling about and planning for pre-release contraception as desired. Sharing experiences in a jail-based health clinic providing contraceptive services will highlight ways in which women who are, often, on the margins of our health care system can receive life changing, preventative care.

DISCUSSION

The provision pre-release contraception to women in a carceral setting allows them to initiate long-acting reversible contraceptive (LARC) methods or begin a prescribed method before they are back in their communities with, often, poor access to care.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

ICMs Professional Framework: Access to contraception is a hallmark of self-determination for women around the world and often overlooked in carceral settings.

Midwifery recognises the right to self-determination, and is respectful, personalised, continuous and non-authoritarian. These beliefs and values act as a guiding light for midwives around the world and influence every aspect of the midwifery profession.

EVIDENCE IF RELEVANT

Evidence: Review of qualitative, experience based data from midwives providing pre-release contraception with discussion of what interventions have been most effective (ie insertion of LARC before release).

KEY MESSAGE

Key Message: Midwives providing gynecology services to incarcerated people are well placed to bring contraceptive education, counseling and provision to those who are often returning to communities with poor access to these services.

O 100 - COVID -19 project on menstrual regulation, post abortion care and family planning

Sangita Saha Prema¹

¹ Bangladesh Midwifery Society, Midwifery, Dhaka, Bangladesh

PURPOSE

COVID-19 disproportionately affected women, reducing access to sexual and reproductive health (SRH) services. Women of reproductive age constitute 28.1% of Bangladesh's population; Bangladesh midwives' scope of practice includes menstrual regulation (safe abortion), post-abortion care and family planning provision but they seldom practice such, due to multiple challenges. In 2021, funded by THET, the Bangladesh Midwifery Society (BMS) implemented a project enabling midwives in 5 rural health centres to provide better local access to high-quality SRH services for 1567 women, preventing COVID-19 transmission. With others, BMS trained 65 health professionals online in SRH, conducted baseline and endline audits, established sustainable SRH supply-chains and engaged service-users. Results showed that 26 midwives in all 5 health centres were providing full SRH services. Midwives also undertook leadership development through an international twinning partnership, enabling them to address system-level challenges and to advocate for change. The project built BMS' capacity to manage projects, support quality improvement and network widely across SRH, NGO and women's sectors and media.

DISCUSSION

Women bear a substantial burden during times of instability and crisis. Midwives must uphold women's SRH rights and reduce barriers to accessing services; however, they face multiple barriers and lack leadership development opportunities. This small project demonstrated that when midwives receive education, support and leadership development they can confidently provide the essential midwifery competencies related to SRH and work collaboratively to develop and lead services. This programme is now being scaled-up through the Nursing Now Leadership Challenge Fellowship.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The project enabled midwives to work in Bangladesh to their full scope of practice, strengthened midwifery practice in SRH provision, educated midwives in SRH and leadership and embedded national midwifery policy at local level. It strengthened the midwives' association and enhanced its reputation in pandemic response.

KEY MESSAGE

Midwives can provide comprehensive SRH services when enabled to do so.

0 101 - Pre-pregnancy obesity in adolescents and its association with metabolic syndrome postpartum in a country in advanced stage of obstetric transition: new challenges for midwifery

Marcela Araya B¹, Marcela Flores²

¹ University of Chile, Department of Women and Newborn Health Promotion, Santiago, Chile

² Corporación Municipal de Educación Salud y Menores de Puente Alto, Salud, Santiago, Chile

BACKGROUND

Chile is a country in the fourth stage of the Obstetric Transition with a high prevalence of maternal obesity. However, there are no follow-up studies, in adolescent pregnant woman that evaluate consequences of obesity and gestational weight gain (GWG) in the long-term.

OBJECTIVES

Evaluate the association between pre-gestational obesity and metabolic syndrome (MetS) 3 years postpartum (PP).

METHODS

This study corresponds to prospective cohort design, in which, 200 pregnant adolescents were followed up, three years postpartum. These participants belonging to the CHIMINCs cohort (n = 856). The pre-gestational nutritional status (NS) and GWG were described according to the standard of the U.S.A. Institute of Medicine in 2009. The prevalence of MetS was determined according to the criteria ATP III (HDL < 50 mg/dl, glycemia > 100 mg/dL, blood pressure > 130/85, triglycerides ≥ 150 mg/dl and abdominal obesity ≥ 88cm), 3 years postpartum. Simple and adjusted generalized linear models to evaluate association between NS, GWG and MetS were used.

RESULTS

The adolescent pregnant women began the pregnancy with an age of 17,9 years old (SD = 1.4) on average. The prevalence of pre-gestational obesity was 13,5% and the GWG was 13.4 kg (SD = 6.6). The prevalence of MetS, 3 years PP, was 10.05%. In decreasing order, the prevalences of the components of the altered MetS were HDL (70.5%), followed by abdominal obesity (38.7%), triglycerides (9%), glycemia (8,5%), and pressure arterial levels (2.5%). The pre-gestational obesity was associated significantly to MetS in the postpartum period, (prevalence = 31%; RR adjusted = 2,1; 95%CI [0.8–3.4]), while that the GWG was not association with MetS.

CONCLUSIONS

This study showed an increase of the risk of MetS postpartum in adolescent pregnant women, who had pre-gestational obesity. It is necessary that midwives develop interventions with the aim that mothers recover their normal nutritional status after delivery and start their next pregnancy with normal NS. FONIS SA16I0287.

KEY MESSAGE

Pre-gestational obesity is a risk factor to metabolic syndrome 3 years postpartum.

0 102 - The importance of the midwife role in telemedicine for safe abortion care

Paula Rita Rivera Núñez¹

¹ *Telefem, General Director, Mexico City, Mexico*

PURPOSE

Exhibit the competencies of midwifery regarding the facilitation of abortion-related health services using Telemedicine.

DISCUSSION

Unsafe abortion continues to be one of the main causes of maternal death in Mexico and Central America, deepening the social gaps present in these countries. During the pandemic, maternal deaths increased in Mexico, mainly due to COVID-19, and this situation also caused a decrease in people's access to pregnancy termination, either due to lack of available facilities, since many hospital units were converted into COVID hospitals, or due to lack of professionals, supplies and medicines, thus violating fundamental reproductive rights. In this context, telemedicine reappears as a safe option to expand and ensure access to safe abortion services. In Mexico, several health care providers, including midwives, can play an important role in providing abortion care. There are also favorable conditions in the country to practice Telemedicine, such as: availability of medications for abortion, use of technology, professional medical license valid throughout the country, digital prescription, delivery of medications for personal use and online and remote consultation. The decriminalization of abortion in the national territory, the effectiveness of the combined medication scheme, and the successful experience of more than 240 thousand cases of safe uterine evacuations with medication in Mexico City, endorse the use of this new form of health care.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The guarantee of quality and safety of care is provided by a humanized model of person-centered digital care, an integral process, monitored both in administrative and clinical management, as well as in implementation, by the midwife, a fact that demonstrates the strength of competence 7, reinforces the indispensable collaborative work and ensures the full exercise of sexual and reproductive rights.

EVIDENCE IF RELEVANT

Over 103 women served in 6 months without complications.

KEY MESSAGE

Telemedicine: An ally during the pandemic for the legal termination of pregnancy in Mexico.

T 015 - Creation of a network of midwives for safe abortion in Mexico

Guadalupe Hernández¹, Laura Urbaz Castro¹, David Meléndez Navarro¹

¹ *Asociación de parteras profesionales de México, Dirección general, Ciudad de México, Mexico*

DESCRIPTION OF RESEARCH OR INNOVATION

One of the services that had the greatest impact on its continuity due to the COVID19 pandemic was safe abortion services. In Mexico, there is the legal possibility throughout the country of providing pregnancy termination services for different reasons in all states of the country. We started a project from July 2021 with the aim of expanding the services provided by midwives to include harm reduction services, offering services for voluntary termination of pregnancy as well as counseling and provision of contraceptive methods. We obtained funding from Fos Feminista, International Alliance for Sexual and Reproductive Rights and Justice. The implementation had several stages, call for professional midwives, selection, training and strengthening of skills, legal advice, distribution of supplies, social marketing and provision of services. The results obtained from July 2021 to May 2022 are: 43 midwives with advanced skills in safe abortion, risk and harm reduction counseling (DRR), contraceptive counseling and provision of contraceptive methods (implants and DIUS), 344 consultations have been granted of initial DRR, 911 DRR consultations after EI or contraception service, 115 Pregnancy interruptions, 705 women accepted Implant or IUD as a contraceptive method.

SIGNIFICANCE TO MIDWIFERY

- Commitment to Gender Equality and Justice, Equity, Diversity and Inclusion;
- Essential Competencies for Midwifery Practice;
- The Covid-19 pandemic and its impact on midwives, midwifery services and women.

0 104 - Qualitative evaluation of the impact of a sexual education programme from the perception of the professionals who implement it

Francisca Postigo Mota¹

¹ Presbítero José Aljibe Yeti- 48, O, Aljucer- Murcia, Spain

BACKGROUND

Sex education is a right of the population and a responsibility of the public powers. In response to this need, the Health Service of a region in South Spain has launched PERSEA, a program for adolescents. It is led by a midwife and includes previous specific training for healthcare professionals to qualify prior its implementation: midwives and based nurses.

OBJECTIVES

To explore the perspectives of the professionals who received the specific training on the training program itself, as well as on the personal, professional and community impact of the sex education program PERSEA when implemented with adolescents.

METHODS

A descriptive qualitative study was designed based on content thematic analysis. Twelve open-ended interviews with professionals trained in PERSEA were carried out, followed by inductive data analysis using ATLAS.ti software.

RESULTS

Four main themes were identified: definition of sexual education from lack, impact of training in the professional sphere, impact of training in the personal sphere and areas of convergence between the professional and the personal: becoming a referent.

CONCLUSIONS

It is crucial to ensure adequate comprehensive training of professionals who assume the role of sex educator. Midwives are key professionals. A methodology that facilitates the reflective process, where not only knowledge but attitudes and beliefs are questioned, can have an impact on the educators' own biographies and, at the same time, could be a key facilitator to reach the effect the program itself has on the adolescents to whom it is aimed. The perception of the participants regarding the PERSEA program for adolescents is that it is necessary, it is a good tool but it would be necessary to expand it by incorporating new interventions at younger ages and during the rest of the life cycle.

KEY MESSAGE

Sexual education starts by educating professionals.

Midwives need to have a good sexual education to become referents in the community.

T 016 - Obstetras en proyectos de desarrollo social en Perú

Estefanía Sachenka Lecca Sanchez¹

¹ *Universidad Nacional Mayor de San Marcos, Lima, Lima, Peru*

DESCRIPTION OF RESEARCH OR INNOVATION

The Obstetricians are carrying out activities in the Social Development projects, at different levels, both public and private, they are the personnel that provide a comprehensive and human vision in public management, because they have in their training the knowledge of the extramural activities to be carried out. for health promotion, its work is important because it provides innovative and sustainable ideas in social projects, such as articulating activities with health services already established in the communities, educational activities with the beneficiary population, even providing technical assistance to the population to achieve the objectives, currently many obstetricians are working in them, which allows them to exercise their functions in the field of professional management competence.

SIGNIFICANCE TO MIDWIFERY

My experience in two major Social Programs such as Families in Action of the MML and Rural Housing of the MVCS, both projects are from the public sector, the first at the municipal level in work carried out in urban areas in the city of Lima, but in vulnerable districts such as Carabayllo, El Agustino, Villa el Salvador and Cercado de Lima and the second at the central government level in rural areas in different districts of the province of Ayacucho, this experience allowed me to work in the different phases of the program such as design, planning, execution and evaluation, this being very valuable because the experience allows contributing to the fulfillment of the project's management indicators, which, both projects ensure the care and development of the communities, emphasizing vulnerable families, taking into account axes of care such as health, nutrition, identity, prevention of family violence, access to the labor market, housing and participatory budget, being or one of the around 500 obstetricians who work in the different state institutions, fulfilling functions other than care.

W 07 Midwifery education: designing motivating scenario-based simulations workshop

WORKSHOP

Janine Stockdale¹, Lorna Lawther²

¹ Queen's University Belfast, School of Nursing and Midwifery, Belfast, Ireland

² Queen's University Belfast, School of Nursing and Midwifery, Belfast, United Kingdom

BACKGROUND

The benefits of simulated learning have resulted in a steady increase in its use as a learning modality within midwifery. However, according to Diaz-Agia et al., (2021) motivation is a fundamental element of learning that has yet to be addressed in simulation design. As simulation is resource intensive it is important that students experience motivation to learn while being immersed into scenario-based simulations.

THREE LEARNING OUTCOMES

1. Understand the basic principles of motivational design (Keller 2010)
2. Explore how to use a motivational template in the design of a scenario-based simulation
3. Apply the motivational design template in the co-production of a scenario-based simulation related to midwifery practice

The process/activities

The activities are designed to deliver on each of the learning outcomes:

1. Interactive presentation will communicate the principles of motivational design
2. Small group review of a pre-recorded simulation using a motivational template
3. Group challenge to apply the motivational template in the co-production of a scenario-based simulation for midwifery and share with the larger group

On conclusion, participants will have co-created an active document, that will serve both as a co-design guide and facilitator's tool when writing motivational, scenario-based simulations.

Audience participation

This 90 minute workshop has been designed for participants who want to develop their expertise in designing motivating simulations. This will include any participants who are either new to or have experience in designing scenario-based simulation. We will require audio and PC screen, tables, chairs, flip chart and markers for group work.

REFERENCES

- Diaz-Agea JL, Pujalte-Jesus MJ, Leal-Coste C. et al, (2021) Motivation: bringing up the rear in nursing education. Motivational elements in simulation. The participants perspective. Nurse Education Today. 103: 104925.
- Keller J. (2010) Motivational Design for Learning and Performance. The ARCS Model Approach. New York Springer.

W 08 Manual and digital rotation of the persistent occiput posterior fetus in labor workshop

WORKSHOP

Jessica Ellis¹, Angela Anderson²

Additional facilitator: Kathleen McBroom (USA)

¹ University of Utah, Nursing, Salt Lake City, USA

² Intermountain Healthcare, Obstetrics, Salt Lake City, USA

THE LEARNING OUTCOMES

Summary: Persistent fetal presentation of occiput posterior (persistent OP) has been increasing in prevalence in recent years, with significant implications for intrapartum management. Midwives are familiar with interventions such as position changes and Rebozo to address persistent OP in early labor; however, many midwives remain uncomfortable with the techniques of digital and manual rotation in the second stage. This workshop will review current evidence and proposed guidelines for the management of persistent OP in the second stage. Case studies will be used to facilitate discussion on the appropriate implementation of this valuable intervention. The workshop will also include the simulated practice of digital and manual rotation of the persistent OP fetus. Objectives: Define normal and abnormal occiput posterior presentation in the first and second stages of labor. Review current evidence on management for persistent posterior malpresentation. Discuss interventions for resolution of persistent OP in early, active and second stages of labor. Review techniques for digital and manual rotation. Hand-on practice with pelvic models the techniques of digital and manual rotation.

THE PROCESS/ACTIVITIES

Participants will work in groups of 2 with cloth obstetrical pelvis models and newborn dolls to practice the skills of manual and digital rotation. Using case study methodology, participants will discuss the diagnosis and management of OP highlighting indications and cautions for rotation.

AUDIENCE PARTICIPATION

This workshop will involve hands-on skills practice and small group discussion.

REFERENCES

- Phipps H, Hyett JA, Kuah S, et al. Persistent Occiput Posterior position – OUTcomes following manual rotation (POP-OUT): study protocol for a randomised controlled trial. *Trials*. 2015;16(1):603. doi:10.1186/s13063-015-0603-7.
- Yagel O, Cohen SM, Lipschuetz M, et al. Higher Rates of Operative Delivery and Maternal and Neonatal Complications in Persistent Occiput Posterior Position with a Large Head Circumference: A Retrospective Cohort Study. *Fetal Diagnosis & Therapy*. 2018;44(1):51–58. doi:10.1159/000478010.

PP 06 How to use data and digital tools from the Global Midwives' Hub to improve midwifery policies and services (Direct Relief & ICM)

PARTNER FUNDED SESSION

Jessica White (USA)

Mandy Forrester (Netherlands)

Data is more available and important than ever before to help shape decision-making, frame effective advocacy, and guide evidence-based health programs. For this to be achieved, data needs to be searchable, accessible, and connected to useful applications for analysis and visualization.

The Global Midwives' Hub (GMH), a collaboration between Direct Relief and ICM, aims to improve midwifery policy and practice by assisting midwives' associations throughout the world deploy data more effectively.

The GMH provides a web-based repository of the best open data relevant to midwifery, safe delivery, and maternal and child health, as well as a library of digital tools to help transform that data into practical, actionable information and insight. Included in the library of open data and data visualizations is the midwifery workforce data that was collected by ICM for the State of the World's Midwifery (SoWMy).

This 90-minute workshop will teach participants how to use the GMH to discover data resources, make digital maps and dashboards, create analyses, and connect with midwives working to advocate for improved policies and health practices. Participants will learn specifically:

- How to use existing data visualizations, like ICM's Member Midwives' Associations Map, to quickly make impactful cases for resource needs and policy changes.
- How to search and discover valuable datasets for policy advocacy and health service delivery, both globally and in their geographic region.
- How to configure and use digital maps and other visualizations to create compelling informational graphics for presentations, documents, websites, and social media.
- How to make and share data-driven stories.
- How to create and add new data layers to the GMH.

Participants should bring a laptop or a tablet. The structure of this workshop will be highly interactive, using guided exercises to help participants develop new skills in data discovery, presentation, and analysis. Participants will be capped at 30.

0 105 - The POOL Study - establishing the safety of waterbirth for mothers and babies

Julia Sanders¹, Christy Barlow², Rebecca Cannings-John², Sue Channon², Judith Cutter³, Chris Gale⁴, Fiona Lugg-Widger², Rebecca Milton², Michael Robling²

¹ Cardiff University, School of Healthcare Sciences, Cardiff, United Kingdom

² Cardiff University, Centre for Trials Research, Cardiff, United Kingdom

³ Cardiff and Vale University Health Board, Maternity, Cardiff, United Kingdom

⁴ Chelsea and Westminster Hospital, Neonatology, London, United Kingdom

BACKGROUND

Each year it is estimated there are up to 60,000 waterbirths in the United Kingdom. Women commonly use a birth pool during labour for pain relief, with some remaining in the pool for birth. To date there have not been studies large enough in the UK to show whether giving birth in water influences the rates of uncommon, but important, poor outcomes for mothers or their infants.

OBJECTIVES

The POOL study will establish whether waterbirth, compared to using water immersion during labour but leaving a pool prior to birth, is as safe for mothers and infants. The maternal primary outcome is the incident of Obstetric Anal Sphincter Injury (OASI) and the neonatal primary outcome is a composite of 'adverse infant outcomes or treatment'. Clinically important secondary outcomes relating to mothers and their babies are also being evaluated.

METHODS

The study extracted data in National Health Service electronic maternity records at 26 participating sites in England and Wales, relating to births between January 2015 and June 2022. For babies admitted to a neonatal unit, data were also extracted from the National Neonatal Research Database. To ensure a complete cohort, the study used an optout model, for which ethical approval was granted.

RESULTS

Data relating to over 41,000 waterbirths and 40,000 births out of water following pool use, have been obtained by the study team. The study is sufficiently powered to provide robust evidence comparing the incidence of uncommon but important maternal and neonatal outcomes during waterbirth, and following pool use during labour.

CONCLUSIONS

Waterbirth is common and popular. The POOL study is the largest research project undertaken on waterbirth and the main results will be presented.

KEY MESSAGE

The POOL study will provide important new information about the safety of waterbirth for midwives, women, families, and healthcare providers around the World.

O 106 - Birth positions in midwife-led care in the Netherlands

Kirsten Straathof¹, Corine Verhoeven², Lilian Peters³

¹ Amsterdam University Medical Centers, Midwifery Science, Reeuwijk, Netherlands

² Amsterdam University Medical Centers, Midwifery Science, Amsterdam, Netherlands

³ University Medical Center Groningen/Amsterdam University Medical Centers, Midwifery Science, Groningen, Netherlands

BACKGROUND

Nowadays, most women give birth in supine position. Even though an upright position is thought to have both maternal- and neonatal advantages. An overview of frequency of different birth positions in midwife-led care in the Netherlands is outdated. Furthermore, the influence of different birth positions on maternal- and neonatal in Dutch midwife-led care is unknown.

OBJECTIVES

This study investigates 1) the prevalence of different birth positions of pregnant women giving birth in midwife-led care in the Netherlands and 2) the association between the different birth positions during second stage of labour on maternal- and neonatal outcomes in midwife-led care.

METHODS

We analysed data from the Dutch Midwifery Case Registration System (VeCaS), period 2012–2020. We included women with a singleton term pregnancy who received midwife-led care at birth. We included data on all positions i.e.: supine, squatting, all-fours, sitting on birthing chair, side-lying and underwater. Descriptive statistics were used to present baseline characteristics and prevalence of different birth positions. Multivariable logistic regression was conducted to assess the association between birth position and maternal- and neonatal outcomes, for primi- and multiparous women separately. Presented as odds-ratio (OR) with 95% confidence interval and corrected for confounders. A p-value < 0.05 was considered as statistically significant.

RESULTS

We included 12588 women who gave birth in midwife-led care. The database consisted of 3785 primiparous and 8803 multiparous women. Currently, we are further analysing our data. Results will include an overview of the prevalence of different birth positions and the effect of birth position will be shown on: duration of second stage of labour, total blood loss, perineal damage, Apgar Score < 4 and < 7 after 5 minutes. Results will be completed in November 2022.

CONCLUSIONS

The outcome of this study will help midwives to gain insight in the effects of different birth positions on maternal- and neonatal outcomes. Conclusion to be followed.

0 107 - How long does it take from premature rupture of membranes (PROM) to labour onset?

*Kirsten Asmushen*¹

¹ Hebammenpraxis, Hebammenpraxis, Frankfurt am Main, Germany

BACKGROUND

Premature rupture of membranes (PROM) may lead to infection and time is an important factor.

OBJECTIVES

The objectives of this retrospective study was to explore the physiological latency period from PROM at term (37+0 - 42+0) to labor onset. and to evaluate the influence of parity. The effects of midwife interventions and prognostic factors in relation to this latency period was of secondary interest.

METHODS

A comparison between primigravidae and multigravidae with a singleton pregnancy in a cephalic position at term with planned delivery in a birth center or at home with PROM in its latency period was done. Data from the annual perinatal survey (2006–2017) of out-of-hospital-births (QUAG) in Germany was used for a secondary analysis with descriptive and inferential statistics, and Cox regression analysis for predictors. 20.2% (N = 25,014) of 123,740 births started with PROM. Nullipara were included with 48.7% and multipara with 51.3%.

RESULTS

The average latency period after PROM for out-of-hospital birth was 7.3 h (median 3.6 h). A significant difference between nullipara and multipara with 1.5 h longer duration (mean 8.1 h versus 6.6 h; median 4.5 h versus 3.0 h) (p-value < 0.001) was observed. After PROM, 61.8% started labor within 6 h, reaching 95.0% after 24 h. Interventions versus no intervention by the midwife are associated in average with a 2–3 h longer latency period (p-value < 0.001). Main prognostic factors associated with a longer latency period are: parity, particular social stresses, BMI ≥ 30, low birth weight of the newborn and suspected chorioamnionitis.

CONCLUSIONS

Primiparae and multiparas differ in the duration of latency period. The median latency period with 3.6 h is short. Even in out-of hospital-settings a physiological latency period is not common to observe, because of intervention.

KEY MESSAGE

Since 60% of pregnancies after PROM start labor within 6 h, women should be informed.

0 108 - The effect of birthing ball exercise combined with hegu (LI4) massage on spontaneous labour and birth outcomes

Man Liang¹, Bi-Yun wang¹, Gui-Zhen Yu¹, Mei-Xin Ye¹, Xiao-Ting Shi¹

¹ *Maternal and Child Health Hospital of Dongguan, Delivery room, Dongguan City, Guangdong Province, China*

BACKGROUND

Although there is sufficient evidence available, induction of labor is not risk-free. Therefore, it is important to establish how to induce the onset of labor more naturally to reduce the disadvantages associated with medical interventions.

OBJECTIVES

To investigate the effect of birthing ball exercise combined with Hegu (LI4) acupoint massage started at the gestational age of 38 weeks on spontaneous labor and delivery outcomes.

METHODS

A simple random sampling method was used to select primipara with a gestational age of 37–37+6 weeks with a single live fetus in a cephalic position in Dongguan Maternal and Child Health Hospital from July 2020 to June 2021. The study subjects were divided into the observation group and the control group, with 500 cases in each. Those in the observation group received birthing ball exercise combined with Hegu (LI4) acupoint massage training in the midwife clinic, while those in the control group received only routine pregnancy care and postpartum guidance. The differences in labor mode, gestational age at delivery, mode of delivery, and pregnancy outcome were compared between the two groups.

RESULTS

414 cases in the observation group and 463 cases in the control group completed the investigation. In the observation group, the rates of spontaneous labor and vaginal delivery increased, and the rates of intervention for induction of labor, delayed pregnancy, and cesarean section decreased, together with shortened durations of both the first stage of labor and the entire labor. The differences in the above indicators were statistically significant between the two groups ($P < 0.05$).

CONCLUSIONS

Birthing ball exercise combined with Hegu (LI4) acupoint massage from 38 weeks of gestation could reduce the incidence of delayed pregnancy, promote spontaneous labor, increase the vaginal delivery rate, and shorten the duration of labor.

KEY MESSAGE

Birthing ball; Hegu (LI4); Spontaneous labor; Delayed pregnancy; Delivery outcome.

0 109 - Indonesian midwives speak out: challenges from recent legislative changes and motivations to stay in midwifery

Qorinah Estiningtyas Sakilah Adnani¹, Sefita Aryuti Nirmala¹, Astuti Dyah Bestari¹, Dini Saraswati Handayani¹, Siska Bradinda Putri Sudirman², Rahmadini Faricha Hakim², Zoe Bradfield³

¹ Universitas Padjadjaran, Department of Public Health, Bandung, Indonesia

² Universitas Padjadjaran, Master of Midwifery Programme, Bandung, Indonesia

³ Curtin University, Faculty of Health Sciences, Perth, Australia

BACKGROUND

Following the introduction of the Midwifery Act 2019, there has been growing concern amongst the professional workforce. Since the Act, all midwives must complete an accredited professional midwifery programme to offer private midwifery practice.

OBJECTIVES

This study aimed to report the registration status of midwives in the study region. An additional objective was to explore the perspectives of midwives about the changes to professional educational requirements.

METHODS

This was a mixed-methods study incorporating a survey and focus groups of midwives across 27 cities in West Java from September 2021 to January 2022. Ethical approval was obtained from the University of Padjadjaran.

RESULTS

18,332 midwives responded to the survey (65% participation rate), and five focus groups were conducted (n = 75). Of our sample, 71.9% were educated through a diploma in midwifery programme, while 52% had one to ten years of experience in midwifery practice. In the focus groups, midwives articulated difficulty pursuing professional programmes. The professional-social-economic gap was highlighted as a barrier. Many indicated that the educational change was unsupported, resulting in fewer midwives continuing their studies and staying in their job. Paradoxically, midwives identified the reasons to continue practising as midwives.

CONCLUSIONS

The legislative change in midwifery education has resulted in midwives feeling pressured at the workplace. Stakeholders, midwifery associations and programmes need to explore alternative ways to assist midwives through these legislative changes. There is a better understanding of midwives' motivations to stay within midwifery despite the challenges experienced.

KEY MESSAGE

The new legislative requirement for midwives to complete ongoing professional programmes offers an opportunity to deliver an equipped professional workforce in Indonesia. Some challenges exist that require thoughtful consideration in order to enable engagement and benefit midwives and the communities they serve.

0 110 - The status of midwifery regulation in Germany - findings from the application of the ICM gap analysis tool

*Michaela Michel-Schuldt¹, Hilke Schauland², Barbara Blomeier³, Judith Otter⁴, Denize Krauspenhaar⁵,
Lea Beckmann⁶, Jutta Eichenauer⁷*

¹ *Ludwigshafen University of Business and Society, Department of Social Work and Health Care, Ludwigshafen, Germany*

² *Hebammenverband Niedersachsen, Midwives association of lower saxony, Oldenburg, Germany*

³ *Landesverband der Hebammen Nordrhein-Westfalen e.V., State Association of Midwives North Rhine-Westphalia e.V., Köln, Germany*

⁴ *Deutscher Hebammenverband, German Midwives' Association, Sulzberg, Germany*

⁵ *Deutscher Hebammenverband, German Midwives' Association, Wiesbaden, Germany*

⁶ *Deutscher Hebammenverband, German Midwives' Association, Essen, Germany*

⁷ *Hebammenverband Baden-Württemberg e.V., Midwives Association Baden-Württemberg e.V., Backnang, Germany*

PURPOSE

In 2018, we received the mandate by the national assembly of the German Midwives Association to work on a project raising the status of midwives through regulation. For this purpose, we formed a group comprising of midwives with experiences in the field. We used the ICM Regulation Toolkit and followed the first three steps: we developed our capacity to understand midwifery regulation, assessed the current status through the application of the gap analysis tool and identified goals.

DISCUSSION

Many areas are already regulated by midwives' themselves but also by other bodies including governmental structures or even health insurance companies. Legislation exists which provides competence-based education that meets international standards and continuous professional development. It includes a scope of practice that allows midwives to practice autonomously and which enables women to access midwife-led continuity of care. Compared to other health professions however, midwives in Germany do not have an autonomous regulatory body and a chief government midwife position is missing. A professional register and relicensing system for midwives does not exist, and code of conduct and ethical standards are not binding. Mechanisms for complaints and discipline show severe gaps. Most women seek antenatal care by obstetricians and the majority of births take place in obstetric-led settings. Often, midwives are excluded from decision-making at all levels, including policy.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The findings of the analysis will be presented to the delegates of the national assembly of the German Midwives Association. According to the ICM regulation toolkit, the next steps including the development of a strategy will follow.

EVIDENCE IF RELEVANT

The use of the ICM gap analysis tool was useful to systematically assess the status of regulation of midwives in Germany.

KEY MESSAGE

The project group's analysis shows that some areas in the field of midwifery regulation do meet the ICM standards, some areas however, show severe gaps.

0 111 - The role of Filipino midwives in the development of midwifery legislation

*Cecilia Santos*¹

¹ Philippine League of Government and Private Midwives Inc, Executive, Quezon, Philippines

PURPOSE

To share the experiences learned in advocacy Lobbying and collaborating with legislators, policy makers and different head of relevant agencies related to midwifery profession and other stakeholders.

DISCUSSION

The evolution of midwifery practice and education in the Philippines has gone a long way. It was first regulated in the Philippines with the enactment of Public Act 310 on Dec. 4, 1901, which created the Medical Board of Examiners that regulated the professions of midwives and doctors. In June 18, 1960, the Board of Examiners for midwives was created with the enactment of RA 2644 otherwise known as Midwifery Act of 1960. It was in Dr. Jose Fabella Memorial Hospital (now Medical Center) where in the formal education was started in the mid 1900's the curriculum of which is a direct-entry. Then it became six (6) mos to one (1) year and two (2) years. In addition to 2 year course as graduate midwife it is now ladderize leading to Bachelors of Science in Midwifery.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Legal sanctions and protections of midwives in the practice of their profession.

EVIDENCE IF RELEVANT

The midwives in the Philippines are the most accessible and visible health workers in the public health systems. It is for these reasons why they are doing expanded function beyond the scope of their practice. Hence, there is need for legislation of Midwifery Law as a safety net for midwives practitioner.

KEY MESSAGE

The political will of the midwives will again be demonstrated in the legislation of the existing law. It is now work in progress and with the strong advocacy of every Filipino midwives showing their leadership, putting our actions together we shall prevail in this current legislation.

0 112 - The racist and sexist history underpinning the development of restrictive regulations on midwifery practice in the United States

Karen Johnson¹, Suzanne Wertman², Pandora Hardtman³

¹ D'Youville University, School of Nursing, Ithaca, USA

² American College of Nurse Midwives, State Government Affairs, Wilmington, USA

³ JHPIEGO, Chief Nursing and Midwifery Officer, Baltimore, USA

PURPOSE

We aim to reveal the racist and sexist history underpinning the development of restrictive regulations on midwifery practice in the United States and connect to the maternal health crisis we face. Through this exploration, we hope to inspire other midwives to look at how systemic colonialism, sexism and racism creates policy and how regulatory reform can be achieved through an understanding of how policy has been created to disadvantage midwives and the communities they serve.

DISCUSSION

The presenters will summarize the fractious history of midwifery in the U.S. including the professionalization of medicine colliding with the extinction of Black, Indigenous and immigrant midwifery through regulatory changes.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

A restrictive regulatory environment in the U. S. hinders the expansion of the profession. Repercussions of restrictive practice include limited access to care in rural and vulnerable communities and very limited access to clinical sites that allow the training of student-midwives.

EVIDENCE IF RELEVANT

Health care disparities in vulnerable populations and communities of color bear the burden of unacceptably high maternal morbidity and mortality rates. It is clear from global research that midwife-led care is correlated with improved maternal outcomes. And yet, midwives have yet to be integrated consistently into the U.S. healthcare system. Regulation born under the racist and sexist attitudes of the expanding medical establishment in the early 20th century continue to restrict the profession and impact access to care and midwifery education in the 21st century in the U.S.

KEY MESSAGE

Restrictive regulations on midwifery practice in the United States connect directly to the current maternal health crisis. We hope to inspire other midwives to look at how systemic colonialism, sexism and racism impact policy and how this historic knowledge may inform regulatory changes to create a path toward a more midwife-friendly health care system.

**Tuesday, 13 June 2023,
12:50-13:50**

SS 12 Actioning evidence to strengthen quality midwifery care globally (UNFPA)

SATELLITE SYMPOSIUM

Geeta Lal (USA)

Petra ten Hoop Bender (Switzerland)

Sarah Bar-Zeev (USA)

Tamar Khomasuridze

Catherine Breen Kamkong (Thailand)

Hala Youssef

Muna Abdullah Ali (South Africa)

PURPOSE OF THE SESSION

To highlight strategic actions undertaken by UNFPA to strengthen quality midwifery care globally following the release of the State of the World's Midwifery Report in 2021.

SESSION DESCRIPTION

UNFPA as the largest implementer of midwifery programmes globally in over 120 countries and has taken a series of actions at global, regional and country levels following the launch of the State of the World's Midwifery Report in 2021 to further scale up and improve quality midwifery care.

This session will highlight how different UNFPA regions have further unpacked the findings of the 2021 global State of the World's Midwifery report; analyzed region specific challenges and opportunities and taken concrete strategic actions in 4 regions of the world – Eastern and Southern Africa, Asia and the Pacific, Arab States and Eastern European and Central America. These regions will discuss the findings of 2 new regional reports launched in Eastern and Southern Africa (1) and Eastern Europe (2), a new study from Arab States and the extensive concrete action planning undertaken in the Asia Pacific region. Global efforts undertaken to improve the quality of pre- and in-service education, faculty development and entry-into-practice programmes, new online resources, maternal mental health and efforts to integrate midwifery in national EPMM and ENAP strategies among others will also be highlighted.

SOWMy highlighted the importance of having fully educated and regulated midwives integrated within the health system and supported by interdisciplinary teams and an enabling environment who can deliver about 90% of essential SRMNAH interventions across the life course. Yet, midwives account for less than 10% of the global SRMNAH workforce and there is a current shortage of 900,000 midwives. A Lancet Study published in 2021 found that achieving universal coverage of midwife led services could result in roughly a two third reduction in maternal, newborn deaths and stillbirths by 2035 amounting to 4.3m lives saved per year by 2035.

This session will discuss how concrete actions undertaken by UNFPA around key recommendations made in SOWMy 2021 are making a difference in improving quality of midwifery education, faculty competencies, service delivery and workforce policies.

KEY MESSAGES

- If we are serious about quality maternal and newborn healthcare and ending preventable maternal and newborn deaths, we must invest in midwifery.
- Midwives are key to providing comprehensive SRMNAH services but there is still a shortage of 900,000 midwives and they account for only 10% of the SRMNAH workforce.
- The evidence is there, what is urgently needed is Action! UNFPA is proud to be Actioning Evidence To Scale Up Quality Midwifery Care!

(1) <https://esaro.unfpa.org/en/publications/state-worlds-midwifery-2022-east-and-southern-africa-region>

(2) <https://eeeca.unfpa.org/en/publications/state-midwifery-workforce-eastern-europe-and-central-asia>

SS 14 India's midwifery journey: milestones reached and way forward (WHO Country office for India)

SATELLITE SYMPOSIUM

SESSION SPONSORED BY WHO

Pushpa Chaudhary (India)

Anshu Banerjee (Switzerland)

Poonam Shivkumar (India)

PURPOSE

The purpose of the session is to share the journey of the significant progress made by Government in India's transition to developing a cadre of midwives to improve maternal and newborn health outcomes.

BACKGROUND AND CONTEXT

Towards its commitment for expanding coverage of evidence based respectful maternity care in the country, Government of India (GoI) in December 2018 launched midwifery services through midwife-led care in the country. The Guidelines for Midwifery Services in India 2018 provide a framework for strengthening midwifery services in India by increasing the number of midwives and building their skills and competencies. There is additional emphasis on the need to create an enabling environment for midwives by addressing policy and regulatory issues, ensuring adequate infrastructure and equipment, and promoting community participation and empowerment. The initiative will eventually cover all major public health facilities in the country through creation of a cadre of Nurse Practitioners in Midwifery in India.

A comprehensive curriculum for midwifery education and training has been developed, which is delivered through International Midwife Educators, positioned in the National Midwifery Training Institutes (NMTIs). Many SMTIs are being established with the aim of increasing the number of midwives by offering an 18 months' course of Diploma in Midwifery. The government has also launched several programs and schemes to incentivize the recruitment and retention of midwives in the public health system and to promote the use of midwifery services by women and their families.

KEY MESSAGES

- India is making progress towards transitioning to midwifery led care
- India's vision for where midwifery could be in the next 5years
- Milestones achieved and lessons learned so far

SS 15 Technical skill update for private primary health facility to strengthen maternal, neonatal, and postpartum family planning (Jhpiego Indonesia)

SATELLITE SYMPOSIUM

Dwirani Amelia Miftah (Indonesia)

Istiyani Purbaabsari (Indonesia)

Andriani Siahaan (Indonesia)

Siti Fatimah (Indonesia)

Nur Fitri Rahmadainawati (Indonesia)

SUBTOPICS

Private Sector Engagement

- Problem statements, including BPJS claim
- CLD (Causal Loop Diagram) results
- Commitment

Data Integration

- Problem statements, highlighting One Data Indonesia, current situation, and data gap / disintegration between institutions (HIS profiling).
- Proposed systemic interoperability (diagram & concept)
- Commitment

FP-embedded Midwifery Curriculum

- Efforts and progress done to establish and embed FP in midwifery curriculum (introductory and highlights)
- Support mapping requisition
- Commitment

DESCRIPTION

While KBPP Pilihan's achieved significant accomplishments in PPF in Indonesia, there are several challenges during implementation, including:

- Participation the private health facilities in family planning services
- Data registration & recording, reporting, use and analysis of service statistic data
- Recognizing the graduates of midwifery schools to be allowed and able to provide FP and PPF services

It requires commitment from all MNCH stakeholders to offer quality FP and PPF services so that they can unravel problems that exist at the local level through policies originating from the central/national to the sub-national level. This session intends to illustrate how KBPP Pilihan initiates a change to tackle existing barriers within a complex health system in Indonesia.

**Tuesday, 13 June 2023,
14:00-15:30**

TUESDAY, 13 JUNE 2023, 14:00–15:30

Nusa Dua 1

C 30 DECOLONISING/ INDIGENOUS PERSPECTIVES 2 (+THREE-MINUTE THESIS)

THREE-MINUTE THESIS PRESENTATION

T 017 - Anti-oppressive maternity care in Ontario: examining evacuation birth policy and the provision of care for First Nations People birthing outside of their communities

Erika Campbell¹

¹ McMaster University, Global Health, Hamilton, Canada

DESCRIPTION OF RESEARCH OR INNOVATION

BACKGROUND

In Canada, First Nations Peoples are subjected to evacuation birth policy, through the First Nation Inuit Health Branch (FNIHB), whereby federally employed nursing personnel arrange transport at 36 weeks' gestation resulting in the relocation of birth outside of their communities. Additionally, racism within healthcare is so pervasive that First Nations strategize around anticipated racism when accessing care or avoid using the health system, which affects maternal and infant health.

OBJECTIVE

To explore the influence of dominate culture in health institutions within the federal and Ontario health systems on the provision of maternity care provided to First Nations evacuated out of their communities to give birth.

METHODS

I conducted a focused ethnography by collecting documentary and interview data. I examined organizational and institutional documents, from provincial hospitals in Ontario, as well as FNIHB pertaining to protocols and policies around evacuation for birth and care for Indigenous Peoples. Semi-structured interviews with 25 maternity care providers were used to explore the influence of beliefs maternity care providers have when providing to First Nations Peoples.

CONCLUSIONS & KEY MESSAGE

I am in the process of collecting and analyzing data. To uproot dominate cultures and for Indigenous midwives to be leaders in maternity health within their community, evacuation birth policy must be disbanded. Indigenous midwives are essential to bringing birth back to Indigenous communities to end evacuation.

Ethics: Obtained approval from Hamilton Integrated Research Ethics Board.

SIGNIFICANCE TO MIDWIFERY

Professional Framework: This Research is a component of my PhD dissertation supported by the Global Health Program and Midwifery Research Centre at McMaster University in Hamilton, Ontario, Canada. Preliminary results from this research support Midwife-led continuity of care model of practice to end evacuation for birth and ensure pregnant people can birth in their community and embodies a Commitment to Gender Equality and Justice, Equity, Diversity, and Inclusion.

0 113 - Giving voice to First Nations women - restoring power, dignity and respect in the perinatal period - a First Nations midwife's approach

Karel Williams¹, Rachel Bacon¹, Holly Northam¹

¹ University of Canberra, Faculty of Health, Bruce, Australia

PURPOSE

In 2022 I embarked on a PhD journey to research and offer an evidence-informed model of restorative practice in First Nations maternity care. My presentation will describe my approach to storying First Nations women's experiences and how I, as a First Nations woman, am grounded in the research. Through the application of Indigenous knowledges, my aim, through this storying, is to realise midwifery, Indigenous and restorative practice philosophies with the ultimate goal of preventing further harm and to restore power, dignity and respect to First Nations women and families in the perinatal period and beyond.

DISCUSSION

I am a First Nations woman and midwife who has accessed and worked in maternity services in Australia. In these contexts, I have experienced, witnessed, and been told about racist and culturally unsafe behaviours that have caused harm to our spiritual and social and emotional wellbeing. Our babies are twice as likely to die in their first year, and perinatal mortality rates are up to five times higher. The pervasive, ongoing harm and trauma associated with these behaviours and outcomes has to be addressed if we are to thrive.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The philosophy of midwifery care is based on the ethical principles of justice, equity and respect for human dignity. Restorative practice, a philosophy embedded in Indigenous traditions, is aligned with midwifery philosophy in that it places respectful relationships at the heart of every interaction and is founded in beliefs about the equality, dignity and the potential of all people. However, Indigenous knowledges: ways of knowing, being and doing (philosophy), have always existed, extending for millennia - a long time before the establishment of western midwifery philosophy and frameworks.

KEY MESSAGE

First Nations women must be re-empowered and supported with culturally appropriate birthing services, in safe spaces, where babies are born belonging, connected and strong in their identities.

TUESDAY, 13 JUNE 2023, 14:00–15:30

Nusa Dua 1

C 30 DECOLONISING/ INDIGENOUS PERSPECTIVES 2 (+THREE-MINUTE THESIS)

ORAL PRESENTATION

0 114 - DJÄKAMIRR: caretaker of pregnancy and birth

Sarah Ireland¹, Stephanie Gorman¹, Elaine Lăwurrpa Maypilama¹, Rosemary Gundjarranbuy¹, Loris Muir¹, Suzanne Moore¹

¹ Charles Darwin University, Molly Wardaguga Research Centre, Casuarina, Australia

BACKGROUND

In the colonised Northern Territory of Australia, Yolŋu women in remote North East Arnhem Land experience profound perinatal health inequities. Despite Yolŋu families flourishing across the millennia, colonisation has now detrimentally impacted Ancestral birthing knowledge, birthplace choice and women's experiences. Women have no option to birth in the community and instead are routinely transferred for childbirth in a regional hospital, mostly alone and disconnected from their culture, community, and language.

OBJECTIVES

Our objective was to pilot the development of a community-based cohort of First Nations doula-childbirth companions- to strengthen community support systems and reinvigorate sociocultural care practices during pregnancy and childbirth.

METHODS

We used a decolonising participatory action research approach to innovate the co-delivery of government accredited doula support training alongside a Yolŋu ancestral knowledge curriculum taught by Yolŋu knowledge experts. We undertook filming to create ancestral knowledge resources and document our research journey.

RESULTS

11 Yolŋu women were successfully accredited in doula support and are now recognised in their community as Djäkamirr – knowledge custodians and caretakers of pregnancy and birth. Our research process and outcomes are demonstrated in an internationally recognized documentary, that that has won awards and been featured in film festivals.

CONCLUSIONS

Decolonising participatory action research is a highly effective methodology for working in partnership with First Nations peoples and is a useful approach for empowering community to begin addressing perinatal health inequities. Documentary film making is an effective tool for disseminating research findings and increases people's recognition and awareness of First Nations perinatal health inequities.

KEY MESSAGE

First Nations women want to be active participants in addressing their own perinatal health inequities. Innovative local workforce approaches, using the wisdom of First Nations Knowledge to care for women during pregnancy and childbirth, are a necessary approach to empowering community and addressing inequities.

0 115 - Evaluating Birthing on Country services with First Nations communities in Australia: a prospective, non-randomised trial using mixed methods, decolonising methodologies, participatory action research

Penny Haora^{1,2}, Sarah Maidment³, Sophie Hickey³, Melanie Briggs^{2,3}, Donna Hartz³, Yu Gao³, Lesley Barclay^{3,4}, Yvette Roe⁵, Sue Kildea⁶

¹ Charles Darwin University, Molly Wardaguga Research Centre, Nowra, Australia

² Waminda South Coast Women's Health & Welfare Aboriginal Corporation, Birthing on Country, Nowra, Australia

³ Charles Darwin University, Molly Wardaguga Research Centre, Brisbane, Australia

⁴ University of Sydney, Health, Sydney, Australia

⁵ Charles Darwin University, Molly Wardaguga Research Centre, Darwin, Australia

⁶ Charles Darwin University, Molly Wardaguga Research Centre, Alice Springs, Australia

BACKGROUND

Multiple maternity policy documents in Australia recommend implementation of Birthing on Country as a model for ensuring culturally safe and evidence-based maternity services for First Nations communities. Several evaluation frameworks are available. One urban Birthing on Country service demonstrated significant impact including fewer preterm births.

OBJECTIVES

The Building On Our Strengths (BOOST) study aimed to implement and evaluate new Birthing on Country services in additional locations and to assess feasibility, acceptability, effectiveness, cost effectiveness and sustainability.

METHODS

A prospective non-randomised trial was designed, using mixed methods and participatory action research to evaluate multiple primary and secondary outcomes and impact of a new service. While tools and strategies had been developed previously, co-design processes were essential to ensuring fit in new settings.

RESULTS

Baseline and process data were collected through maternity services records (historical cohort), surveys with women and staff, interviews and group discussions. Many challenges faced by First Nations communities in the rural site were identified, including social and economic differentials when compared with non-First Nations families. Concurrently, many strategies for redress were identified and explored. Women's birthing stories provided valuable insights on their experiences in various primary and secondary services and informed planning and co-design of the new services.

CONCLUSIONS

Community solutions reiterate the importance of holistic, wrap-around, social and family support and First Nations governance. Aspects of the research were ethically challenging e.g. fulfilling a commitment to privilege First Nations voices, research approaches, and ways of knowing, being and doing. We demonstrated creativity and flexibility in research recruitment and retention strategies to engage service users and other rights-holders and interested parties.

KEY MESSAGE

The pursuit of equity and justice in health and wellbeing outcomes, service provision and research, means deep listening and reflexivity, lateral thinking, collective approaches and innovation are essential. Trial Registration: ACTRN12620000874910.

TUESDAY, 13 JUNE 2023, 14:00–15:30

Nusa Dua 1

C 30 DECOLONISING/ INDIGENOUS PERSPECTIVES 2 (+THREE-MINUTE THESIS)

ORAL PRESENTATION

0 116 - Djambati Manapanmirri (mixing of waters and worlds to find balance) - X Cultural Women's Talk education supporting strong parenting futures in East Arnhem

Vicki Elborough¹, Djapirri Mununggirritj², Monika Zdyb³, Tracy Smith⁴

¹ Youth & Family Education Resources, Midwife Trainer/ Educator, Nhulunbuy, Australia

² Culture College Arnhemland Aboriginal Corporation, Director/ Cultural Manager, Yirrkala, Australia

³ Youth & Family Education Resources, Midwife Trainer/Educator, Darwin, Australia

⁴ Youth & Family Education Resources, Director - Midwife Educator, Mount Martha, Australia

PURPOSE

Creating opportunities to bring together the generation of grandmothers/mothers with the younger generation of mothers/adolescents is an important step in bridging the knowledge gap and facilitating informed, quality support for stronger parenting practices amongst remote First Australian families. In addition, bringing together Balanda(non Indigenous) and Yolgnu(Indigenous), creates an opportunity for supporting and reinforcing understanding, respect and appreciation of each other's belief systems and promotes reconciliatory behaviours. Both these principals act as powerful tools to promote a stronger fabric of community and can contribute towards improved pregnancy and parenting outcomes and a stronger sense of a parenting community.

DISCUSSION

Annually, midwives at YFER work closely with the remote East Arnhemland First Australian communities (Northern Territory Aust) to bring a Women's Talk cross cultural event together.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Over 90 locals attend, comprising of female students – Non Indigenous & Indigenous, Senior Yolgnu women, traditional healers, Families as First Teachers mothers and babies, teaching/health staff, aged care and NGO teams. This gathering, which takes place in a stunning natural location on ceremonial land, is such a powerful reconciliatory space of education led by Yolgnu, where learning and sharing of evidence based content as well as Yolgnu cultural wisdom takes place across generations and cultures.

EVIDENCE IF RELEVANT

Presenters will share images and stories of these groups gathering in the 'bush' classroom, with local midwives and passionate elders speaking about healthy/unhealthy pregnancy, and the culturally rich knowledge around 'women's business' and traditional medicine. They will also pay homage to a key traditional elder that recently passed away who was one of the key facilitators in promoting this activity and its relevance/importance to continuation of traditional local cultural women's business education.

KEY MESSAGE

This valuable activity promotes communication, understanding, two-way respect and appreciation is felt by all and a true sense of connection, empowerment and hope for the wellbeing of future local families.

IW 08 Advocating for the investment in Midwives' Associations (ICM & Johnson and Johnson Foundation)

ICM WORKSHOP

Liselotte Kweekel (Netherlands)

Faridah Luyiga (Uganda)

Midwives' Associations are largely women-led, nationally recognised civil society organisations. They advocate for the rights of women and midwives, gender equality and quality woman-centered and midwife-led maternity services to improve outcomes for women and their newborns and lead the midwifery profession locally.

However, Midwives' Associations face organisational capacity barriers and generally lack the visibility and credibility with governments and other stakeholders to access funding and to engage in policy decision making. This results poor integration of midwives and midwifery services into health systems and a lost opportunity to maximise quality care for women and their newborns through the work of midwives.

Nonetheless, Midwives' Associations are innovating around the sustainability of their organisations to increase their capacity. Even when working in complex emergencies, in conflict or post-conflict contexts, Midwives' Associations have demonstrated that they are key local stakeholders and can pivot their work quickly to respond to humanitarian crises. Many of them function in complex contexts where governments or non-governmental organisations cannot reach. They are ever present in these systems, a stable and resilient establishment, innovating to ensure safe access to midwife-led SRMNH for the population.

In this workshop ICM will launch their newly developed policy brief on investing in Midwives' Associations. It will be a practical and interactive session that discusses the 5 recommendations for funders to invest in Midwives' Associations. We will also explore ways in which Midwives' Associations can become more visible to larger actors in disaster preparedness, planning, response, and recovery efforts.

Investing in Midwives' Associations can be an important vehicle to improve SRMNH for the population. Midwives' Associations should be considered a core stakeholder in policy planning and not be excluded from larger funding initiatives.

PP 07 Transitioning to midwifery models of care (WHO)

PARTNER FUNDED SESSION

SESSION SPONSORED BY WHO

Frida Temple (Rwanda)

Anshu Banerjee (Switzerland)

Pawan Kumar

Amelia Latu Afuhaamango Tuipulotu (Tonga)

Atf Gherissi (Tunisia)

Sally Pairman (Netherlands)

Jane Sandall (United Kingdom)

Willibald Zeck (USA)

Jane Sandall (United Kingdom)

OBJECTIVE

To share progress in the development of guidance for countries transitioning to midwifery models of care, and engage midwives and other stakeholders to make a direct contribution to global guidance.

The evidence is clear. Midwives save the lives of mothers and their newborns, and improve the experience of care for women, newborns and their families. Many countries are in the process of transitioning to a midwifery model of care or would like to start planning to strengthening midwifery. But how could and should countries make this transition in a way that is appropriate to their country context and that makes the most of the scarce resources available?

This session will address lessons learned from multiple countries on the successes and challenges of strengthening midwifery in a comprehensive way through implementing the WHO-UNFPA-UNICEF-ICM “Framework for Action for strengthening quality midwifery education for UHC 2030”. We will highlight findings on leadership, and policy analysis, data, the role of the private sector, education, and monitoring and evaluation, as well as the need for much greater alignment amongst partners within countries, across regions and globally.

Arising from the above findings, and combined with new evidence, you will be updated on the progress of the WHO Strategic Technical Advisory Group of Experts (STAGE) for maternal, newborn, child and adolescent health and nutrition in developing the first global guidance for countries transitioning to midwifery models of care. A recommendation was made by STAGE to the WHO Director General that WHO should develop guidance for transitioning to midwifery models of care through ensuring the involvement of experts from many disciplines and all regions. The recommendation included that the WHO Global Community of Practice for Nursing and Midwifery be used as the learning platform, and this platform will be shared with all. A Theory of Change for transitioning to midwifery models of care has been developed, and STAGE midwifery working groups established. Early findings on what the guidance may contain will be shared. This partner panel will provide an opportunity for midwives from all around the globe, and other stakeholders, to make a direct contribution to future guidance.

IW 04 Writing for publication: skills workshop for midwives

ICM WORKSHOP

Linda Sweet (Australia)

Caroline Homer (Australia)

Marie Furuta (Japan)

Deborah Davis (Australia)

INTRODUCTION

Writing for publication is essential for the dissemination of knowledge and practice, but many midwives are inhibited from publishing by a lack of confidence and/or knowledge of what the process involves. Writing for publication is an essential method of sharing innovative ideas and best practice. It is an expectation of those undertaking research that they will write up their findings and disseminate them through publication. Moreover, there are many elements of clinical practice that are worthy of sharing through publishing. Writing for publication is a skill that can be learned and so this writing for publication workshop aims to demystify the process and provide strategies and resources to motivate midwives to engage in writing for publication.

LEARNING OUTCOME

At the conclusion of the workshop participants will be able to:

1. Describe the writing for publication process
2. Identify journals to which they could submit their work
3. Locate the author guidelines for selected journals
4. Critique the wording and grammar of a title and abstract

METHOD OR APPROACH

The workshop will commence with group work on the importance and place of publishing midwifery research and practice. Following this, a brief presentation on the key requirements of publications will be given. The requirements of professional journals are discussed, including the importance of identifying a suitable journal to which a manuscript might be submitted. Issues such as open access, predatory journals and impact factors will be discussed.

Key tips for publication success will be presented and debated, including understanding journal aims and audiences, author guidelines, and writing styles including accuracy, brevity and clarity. Examples will be provided to assist understanding these concepts. The publication process and what to expect will be discussed.

Workshop participants will then be guided through a writing process, starting with producing a working title and drafting an abstract. Although it is unusual to write the abstract first, doing so will help focus novice writers and gives them the opportunity to produce something meaningful that can support them to continue with their article after the workshop.

IMPLICATIONS FOR PRACTICE

It is important for the midwifery profession to publish their knowledge and practice, to own their body of knowledge and enhance practice. This can only be achieved if midwives globally have the skills to publish in quality professional journals.

0 117 - Impact of COVID-19 pandemic on pregnancy and perinatal outcomes: a retrospective cohort study in Japan

Itsuko Shirotani¹, Hiroshige Nakagami², Chifumi Otaki¹, Keiko Doering¹, Marie Furuta¹

¹ Graduate School of Medicine, Kyoto University, Human Health Sciences, Kyoto, Japan

² Okinawa Prefectural Yaeyama Hospital, Obstetrics and Gynecology, Ishigaki, Japan

BACKGROUND

The COVID-19 pandemic created changes in healthcare practices and health-seeking behaviour, such as restricted access to health services on supply and demand sides from pregnancy to postpartum. Those changes may have led to adverse impacts on pregnancy outcomes. However, available evidence of the pandemic's effects in Japan is scarce and varies by setting.

OBJECTIVES

To evaluate the effects of the COVID-19 pandemic on pregnancy and perinatal outcomes in Japan compared with prepandemic conditions.

METHODS

We conducted a retrospective cohort study that included 825 women who gave birth between January 2019 and September 2020 at a hospital in southern Japan. We extracted maternal information and perinatal outcomes from clinical records. The pandemic period was defined as beginning in March 2020 when the spread of COVID-19 was recognised by the Ministry of Health, Labour and Welfare in Japan. We performed multiple logistic regression and multiple regression analyses to explore the effects of the pandemic on pregnancy outcomes while controlling for confounders. We obtained ethical approval from the Kyoto University Graduate School of Medicine (R2607).

RESULTS

The exclusive breastfeeding rate was significantly reduced in the pandemic period (adjusted OR [aOR] = 0.58, 95%CI = 0.41–0.83, $p < 0.01$). During the pandemic, a statistically significant increase was observed in gestational weight gain ($B = 0.40$, 95%CI = 0.10–0.69 $p = 0.01$) and neonatal resuscitation rates (aOR = 1.89, 95%CI = 1.07–2.16 $p = 0.01$). No statistically significant changes were observed in the rates of severe maternal morbidity, mode of birth or postpartum depression.

CONCLUSIONS

We observed clinically significant decreased breastfeeding rates and increased neonatal resuscitation rates during the pandemic compared to prepandemic rates. This study is limited to the short-term impact during the first phase of the pandemic. Further investigation in multiple settings is necessary to examine the pandemic's long-term effects.

KEY MESSAGE

The pandemic significantly affected pregnancy outcomes in Japan. Individually tailored midwifery care is needed to minimise that negative impact.

O 118 - Findings from the Asia Pacific region on maternal and perinatal death surveillance and response (MPDSR) and maternal health service disruptions during the COVID-19 pandemic 2020–2022

Kara Blackburn¹, Rachel Smith¹, Caroline Homer¹, Catherine Breen Kamkong², Animesh Biswas³, Federica Maurizio²

¹ Burnet Institute, Maternal, Child and Adolescent Health, Melbourne, Australia

² UNFPA, Asia Pacific Regional Office, Bangkok, Thailand

³ UNFPA, Fistula and MPDSR, Dhaka, Bangladesh

PURPOSE

The aim of this project was to understand where the disruptions to MPDSR and health services had occurred during the pandemic and provide strategies to assist countries in the Asia Pacific region.

DISCUSSION

The global maternal mortality ratio (MMR) decreased by approximately 38% in two decades. The COVID-19 pandemic has caused major health system interruptions, and the direct and indirect consequences of this has worsened maternal and neonatal outcomes. The Maternal and Perinatal Death Surveillance and Response (MPDSR) system has been identified by the World Health Organisation (WHO) as an essential intervention to mitigate against the indirect effects of COVID-19 on maternal and perinatal outcomes.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwives working together as part of a team and supported to provide clinical care and roles in health improvement systems such as MPDSR, have the capacity to ensure the gains made in tackling maternal and perinatal death will not be undone.

EVIDENCE IF RELEVANT

This project consisted of: (1) a rapid stocktake process in 22 countries in 2021, using a Likert scale measuring respondents' agreements with MPDSR practices and health service disruptions; (2) in-depth qualitative interviews on social autopsy in 1 country with 14 participants; and (3) situational analyses of MPDSR and implementation plans in 6 countries in 2022. Most frequently reported disruptions to MPDSR systems were lack of completion or delay of death reviews and decreases in the number of community death notifications. Redeployment of both midwives and those responsible for MPDSR activities were identified as key issues. Other Covid-19 related service disruptions included reduced attendance at facilities for birthing, shortages of life-saving drugs and difficulty accessing emergency transport.

KEY MESSAGE

Alongside evidence from other epidemics and emerging evidence about the global impact of the COVID-19 pandemic on maternal and newborn outcomes, the project's results indicate continued disruptions to essential maternal and newborn services.

0 119 - COVID maternity surveillance service: keeping mothers and babies safe during a pandemic

*Jo Wright*¹

¹ West Midlands, United Kingdom

PURPOSE

The purpose of Covid Maternity Surveillance Service (CMSS) was to keep women safe during the Covid Pandemic.

1. Women with Covid could be identified, monitored and treated quickly.
2. Women and their families would be supported when they may have felt vulnerable and isolated
3. Staff would have a rapid referral pathway for advice and guidance.

DISCUSSION

The CMSS commenced in March 2020 in response to the increasing concerns about the risks Covid 19 posed to women in local maternity services. Between March 2020 -31st March 2021 Covid 19 maternity surveillance has cared for and supported over 600 postnatal and antenatal women with Covid. Over 7500 calls were made to women and over 1000 communications via the CMSS referral system have been received. As a result women had no adverse outcomes in regard to Covid 19 whilst on CMSS.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The model was the first of its kind in the UK and was the inspiration for all following models. The CMSS demonstrated that using a telephone model of support and care for women during the pandemic was and is feasible, valued and safe. The CMSS model has been highly successful and shared nationally via conferences, published in articles and cited by the United Kingdom (UK) Department of Health as an exemplar service. CMSS won a prestigious national (UK) HSJ Patient Safety Award.

EVIDENCE IF RELEVANT

The service has been fully evaluated with comments received including (amongst many) that 100% of women reported that the regular calls from the midwife made them feel safe and cared for. Staff stated the CMSS reduced hospital admissions and still kept women safe and stopped women feeling alone.

KEY MESSAGE

CMSS was highly successful in reducing poor outcomes for women, also much valued by women and staff and importantly demonstrated that sharing an innovative model can benefit whole populations.

0 120 - Breastfeeding experiences of COVID-19 positive mothers

Samia Nasim¹, Kiran Mubeen¹, Rafat Jan¹

¹ Aga Khan University School of Nursing and Midwifery, Sonam, Karachi, Pakistan

BACKGROUND

Extensive research on breastfeeding has drawn a consensus that breastfeeding is crucial for infants' and mothers' health. Despite the international guidelines, the sustainability of breastfeeding has always remained a concern. In addition, safety of breastfeeding is questioned with the outbreak of COVID-19, when the mother is infected.

OBJECTIVES

This study explored the experiences of lactating mothers regarding their COVID-19 positive status on decision to breastfeed.

METHODS

This is a qualitative descriptive study. Individual in-depth interviews of 12 eligible mothers, selected through purposive and snowball sampling technique from a tertiary care hospital in Karachi Pakistan, were conducted. Rigor maintained using Lincoln and Guba's (1989) trustworthiness criteria. Categories and themes were extracted using Creswell's (2018) content analysis.

RESULTS

On content analysis, two themes appeared. The theme I "effects of COVID-19 on breastfeeding" discussed the breastfeeding preferences of infected mothers, ambiguity regarding the breastfeeding guidelines during disease, the role played by the family, and infected mothers' voices based on their experiences. The theme II "Apprehensions of COVID-19" discussed the mothers' and health care providers' fear of infection transmission to the fetus and themselves and maternal insecurities related to COVID-19 infection.

CONCLUSIONS

Despite the disease-related challenges, some mothers in this study decided not to quit breastfeeding. On the other hand, some could not initiate breastfeeding and separated immediately from their newborns when found to be COVID-19 positive. They experienced longer quarantine time, a lack of support from health care providers, families, and separation from newborns.

KEY MESSAGE

Strict measures be implemented to provide every possible support to mothers for the execution of breastfeeding during the pandemic.

0 121 - Clinical decision-making with user involvement during childbirth: a scoping review

Signe Egenberg¹, Anne-Marie Sluijs², Margrethe Tangerud¹, Heidi Elvemo³, Yolentha Messemaker², Mariam Barabara⁴, Ingela Lundgren⁵, Gry Skogheim³

¹ Stavanger University Hospital, Department of Obstetrics and Gynecology, Stavanger, Norway

² Leiden University Medical Center, Department of Obstetrics and Gynecology, Leiden, Netherlands

³ UiT The Arctic University of Norway, Department of Health and Care Sciences, Tromsø, Norway

⁴ Kilimanjaro Christian Medical Centre, Kilimanjaro Clinical Research Institute, Moshi, Tanzania

⁵ University of Gothenburg, Institute of Health and Care Sciences, Gothenburg, Sweden

BACKGROUND

There is a need for deeper understanding on how clinical decision-making influences women's perception of childbirth. Clinical decision-making is defined as "a contextual, continuous, and evolving process where data are gathered, interpreted and evaluated in order to select an evidence-based choice of action". Women's perception of childbirth might be positively influenced by the relationship with the midwife.

OBJECTIVES

The objective of the scoping review was to identify, organize and present existing literature on clinical decision-making, including user involvement, during childbirth.

METHODS

A scoping review is appropriate if the purpose is to clarify key concepts in the literature. The search involved published studies in Scandinavian and English languages from 2010 onwards using nine databases to identify studies on the topic of clinical decision-making and user involvement in childbirth, with search terms like childbirth, delivery, decision-making, involvement, participation, mother and relative. The search resulted in 12.595 hits. After thorough screening processes, 63 papers remained.

RESULTS

Preliminary results

The preliminary results indicate that "shared decision-making" (SDM) is the most appropriate term for clinical decision-making in midwifery. Our findings on SDM are organised according to the perspectives of the women experiencing childbirth, the perspectives of health care providers and combined perspectives of women and health care providers. Reviews are revealing more theoretical findings on SDM. The findings are leading to facilitators and barriers for SDM during childbirth. It includes perspectives like information exchange, dialogue and openness to the woman's preferences influenced by the cultural and socio-economic background of both women and health care providers.

CONCLUSIONS

The preliminary conclusion emphasizes that SDM is a comprehensive way of involving women in decision-making during childbirth. SDM is influenced and depending on various facilitating and hindering factors.

KEY MESSAGE

SDM is closely linked to respectful maternity care, which is important for positive childbirth experiences.

TUESDAY, 13 JUNE 2023, 14:00–15:30

Uluwatu 1

C 32 DECISION MAKING AND CONSENT

ORAL PRESENTATION

0 122 - Midwives obtaining consent during labour and birth: the observations of final year student midwives

Nigel Lee¹, Anne Peacock¹, Glenda Hawley¹, Catherine Kilgour¹, Susannah Brady¹, Peta Winters-Chang¹, Loretta Anderson¹, Lauren Kearney¹, Tracy Humphrey¹

¹ University of Queensland, School of Nursing, Midwifery and Social Work, Brisbane, Australia

BACKGROUND

While consent is an integral part of respectful maternity care, how this is obtained during labour and birth presents conflicting understandings between midwives and women's experiences. Student midwives are well placed to observe interactions between women and midwives during the consent process.

OBJECTIVES

The purpose of this study was to explore the observations and experiences of final year midwifery students of how midwives obtain consent during labour and birth.

METHODS

A survey was distributed via universities and social media to final year midwifery students across Australia. Students were asked to relate their observations of midwives consenting women in general and for specific clinical procedures. Likert scale responses were based on the principles of informed consent (indications, outcomes, risks, alternatives and voluntariness). Students could also record verbal descriptions of their observations via the survey app. Ethical review was approved by the university ethics committee and supported by participating universities.

RESULTS

225 students responded with 195 completed surveys. Students observations suggested that the degree to which the principles of consent were applied by midwives varied considerably depending on the clinical procedure involved. e.g. For vaginal exam and artificial rupture of membranes indications and outcomes were often discussed, however risks, alternatives and voluntariness were much less likely to be addressed, particularly in procedures such as intrapartum perineal massage.

CONCLUSIONS

The results also have implications for how students learn and interpret the consent process within the ICM framework elements and core competencies that support women' agency and choice.

KEY MESSAGE

The students accounts suggest that in many instances during labour and birth the principles of consent are not being applied consistently. This may impact on women's opportunities to provide informed consent and make individual choices about care.

0 123 - Induction of labour: midwives educating and influencing women's decision-making

Tracy Humphrey¹, Nigel Lee²

¹ The University of Queensland, School of Nursing, Midwifery & Social Work, Brisbane, Australia

² University of Queensland, Nursing, Midwifery and Social Work, Brisbane, Australia

BACKGROUND

Induction of labour (IOL) rates have been rising internationally for decades and are associated with poor experiences of care and intervention cascade. Recent studies have highlighted the inconsistent application of guidelines for the use of IOL in Australia and internationally. Non-clinical, parity, ethnic and socio-demographic factors may be contributing factors. Midwives have a pivotal role in identifying those at increased risk and educating and influencing women's decision making about IOL in the absence of recognised clinical indications.

OBJECTIVES

To examine changes in reasons for IOL and determine if maternal parity and selected socio-demographic factors are associated with increased rates.

METHODS

De-identified perinatal data from January 2000 to December 2020 were extracted from a state-wide database. The primary outcome was the main reason for IOL. Poisson regression analysis was used to evaluate changes over time. Pregnancy, maternal and fetal indications associated with IOL identified in the univariate analysis ($p < 0.05$) will be included in the multivariate analysis. Adjusted odds ratio and 95% CI are presented. University Ethics Committee provided approval.

RESULTS

Results indicate, the rate of IOL is increasing when the prevalence of evidence-based conditions that necessitate IOL has not. A growing proportion of IOL are not clinically indicated or based on evidence-based guidelines.

CONCLUSIONS

Current research suggests that IOL is not without consequence for both women and babies and should be applied judiciously. Woman centred midwifery care is an opportunity to better inform women about their options for care. Improving women and midwifery involvement in decision-making may change these observed trends in IOL in the future. This study is consistent with the ICM Professional Framework elements of Research and Essential Competencies for practice supporting women's agency and choices for labour and birth care.

KEY MESSAGE

Midwives have a role in identifying women at risk of IOL and educating them to support decision-making about this intervention.

0 124 - Health education digital solution to enhance midwifery reasoning, decision-making and clinical implementation

Emine Babac¹, Juliane Bitschnau¹, Isabella Zimmermann², Katja Refai¹, Julia Leinweber¹

¹ Charité - Universitätsmedizin Berlin, Institute of Midwifery Science, Berlin, Germany

² Charité - Universitätsmedizin Berlin, Deanery of Student Affairs, Berlin, Germany

PURPOSE

The aim is to develop digital learning scenarios, which as part of the midwifery curriculum help student midwives to improve their midwifery reasoning, decision-making and clinical implementation skills. The learning will be evaluated to identify learning progress and continuously adapt scenarios to the learning needs of student midwives.

DISCUSSION

Since digital solutions are more and more required in both practice of healthcare professions and their training, it appears inevitable to identify facilitators that have a chance to improve skills such as midwifery reasoning, decision-making and the implementation into clinical practice.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Therefore, different clinical scenarios are implemented in a number of digital learning platforms to evaluate both student feedback and feedback of their mentors to identify changing midwifery reasoning skills in their clinical practice.

EVIDENCE IF RELEVANT

Digital scenarios and virtual patients are accepted to enhance clinical decision-making skills in medicine. In midwifery, online learning resources are considered to be more efficient when two-way communication is facilitated, and learning is motivated. The use of technology and simulation is under investigation. However, the improvement of midwifery reasoning processes and their implementation into practice using digital learning scenarios and tools is not sufficiently assessed yet.

KEY MESSAGE

Students may find it beneficial to exercise midwifery reasoning, decision-making and care planning using digital scenarios, which in turn may stimulate their learning and their clinical practice when working with women and families.

W 09 Empathy in practice: a simple workshop for healthcare professionals to being empathic and building a relationship partnership and experience in the new digital landscape

WORKSHOP

Jo Hubbard¹, Tracy Roake², Kelly Vorseth³

¹ Sheikh Shakhbout Medical City in Partnership with Mayo Clinic, Education Senior Advisor, Abu Dhabi, United Arab Emirates

² Danat Al Emarat Hospital, Head of Education & Student Affairs, Abu Dhabi, United Arab Emirates

³ Sheikh Shakhbout Medical City in Partnership with Mayo Clinic, Senior Director, Abu Dhabi, United Arab Emirates

THE LEARNING OUTCOMES

To provide both educators and midwives easy effective teaching methods and tools for providing empathic care, that will enhance communication, connection and transform their practice.

- List benefits and importance of providing human centric, empathic care
- Demonstrate reflective listening skills
- Display with confidence how to use empathic phrases to ensure the patients feel understood to connect and utilise new empathic phrases
- Discuss and demonstrate how to validate and de-escalate using communication tools
- Use scenario based empathic learning tools to build a similar foundation program in a healthcare facility or practice
- Use simple audit tools to assess and recognise behaviours and improve service excellence standards

THE PROCESS/ACTIVITIES

A valuable attribute and skill of a midwife is being able to empathize and spiritually connect in practice, contributing positively to a woman's enhanced birth experience. However, evidence suggests that there are deficits in the ability to be empathic amongst the healthcare team, highlighted more recently since the pandemic in 2020 and the expansion of the digital era.

This workshop will describe the journey to establishing a foundational connecting with empathy program within an obstetric and midwifery practice unit, whilst providing a toolkit for practice for educators. Current research and impact of empathic care will be discussed. We will engage the participants through scenario interactive learning group activities to equip and complement the attributes of the midwives in today's digital era with a simple pocket of empathic communication tools.

AUDIENCE PARTICIPATION

We will connect theories and knowledge through real life experiences, reflective listening scenario based learning, immersive learning using simulation, role-play and empathic experiential learning fun activities.

REFERENCES

1. Jefferson Scale of Empathy (JSE). Center for research in medical education and health care (CRMEHC). Available online: <http://www.jefferson.edu/jmc/crmehc/jse.html> (accessed on 10 March 2022).
2. Howell, Thomas & Mylod, Deirdre & Lee, Thomas & Shanafelt, Tait & Prissel, Pam. (2019). Physician Burnout, Resilience,

W 10 Nothing about us without us: design thinking workshop to ensure inclusivity and transform maternal-newborn services and education

WORKSHOP

Anne Hyre¹, Nicole Bennett², Yankho Kanise³, Frances Ganges⁴, Alison Lassen⁵, Anna af Ugglas⁶

¹ Jhpiego, Technical Leadership Office, Baltimore, USA

² Laerdal Medical, Service Design- Lead Service Designer, Washington D.C., USA

³ Jhpiego, Malawi, Blantyre, Malawi

⁴ Jhpiego, Momentum Country and Global Leadership, Baltimore, USA

⁵ Laerdal Medical, Healthcare Education, Director Midwifery Education, Stavanger, Norway

⁶ Laerdal Medical, Healthcare Education, Strategic Partnership Manager, Stavanger, Norway

THE LEARNING OUTCOMES

1. Understand the meaning of design thinking, and why midwives could use it as a problem-solving approach for education and services
2. Outline the process and steps in human-centered design, and how it ensures inclusivity of women and midwives
2. Describe 3 design thinking methods (i.e. problem framing)
3. Describe 3 design thinking mindsets (i.e. curiosity)
4. Apply methods and mindsets to complete midwife-related human-centered design challenge
4. Describe 3 concrete examples of how design thinking and human-centered design has led to innovations in antenatal and postnatal care and midwifery education.

THE PROCESS/ACTIVITIES

1. Conduct brief presentation and discussion to introduce participants to design thinking and human-centered design (15 minutes)
2. Facilitate a hands-on, tailored design challenge, breaking up participants into small teams (60 minutes)
3. Share specific examples about how midwives are applying design thinking to develop innovations for antenatal and postnatal care in Africa and Asia and globally for midwifery education (15 minutes)

AUDIENCE PARTICIPATION

The workshop will be highly interactive and participatory. Participants will experience what it feels like to “do” human-centered design (HCD) – and not just hear about what HCD is. Following an introductory presentation, we will divide the audience into small teams to work through a design challenge and experience the steps of HCD. Participants will share their designs and reflect on how to use this method in their work. A participant guide will be used to provide participants with a structure to complete the design activities. We will also display examples of innovations that were designed through HCD from Jhpiego and Laerdal.

REFERENCES

- Altman M, Huang TT, Breland JY. Design Thinking in Health Care. *Prev Chronic Dis* 2018;15:180128. <http://dx.doi.org/10.5888/pcd15.180128>
- Ku B, Lupton E. *Health design thinking: creating products and services for better health*. MIT Press; 2020.
- <https://www.designforhealth.org/>
- <https://hcdformnh.jhpiego.org/>
- ICM Program Guide: Midwifery Global Education (Anticipated release date January 2023).
- <https://www.internationalmidwives.org/our-work/policy-and-practice/essential-competencies-for-midwifery-practice.html>

T 018 - Evaluation des interventions des services de sante sexuelle et reproductive avant et pendant la COVID-19 dans le district sanitaire de Nongr-Massom (Burkina Faso)

Boukari Semde¹

¹ ABSFM, Secretaire general, Ouagadougou, Burkina Faso

DESCRIPTION OF RESEARCH OR INNOVATION

Auteurs : Toalé SORY, Wendyam SAWADOGO, Adama OUATTARA, Boukari SEMDE, Javier RUIZ SIERRA, ONG Medicus Mundi Sur

INTRODUCTION /OBJECTIF :

L'évaluation a été menée dans le cadre du projet :« Renforcement des services de santé publique, pour assurer la continuité de l'accès aux soins de santé sexuelle et reproductive des femmes du Burkina Faso dans le contexte de la pandémie de la COVID-19 ». Le projet aura une durée de 24 mois. L'Organisation non gouvernementale internationale, Medicus Mundi Sur est l'entité qui exécutera le projet et travaillera en collaboration directe avec les services du Ministère de la santé.

MÉTHODOLOGIE :

Nous avons utilisé une étude transversale à visée descriptive et comparative avec une approche mixte qualitative et quantitative. La collecte des données a eu lieu dans le district sanitaire de Nongr Massom du 09 au 18 Aout 2021 et à consister à des entretiens, la revue documentaire et l'observation.

RÉSULTATS :

Nous avons trouvé que la pandémie de la COVID 19 a eu des répercussions négatives sur les indicateurs de Santé Sexuelle et Reproductive dans le district sanitaire de Nongr Masom.

CONCLUSION :

Ce travail nous a permis de mieux dresser l'impact de la pandémie à COVID 19 sur la continuité des soins en santé sexuelle et reproductive.

MOTS CLÉS :

Evaluation ; Interventions ; COVID 19, DS Nongr Massom

SIGNIFICANCE TO MIDWIFERY

Ce thème est important pour la pratique sage femme, dans la mesure qu'elle assure la continuité des soins SSR surtout en période de crise sanitaire liée à la covid-19.

T 019 - Four years of systematic retrospective epidemiological analysis of programmed and assisted home births in France

*Stauffer Floriane*¹

¹ Association Professionnelle de l'Accouchement Accompagné à Domicile, Luneville, France

DESCRIPTION OF RESEARCH OR INNOVATION

Since four years, the Professional Association for Accompanied Home Childbirth (APAAD) published, in France, an annual report on the activity of midwives assisting at home births. Epidemiological data from the 4.811 births attended by the association's midwives was used and give rise to annual retrospective analyses. This data is unique in our country in terms of sample size and precision of the indicators. The interest of this study is its systematic nature, it concerns all homebirths accompanied by APAAD midwives and it is updated each year. Among our main results we find that the perpartum transfer rate is 12.8%, the maternal postpartum rate is 1.5% and the neonatal postpartum rate is 1.4%. Our rate of severe postpartum hemorrhage is 2% despite the fact that 97.5% of women chose physiological management of the third stage of labor, that of perineal lesions of 34%, of which only 0.4% episiotomy. 99.9% of children were born alive and 0.5% of them had an apgar of less than 7.

SIGNIFICANCE TO MIDWIFERY

In France, the perinatal policy has led to less than a hundred midwives still accompanying homebirths. Homebirth is not part of the care offer in France and is not recognized by the authorities. United within the APAAD, the midwives use these reports to demonstrate to the authorities the quality and professionalism of their service. This allowed them to relaunch negotiations for the recognition of midwifery practice outside the hospital.

Moreover the results presented in this report show us the necessity and the relevance of the home birth offer, but also the necessity for interdisciplinary organization, particularly around the management of rare but serious risks.

TUESDAY, 13 JUNE 2023, 14:00–15:30

Uluwatu 4

C 33 FRENCH - PERINATAL CARE (+THREE-MINUTE THESIS)

ORAL PRESENTATION

0 125 - The last weeks of pregnancy: what is at stake in the transition to motherhood?

Lili Rose Lamarche¹, Gagnon Raymonde²

¹ Université du Québec à Trois-Rivières, Psychologie, Trois-Rivières, Canada

² Université du Québec à Trois-Rivières, Sage-femme, Trois-Rivières, Canada

BACKGROUND

The last weeks of pregnancy and the imminent arrival of the baby raise many concerns for women in relation to their maternal role. At the same time, in an otherwise normal pregnancy, the last few weeks are usually the subject of increased medical surveillance, namely because of the risks associated with postterm pregnancies. This leaves little room for the psychological issues of transition to motherhood that women may experience, even though this is a central aspect of their experience.

OBJECTIVES

To review what is known about the psychological experience of women in transition to motherhood during the last weeks of pregnancy. To critically review the literature.

METHODS

The current literature review will be completed in 2022. The most relevant articles will be critically reviewed. This work is part of a larger doctoral thesis project.

RESULTS

Preliminary results show that no study has specifically looked at the last weeks of pregnancy in the context of the transition to motherhood. More broadly, the transition to motherhood is characterised by a significant identity reorganisation that takes place gradually, starting during pregnancy. This process intensifies in the final weeks with the imminence of birth, which constitutes a pivotal moment. As the context of care could have an impact on the healthy transition to motherhood, these results are relevant to contribute to the evolution of evidence-based midwifery practice as proposed by ICM.

CONCLUSIONS

Given the holistic nature of midwifery care, it is in the interest of midwives to better understand the psychological issues of the transition to motherhood for women in order to provide optimal support during the perinatal period.

KEY MESSAGE

The psychological issues of the transition to motherhood should not be neglected. More attention should be paid to this aspect during the last weeks of pregnancy.

TUESDAY, 13 JUNE 2023, 14:00–15:30

Uluwatu 4

C 33 FRENCH - PERINATAL CARE (+THREE-MINUTE THESIS)

ORAL PRESENTATION

0 126 - Women's rights around birth in France in time of COVID-19

Marie-Laure Deneffe Dobrzynski^{1,2}

¹ University of Lille, Faculty of medicine and midwifery, Lille, France

² University of Paris 8, Research Laboratory UMR CNRS LADYSS, Saint Denis, France

BACKGROUND

The right to be accompanied by the person of her choice is recognized by the WHO as one of the fundamental pillars for the right of every pregnant woman to a positive and safe experience of childbirth. However, during confinement from March 17 to May 11, 2020 in France, recommendations with a restrictive value are made around birth.

OBJECTIVES

The question then arises of the genesis and application of these recommendations and their effect on this right of women and, more generally, of future or young parents and newborns. The objective is to understand birth, during Covid 19 pandemic, as a device in the Foucauldian sense.

METHODS

The methodology consists of the analysis of emerging discursive practices around birth from the analysis of the content of writings published during confinement from March 17 to May 11, 2020 (15 press releases from professional organizations, 7 press releases from user associations, 20 journalistic articles, 19 contents of maternity websites, 30 contents of websites forums dedicated to parents and 2 investigation reports).

RESULTS

This analysis highlights:

- a major setback in the right of women to be accompanied by the person of their choice during their pregnancy, childbirth and birth follow-ups,
- barriers to access to birth preparation,
- territorial disparities and modified care pathways,
- a predominance of heteronormative discourse making the diversity of couple and family models invisible,
- a difficult social acceptance of restrictive measures,
- a lack of application of participative decision-making models.

CONCLUSIONS

The social and political use of our research invites us to question the models of perinatal health that have favored vertical decision-making models during confinement and the decline of women's rights.

KEY MESSAGE

Respect for the application of women's rights around birth requires increased vigilance in crisis situations, and close collaboration between midwives and associations for the defense of women's rights.

T 020 - When association leadership helps maintain essential midwifery competencies: the experience of Le Regroupement Les sages-femmes du Québec in providing online obstetric emergency skills workshops

Josyane Giroux¹, Myriam P. Bertrand¹

¹ *Regroupement Les Sages-femmes du Québec, Québec, Montréal, Canada*

DESCRIPTION OF RESEARCH OR INNOVATION

Le Regroupement Les sages-femmes du Québec (RSFQ) is the professional association of midwives in Quebec, Canada. In person obstetric emergency skills workshops have been offered by the RSFQ, in collaboration with the Canadian Association of Midwives, for many years. When the COVID 19 crisis was declared in Quebec in March 2020, gatherings became prohibited for health professionals. While the other Canadian provinces decided to suspend this type of activity during the crisis, the RSFQ has made the bold choice to continue to offer online quality training allowing an accurate evaluation of midwives in order to certify their skills in managing obstetric emergencies. But how to get there? It's the team's creativity, ingenuity and adaptability that have made it possible to pursue this important mission of the association. To do this, explanatory videos were created and sent before the certification, allowing instructors and participants to know how to use the simple required equipment during the teachings and evaluations. A minimum of financial resources have been allocated to this project, mainly related to the time required for the creation of the videos. The workshops took place on Zoom, in groups of two instructors for three participants or one instructor for two participants, and two members of the team were responsible for the organization and the smooth running of the activity. According to the participant surveys, the level of satisfaction was very high. A total of thirteen days of training have been offered over the past two years.

SIGNIFICANCE TO MIDWIFERY

The RSFQ had to react quickly, in a constantly changing health context, with very limited resources. The leadership of the association has contributed to the maintenance of essential competencies of its members and thus to the provision of excellent reproductive care by midwives to women and people who give birth in Quebec.

0 127 - The effect of intrapartum epidural analgesia on birth outcomes: a twenty-year review in a Hong Kong university affiliated hospital

*Chit Ying Lai*¹

¹ Professional Consultant, Obstetrics and Gynaecology, NT, Hong Kong

BACKGROUND

Although epidural analgesia is potent to mitigate labour pain, its known side effects in prolonging labour and increasing instrumental deliveries have been concerns to intrapartum management.

OBJECTIVES

To study the effect of epidural analgesia on birth outcomes in the past twenty years.

METHODS

Retrospectively review the changes of labour pain relief options and birth outcomes of women who used epidural analgesia in the past twenty years at 3 year time points: 1999, 2009, 2019 respectively.

RESULTS

In 2019, there were 67.1% women solely used non-pharmacological pain relief methods throughout labour whereas no comparable data was available in both 2009 and 1999. Twenty-two percent women received parenteral pethidine or Entonox in 2019, which showed a marked decrease from 73% in 2009 and 50% in 1999 respectively. Similar decreasing trend was observed in women who used epidural analgesia in 2019, which was 4.6% when compared to 10.7% in 2009 and 17.8% in 1999. Seventy-seven percentage women who had epidural analgesia underwent labour induction in 2019, which demonstrated a significant increase from 43.8% and 57.6% in 1999 and 2009, respectively. However, the operative vaginal deliveries decreased to 14.8% in 2019 from 27.3% in 2009 and 24.4% in 1999 among the women who opted epidural analgesia.

CONCLUSIONS

Less use of epidural analgesia is likely due to the increased availabilities of non-pharmacological methods. Women choosing epidural analgesia shifted to medically indicated cohort. However, their birth outcomes improved, which was possibly attributed to the improved epidural drug regime and the change of obstetric and midwifery practice. Midwives should have the duty to provide updated evidence to women regarding to pain relief options during labour.

KEY MESSAGE

The side effects of epidural analgesia in prolonging labour and increasing operative deliveries were dispelled. Midwives should explain the pros and cons of all available pain relief options to women based on the latest evidence based information.

0 128 - Occurrence and risk factors for perineal tears using a detailed classification system for second-degree tears

Marthe Dalevoll Macedo¹, Jeanette Risløkken¹, Franziska Siafarikas^{1,2}, Marie Ellstrom Engh^{1,2}

¹ Akershus University Hospital, Obstetrics and Gynecology, Loerensskog, Norway

² University of Oslo, Faculty of Medicine, Oslo, Norway

BACKGROUND

Second-degree perineal tears affect the perineal muscles, without involving the anal sphincter muscles. There is a large variation in tissue trauma within this category. Therefore, a detailed classification-system for second-degree tears was introduced in our delivery ward.

OBJECTIVES

The aim of this study was to assess the prevalence of perineal tears when second-degree tears were subcategorized. Further, to assess risk factors for the second-degree tear subcategories.

METHODS

This cohort study included 701 nulli- and multiparous women with singleton pregnancies. Perineal tears were classified using the RCOG classification-system. In addition, second-degree tears were subclassified according to the percentage of damage to the perineum (< 50% damage = 2A, > 50% damage = 2B, entire perineum without affecting the sphincter muscles = 2C).

The selection of potential risk factors was based on existing literature and clinical reasoning. Background- and obstetric data was collected using the hospitals documentation system. The size of the vaginal opening and the length of the perineum was measured in early stage of labour. Women with episiotomies (n = 150, 21,4%) were excluded from analysis. Ethical approval was granted by the Regional Committee for Medical Research Ethics, Norway.

RESULTS

551 women delivered vaginally without episiotomies. The prevalence of perineal tears was: No tear: 23.8% (n = 131), First-degree: 39.2% (n = 216), 2A: 19.8% (n = 109), 2B: 10.2% (n = 56), 2C: 6.5% (n = 36), and third-fourth degree: 0.5% (n = 3). In the univariate analysis, the risk for a higher second-degree subcategory increased with: primiparity, higher gestational age, smaller vaginal opening, and longer second stage. In the adjusted analysis, primiparity was the strongest independent risk factor for increased tissue trauma.

CONCLUSIONS

The overall prevalence of second-degree tears was 36.5%. The prevalence of the most severe second-degree tear (2C) was 6.5%. Primiparity was the strongest risk factor for a higher second-degree subcategory.

KEY MESSAGE

The prevalence of the most severe second-degree tear was low. Primiparity was the strongest risk factor for a higher second-degree subcategory.

0 129 - The severity of second-degree perineal tears and perineal pain within 3 months postpartum: a prospective cohort study

Jeanette Risløkken¹, Marthe Macedo¹, Kari Bø^{1,2}, Anna Marie Ellström Engh^{1,3}, Franziska Siafarikas^{1,3}

¹ Akershus University Hospital, Department of obstetrics and Gynecology, Lørenskog, Norway

² Norwegian School of Sport Science, Sports Medicine, Oslo, Norway

³ University of Oslo, Faculty of Medicine, Oslo, Norway

BACKGROUND

Perineal tears following vaginal delivery are common and associated with perineal pain. Perineal pain may affect women's mental wellbeing, quality of life, and impact on transition to parenthood. Second-degree tears are defined as tears involving perineal muscles, but not the anal sphincter muscles, and can vary widely in the extent of tissue trauma.

OBJECTIVES

The aim of this study was to assess the association between the severity of second-degree tears and perineal pain 7–10 days postpartum.

METHODS

This study was conducted at Akershus University Hospital Norway, between January 2021 and June 2022. Primiparous and multiparous women delivering one child vaginally were included. Perineal tears were classified using Royal College of Obstetrics and Gynecology (ROCG) classification. In addition, second-degree tears were sub-classified according to percentage of damage to the perineum (< 50% damage = 2A, > 50% damage = 2B, entire perineum, but anal sphincter not involved = 2C). Perineal tears additional to an episiotomy, were categorized as episiotomy. Perineal pain was assessed by a numeric rating scale from 0–10 during a phone interview 7–10 days postpartum. The project was approved by the Regional Committee for Medical Research Ethics, Norway.

RESULTS

675 women were included in the analysis. The following mean pain scores were assessed: For no tear (n = 99) 0.93 (SD 1.36), for first degree tear (n = 233) 1.33 (SD 1.38), for 2A tear (n = 105) 1.98 (SD 1.67), for 2B tear (n = 56) 2.46 (SD 1.57), for 2C tear (n = 36) 3.36 (SD 2.07), for sphincter tears (n = 3) 4.33 (SD 0.58) and for episiotomy (n = 143) 3.33 (SD 1.79). Higher pain scores were associated with the severity of second-degree tear ($p < 0.001$). Adjusting for fetal birthweight, operative vaginal delivery, parity, ethnicity and length of second stage did not change the results.

CONCLUSIONS

Perineal pain scores were associated with the severity of second-degree tears 7–10 day postpartum.

KEY MESSAGE

Perineal pain post-partum increased with the severity of second-degree tears.

0 130 - Indonesian women's perceptions of date consumption during pregnancy and labour

Indrayani¹, Tomasina Stacey², Hamid A. Merchant³, Zoe Darwin¹

¹ University of Huddersfield, Department of Nursing and Midwifery, Huddersfield, United Kingdom

² King's College London, Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care, London, United Kingdom

³ University of Huddersfield, Department of Pharmacy, Huddersfield, United Kingdom

BACKGROUND

A long-standing Muslim tradition involves the consumption of dates during pregnancy, labour and delivery as a part of Islamic Shari'a beliefs. Earlier studies suggested that date consumption during late pregnancy and/or childbirth might contribute to reduced blood loss during postpartum. It is important to understand women's views and experiences of eating dates during pregnancy and labour, to understand the implications for future research that may consider manipulating date consumption.

OBJECTIVES

This research sought to investigate women's experiences of date consumption during pregnancy and labour.

METHODS

This qualitative study is embedded in a cohort study (reported separately) which was used as the sampling frame for interviews. Interviews were conducted remotely by telephone and audio-recorded to enable transcription in Indonesian before translating into English. Data were organized using NVivo software and analysed using thematic analysis with a semantic content analysis approach, that is apprehending and interpreting the meanings explicitly stated in the data.

RESULTS

31 of the 398 women involved in the cohort study participated in voluntary interviews, all of whom were Muslim, and seven are primiparous. The interviews revealed the following themes: (a) motivations for consuming dates, (b) women's experiences in consuming dates during pregnancy, labour, postpartum, and Ramadan, (c) type of dates and the form and taste of dates consumed, (d) practical barriers/challenges influencing food choices, (e) desire to eat dates in subsequent pregnancies, and (f) women's recommendations for other pregnant women. Cultural and religious influences were evident in multiple themes.

CONCLUSIONS

Consumption of dates is not a neutral process but rather has embedded cultural and religious meanings. These multiple influences would require consideration if designing research to test date consumption experimentally. For example, participants may not find it acceptable to be randomly allocated to not consuming dates.

KEY MESSAGE

Qualitative research is valuable in informing the design of experimental research, with consideration of local context.

0 131 - Are midwives ready to provide quality evidence-based care after pre-service training? Curricula assessment in Benin, Malawi, Tanzania, and Uganda

Ann-Beth Nygaard Moeller¹, Joanne Welsh², Max Petzold³, Claudia Hanson⁴, Mechthild Gross²

¹ University of Gothenburg- Sweden, School of Public Health and Community Medicine, Institute of Medicine, Sahlgrenska Academy, Gothenburg, Sweden

² Hannover Medical School, Midwifery Research and Education Unit, Hannover, Germany

³ University of Gothenburg, School of Public Health and Community Medicine, Institute of Medicine, Sahlgrenska Academy, Gothenburg, Sweden

⁴ Karolinska Institute, Global Public Health, Stockholm, Sweden

BACKGROUND

The Sustainable Development Goal 3.1.1 calls for a global maternal mortality ratio of less than 70 maternal deaths per 100 000 livebirths by 2030. Midwives when educated to the ICM standards play an essential role in activities related to all aspects linked to childbirth. Evidence suggests that while countries report relatively high levels of birth attendance by skilled health personnel, maternal and neonatal mortality have not decreased proportionately.

OBJECTIVES

The aim of this review was to map pre-service training curricula for midwifery care providers providing antenatal, intrapartum, and postnatal care in the Action Leveraging Evidence to Reduce perinatal morTality and morbidity in sub-Saharan Africa (ALERT) project, conducted in Benin, Malawi, Tanzania, and Uganda, against the ICM Essential Competencies Framework.

METHODS

We performed a mapping review of midwifery care providers' pre-service training curricula from different training institutions in the four study countries and mapped these against the ICM framework to assess whether these curricula included the minimum essential training components described in the ICM framework.

RESULTS

Ten pre-service curricula were obtained and the assessment revealed that none of the curricula included all ICM competencies. Main gaps identified in all curricula related to women-centred care, inclusion of women in decision making, provision of care to women with unintended or mistimed pregnancy, fundamental human rights of individuals and evidence-based learning.

CONCLUSIONS

This review suggests there are skills, knowledge and behaviour gaps in pre-service training curricula for midwifery care providers in Benin, Malawi, Tanzania and Uganda when mapped to the ICM framework. These gaps are similar among the different training courses in each country. The review also draws attention to the plethora of professional titles and different pre-service training curricula within countries.

KEY MESSAGE

Midwifery pre-service education lack essential skills, knowledge and behaviour.

0 132 - Midwifery education at BRAC University: a way of empowering women in Bangladesh

Jannatul Ferdoues Mitu¹, Sharmina Rahman¹

¹ Dhaka Center- JGSPH- Brac University, Developing Midwives Project- II, Dhaka, Bangladesh

PURPOSE

To develop underprivileged young women to become competent and compassionate midwives.

DISCUSSION

BRAC University started a three-year residential Diploma-in-Midwifery course in seven academic sites across the country. Students came from poor socio-economic, ethnic minority and marginalized communities. 30% students were provided with stipend. Besides course curriculum, activities like anonymous Voice-box, anti-bullying and gender based violence workshops, elected Student Welfare committee, organizing community fair, celebrating events like Women's day, 16 days Activism, were regularly undertaken. Community and Clinical practices were emphasized. As per the midwives over the three years, their families and neighbors increasingly consulted them on matters related to women-children's health and included their views in family matters. They ward off family pressure to get married as they became aware of their rights and the relevant law. Today, 95% of the BRACU graduate midwives are employed. The economically self-reliant young women are helping their families to have a better life, have strong influence over their community and even better marriage prospects.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This paper conforms to the midwifery framework elements of Midwifery Education and Leadership and Commitment to Gender Equality and Justice, Equity, Diversity and Inclusion.

EVIDENCE IF RELEVANT

Case study of almost 20 BRACU midwives complemented by an independent FCDO study [1]. In Bangladesh, the low status of women drives violence against women and 50% of 15 to 49 years' experience violence in their lifetime by their partner or family [2]. Women empowerment is hindered by growing child marriage [3]. [1] 'Pathways to Empowering Women through Midwifery Education', D. M. Watch, Foreign, Commonwealth and Development Office (FCDO), UK, May 2022. [2] Report by World Health Organization [3] UNICEF study.

KEY MESSAGE

Midwifery education is well-positioned to empower women, improve their lives and help their families to have better opportunities in life.

0 133 - Finnish midwifery students need more sexual and reproductive health education

Sanna-Mari Manninen^{1,2}, Katja Kero^{1,3}, Päivi Polo-Kantola^{1,3}

¹ University of Turku, Obstetrics and Gynecology, Turku, Finland

² Metropolia University of Applied Sciences, Health Promotion, Helsinki, Finland

³ Turku University Hospital, Obstetrics and Gynecology, Turku, Finland

BACKGROUND

Many women have sexual problems, for example, due to recent delivery, incontinence or relationship problems. Midwives are experts in women's health and meet patients with sexual concerns frequently. However, according to previous studies, midwives seldom discuss sexual issues with their patients.

OBJECTIVES

The objective of our study was to evaluate the midwifery students' self-reported competence to bring up sexual health issues with their patients and to assess the barriers that hinder these discussions. We also evaluated the need for additional education.

METHODS

A web-based questionnaire was sent to all Finnish final year midwifery students graduating between December 2018–May 2019.

RESULTS

Altogether 131/253 midwifery students participated in this study giving the response rate of 51.8%. The respondents were found to be very interested in sexual and reproductive health studies. However, 45.0% of the students felt they had insufficient education in this area. More education was reportedly needed especially concerning sexual problems caused by infertility and its treatments (48.1%), the etiopathogenesis and treatment of dyspareunia (45.8%), and treatment of decreased libido (42.0%). The students evaluated their knowledge to be best in the basics of human sexual development (90.8%). The respondents considered lack of experience (73.3%) and fear of failing to respond to patient's sexual health issues (64.9%) to be the main reasons for not addressing sexual issues with their patients.

CONCLUSIONS

Finnish midwifery students are interested in sexual and reproductive health studies. To have more self-confidence in meeting and treating these patients, more education would be needed in this field.

KEY MESSAGE

There are several reasons hindering graduating midwifery students to bring up sexual issues with their patients. With more education these hindrances could lessen.

0 134 - Systematic examination of the newborn within the UK midwifery curriculum

Mary Sheridan¹, Sam Bassett¹

¹ King's College London, Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care, London, United Kingdom

PURPOSE

Following publication of the future midwives' standards (NMC 2019), every pre-registration midwifery curriculum validated to be taught in a UK university should include systematic examination of the newborn (SEN). On registration, all UK newly qualified midwives will be competent to undertake the newborn and infant physical examination. Previously, only two UK universities included SEN in their midwifery curriculum, however most trained midwives obtained their qualification by undertaking a post-registration course.

DISCUSSION

The decision to include SEN in all UK midwifery programmes has been welcomed. However, it is also equally important to ensure all qualified midwives have an opportunity to gain the same level of knowledge and clinical skills by undertaking a university accredited programme of study. This presentation will include details of a planned innovation by one London university in partnership with eight London hospitals. The first half of the academic year being devoted to a pre-registration module to ensure newly qualified midwives are SEN trained. The second half of the academic year concentrating on the provision of a post-registration module to ensure all midwives can have the same level of evidenced-based knowledge, clinical skills, and a university accredited qualification to undertake the newborn and infant physical examination and care for babies during the postnatal period.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Care of the newborn includes immediately care after the birth and throughout the postnatal period. All midwives should have the skills and knowledge to care for healthy newborn infants and detect, stabilise, and manage health problems in newborn infants and refer, if necessary, e.g., undiagnosed cardiac conditions, sepsis, neonatal jaundice, and hypoglycaemia.

EVIDENCE IF RELEVANT

Details of the innovation will be presented.

KEY MESSAGE

All midwives should have the same level of essential competencies for midwifery practice to care for all newborns immediately after the birth and during the postnatal period.

**Tuesday, 13 June 2023,
16:00–17:30**

TUESDAY, 13 JUNE 2023, 16:00–17:30

Nusa Dua 1

C 36 CONTINUITY OF CARE (+THREE-MINUTE THESIS)

THREE-MINUTE THESIS PRESENTATION

T 021 - The ICOM Projects: implementing continuity of midwifery carer in Northern Ireland, a mixed methods study

*Sinead Kernan*¹

¹ Queen's University Belfast, School of Nursing and Midwifery, Belfast, Ireland

DESCRIPTION OF THE RESEARCH

The programme planning for implementation of a Continuity of Midwifery Carer (CoMC) model of care has been initiated at strategic level within Northern Ireland (NI), with the aim of developing a co-ordinated regional approach to maternity services. Successful, full-scale implementation of a CoMC model in NI requires significant restructuring of maternity services and changes to day-to-day work of the midwife. This PhD study aims to explore NI maternity healthcare provider's perspectives of a Continuity of Midwifery Carer, together with their training needs and updates they would require to deliver the model. The findings will subsequently inform the development of an educational tool which addresses staff training needs and updates required for CoMC implementation.

A systematic literature review will be undertaken to identify organisational barriers and facilitators relating to implementation of a CoMC model. A mixed-methods research approach will then be employed, to include an online cross-sectional questionnaire survey of midwives to investigate midwives' knowledge, attitudes and practices (KAP) of implementing the model and assessing their training needs/ updates required to deliver the model. Qualitative interviews and focus groups will be conducted with key-stakeholders in the implementation process – obstetricians, maternity support workers, directors of nursing and heads of midwifery. The qualitative interviewing phases will explore participants perspectives on key facilitators and barriers that may potentially impact on implementation of CoMC in NI. Interviews with directors of nursing and heads of midwifery will explore their perspectives on their organisations readiness to implement the change to a CoMC model of care.

SIGNIFICANCE TO MIDWIFERY

It is anticipated that this PhD study, through engagement with various maternity healthcare professionals, will help to inform and shape the regional transformation and implementation of CoMC as one regional model in NI with the development of an evidence-based educational tool for maternity healthcare staff to help facilitate the change.

TUESDAY, 13 JUNE 2023, 16:00–17:30

Nusa Dua 1

C 36 CONTINUITY OF CARE (+THREE-MINUTE THESIS)

ORAL PRESENTATION

0 135 - “How midwifery students learn through continuity” From evidence to practice

*Nicole Hainsworth*¹

¹ University of Newcastle, School of Nursing and Midwifery, Newcastle, Australia

BACKGROUND

Midwifery continuity of care has benefits for women and babies and is integral to the education of midwifery students to prepare them for practice. Continuity of care experiences are embedded in preregistration midwifery education programs in many countries. Research supports the educational value of this experience in enabling students to develop midwifery knowledge and skills. Inconsistencies exist around the implementation, facilitation and evaluation of pre-registration ‘Continuity of Care Experiences’. Previous research has focused on barriers and completing numbers of experiences rather than the pedagogical intent or validity of continuity of care experience assessments.

OBJECTIVES

To develop an understanding of the pedagogical intent of continuity of care experiences within the Bachelor of Midwifery Curriculum.

METHODS

A qualitative descriptive approach was undertaken to explore the intent and practice-knowledge gained through Continuity of Care Experiences as a pedagogical strategy within pre-registration midwifery education. Four methods of data collected from key stakeholders: Individual interviews with clinical and academic midwifery educators; focus groups with students from one Bachelor of Midwifery Program; review of student reflective journaling and observation of antenatal encounters between students and women within continuity of care experiences. Ethical approval was provided by REGIS 2020/ETH02997.

RESULTS

One overarching theme ‘*Learning through relationships*’ and three interrelated themes; *Meeting women and making connections*; *Being known*, and *Understanding holistic care*. These themes contribute to the findings that demonstrate that transformative learning occurred through developing a relationship with women while engaging in Continuity of care experiences. These focus group findings will be analysed together with the antenatal observations, interviews and student journal analysis and will be presented.

CONCLUSIONS

This study provides a diverse range of key stakeholder’s perspectives of the educational intent of the continuity of care experience for undergraduate midwifery students.

KEY MESSAGE

Transformative learning occurred through developing a relationship with the women and was foundational for future midwifery practice.

0 136 - A grounded theory study on midwifery managers' views and experiences of implementing and sustaining continuity of carer models within the UK maternity system

*Sarah Turner*¹

¹ NHS Education for Scotland, Education for Midwives, Edinburgh, United Kingdom

BACKGROUND

Current UK health policy recommends the transition of maternity services towards provision of Midwifery Continuity of Carer (MCoCer) models. Quality of healthcare is correlated with the quality of leadership and management yet there is little evidence available to identify what is required from midwifery managers when implementing and sustaining MCoCer.

OBJECTIVES

To develop a theoretical framework that represents midwifery managers' experiences of implementing and sustaining MCoCer models within the UK's National Health Service (NHS).

METHODS

Charmaz's grounded theory approach was used for this study. Five experienced UK based midwifery managers were interviewed to elicit views and understanding of the social processes underlying the implementation and sustaining of MCoCer. Interviews were transcribed and analysed and focus codes developed into theoretical codes resulting in an emergent core category.

RESULTS

The theoretical framework illustrates the core category 'Leading Meaningful Midwifery'. To manage MCoCer models midwifery managers require a trust and belief in woman centred philosophy of care. They need the skills to focus on non-hierarchical transformational leadership and the courage to assimilate alternative models of care into the NHS. Promoting and protecting the MCoCer model within current services is essential whilst forming a culture based on high quality, safe MCoCer.

CONCLUSIONS

MCoCer models that have sustained within the NHS have had supportive leadership from midwifery managers who have the necessary skills, attitudes, aptitudes and behaviours identified within the findings. Sustainable implementation of MCoCer is achieved through development of a values-based recruitment and retention policy within all areas of midwifery and encouraging midwives with previous experience in MCoCer or supportive philosophies towards it, to manage the model.

KEY MESSAGE

Providing the appropriate support for MCoCer is time consuming and personally demanding for midwifery managers, however, implementing and sustaining MCoCer was shown by participants who valued MCoCer models to be rewarding, bringing meaning to their midwifery leadership.

TUESDAY, 13 JUNE 2023, 16:00–17:30

Nusa Dua 1

C 36 CONTINUITY OF CARE (+THREE-MINUTE THESIS)

ORAL PRESENTATION

0 137 - Midwifery continuity of care: a scoping review of where, how, by whom and for whom?

*Billie Bradford*¹, *Alyce Wilson*¹, *Anayda Portela*², *Cristina Fernandez Turienzo*³, *Frances McConville*², *Caroline Homer*¹

¹ Burnet Institute, Global Womens and Newborn Health Group, Melbourne, Australia

² World Health Organisation, Department of Maternal, Newborn, Child and Adolescent Health, Geneva, Switzerland

³ Kings College London, Department of Women and Children's Health, London, United Kingdom

BACKGROUND

Systems of care that provide midwifery continuity of care have positive health outcomes for women and newborns.

OBJECTIVES

We conducted a scoping review with the objective of understanding the global implementation of these models, asking the questions: where, how, by whom and for whom are midwifery continuity of care initiatives implemented?

METHODS

Using a scoping review framework, we searched electronic and grey literature databases for reports in any language between January 2012 and January 2022, which described current and recent trialing, implementation or scaling-up of midwifery continuity of care initiatives in high-, middle- and low-income countries.

RESULTS

After screening, 175 items were included, the majority (157, 90%) were from high-income countries (HICs) and fewer (18, 10%) were from low- to middle-income countries (LMICs). There were 163 unique studies including eight (4.9%) randomised or quasi-randomised trials, 58 (38.5%) qualitative, 53 (32.7%) quantitative (cohort, cross sectional, descriptive, observational), 31 (19.0%) survey studies, and three (1.9%) health economics analyses. There were 10 unique items identified as practice-based accounts that did not include research. Midwives led almost all initiatives. In HICs, the most dominant approach is where small groups of midwives provide care for designated women, mostly known as caseload midwifery or midwifery group practice. Of the 175 initiatives, 31 (18%) of these were implemented for people from priority or vulnerable communities. With the exception of New Zealand, no countries have managed to scale-up this approach to the standard of care at a national level.

CONCLUSIONS

Further implementation studies need to support the transition to midwifery continuity of care in low- and middle-income countries, and to determine optimal model types and strategies to achieve sustainable scale-up at a national level.

KEY MESSAGE

This review has shown that existing midwifery continuity of care services are primarily midwife-led, and are concentrated in high-income countries, with few examples in low-income countries.

0 138 - Updated Cochrane Review on continuity of midwifery care to inform global scale-up

Jane Sandall¹, Hora Soltani², Simon Gates³, Andrew Shennan⁴, Cristina Fernandez Turienzo⁴, Hannah Rayment-Jones⁴, Declan Devane⁵

¹ King's College London, Department of Women and Children's Health, London, United Kingdom

² Sheffield Hallam University, College of Health, Wellbeing and Life Sciences, Sheffield, United Kingdom

³ University of Birmingham, Institute of Cancer and Genomic Sciences, Birmingham, United Kingdom

⁴ King's College London, Department of Women and Children's Health, London, United Kingdom

⁵ NUI Galway, School of Nursing and Midwifery, Galway, Ireland

BACKGROUND

There is global interest in scaling up midwife models of care and the need for evidence to inform scale up in different contexts.

OBJECTIVES

To update our Cochrane Review published in 2016 and provide detail on the range of care models, how they are implemented and explore whether effects are influenced by variation in the model of midwife-led care, social, medical/obstetric risk factors, and low to high income country settings.

METHODS

We searched Cochrane Pregnancy and Childbirth Group's Trials Register (2/22) and reference lists of retrieved studies on all published and unpublished trials in which pregnant women are randomly allocated to midwife continuity models of care or other models of care. All pregnant women regardless of participant characteristics, medical/obstetric/complications, social risk factors, care setting, health system or country. Eligible studies were screened for scientific integrity/trustworthiness and Risk of Bias. Subgroup analysis explored whether outcomes were affected by the model of midwife-led care, medical/obstetric risk status, social risk factors and country setting.

RESULTS

We include two new studies and detailed description of the model of care and how they are implemented in intervention and comparison groups. Interventions varied across time periods and country contexts. Primary outcomes include spontaneous vaginal birth, caesarean birth, regional analgesia, intact perineum, fetal loss equal to, and after 24 weeks gestation, neonatal deaths, preterm birth, breastfeeding initiation. Secondary outcomes include additional clinical outcomes, maternal experience and cost. Data extraction is complete and findings will be presented at the ICM2023 conference.

CONCLUSIONS

Midwifery continuity of care models have been shown to improve outcomes and experience for women at low and mixed risk of complications. More studies are needed in low income settings and in women with medical/obstetric and social risk factors.

KEY MESSAGE

We expect findings from this Cochrane update will inform policy and practice worldwide in relation to midwifery continuity of care models.

0 139 - An evaluation of the introduction of telehealth for remote antenatal and postnatal contacts in Bangladesh and Lao People's Democratic Republic during the COVID-19 pandemic

Sabera Turkmani¹, Rachel Smith¹, Annie Tan¹, Catherine Breen Kamkong², Rondi Anderson³, Siriphone Sakulku⁴, Tej Ram Jat⁴, Animesh Biswas³, Caroline Homer¹

¹ Burnet Institute, Maternal, Child and Adolescent Health, Melbourne, Australia

² UNFPA, Asia Pacific Regional Office, Bangkok, Thailand

³ UNFPA, Bangladesh country office, Dhaka, Bangladesh

⁴ UNFPA, Lao PDR country office, Laos, Lao People's Democratic Republic

BACKGROUND

COVID-19 continues to have a major impact on health system functioning, with a disproportionate impact on low resource settings. Reduced midwifery service utilisation and coverage of essential childbirth interventions is impacting maternal and newborn morbidity and mortality. Telehealth is important in the continued provision of essential health care services and midwives in many countries have embraced new technologies to deliver care.

OBJECTIVES

To explore the experience and impact of implementing telehealth services for the provision of midwifery services in Bangladesh and Lao People's Democratic Republic.

METHODS

A qualitative study was undertaken with data from semi-structured interviews with midwives, health service leaders and childbearing women.

RESULTS

Services suddenly pivoted from face-to-face to telehealth and this posed challenges for women, midwives and other providers. Health systems lacked funding and the infrastructure to support telehealth; although some were able to find the resources. Midwives found telehealth beneficial during the pandemic response but identified a lack of training, guidance, and support as barriers. Childbearing women reported being fearful of accessing maternity care at health services due to COVID-19, and whilst they appreciated the telehealth contacts, many continued to prefer face-to-face delivery of midwifery services.

CONCLUSIONS

Telehealth services were implemented widely in Lao PDR and Bangladesh during the COVID-19 pandemic. Telehealth is a practical and useful alternative in a time when face to face care is not possible.

KEY MESSAGE

Telehealth services could be scaled up for selected components of maternity care provision post the pandemic or during other times of crises where services are disrupted however it is important to design this for specific contexts and to consider accessibility, acceptability, quality of care, and sustainability of service provision. Many countries may develop a hybrid model with some services using telehealth for easier access for women but the majority is likely to need to remain face to face.

TUESDAY, 13 JUNE 2023, 16:00–17:30

Nusa Dua 2

C 37 RURAL MIDWIFERY (+THREE-MINUTE THESIS)

THREE-MINUTE THESIS PRESENTATION

T 022 - Primary care midwives' preparedness and readiness for rural and remote practice in resource-limited settings

Kristen Graham¹, Samantha Colquhoun¹, Tambri Housen^{1,2}, Christine LaBond¹, Linda Sweet^{3,4}

¹ Australian National University, National Centre for Epidemiology and Population Health, Canberra, Australia

² The University of Newcastle, School of Medicine and Public Health, Newcastle, Australia

³ Deakin University, School of Nursing and Midwifery, Melbourne, Australia

⁴ Western Health, Nursing and Midwifery, Melbourne, Australia

DESCRIPTION OF RESEARCH OR INNOVATION

Despite the centrality of midwives to improving sexual, reproductive, maternal, newborn and adolescent health services, and the complexities of midwifery care in rural and remote communities, research evidence regarding midwives' preparedness and readiness across this scope, and in this context is limited. This three-minute thesis will present the preliminary findings from a multi-stage mixed methods PhD study that aims to help fill this knowledge gap. Preliminary findings from a scoping review, surveys and interviews with rural and remote primary care midwives and nurse-midwives, health service managers, policymakers and midwifery educators and leaders from low and lower-middle-income countries will be shared. Be inspired by the insights of rural and remote primary care midwives and those who prepare and support them, as we present the need to strengthen education and training, supportive work environments, facility and referral readiness, and policy and research.

SIGNIFICANCE TO MIDWIFERY

Maternal and neonatal mortality rates in low-and-lower-middle-income countries remain a significant public health issue and a global health priority. Despite considerable global progress, millions of preventable deaths occur each year. Investment in the world's midwifery workforce is integral to improving maternal and neonatal health and vital in rural and remote resource-limited communities. Strengthening the preparedness and readiness of primary care midwives working in these communities is an essential component of investment. Midwives require contextually appropriate education, training, resources, and support to provide timely and quality care. This research will therefore inform midwives, educators, health service managers and policy makers of the needs identified by their peers and ways to strengthen preparedness and readiness for rural and remote practice in resource-limited settings.

0 140 - Rural midwifery group practice: growing communities and scope-fulfilled graduates

Eva Hansord¹, Judi Turner¹

¹ WACHS, Avon Valley Midwifery Group Practice, Northam, Australia

PURPOSE

The State of the World's Midwifery Report 2021, identified a global need to educate and deploy midwives to work in midwife-led models and primary care settings to satisfy community need in underserved areas. Avon Valley Midwifery Group Practice (AVMGP) is situated in a rural Wheatbelt region of Western Australia; and exemplifies how midwife-led continuity of care models can serve community need as well as offer career pathways for graduate midwives to work within their full scope of practice.

DISCUSSION

AVMGP was established in 2017 and is the first midwife-led service in Western Australia established without co-located obstetric services. Midwives fulfil scope of practice providing antenatal, intrapartum and up to six weeks of postnatal care. Criteria for birthing locally is in accordance with the 'National Guidelines for Consultation and Referral'. Shared care is available for women deemed higher risk who birth at the nearest obstetric unit, one hour's drive away. AVMGP employs endorsed midwives who order medications and diagnostics. Midwives provide sexual and reproductive healthcare including contraception options. Attracting midwives to rural health has been challenging; AVMGP employs graduate midwives to, 'grow our own' workforce. This provides opportunity for service growth and enables graduate midwives to fulfil potential in a midwife-led, continuity of care model.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Our model exemplifies strong leadership through the creation of enabling environments, aligned to midwifery philosophy, that provide continuity of care.

EVIDENCE IF RELEVANT

Outcomes for the service are exceptional compared with standard state-wide models. The intrapartum transfer rate is 7% and 30% of births are waterbirths. Staff retention rates are also high, with career satisfaction identified as a primary driver.

KEY MESSAGE

AVMGP is a prime example of how services established in underserved areas fulfil community need whilst also providing opportunities for graduate midwives to thrive in midwife-led, continuity of care models, working on graduation to their full scope of practice.

0 141 - The 'Clinic-in-a-Box' : how technologies can assist midwives provide emergency midwifery care and support preterm babies in remote and rural settings

Edith Hillan¹, Stewart Aitchison²

¹ University of Toronto, Lawrence S Bloomberg Faculty of Nursing, Toronto, Canada

² University of Toronto, Faculty of Applied Science & Engineering, Toronto, Canada

BACKGROUND

Goal 3 of the Sustainable Development Goals identifies multiple targets related to improved Global Health by 2030. These include: reducing maternal mortality and ending preventable deaths of newborns. A key component towards realizing these goals is the ability to manage emergency situations in remote and rural areas, particularly in low-income countries.

OBJECTIVES

Due to the limited availability of services in rural and remote regions, many expectant mothers travel to urban centres to give birth, which can result in adverse health outcomes for mother and baby. Therefore, there is an urgent need to develop technologies which can improve access to healthcare in such settings.

METHODS

This presentation will describe the development of low-cost Clinic-in-a-Box (CIAB) technologies for the provision of emergency maternity care and the support of preterm/low birthweight babies. The project is highly interdisciplinary and involves engineers and midwives.

RESULTS

We have developed a solar-powered, portable CIAB system which integrates physical measurements with a simple machine learning algorithm to aid in early detection and prevention of maternal and neonatal health issues. The system also provides basic treatment options such as phototherapy for neonatal jaundice and infra-red warming units for pre-term babies and can be deployed in rural areas and used outside of a hospital or clinic setting to provide care locally. The system has basic networking ability so the results can be sent to a central health facility for advice.

CONCLUSIONS

We have demonstrated a proof-of-concept system which has the potential to diagnose, monitor and treat common conditions that may occur during labour and around the time of delivery.

KEY MESSAGE

Affordable, accessible and appropriate technologies that can reach women and babies in remote and rural settings across the world are urgently needed. The Clinic-in-a-Box system offers significant promise to enhance health care delivery for a wide range of maternal and neonatal health issues.

0 142 - Respectful maternity care and women's autonomy in decision making in Iceland: application of scale instruments in a cross-sectional survey

Edythe Mangindin¹, Kathrin Stoll², Helga Gottfreðsdóttir³, Franka Cadée⁴, Emma Swift³

¹ The Icelandic Midwifery Association, International Affairs, Kopavogur, Iceland

² University of British Columbia, Department of Family Practice, Faculty of Medicine, Vancouver, Canada

³ University of Iceland, Faculty of Midwifery and Nursing, Reykjavík, Iceland

⁴ Zuyd University, Research Centre for Midwifery Science, Maastricht, Netherlands

BACKGROUND

Studies on maternity care have primarily focused on factors such as pregnancy complications, use of interventions and birth outcomes to determine quality of care, but how quality is conceptualized is changing, emphasizing the importance of respectful maternity care and autonomy in decision making. Research is needed to create knowledge that can address health inequities and support improvements in care.

OBJECTIVES

To explore how maternal characteristics are associated with women's experiences of respect and autonomy in Icelandic maternity care.

METHODS

An online survey was developed including two measures assessing the quality of perinatal care: the Mothers on Respect Index and the Mothers' Autonomy in Decision Making Scale. Median and interquartile ranges were calculated for both scales. Logistic regression was used to calculate adjusted odds ratios and 95% confidence intervals to investigate the relationship between maternal factors and low levels of respectful care and low levels of autonomy in decision making. Requirements were: Age \geq 18 years; antenatal care and childbirth in Iceland 2015–2021; and fluency in Icelandic, English or Polish.

RESULTS

A total of 1,402 women participated. Lower levels of respect were reported by migrant women, women with at least one social complication, primiparous women, women with at least one pregnancy complication and those who gave birth by caesarean section. Lower levels of autonomy were reported by migrant women, women who had at least one social complication and those who gave birth in a hospital setting.

CONCLUSIONS

The results shed light on inequity in Icelandic maternity care and suggest that the model of care and birth environment can affect mothers' autonomy in decision making.

KEY MESSAGE

Action must be taken to increase provision of respectful, woman-centred maternity care with an emphasis on informed decision making. Strategies to improve services for socially-marginalized groups, such as migrant women and women affected by social complications, should be implemented and monitored.

TUESDAY, 13 JUNE 2023, 16:00–17:30

Nusa Dua 5

C 38 RESPECTFUL CARE (+THREE-MINUTE THESIS)

ORAL PRESENTATION

0 143 - Centring relationships and respect in maternal-newborn nursing education in Qatar

Amy Toosi¹, Danielle Macdonald²

¹ University of Calgary in Qatar, Nursing, Doha, Qatar

² Queen's University, School of Nursing, Kingston, Canada

PURPOSE

To share the impact of learning about woman-centered care on maternal newborn care practicums of baccalaureate-level nursing students in Qatar.

DISCUSSION

Nurses and midwives in Qatar provide perinatal care to women and families within a culturally complex and diverse care environment. The workforce of Qatar is comprised of 95% non-nationals while more than 99% of nurses and midwives are non-nationals. Midwives and nurses working in Qatar represent more than 80 nationalities. Teaching maternal-newborn care to nursing students in Qatar has been a journey. Between 2019–2022, we shifted education from a medical to a respectful maternity care perspective in a maternal-newborn theory and clinical course. We focused on theories of caring, holistic care, woman-centered care through relational practice, respectful maternity care, and gender equality. Nursing students embraced these concepts through advocacy, building relationships, and commitments to life-long learning.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Our presentation will illustrate the application of the education, midwifery philosophy, and gender equality elements of the ICM Professional Framework for Midwifery. In 2019, we re-designed a maternal-newborn course in nursing to highlight holistic, relational, and respectful approaches to practice. We aimed to prepare nursing students to provide perinatal care within the culturally complex context of Qatar. Since our redesign, students have demonstrated increased understanding and application of relational practice and respectful maternity care. Additionally, clinical opportunities in postpartum, labour and delivery, and newborn care have been introduced for male students. As the curricula changes, we continue to advocate for holistic, relational, and respectful approaches to the delivery of maternal-newborn care content in nursing education.

KEY MESSAGE

Understanding and applying principles of caring theories, holistic care, relational practice, respectful maternity care, and gender equality are important for building and sustaining inclusive, equitable birthing care.

TUESDAY, 13 JUNE 2023, 16:00–17:30

Nusa Dua 5

C 38 RESPECTFUL CARE (+THREE-MINUTE THESIS)

ORAL PRESENTATION

0 144 - Midwives and women's experiences about respectful maternity care around the globe: a meta-synthesis

Tekla Mbidi¹, Charlene Downing¹, Annie Temane¹

¹ University of Johannesburg, Nursing, Johannesburg, South Africa

BACKGROUND

Globally, all women in every health care system have the right to quality sexual and reproductive healthcare and rights including respectful maternity care. Sexual and reproductive health is central to women, human rights, including the right to be respected, the fundamental right to equality, and the right to autonomy in decisions about reproductive health. There exists a qualitative body of knowledge describing the value and the critical importance of respectful maternity care.

OBJECTIVES

The purpose of the meta-synthesis was to combine the global experiences and views of midwives and women about respectful maternity care.

METHODS

The meta-synthesis adopted the seven overlapping and repeating steps by Noblit and Hare (1983). Five databases were explored for literature: Science Direct, EBSCO host, PubMed, Nexus, and ProQuest. The search was limited to articles published between 2010 and 2021. The study quality was assessed using the critical appraisal screening programme checklist and the PRISMA guidelines.

RESULTS

The synthesis included fifteen studies presented in the following five emerging themes. 1. commitment to the rights of pregnant women, 2. excellence in midwifery knowledge and skills, 3. a facilitative built environment, 4. optimisation of the interpersonal dimension, 5. development of women's resourcefulness and resilience.

CONCLUSIONS

The themes present the significant role midwives play towards the promotion of women's rights, fostering interpersonal relationships and addressing the rights and needs of women.

KEY MESSAGE

Maternity care is collaborative care, midwives and women are partners in maternity care process.

TUESDAY, 13 JUNE 2023, 16:00–17:30

Nusa Dua 5

C 38 RESPECTFUL CARE (+THREE-MINUTE THESIS)

ORAL PRESENTATION

0 145 - Midwives providing leadership in the provision of safe and respectful care through the International Childbirth Initiative

Suellen Miller¹, Andre Lalonde², Michelle Therrien³

¹ University of California San Francisco, Department of Obstetrics, Gynecology & Reproductive Sciences, San Anselmo, USA

² McGill University, Department of Obstetrics and Gynecology, Ottawa, Canada

³ International Childbirth Initiative, Brooklyn, USA

PURPOSE

The International Childbirth Initiative uses the midwifery philosophy as the basis for its framework for the provision of respectful maternity care. By inviting midwives to take on leadership roles within their workplaces, this framework provides a platform to assure that equitable, high quality care is available in all settings.

DISCUSSION

The White Ribbon Alliance's 2020 What Women Want survey demonstrated that respectful and dignified care is the first priority for more than one million women from 114 countries. International Childbirth Initiative (Lalonde 2019) respond to this challenge with consolidated guidance on the provision of respectful maternity care in the form of a 12 step framework. The 3rd step under this framework is to ensure that care is based on the midwifery philosophy. By using the midwifery philosophy and scope of practice as a guide, the initiative focuses on woman-centered care and a collaborative approach. The International Confederation of Midwives, as a key stakeholder partner, played a critical role in the design of the 12 step framework. ICI now includes health facility and organizational partners in 24 countries on six continents.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The International Childbirth Initiative works to highlight the importance of midwives and the midwifery scope of practice within national and international discussions of priorities for the improvement of care.

EVIDENCE IF RELEVANT

(See Lalonde 2019, IJGO).

KEY MESSAGE

The International Childbirth Initiative is expanding its network and provides resources for midwives seeking to promote respectful care practices and ensure equitable, high quality care for the communities that they serve.

T 023 - Respectful maternity care during labour and birth and associated factors among women gave birth in public health institutions in North Showa, Ethiopia, 2020

*Nakachew Sewnet Amare*¹

¹ *Clinical Midwifery, Department of Midwifery, College of medicine and health science, Debre Berhan University, Debre Berhan, Ethiopia*

DESCRIPTION OF RESEARCH OR INNOVATION

Abstract Background: Respectful maternity care is one of the most important facilitating factors to increase access to skilled maternity care. Disrespect and abuse is a violation of human rights and is the main hindering factor preventing skilled birth utilization versus other more commonly recognized deterrents such as financial and geographical obstacles. Objective: This study aimed to assess respectful maternity care during labor and delivery and associated factors among women who gave birth in North Showa zone public health institutions, North Showa zone, Ethiopia, 2020. Methods: An institutional-based cross-sectional study was conducted among women who got birth in North Showa public health institution from October 20 to November 20, 2020. Logistic regressions were performed to identify statistically significant variables. Adjusted odds ratio with 95% uncertainty interval was used to declare statistically significant variables based on $p < 0.05$ in the multivariable logistic regression model. Results: The overall prevalence of respectful maternity care during labor and delivery was 48.6 %. Urban residence AOR = 2.6 (95% CI: 1.8, 3.6), being multiparous AOR = 1.6 (95% CI: 1.1, 2.3), having planned pregnancy AOR = 2.4 (95% CI: 1.3, 4.3) and giving birth in health center AOR = 1.6 (95% CI: 1.2, 2.8) were statistically significant factors with respectful maternity care during labor and delivery. Conclusion and recommendations This study showed that low prevalence of respectful maternity care during labor and delivery in North Showa Zone, Ethiopia. Therefore, to improve the level of respectful maternity care interventions on specified associated factors need to be implemented.

SIGNIFICANCE TO MIDWIFERY

This research finding is very significant for midwifery to improve the quality of maternity care services. Hence the result of this study showed that midwives should act on the interventions of those associated factors that can affect the level and provisions of respectful maternity care services.

IW 05 Using the new ICM education tools to strengthen midwife education workshop: going beyond the curriculum

ICM WORKSHOP

Erin Ryan (Netherlands)

Felicity Copeland (Australia)

The 2021 State of the World Midwifery Report (SoWMY) is a call to action highlighting the need to equip midwives with the necessary competencies and skills to provide quality care and to strengthen the quality of midwifery education in low and middle-income countries. That same year, ICM released the new Global Standards for Midwifery Education. In response to the SoWMY report and to create support for schools working to meet the new standards, the ICM has developed six new tools. Historically school strengthening has focused on the curriculum, and there has been a lack of tools to support the other elements of a midwifery programme. School administrators, educators and regulators need tools to address all areas of a midwifery education programme, from admission standards to assessment. These six new tools have the potential to transform midwifery education by addressing multiple components of midwifery education, including competency, assessment, clinical placement, and design of programs and curricula.

ICM's new tools

- Programme Guide for Direct Entry and Post-Nursing Midwifery
- UNFPA/ ICM Sample Curriculum
- Using ICM Competencies in a Midwifery Curriculum
- Guidance for meeting the ICM Global Standards for Midwifery Education
- ICM Competency Assessment Guide
- Curriculum Mapping Tool

These tools align with the WHO's 7-step action plan for strengthening midwifery education and provide midwifery educators with the necessary resources to deliver quality education. The tools are content aligned and can be used as stand-alone tools or as a package by midwife educators, educational consultants, midwife associations and regulators to advocate and improve midwifery in countries.

This interactive workshop will introduce the new tools, look at best practices for implementing these tools, and provide an opportunity to discuss the challenges of strengthening midwifery education.

0 146 - Quality of maternal and neonatal care during COVID-19 pandemic in Italy: preliminary data from Friuli Venezia Giulia Region - IMAGiNE Regional Project

Emanuelle Pessa Valente¹, Covi Benedetta¹, Ilaria Mariani¹, Aurora Bartelloni¹, Marzia Lazzarini¹, IMAGiNE FVG Study group¹

¹ *Institute for Maternal and Child Health - IRCCS "Burlo Garofolo", WHO Collaborating Centre for Maternal and Child Health, Trieste, Italy*

BACKGROUND

Access to high quality of maternal and neonatal care (QMNC) was threatened in different settings during COVID-19 pandemic. Few studies have evaluated women' perspectives in Italy.

OBJECTIVES

We aimed at reporting preliminary data from IMAGiNE Friuli Venezia Giulia (FVG) project regarding QMNC around facility-based childbirth during pandemic in Italy.

METHODS

IMAGiNE is a quality improvement study for WHO Standards for maternal and newborn health implementation in nine maternity hospitals in FVG Region, Northeast Italy. Data for this study was collected from women through a validated telephone interview questionnaire from November 2019–October 2020.

RESULTS

A total 2704 women were interviewed. Most of them were primiparous 1388 (51.3%), median age of 33.5 years old (range 18–55). More than a half (1706, 63.1%) had birth during COVID-19 pandemic. Overall, 95% of women reported a positive or very positive experience. Spontaneous vaginal birth was the most frequent mode of birth (1942, 71.8%) with 257 (13.2%) of women receiving an episiotomy and 133 (6.8%) reporting Kristeller manoeuvre. Privacy was respected in most births (2610 women, 96.5%) while only few abuse cases were reported (0.3% verbal/emotional, 0.3% physical). Almost half of women (837, 49.1%) reported antenatal services adequate reorganization and the most frequently reported limitation due to pandemic was the absence of companionship during labour, birth and post-partum.

CONCLUSIONS

Findings highlight that most women are satisfied with care received however many aspects of the QMNC, especially those related to experience of care, needed improvements or were substandard. The project is ongoing and future publications will document possible indicator's trends and implementation level of quality improvement recommendations agreed for each maternity hospital.

KEY MESSAGE

Many aspects of QMNC around facility childbirth were substandard during COVID-19 pandemic in FVG according to women perspectives. Indicators related to experience of care WHO Standard domain scored worse.

O 147 - Continuation of postpartum follow-up amid the COVID-19 pandemic: challenges and processes in New Providence, Bahamas

*Shirley Curtis*¹

¹ University of The Bahamas, Nursing, Nassau, Bahamas

PURPOSE

Purpose: The purpose of this presentation to demonstrate the challenges and process of continuing postnatal follow-up amid the covid19 pandemic in Nassau Bahamas, and the role midwifery students and midwifery education played in the process.

DISCUSSION

Discussion: During the covid -19 pandemic postnatal service was challenged by shortage of manpower due redeployment of staff, movement of the department and willingness of administration to send nurses/midwives into client's home and clients being uncomfortable with staff coming into their homes. Postnatal services moved to telemedicine – telephone only. In the midst of this midwifery students needed the PNF experience and hours. Midwifery educators collaborated with clinical administrators to write the necessary policies and extend the practice to include video calls, pictures, and selected home-visits to ensure better clinical decision making and allow for appropriate clinical experiences for the midwifery students. As a result of this collaboration the clients benefit from continuity of care at home and decreased visits to the hospital and the community clinics and the midwifery students were able to demonstrate competencies in PNF, home visiting and infection control. ICM professional Framework:

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This paper/ presentation will demonstrate the role of midwifery education in the midst of a pandemic and the importance of collaboration and leadership skills to get the job done.

KEY MESSAGE

Covid-19, Midwifery education, Continuity of care, Postnatal follow-up.

0 148 - The association of continuity of carer and women's experiences of maternity care during the COVID-19 pandemic: a cross-sectional survey

Allison Cummins¹, Annabel Sheehy², Jan Taylor³, Sally De-Vitry-Smith³, Helen Nightingale⁴, Deborah Davis⁵

¹ University of Newcastle, Faculty of Health, Gosford, Australia

² University of Technology Sydney, Centre for Midwifery Child and Family Health, Ultimo, Australia

³ University of Canberra, School of Nursing and Midwifery, Canberra, Australia

⁴ La Trobe University, La Trobe Rural Health School, Bendigo, Australia

⁵ University of Canberra, ACT Government- Health Directorate, Canberra, Australia

BACKGROUND

Recent research highlights the impact of the COVID-19 pandemic on maternity services, although none to date have asked women how they feel about the changes to care or analysed the association between continuity of carer and women's experiences. Women being together again with their midwife make continuity of carer evidence a reality.

OBJECTIVES

The aim of our research was to discover pregnant women's self-reported changes to their planned care and associations between continuity of carer and how women felt about changes to their planned care.

METHODS

A cross-sectional online survey of pregnant women aged over 18 years in their final trimester of pregnancy in Australia was undertaken.

RESULTS

1668 women completed the survey. Most women reported at least one change to pregnancy care and birthing plans. Women receiving full continuity of carer (from an obstetrician or midwife) were more likely to rate the changes to care as positive ($p < 0.001$) when compared with women who received partial or no continuity.

CONCLUSIONS

Pregnant women experienced many changes to their planned pregnancy and birth care during the COVID-19 pandemic. Women who perceived they were experiencing full continuity of carer had fewer changes to care and were more likely to feel positive about the changes than women who did not report they received full continuity of carer. Our study demonstrates that women are better together through continuity of carer models.

KEY MESSAGE

Little is known about how women feel about changes to maternity care experienced during the COVID-19 pandemic. Women who experienced changes to pregnancy care or birth plans are likely to feel negative about these changes. Women who received full continuity of carer reported feeling positive towards pregnancy and birth plan changes.

0 149 - Birth under restrictions: exploring women's experiences of maternity care in Aotearoa New Zealand during the 2020 COVID-19 lockdown

Lesley Dixon¹, Carol Bartle², Talei Jackson³, Christine Griffiths⁴, Suzanne Miller⁴, Judith McAra-Couper³, Jeanine Tamati-elliffe⁵, Andrea Gilkison³

¹ New Zealand College of Midwives, Midwifery Advisor, Christchurch, New Zealand

² New Zealand College of Midwives, Policy analyst, Christchurch, New Zealand

³ Auckland University of Technology, School of Midwifery, Auckland, New Zealand

⁴ Otago Polytechnic, School of Midwifery, Dunedin, New Zealand

⁵ University of Canterbury, Office of Māori, Pacific & Equity, Christchurch, New Zealand

BACKGROUND

In Aotearoa New Zealand the Covid-19 pandemic in 2020 resulted in an initial four week lockdown and ongoing restrictions which resulted in significant changes to maternity services for women and their families.

OBJECTIVES

To explore the experiences of women who were pregnant, giving birth and/or managing the early weeks of motherhood during the Covid-19 lockdown (March and April 2020) in Aotearoa New Zealand.

METHODS

This qualitative study used semi-structured on line interviews with women to explore their experiences and reflexive, inductive thematic analysis to identify codes, subthemes and themes.

RESULTS

Seventeen women participated in the study. Analysis revealed four themes, these were: Relationship with my midwife, in which women described the importance of the *midwifery continuity of care relationship*. They described midwives often going *above and beyond* usual care and *filling gaps* in service provision. In the Disruption to care theme women described feeling *anxious and uncertain*, concerned about *hospital restrictions* and *changing rules*. The women also described their Isolation during their postnatal stay in hospital where they received the *bare necessities of care*, felt they were *on their own*, and worked to gain their *release home*, all of which took an *emotional and mental toll*. In the final theme Finding the positives the women describe the positive aspects of the lock down as being *undisturbed by visitors; bonding with the baby* and being able to *breastfeed in peace*.

CONCLUSIONS

Limiting partner support in the hospital post-partum period resulted in limited emotional and physical support for women and for some there was an ongoing emotional impact. Midwives providing continuity of care were trusted health professionals who often went above and beyond to ensure women's health needs were met during lockdown.

KEY MESSAGE

Midwifery continuity of care appears to have moderated the changes to care provision during the lockdown.

0 150 - A qualitative study of physical and verbal abuse experienced by women during labour and childbirth in Dili municipality, Timor-Leste

Angelina Fernandes¹

¹ Airlangga University, Public Health, Dili, Timor-Leste

BACKGROUND

Timor-Leste has made good progress in reducing maternal and infant mortality in the last decade, but major challenges remain, with 51% of women giving birth at home and 43% without a skilled provider. There are many barriers that affect access to and use of health facilities for birth. An underexplored aspect in Timor-Leste is the role of disrespect and abuse during childbirth.

OBJECTIVES

To explore the types of physical and verbal abuse experienced by women in urban health facilities, and at what stage of the birthing process these types of abuse are most likely to occur.

METHODS

This was a qualitative study used in-depth interviews. A sample of 10 women who had recently given birth at two urban birth facilities in Dili, Timor-Leste. Women were asked about their treatment and adverse experiences during labor and birth. Notes were taken during the interviews, transcribed and coded, and themes were analyzed around types of abuse and when they occurred. The data were analyzed by narratively.

RESULTS

Women experienced many different forms verbal and physical abuse from their birth attendant. Verbal abuse tended to occur earlier in labor, largely in response to women crying out in pain during contractions. Physical abuse was more likely to occur during the birth as well as during delivery of the placenta and perineal suturing.

CONCLUSIONS

Women described verbal abuse most often during labor and birth, and physical abuse during birth, placenta expulsion and perineal suturing.

KEY MESSAGE

Physical abuse, verbal abuse, mistreatment, childbirth, quality of care.

0 151 - Safe pregnancy intervention for intimate partner violence: a randomised controlled trial in Norway among culturally diverse pregnant women

Eva Marie Flaathen¹, Lena Henriksen¹, Milada Cvanarova Småstuen¹, Berit Schei², Angela Taft³, Josef Noll⁴, Lisa Garnweidner-Holme¹, Mirjam Lukasse⁵

¹ Oslo Metropolitan University, Health Science, Oslo, Norway

² The Norwegian University of Science and Technology, Medicine and health Science, Trondheim, Norway

³ La Trobe University, Judith Lumley Centre, Melbourne, Australia

⁴ University of Oslo, Technology Systems, Kjeller, Norway

⁵ University of South-Eastern Norway, Nursing and Health Sciences, Kongsberg, Norway

BACKGROUND

Intimate partner violence (IPV) during pregnancy is a global health concern and a violation of human rights with damaging consequences.

OBJECTIVES

We hypothesise that information about IPV and safety behaviours during pregnancy has the potential to increase quality of life, the use of safety behaviours and prevent IPV three months postpartum.

METHODS

A randomised controlled trial among pregnant women, to test the effect of a tablet-based video intervention about IPV and safety behaviours. Women attending routine antenatal check-ups alone were screened for violence (Abuse Assessment Screen) by responding to questions on a tablet and randomised to receive an intervention or a control video. Data collection from January 2018 to June 2020. Outcome measures three months post-partum: The WHOQoL-BREF, the Composite Abuse Scale on violence during the last 12 months and use of safety behaviours based on a 15-item checklist. A general linear model for repeated measures was used to examine the intervention's effect. The analyses were conducted by intention to treat. Approved but the Regional Committee for medical and Health Research Ethics.

RESULTS

Among 1818 eligible women, 317 reported IPV and were randomised to an intervention (157) or a control group (160). A total of 251 (79.2%) women completed the follow-up questionnaire: 120 (76.4%) in the intervention group and 131 (81.9%) in the control group. At follow-up, few women (n = 39) reported IPV during the last 12 months. No differences in quality-of-life domains and overall quality of life and health were found between the intervention and the control groups. We detected no differences between the use of safety behaviours or IPV frequency and severity during the last 12 months.

CONCLUSIONS

Our intervention showed no effect on women's quality of life, use of safety behaviours or exposure to violence.

KEY MESSAGE

A tablet-based tool may motivate women experiencing IPV to seek help and support.

0 152 - A call for critical midwifery studies: confronting systemic injustice in sexual, reproductive, maternal, and newborn care

*Bahareh Goodarzi*¹

¹ AVAG/APH/UMc/Amsterdam UMC, Midwifery Science, Amsterdam, Netherlands

PURPOSE

Systemic injustice is a threat to sexual, reproductive, maternal, and newborn (SRMN) health. The effects of this injustice are reflected in the high maternal and neonatal morbidity and mortality rates in former colonized countries of the Global South, in marginalized communities of the Global North, and in underprivileged classes around the world. Current research, clinical guidance, and global health politics all point to an inadequate response to injustice on the part of SRMN care systems.

DISCUSSION

Midwifery is often suggested as a solution to the SRMN inequalities resulting from systemic injustice. It is assumed, for example, that recruiting more midwives will increase access to abortion and preconception care, and reduce maternal and neonatal morbidity and mortality. We argue, however, that midwifery cannot offer an effective alternative without sufficient understanding of the roots of injustice. At present, the professional and academic discipline of midwifery lacks the necessary epistemological foundations and theories to fully understand and address systemic injustice in SRMN health.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Mainstream midwifery research, education, practice, policy, and regulations are largely White and Western-centric, using positivistic and universalist principles of biomedical research. Although we recognize the global struggle for legitimacy that midwives face as they work to make their models of care more accessible, this coincides with pressure to engage with dominant and dominating paradigms, using language and approaches that are valued by regimes of power.

KEY MESSAGE

We are a growing transnational collective consisting of members from the Global South and North, including midwives, doulas, scholars, educators, and mothers calling for an expansion of midwifery research to include what we coin “*Critical Midwifery Studies*”. We envision a Critical Midwifery Studies that uses three principles:

- engagement and collaboration with rapidly developing fields within critical theory
- midwifery-led
- self-critical
- includes developing ways to implement critical theory into practice

0 153 - Sexual assault examinations and care-justice for survivors

Donna Jackson-Köhlin¹

¹ Baystate Midwifery and Women's Health, Midwifery/Community Health, Hadley MA, USA

PURPOSE

Sexual Assault Nurse Examiner (SANE) programs deliver compassionate, coordinated care to victims of sexual assault presenting to local hospital emergency rooms. Certification and credentialing are offered to midwives, nurse practitioners, nurses, and physicians through the state department of public health. Care include: forensic evidence collection, documentation, police reporting, lab analysis, treatment including prevention of sexually transmitted infections, HIV, pregnancy prophylaxis and crisis intervention. Empowering care without judgment, and maintaining respect, dignity and compassion are central to sexual assault forensic care. The hallmarks of midwifery care embody the same values and skills embedded in the SANE approach to care.

DISCUSSION

Sexual assault examiners do not determine whether an assault has occurred, but rather, offer patient-directed examination to document signs of trauma, collect appropriate forensic evidence and provide comprehensive support and education.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Respectful care, freedom from harm, honoring and facilitating the right to make choices in one's care, preserving confidentiality and privacy as basic human rights that midwifery embraces, and are easily applied to the needs of sexual assault survivors.

EVIDENCE IF RELEVANT

The SANE curriculum was developed as part of a "best practices" standard for victims of sexual assault in the 1990s. Time-sensitive forensic evidence assists in criminal investigations and prosecutions when the survivor chooses to pursue those, and well-being for those experiencing sexual assault has been vastly improved by putting into practice recognized guidelines and training for all aspects of care.

KEY MESSAGE

Sexual assault is a traumatic event, but the disclosure and evaluation following this event can be equally or more, traumatic for survivors. Historically, and sometimes still currently, those experiencing sexual assault have been blamed for encouraging the assault, not resisting "hard enough," or making up the events. Delaying or avoiding care for fear of not being believed has lifetime consequences. Midwives are ideally suited to providing care to survivors of sexual assault.

W 11 Creating an enabling environment to provide abortion care workshop

WORKSHOP

Rumbidzai Chisango Zimudzi¹, Jayne Kavanagh², Evangeline Dushimeyesu³, Sangita Saha Prema⁴, Joy Kemp⁵

¹ Adult Rape Clinic ARC, Clinic supervisor, Harare, Zimbabwe

² Royal College of Obstetricians and Gynaecologists RCOG, Centre for Women's Global Health, London, United Kingdom

³ Rwanda Health Initiative for Youth and Women RHIYW, Sexual and reproductive health, Kigali, Rwanda

⁴ Bangladesh Midwifery Society, Executive Committee, Dhaka, Bangladesh

⁵ Royal College of Midwives, Professional International, London, United Kingdom

THE LEARNING OUTCOMES

At the end of the workshop, participants will:

- Know the history of abortion provision, medical advancement and the revised WHO care guidelines
- Have an understanding of the health cadres that can be involved in abortion care provision and how they might work together, as recommended by the World Health Organisations
- Be able to identify barriers to providing quality care and steps that can be taken to address those barriers

THE PROCESS/ACTIVITIES

- 90 minute session chaired by 2/3 facilitators, including midwives involved in the RCOG Making Abortion Safe programme
- Session divided into short classroom-based sections and group activities:
 1. Presentation: Short overview of abortion provision focusing on medical advancement, including introduction of medical abortion (15 mins)
 2. Activity: identify health cadres the WHO identifies as being able to provide abortion care (10 mins)
 3. Presentation: Identifying barriers to care (10 min)
 4. Activity: Identify barriers to care provision in your context and mitigations to overcome them (20 mins)
 5. Discussion/feedback (25 mins)
 6. Presentation: Tools to use to overcome barriers (10 mins)
 - Abortion care eLearning
 - Stigma roadmap
 - Best practice papers in abortion and post-abortion care
 - Abortion advocacy eLearning

AUDIENCE PARTICIPATION

- Health cadres activity (2): participants in the room write down all health workers on post-its and stick them into categories of 'can provide' 'cannot provide' – followed by facilitated discussion.
- Identify barriers (4): group is split into groups of 5 (max 6 groups). They will be asked to identify barriers in their country and suggest mitigations to overcome the barriers.
- Room set up: banquet / clusters; AV and screen required.

REFERENCES

- World Health Organisation (2022). WHO Abortion care guidelines. <https://www.who.int/publications/i/item/9789240039483>.
- RCOG abortion care resources: <https://www.rcog.org.uk/about-us/global-network/centre-for-womens-global-health/our-resources/>.

SPONSOR

Royal College of Obstetricians and Gynaecologists.

W 12 1,000 days of midwife-led continuity of care practice workshop: building a group healthcare model using human-centered design

WORKSHOP

*Esnath Kapito*¹, *Ashley Gresh*², *Jalana Lazar*³, *Sharon Schindler Rising*⁴, *Janet Mambulasa*¹, *Ellen Chirwa*¹, *Amy MacDonald*⁵, *Crystal Patil*⁶

¹ Kamuzu University of Health Sciences, Midwifery, Blantyre, Malawi

² Johns Hopkins School of Nursing, Nursing, Baltimore, USA

³ City- University of London, Centre for Maternal Child Health, London, United Kingdom

⁴ Group Care Global, Administration, Philadelphia, USA

⁵ Pomelo Care, Midwifery, Hillsborough, USA

⁶ University of Illinois Chicago, Nursing, Chicago, USA

THE LEARNING OUTCOMES

Identify how group healthcare (providing healthcare in groups) fills care continuum gaps with an emphasis on postpartum and well-child care integration.

Experience a human-centered design approach to adapt group healthcare to local contexts.

Create a mock prototype of a group-based postpartum/well-child care model.

THE PROCESS/ACTIVITIES

Overview of the group healthcare model and human-centered design (HCD).

Begin the experiential HCD 5-step process:

- 1) Define problem and assemble a team – facilitated discussion to identify major stakeholders;
- 2) Gather information through evidence and inspiration – conduct a free listing exercise with participants in small groups on the current state of postpartum and well-child care in their context;
- 3) Synthesize - Bring all groups together to see what common health promotion content, barriers, and facilitators emerged;
- 4) Intervention design – guiding principles and ideation – return to small groups to sort themes generated by the whole group and prioritize health promotion content and implementation structures. Facilitated discussion on creation of a facilitator’s guide and curriculum for groups and general prototype of groups;
- 5) Evaluate –discussion on how to test the prototype, what is needed for implementation and evaluation.

Large group discussion on mock prototypes and fidelity while adapting to diverse contexts.

AUDIENCE PARTICIPATION

Participants will engage in small and large group discussions and activities to learn the steps of human-centered design. This experiential learning will equip them with the skills to enable them to build a toolkit for group healthcare in various contexts.

REFERENCES

- Bloomfield, J., & Rising, S. S. (2013). CenteringParenting: an innovative dyad model for group mother-infant care. *Journal of midwifery & women’s health*, 58(6), 683–689.
- Fischer, M., Safaeinili, N., Haverfield, M. C., Brown-Johnson, C. G., Zions, D., & Zulman, D. M. (2021). Approach to Human-Centered, Evidence-Driven Adaptive Design (AHEAD) for Health Care Interventions: a Proposed Framework. *Journal of general internal medicine*, 36(4), 1041–1048.

0 154 - Club courage: a circle of care for midwives in Mali

Anne Hyre¹, Aissata Ba²

¹ *Jhpiego, Technical Leadership Office, Baltimore, USA*

² *Jhpiego, Mail, Bamako, Mali*

PURPOSE

To share experience from a midwife-designed peer-support intervention entitled Club Courage. Club Courage enables midwives to openly discuss stress and trauma in their work and personal lives, and to provide support to each other to recover, adapt, and thrive.

DISCUSSION

Midwives in West Africa face tremendous stress, burnout, and secondary trauma. They experience life or death situations regularly, lack adequate materials, and encounter difficult clients. The stress and trauma perpetuates a cycle of mistreatment and mistrust amongst clients and midwives. In Mali, Jhpiego and ThinkPlace conducted behavioral design to explore how pregnant women and midwives experience maternal health care. Using design methods, pregnant women and midwives helped us uncover significant levels of chronic stress and feelings of inadequacy amongst midwives. With midwives, we co-designed Club Courage – a simple, low cost intervention that enables midwives to discuss and address stress and trauma and mutually support each other. During existing monthly meetings, midwives use evidence-informed cards to discuss Care of Self, Care for Patients, Care for Family, and Care for Colleagues. Each card includes a group discussion question, evidence-based advice for self-care and resilience, and a reminder affirmation. Discussions are facilitated by the midwives, without external facilitators or special training.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Despite decades of investment in maternal health in Mali, quality of services still lags. Our design work suggests that quality will not improve until the emotional well-being of midwives improves. Club Courage is an important step toward a supportive enabling environment for midwives to grow and thrive at work.

EVIDENCE IF RELEVANT

Jeffre, Y and Lange, I. Being a midwife in West Africa: Between sensory experiences, moral standards, socio-technical violence and affective constraints. *Social Science & Medicine*, 2021.

ThinkPlace. Insights from Bamako [https://hcdformnh.jhpiego.org/resources/mali/Mali-Insights-Report\(English\).pdf](https://hcdformnh.jhpiego.org/resources/mali/Mali-Insights-Report(English).pdf).

KEY MESSAGE

Club courage is a simple, low cost intervention that can be applied by midwives to address stress and trauma and mutually support each other.

0 155 - The Papua New Guinea (PNG) midwifery leadership buddy programme: a mixed methods evaluation

Helen Hall¹, Kim Crawford², Mary Sitaing³, Julie Kamblijambi Kep⁴, Jennifer Pyakalyia⁵, Mohammad Mahmood⁶, Paula Nerlyn⁷

¹ Federation University, Institute of Health & Wellbeing, Mount Helen, Australia

² Monash University, Nursing & Midwifery, Clayton, Australia

³ Port Moresby General Hospital, Midwifery, Port Moresby, Papua new Guinea

⁴ National Department of Health, Human Resource Training and Staff Development, Port Moresby, Papua new Guinea

⁵ PNG Midwifery Society, PNG Midwifery Society, Port Moresby, Papua new Guinea

⁶ University of Adelaide, School of Public Health, Adelaide, Australia

⁷ University of Papua New Guinea, Nursing & Midwifery, Port Moresby, Papua new Guinea

BACKGROUND

Leadership is identified as a core element in ICM's *Professional Framework for Midwifery*. The *PNG Midwifery Leadership Buddy Program* aims to respond to this requirement, through leadership training and the partnering of midwives across PNG and Australia. Participants in the program undertake a workshop together in Port Moresby and commit to a 12-month peer support relationship with a 'buddy'. Each pair also develops a small quality improvement project. Two cohorts have completed the program, and more are planned.

OBJECTIVES

To evaluate participants' experiences and the outcomes of the '*PNG Midwifery Leadership Buddy Program*'.

METHODS

All 23 midwives who had completed the 12-month program were invited to participate in the evaluation. The study used a concurrent mixed methods approach. Qualitative data was collected via interviews and thematically analysed. Quantitative data was collected via questionnaires and analysed with descriptive statistics.

RESULTS

20 midwives agreed to take part in the study. Four themes emerged from the qualitative data: 'Building leadership capacity', 'Strengthening Midwifery', 'Positive impacts for women and babies in PNG' and 'Barriers and challenges'. Analysis of the quantitative data revealed that participants developed an increased confidence for leadership and action, particularly the PNG midwives. The main challenges to the success of the program were technological and cultural barriers to communication, and the impact of the COVID-19 pandemic.

CONCLUSIONS

Participating in the *PNG Midwifery Leadership Buddy Program* was successful in increasing leadership skills and strengthening midwifery more broadly. While there were barriers, most midwives valued the experience and believed it benefited them professionally and personally.

KEY MESSAGE

Developing midwifery leadership is vital to addressing the current deficits in health outcomes for women and babies. The *PNG Midwifery Leadership Buddy Program* provides a model for building midwifery leadership that may be transferable to other contexts.

0 156 - The development, testing, implementation and evaluation of a graduate midwife mentoring programme

*Dianne Bloxsome*¹

¹ Edith Cowan University, School of Nursing and Midwifery, Joondalup, Australia

BACKGROUND

The challenges facing midwives to remain in the profession are multifactorial; given the present global and national shortage of midwives, action must be taken. Therefore, providing support and mentorship to assist the graduate midwife in transitioning to the profession is vital. In developing a new midwife's confidence and competence, good support is imperative to ensure they remain in the profession.

OBJECTIVES

The overall aim of this project was to develop, test, implement and evaluate a graduate midwife mentoring program designed to optimise job satisfaction in both mentees and mentors to optimise the likelihood of retention in the profession. The objectives were: 1) To develop, test and refine, with stakeholders, an evidence-based and implementable graduate midwife mentoring program; 2) To implement the newly developed graduate midwife mentoring program across all healthcare organisations that employ graduate midwives; 3) To evaluate the effectiveness of the graduate midwife mentoring program for both the mentor and the mentee and propose recommendations for the future mentoring program.

METHODS

The methodological approach used to undertake this project was Participatory Action Research. The action research cycle was implemented using the guidance of Lewin (1946); this involves an open 'plan, act, observe, reflect' cycle', a total of five cycles were completed.

RESULTS

An evidence-based graduate midwife mentoring program was developed based on findings from an integrative review and focus groups with those who have had experience managing or supporting graduate midwives, and past midwifery graduates. The program was implemented and evaluated positively by all mentors and mentees who participated.

CONCLUSIONS

The program will contribute to implementing personal and emotional support to new graduates, increasing their resilience levels and lowering their turnover within a year from graduation.

KEY MESSAGE

A mentoring program can be cost-effective and meet the needs of the new graduate midwife. Organisations must be on board for its successful implementation and ongoing success.

0 157 - Capacity building of community midwives in remote and hard-to-reach areas through mentorship project in Daikundi Province, Afghanistan

Ahmadullah Molakhail¹

¹ UNFPA-Afghanistan, Reproductive Health, Kabul, Afghanistan

BACKGROUND

The Mentorship Project is aimed at strengthening midwifery practice of community midwives, improving the quality of care through providing continuing education and coaching to less experienced community midwives serving at health facilities located in remote and hard-to-reach areas in Daikundi province, Afghanistan. Though this project support is provided to selected 10 out of 58 midwives with poor performance to enhance their knowledge and skills by highly educated and experienced midwives. The mentorship empowers mentees to practice competently and confidently according to their nationally-agreed scope of practice and assist them to be 'fit for purpose' and capable of providing high quality, safe and respectful maternal and newborn health services.

OBJECTIVES

To enhance the quality midwifery services that leads to improve the mothers and newborn health and survival.

METHODS

At first, the performance of all midwives was gauged through a baseline assessment, in which 10 facilities has been selected. At second stage, first sessions of the mentorship were conducted by experienced midwives, who spent one week working with the midwives with poor assessment, increasing their knowledge, skills, attitude, and working environment of the FHs. The third stage was joint monitoring with provincial health officials of all 10 HF. Then, the results are shared. Following that the second mentoring sessions were conducted for one week. Its last stage was the end-line assessment

RESULTS

Its results: The overall baseline bassline results was 46% points with end-line 92%. Its results showed that there was a significant improvement in knowledge and understanding about High Impact Interventions-(HIIs), Family Planning, Maternal and Newborn Health, Infection Prevention-(IP), and Post Abortion Care-(PAC)

CONCLUSIONS

The mentorship project is one of the most successful projects--especially--under the Taliban-ruled Afghanistan

KEY MESSAGE

1. The mentorship project should be scaled- up throughout the country
2. More resources be invested in this project because it is a feasible means under the Taliban government

O 158 - Giving birth in Switzerland during the COVID-19 pandemic: mothers' perspectives on quality of maternal and newborn care

Alessia Abderhalden^{1,2}, Claire de Labrusse¹, Ilaria Mariani³, Anouck Pfund¹, Michael Gemperle⁴, Antonia N. Mueller⁴, Susanne Grylka-Baeschlin⁴, Emanuelle Pessa Valente³, Marzia Lazzerini³

¹ School of Health Sciences HESAV- HES-SO University of Applied Sciences and Arts Western Switzerland, Midwifery Department, Lausanne, Switzerland

² Center for Primary Care and Public Health Unisanté- University of Lausanne., Department of Health, Work, Environment, Epalinges, Switzerland

³ WHO Collaborating Centre for Maternal and Child Health, Institute for Maternal and Child Health IRCCS Burlo Garofolo, Trieste, Italy

⁴ ZHAW Zurich University of Applied Sciences, Winterthur, Switzerland, Research Institute for Midwifery Science, Winterthur, Switzerland

BACKGROUND

The ICM and the World Health Organisation (WHO), recommend high-quality perinatal care even during unexpected events. Based on the WHO "Standards for improving Quality of Maternal and Newborn Care" (QMNC), the IMAGiNE EURO study explores QMNC during the COVID-19 pandemic in 18 European countries, including Switzerland.

OBJECTIVES

To describe mothers' perspectives on QMNC during the COVID-19 pandemic in Switzerland.

METHODS

Women who gave birth in Swiss hospitals from March 2020 to February 2022, answered a validated online questionnaire exploring QMNC. Women's suggestions on how to improve QMNC were collected through an open-ended question and thematically analysed.

RESULTS

1,175 women were included in the analysis. A deterioration in QMNC during the pandemic was reported by 28% of women. They described not been treated with dignity (12%), an insufficient social support as partners were not allowed to stay as long as they needed in the hospital (34%), and an inadequate communication from HCP to reduce COVID-19-related stress (22%). Suggestions to improve QMNC were collected (n = 226). Women reported a lack of empathy from healthcare professionals (HCP), and a discrepancy between their physical and emotional needs, and the care provided. Some of them felt "left alone" after childbirth, often without receiving clear explanations on their own and their newborn health. Insufficient organisational and human resources in health facilities were perceived as major causes of these shortcomings.

CONCLUSIONS

Women giving birth in Switzerland during the pandemic reported substantial gaps in QMNC. HCP should pay special attention to women's distress signs and empathetically listen to their needs to preserve QMNC even during acute events. Likewise, policy-makers should assure hospitals with sufficient resources to provide high-quality and respectful perinatal care.

KEY MESSAGE

QMNC's indicators collected during the COVID-19 pandemic may reflect deeper issues in perinatal care within the healthcare systems. These indicators should be assessed and monitored over time to improve QMNC.

0 159 - Pregnant women's experiences of asthma management - a qualitative study

Karen McLaughlin¹, Megan Jensen², Maralyn Foureue³, Vanessa Murphy⁴

¹ University of Newcastle, School of Nursing and Midwifery, North Lambton, Australia

² University of Newcastle, Priority Research Centre, Grow Up Well, Newcastle, Australia

³ University of Newcastle, School of Nursing and Midwifery, Newcastle, Australia

⁴ University of Newcastle, School of Medicine and Public Health, Newcastle, Australia

BACKGROUND

Asthma affects 12.7% of pregnant women in Australia. Optimal management of asthma during pregnancy is an important element in improving maternal and neonatal outcomes. Despite consistent management recommendations available via clinical practice guidelines for asthma in pregnancy, pregnant women with asthma are not receiving guideline recommended care.

OBJECTIVES

This study builds on previous research and aims to explore the asthma management experiences of pregnant women with asthma. Specifically, to gain insight into pregnant women's understanding of their asthma; previous and current exposure to asthma education; and attitudes towards their asthma management and medication use.

METHODS

This qualitative descriptive study involved individual semi-structured interviews with pregnant women with asthma, accessing antenatal care in 2 large maternity units in NSW Australia. Data were transcribed and analysed using content analysis. The participants were recruited from those enrolled in the Breathing For Life Trial (BLT), an RCT of inflammation-guided asthma management in pregnancy versus usual which was being conducted in these units.

RESULTS

A total of 24 women were interviewed between June 2018 and May 2020. Three main themes: "Did not think asthma was an issue", "If I'm not getting oxygen in then neither is my baby" and "Beyond pregnancy care" were identified along with 8 sub-themes which showed asthma knowledge, attitude and medication adherence variation depending on experiences with asthma management.

CONCLUSIONS

This study highlighted the varied experiences of this cohort of pregnant women with asthma and identified the need for ongoing consistent asthma management to improve the knowledge, attitude, and medication adherence of women with asthma before during and after pregnancy, and in turn improve maternal and neonatal outcomes.

KEY MESSAGE

Despite clear asthma management guidelines pregnant women with asthma are experiencing variations in care which can adversely affect their health and that of their baby. Further work is required to provide consistent evidence-based asthma care for this cohort.

0 160 - Women's experiences of successful vaginal birth after caesarean (VBAC) in Indonesia: a phenomenology study

Safira Cantika Desra¹, Dwi Izzati¹, Farida Firtriana¹, Gadis Meinar Sari²

¹ Universitas Airlangga, Department Midwifery, Surabaya, Indonesia

² Universitas Airlangga, Department of Medical Physiology, Surabaya, Indonesia

BACKGROUND

The rate of Cesarean Section has increased nationally and globally. The higher the number of cesarean sections, the higher the potential for morbidity and mortality. Federation of Gynecology and Obstetrics (FIGO) recommends vaginal birth after a cesarean section is a safe delivery but lacks evidence to inform this and the controversy continues. Because cesarean sections are increasing as a result there is an increasing number of women who want a Vaginal Birth After Casarean (VBAC) and providers are increasingly faced with women who want a VBAC.

OBJECTIVES

This study aims to analyze the experiences of mothers regarding the success of VBAC.

METHODS

This research method is a qualitative phenomenological study by conducting in depth semi-structured interviews on mothers who have successfully given VBAC with individual interview techniques. The number of informants is 5 informants with purposive sampling technique that meets the inclusion and exclusion criteria.

RESULTS

The results of this study were previous delivery experiences, decision making when planning a VBAC, preparation in planning a VBAC, a support system in choosing a VBAC, and services provided by general provider care.

CONCLUSIONS

The importance of knowledge preparation, biological, psychological, spiritual, financial, support system and general provider care can provide a chance for higher VBAC success. Satisfaction in mothers is seen after they have successfully delivered vaginally after previously cesarean delivery. Giving the mother a choice regarding VBAC is necessary to respect and protect women's rights.

KEY MESSAGE

With the choice of women for vaginal delivery and careful preparation, the Cesarean rate at global and national levels can be reduced.

0 161 - Perception of postnatal women on satisfaction with informational support from midwives during labour in a maternity unit in Calabar, Nigeria

Ekpoanwan Esienumoh¹, Celestina Chukwudi¹

¹ University Of Calabar, Nursing Science, Calabar, Nigeria

BACKGROUND

The woman in labour could be fraught with fear of the unknown if she lacks information. This situation makes informational support to the woman imperative. Informational support refers to giving details about progress of labour and guidance regarding coping techniques. This anticipatory guidance is important to the labouring woman and her family because they need to know what to expect in the course of labour. The midwife may not be able to predict the exact course of labour, but she could provide helpful information.

OBJECTIVES

To investigate the satisfaction of postnatal women with informational support provided by midwives during labour.

METHODS

Descriptive cross-sectional design was used for this study. The setting was a tertiary health facility in a southern State in Nigeria. The target population involved all the women who had normal births in this health facility within a period of three months before this study from December, 2017 to February, 2018. Through purposive sampling, 121 mothers were selected. Following ethical approval and consent from the subjects, data were collected through modified standardised Bryanton Adaptation of Nursing Support in Labour Questionnaire (BANSILQ). Data were analysed using SPSS version 23.

RESULTS

Results showed that 68.6% of the women were multiparous; 80.1% were satisfied with information about their progress in labour; 77.7% satisfied with answers to their questions, only 38% were satisfied with involvement in their care and 40.5% satisfied with midwives' polite repetition of instructions to them. Averagely, only 59.5% of the women perceived that midwives provided adequate information they required during labour. Findings corroborate those of Olayinka et al. (2012) and Caxon et al. ((2017).

CONCLUSIONS

There are some gaps in information provided to the women in labour by midwives in this study setting. Conscientious effort should be made by midwives to provide information to the women in labour.

KEY MESSAGE

Labour information is apt.

0 162 - A cross-sectional survey of UK student midwives' theoretical knowledge, confidence, and experience of intermittent auscultation during labour

*Kerry Phillips*¹

¹ Cardiff University, School of Healthcare Sciences, Cardiff, United Kingdom

BACKGROUND

Intermittent auscultation (IA) effectively monitors fetal condition during labour; however, successive reviews highlight it can be beset by error. Common issues include inappropriate use of IA, poor technique, and failure to detect or act on fetal hypoxia. This has resulted in the loss of fetal life or the acquisition of a life-limiting brain injury. Good teaching and learning are crucial to prevention.

Student midwives learn in the classroom and clinical practice. Learning should be commensurate, but some experience a theory-practice gap. This causes students to feel overwhelmed and stressed, leading to impairment in the ability to assimilate clinical skills.

OBJECTIVES

To gain insight into UK student midwives' IA learning, a study was conceived, asking: what do UK student midwives know and understand about IA in labour, and how do they experience IA in practice?

METHODS

An online, cross-sectional survey was designed. Ethical permission was granted.

The survey accrued 303 responses (N), quantitative data about respondent knowledge and confidence were analysed with descriptive statistics, with some triangulation to increase validity. Free-text about respondent experiences of IA were analysed using reflexive thematic analysis (RTA).

RESULTS

Descriptive data analysis demonstrated appropriate student knowledge and confidence and that most respondents had witnessed IA keeping with guidance.

RTA offered a different view - IA was subject to variation, and its practice deviated from guidance. Respondents highlighted: organisational culture, midwives' beliefs about the efficacy of IA, technologicalisation of birth / decreased opportunity to practice IA and difficulties of performing IA for midwives' (competing demands) as affecting factors.

CONCLUSIONS

This study demonstrated that classroom-based teaching of IA should be based on evidence-based practice and 'real world' issues.

Increasing technologisation of birth cause reduced opportunity to practice and gain IA competency.

The barriers and facilitators to using IA, require further study.

KEY MESSAGE

IA learning and practice need further study as barriers to safe and effective care is apparent.

0 163 - Competency in peripheral vascular access for midwifery students

Glenda Hawley¹, Rickard Claire^{1,2}, Barbara Hewer³, Jessica Schults^{1,4}, Daner Ball^{1,2}, Nicole Marsh^{1,2}, Peta Winters-Chang¹, Maggie Cirani¹, Lauren Kearney^{1,5}

¹ The University of Queensland, School Nursing-Midwifery & Social Work, Brisbane, Australia

² UQ Centre for Clinical Research, Metro North Hospitals and Health Service, Brisbane, Australia

³ Metro North Hospitals and Health Service, Vascular Access Surveillance and Education, Brisbane, Australia

⁴ Metro North Hospitals and Health Service, Herston Infectious Disease Institute, Brisbane, Australia

⁵ Metro North Hospitals and Health Service, Women's and Newborn Services, Royal Brisbane Women's Hospital, Brisbane, Australia

BACKGROUND

Venepuncture and insertion of peripheral intravenous catheters (PIVC) are common invasive procedures performed in hospitals, to aid in diagnosis of condition, deliver medications and fluids. In midwifery, there is a need for a responsive and skilled workforce to care for women and respond to emergency situations. This challenge was recognised and a collaborative approach was established to immerse final year midwifery students with a Vascular Access Surveillance and Education (VASE) unit, to teach, practice and reach competence in this very significant skill.

OBJECTIVES

The purpose of this pilot study was to promote a skilled workforce by training undergraduate students in midwifery to be competent with insertion and care of PIVCs.

METHODS

Over a two-week period, students were provided with continuing education of the anatomy and care of PIVCs. Students were aligned with expert staff to practice the skill of PIVC insertion with women, in need of vascular access. The pilot was evaluated to measure competency, beneficence and acceptability to students.

RESULTS

All of the students completed the program and achieved competency in PIVC care and insertion. Students reported *"in my placement I learnt all the evidence behind the skill and evidence-based practice with really highly trained, skilled clinicians"* and *"to be a really great educational experience that I am very grateful to have done"*. The success of the trial has meant that the initiative will continue for future students at the clinical site.

CONCLUSIONS

This is a distinctive collaboration between teaching, research in a tertiary education centre and a clinical placement site industry partner. The evaluation will now guide how to progress the initiative with other placement sites and students in midwifery undergraduate training.

KEY MESSAGE

Training students in midwifery to be proficient in venepuncture and cannulation is an integral service to reducing delayed diagnostic tests and avoid potential deterioration for women who require vascular access.

0 164 - Knowledge acquisition and retention in midwifery students learning about the third stage of labour while using virtual reality

Terri Downer¹, Patrea Andersen², Michelle Gray³, Sarah Mcleod²

¹ *University of the Sunshine Coast, School of Nursing Midwifery and Paramedicine, Sippy Downs, Australia*

² *Wintec, Centre for Health and Social Practice, Hamilton, New Zealand*

³ *Edith Cowan University, School of Nursing and Midwifery, Joondalup, Australia*

BACKGROUND

Virtual Reality (VR) enables the user to be immersed in a simulated world where they can interact with the environment and perform tasks in real-time. VR has been shown to convey quickly and efficiently abstract and complex concepts and increase knowledge acquisition. Three-dimensional immersive VR has been shown to quickly and efficiently convey abstract and complex ideas and maintain a long-term effect on knowledge acquisition. Its use in midwifery education is still in embryonic stages and a pedagogy to support learning has yet to be established.

OBJECTIVES

The purpose of this study was to investigate the acquisition and retention of new knowledge in midwifery students using VR teaching methods. The study explored the impact of visualisation technology on student learning of the third stage of labour.

METHODS

Using handheld devices with stereoscopic lenses, students viewed a predesigned artefact depicting the birth of the placenta. A longitudinal pre-test/post-test design was employed which utilised a purposive sample of first year midwifery students attending participating universities in Australia, New Zealand and Japan. Data was collected at 4 time points; prior to exposure to VR teaching methods, post and at 1, 3 and 6 months. SPSS statistical software version 22 was used to analysis data. Ethics was approved from the University of the Sunshine Coast Human Research Ethics Committee A211569.

RESULTS

Initial analysis highlighted the diversity of students within the cohort. This and findings from subsequent analysis that considers the results from each institution will be analysed, and the results presented at the conference.

CONCLUSIONS

This study fills the gap in knowledge regarding the impact of 3D virtual learning on knowledge acquisition and retention in midwifery education.

KEY MESSAGE

Educators need evidence-based resources to develop curriculum that is innovative, and midwifery focused. A wide-spread investigative research study is needed to establish teaching and learning strategies for midwifery specific education.

0 165 - Bachelor of science in midwifery: a centennial milestone for Philippine midwifery

Patricia Gomez¹

¹ *Integrated Midwives Association of the Philippines, inc., admin San Juan City, Philippines*

PURPOSE

Midwifery education in the Philippines turned 100 years old since it was introduced in 1922. Strengthening the midwifery educational system, through a comprehensive and responsive curriculum, is a key strategy in improving the practice that is compliant with existing laws; thereby, increasing quality supply of competent midwives in public and private sectors; making it possible for the promotion of excellence in midwifery education, and improving the standards of nationally recognized core competencies and guiding principles set by the local and international regulatory bodies.

DISCUSSION

The Bachelor of Science in Midwifery (BSM) is a responsive and relevant program that bridges the gap between pre- and in-service demands. Significantly, it promotes mastery of core competencies at each level that are distinct by the experiences in the educational process and various clinical practices. The policies, standards and guidelines in midwifery profession is a product of the collective efforts of the Commission on Higher Education Technical Committee for Midwifery Education in consultation with concerned Higher Education Institutes and relevant government agencies such as the Professional Regulation Commission – Board of Midwifery, the Integrated Midwives Association of the Philippines, Incorporated, and the Association of Philippine Schools of Midwifery, Incorporated.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

BSM supports midwife educators in strengthening the development and delivery of pre- and in-service midwifery education programs. This is closely interconnected with other elements of ICM framework such as the continuing competence in ensuring high quality care; regulatory authorities supporting quality care by requiring midwives to demonstrate their continuing competence; and midwives association and its important leadership role in advocating for the integration of these framework.

KEY MESSAGE

The approved BSM program is very timely toward producing globally competitive Filipino midwives; and is an auspicious legacy of IMAP, Inc., with strong support from its partners, as it steadfastly elevates the Philippine midwifery profession.

**Wednesday,
14 June 2023**

**Wednesday, 14 June 2023,
08:00–8:45**

SS 17 Improving midwifery quality of care through an integrated health systems approach, using postpartum haemorrhage (PPH) prevention as a use case: lessons from Kenya and Nigeria (MSD for Mothers)

SATELLITE SYMPOSIUM

Jeffrey Jacobs (USA)

Daisy Ruto (Kenya)

Uchenna Igbokwe (Nigeria)

Frida Berg (Switzerland)

Michael Muthamia (Kenya)

BACKGROUND

The Sustainability Development Goal 3 maternal mortality targets are not likely to be achieved by 2030, with several countries off-track to meet their targets (1). To accelerate progress, addressing quality of care improvements remains a top priority and as part of this, midwives represent a critical piece of the puzzle in providing high-quality care during labor and delivery. To unlock their full potential, countries need to build an enabling environment in which an integrated system provides the essential supportive elements, from policy through training, supportive supervision, access to data, clinical protocols, and quality commodities.

This session will discuss how strides have been made to improve the quality of care provided by midwives, particularly around PPH prevention, and the lessons learned in implementing an integrated systems approach across the following areas:

- Importance of translating global normative policy into country level policy and practice
- Supporting an enabling environment for midwives introducing new innovations into practice, including factors (intrinsic and extrinsic) that influence a health system and provider's ability to introduce new innovations
- The role of patient literacy, including women's informational needs and ability to influence care

Structure

08:00–08:10 Welcome and Opening remarks (Jeffery Jacobs) – Brief overview of the importance of an enabling policy environment, governance and midwifery leadership in improving quality of care.

08:10–08:30 Discussion around successes and lessons learned around implementing an integrated systems approach to improving quality of care – Facilitated as a roundtable moderated by Jeffery Jacobs. Each speaker will briefly share successes and challenges from their perspectives (Nigeria, Kenya, Global) and then will open for discussion.

08:30–08:40 Q&A.

08:40–08:45 Closing remarks.

(1) UNFPA, World Health Organization, UNICEF, World Bank Group, the United Nations Population Division Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division

SS 16 Lessons learned from transitioning to midwifery models of care in WHO South-East Asia countries (WHO SEARO and WHO India)

SATELLITE SYMPOSIUM

SESSION SPONSORED BY WHO

Ai Tanimizu (India)

Frances McConville (Switzerland)

Maqsura Noor

Deepika Cecil Khakha (India)

Goma Devi Niraula Shrestha (Nepal)

PURPOSE

The purpose of this session is to provide status update following the policy decision to transition to midwifery models of care and the WHO South-East Asia region and share learnings across the region.

BACKGROUND AND CONTEXT

The Regional Strategy for Strengthening Midwifery for WHO South-East Asia Region (SEAR) was initiated in 2020 with the goal that all women of reproductive age, including adolescents have universal access to quality midwifery care needed by scaling up the availability, accessibility, acceptability, and quality of the midwifery workforce. The regional midwifery strategy includes five focus areas consisting of governance and regulation; education and training; workforce planning and management; practice and service delivery; and research and evidence. Three years have passed since the inception of the Regional Strategy. During this time, the State of the World's Midwifery report was disseminated in 2021 and the Global Strategic Directions for Nursing and Midwifery 2021–2025 has been adopted by the Seventy-fourth World Health Assembly.

A Regional Meeting to Review Progress and Strengthen Midwifery Programme in South-East Asia Region was convened 13–15 September 2022 to strengthen midwifery leadership for policy interventions by informing the recent evidence and sharing various midwifery innovations that took place in the Region. The programme was structured around the five focus areas of the regional midwifery strategy. Member states presented their innovations and successes during regional meeting including in-depth group activities to review data collection and indicators, and deciding on new priorities, indicators, stakeholders and engagement processes to move forward. The journey and lessons learned from countries in WHO South-East Asia as they transition to midwifery models of care will be shared during this session.

AGENDA

- 5 min Welcome and Regional overview of maternal and newborn health
Ms Ai Tanimizu, Technical Officer (Nursing & Midwifery), WHO SEARO
- 35 min Panel Discussion on the journey and lessons learned from transitioning to midwifery models of care in the WHO South-East Asia Region & Country reflections (10 min each)
Moderated by Ms Fran McConville
Ms Maqsura Noor, Director-General, Directorate General of Nursing and Midwifery, Ministry of Health and Family Welfare, Government of Bangladesh
Dr Deepika Khakha, Nursing Advisor, Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India
Ms Goma Niraula, Director, Nursing and Social Security Division, Ministry of Health and Population, Government of Nepal
- 5 min Closing
Ms Ai Tanimizu

SS 18 Strengthening sexual and reproductive health access in remote islands through midwives and Samsara: a grassroots organisation collaboration to achieve health system resilience in Indonesia (SAMSARA)

SATELLITE SYMPOSIUM

Ika Ayu Kristianingrum (Indonesia)

Mitra Kadarsih (Indonesia)

In Indonesia, geographical barriers are one of the biggest challenges for girls and women to access healthcare. With more than 17.000 small islands, and 111 islands located in the most remote areas, healthcare distribution plays the most challenging situation. In addition, the absence of sexual and reproductive health (SRH) services and information in remote areas puts girls and women at risk of forced marriage, rape, unplanned pregnancy, and unsafe abortion. Even though abortion is legal under two indication, in case of rape, and under medical emergency, services are unavailable.

Despite the challenge, midwives play a crucial and important role as information and service providers in remote areas. As part of service providers who stay closely, among the society, midwives become the first actors whom people in remote areas could reach to access healthcare. But the limitation of knowledge, capacity, and competence especially in emergency situations regarding sexual and reproductive health and/or natal care bring a specific challenge, especially for midwives who work in islands with limited facilities and owned a minimum authority.

Knowing this challenging situation contributes to the high number of maternal mortality rates in the Eastern part of Indonesia, Samsara initiates and conducts a collaborative agenda with midwives in rural remote islands in Indonesia to strengthen midwives capacity on essential sexual reproductive, maternal, and adolescent health. Samsara has conducted the agenda to build an alternative referral mechanism to ensure every girl and women in rural remote islands could fulfill their sexual reproductive rights since 2017. This session aims to share the finding and learning of expanding opportunities on building a collaborative agenda with midwives in remote areas. Learning on how Midwives and Samsara as part of Grassroot Organization works together to address the challenge of access to sexual reproductive health information and services in the remote islands through educational workshops, midwives training, building a cooperation with local stakeholders, and contributing a boat as part of the emergency transportation system.

08:00–08:05 Introduction.

08:05–08:15 Ika Ayu – Samsara.

08:15–08:25 Mitra Kadarsih – Midwife.

08:25–08:45 Questions and discussion.

**Wednesday, 14 June 2023,
09:00-10:30**

PP 08 Plenary session #3: The next 100 years of ICM and midwifery – strategies for ensuring greater support, inclusivity and representation for our global community of midwives

Sally Pairman (Netherlands)

Barreto Ana

Anshu Banerjee (Switzerland)

Kaveri Mayra (Canada)

Karel Williams (Australia)

ENGLISH

The midwife-led model of care – one that is premised on upholding the values and defending the needs of women and each individual seeking care from a midwife – is and will always be a fundamental component of our health systems. As we know from an overwhelming body of evidence, it's the care model that produces the best health outcomes for birthing parents and newborns, and it's critical we continue to promote and defend this model even as governments and their leaders refuse to action the evidence and invest in midwives. ICM recognises its role in providing midwives and their associations with the tools to advocate for midwifery and establishing and supporting a midwifery workforce to deliver appropriate services to all. This effort of midwives – and ICM as the global body representing midwives' associations – to learn and grow is critical to the longevity of the profession.

As ICM enters its next century, we're asking the question: what is the role of ICM in advancing midwifery and how can we support midwives to deliver the best-possible care to women and all community members, respecting their race, sexual orientation, religion, other social identities and individual needs? Amongst ever-evolving social and political landscapes, the global leaders featured on this panel will explore strategies for ensuring the next generation of midwives reflects our increasingly diverse communities, as well as practices midwives can adopt to ensure they're providing inclusive care. Ultimately, the goal of this session is to provide Delegates with an understanding of their integral role in building a resilient, inclusive ICM and midwifery workforce, while continuing to uphold and promote the midwife-led model of care.

SPANISH

Los próximos 100 años de la ICM y la partería: estrategias para garantizar un mayor apoyo, inclusión y representación de nuestra comunidad mundial de matronas y matrones

El modelo de atención dirigido por matronas y matrones -que se basa en la defensa de los valores y las necesidades de las mujeres y de cada persona que solicita la atención de una matrona o matrón- es y será siempre un componente fundamental de nuestros sistemas de salud. Como sabemos por una abrumadora cantidad de pruebas, es el modelo de atención que produce los mejores resultados de salud para los padres que dan a luz y los recién nacidos, y es fundamental que sigamos promoviendo y defendiendo este modelo incluso cuando los gobiernos y sus líderes se niegan a actuar ante la evidencia e invertir en la partería. La ICM reconoce su papel a la hora de proporcionar a las matronas, los matrones y a sus asociaciones las herramientas para abogar por la partería y establecer y apoyar un personal laboral que preste servicios adecuados a todos. Este esfuerzo de las matronas, los matrones -y de la ICM como organismo mundial que representa a las asociaciones de matronas- por aprender y crecer es fundamental para la longevidad de la profesión.

A medida que la ICM entra en su próximo siglo, nos preguntamos: ¿cuál es el papel de la Confederación en el avance de la partería y cómo podemos apoyar a las matronas y matrones para que ofrezcan los mejores cuidados posibles a las mujeres y a todos los miembros de la comunidad, respetando su raza, orientación sexual, religión, otras identidades sociales y necesidades individuales? En un entorno social y político en constante evolución, los líderes mundiales que participarán en esta mesa redonda explorarán estrategias para garantizar que la próxima generación de matronas y matrones refleje nuestras comunidades cada vez más diversas, así como las prácticas que ellos pueden adoptar para garantizar que brindan una atención inclusiva. En última instancia, el objetivo de esta sesión es proporcionar a los delegados un entendimiento de su papel integral

en la creación de una fuerza de trabajo de partería y una ICM resiliente e inclusiva, al tiempo que se sigue defendiendo y promoviendo el modelo de atención dirigido por matronas y matrones.

FRENCH

Les 100 prochaines années de l'ICM et de la pratique sage-femme — stratégies pour assurer un meilleur soutien, une plus grande inclusivité et une meilleure représentation de notre communauté mondiale de sages-femmes. Le modèle de soins dirigé par les sages-femmes — qui repose sur le respect des valeurs et la défense des besoins des femmes et de toutes les personnes qui ont recours aux soins des sages-femmes — est et sera toujours un élément fondamental de nos systèmes de santé. Comme nous le savons grâce à un ensemble de preuves accablantes, c'est le modèle de soins qui produit les meilleurs résultats pour la santé des parents qui accouchent et des nouveau-nés et il est essentiel de continuer à promouvoir et à défendre ce modèle même si les gouvernements et leurs dirigeants refusent de suivre les preuves et d'investir dans les sages-femmes. L'ICM reconnaît son rôle en fournissant aux sages-femmes et à leurs associations les outils nécessaires pour plaider en faveur de la pratique sage-femme et pour établir et soutenir une main-d'œuvre sage-femme afin de proposer des services appropriés à tous. Cet effort des sages-femmes — et de l'ICM en tant qu'organisme mondial représentant les associations de sages-femmes — pour apprendre et se développer est essentiel à la longévité de la profession.

Alors que l'ICM entre dans son prochain siècle, nous posons la question suivante : quel est le rôle de l'ICM dans l'avancement de la pratique sage-femme et comment pouvons-nous aider les sages-femmes à fournir les meilleurs soins possibles aux femmes et à tous les membres de la communauté, en respectant leur race, leur orientation sexuelle, leur religion, leurs autres identités sociales et leurs besoins individuels ? Dans un paysage social et politique en constante évolution, les leaders mondiaux qui participeront à ce panel exploreront des stratégies pour s'assurer que la prochaine génération de sages-femmes reflète nos communautés de plus en plus diverses, ainsi que des pratiques que les sages-femmes peuvent adopter pour s'assurer qu'elles fournissent des soins inclusifs. En fin de compte, l'objectif de cette session est de fournir aux délégués une compréhension de leur rôle intégral dans la construction d'un ICM et d'une main-d'œuvre de sages-femmes résiliente et inclusive, tout en continuant à soutenir et à promouvoir le modèle de soins dirigé par les sages-femmes.

**Wednesday, 14 June 2023,
11:00-12:30**

0 166 - Inter-professional collaborative antenatal care in a community context: a tentative grounded theory

Endah Sulistyowati¹, Helen Spiby², Catrin Evans³

¹ University of Nottingham, Universitas Muhammadiyah Semarang, Midwifery, Semarang, Indonesia

² University of Nottingham, Midwifery, Nottingham, United Kingdom

³ University of Nottingham, Health Sciences, Nottingham, United Kingdom

BACKGROUND

According to WHO, the majority of maternal death cases are caused by complications during pregnancy and childbirth; most of which can be prevented. One of the strategies to prevent complications during pregnancy and childbirth is by providing quality antenatal care (ANC) services. WHO recommends Inter-professional Collaboration (IPC) between health workers as a solution to the crisis currently being faced by the health system globally.

OBJECTIVES

The aim of this study is to explore the IPC in the provision of antenatal care in community health centres (Puskesmas) in Indonesia from the perspective of healthcare professionals.

METHODS

Constructivist grounded theory was employed in this research. The ethical approval was obtained from the Ethics Committee in Nottingham and Indonesia. Twenty-eight participants consisting of various healthcare professionals were recruited using purposive sampling. Informed consent was obtained from participants. Data were collected through semi-structured interviews. Data were analysed using constant comparative techniques.

RESULTS

Three categories were identified: (1) I become us: the attributes of Inter-professional teamwork, (2) The expanded scope of IPC, (3) Dynamic relationship: working together as a family, facilitating a more in-depth exploration of the complex interplay between the factors influencing IPC in a community setting. Community health workers play an important role as a communicator between midwives and community. Collaborative practices in ANC improve maternal outcomes.

CONCLUSIONS

Inter-professional collaborative antenatal care in a community context has a broad dimension influenced by the complexity of services. Culture and religious belief strongly contribute to the application of IPC. The involvement of community health workers and patients in collaborative practice needs further exploration.

KEY MESSAGE

This research will develop a conceptual model for what IPC looks like in a primary health maternity care context. The information regarding challenges and enabling factors of IPC will inform midwives and other healthcare practitioners to improve collaborative practice that lead to quality ANC services.

0 167 - Life-saving training for TBAs in low resource settings - midwife and TBA perspectives about content, methods and teaching resources

Sara David¹, Zoe Bradfield², Yvonne Hauck², Michelle Kelly²

¹ Curtin University, Nursing, Perth, Australia

² Curtin University, Nursing, Bentley, Australia

BACKGROUND

Pregnant women continue to die from preventable causes, 94% in low-resource settings. Consideration for Traditional Birth Attendants' role to strengthen maternity care in low resource settings is recommended. The scope of that role, appropriate training and supervision remains a challenge.

OBJECTIVES

Identify specific teaching content, methods and training resources TBAs, PNG and Australian Midwives find most effective in low-resource settings.

METHODS

An integrative literature review was conducted followed by a Qualitative Descriptive study. Semi-structured interviews with 10 midwives experienced in training TBAs in a variety of low resource settings were recorded and transcribed. Focus group discussions with 15 TBAs from remote villages of East Sepik Province, PNG were recorded, transcribed and translated. Template analysis was used to interpret the data.

RESULTS

There is global confusion about TBA's role within maternity services in low-resource countries, including their title, scope of practice, remuneration, specific training needs and required clinical skills. The midwife interviews offer practical and realistic ways to engage with remote communities in low resource settings, to build trust and respect with community leaders and families they are hoping to serve. Attention to building respectful relationships between the TBAs, community leaders and health professionals is key to determining whether the training program is going to be a success or not. TBA data is still to be completed.

CONCLUSIONS

A gap in knowledge exists around measurable outcomes related to training programs. Recommendations are offered to incorporate TBAs into the maternity healthcare system for low resource settings including sharing specific training content aimed at saving maternal and newborn lives and strengthening overall maternity services.

KEY MESSAGE

Community engagement to ensure a culturally applicable role for TBAs, appropriate training information and materials, supervision and assessment are imperative to ensure sustainability and effectiveness of a TBA training program in low-resource settings.

O 168 - A model of midwifery-led care that incorporates doulas to deliver safe and judgment-free perinatal support for marginalised women in maternal-toxic environments

*Jennie Joseph*¹

¹ Commonsense Childbirth, The Birth Place, Winter Garden, USA

PURPOSE

Adding a doula to maternity care teams maintains continuity of care for the safety of clients, reduces stress, increases access to education and aids feelings of respect, and helps to address persistent racial and class disparities in birth outcomes.

DISCUSSION

Doulas provide women and their loved ones with knowledge and agency to be part of the decisions around their care. This support provides some compensation when women are impacted by educational and social disparities that place them at risk for poor maternal and neonatal outcomes. Through years of work within the United States with Commonsense Childbirth and the National Perinatal Task Force, we have worked to offset these risk factors with a model of care that integrates doulas to strengthen midwifery practices.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Providing midwives with guidance on the role of a doula in maternity care can provide structure and alleviate doubts around collaboration, creating a better environment for women from marginalized populations by allowing more resources and support.

EVIDENCE IF RELEVANT

Studies have shown bilingual doulas can help to relieve communication and cultural barriers for midwives (Schytt 2021). Commonsense Childbirth is part of the International Childbirth Initiative, a collaborative group that has outlined a framework that encourages collaboration between midwives and doulas based on current evidence to provide a more respectful and equitable environment for births (Lalonde 2019).

KEY MESSAGE

Addressing misinformation, discussing challenges and clarifying the role and benefits of doulas will alleviate fears, and provide education and information that will lead to the development of midwife/doula collaborations that support respectful care, birth justice and equity for women/birthing persons as well as midwives.

0 169 - “Let’s pull together as a team” From evidence to reality: inter-disciplinary collaboration in partnership with women on long-term health after hypertensive disorder of pregnancy

Heike Roth¹, Veronica Morcos², Lynne Roberts³, Lisa Hanley⁴, Caroline Homer⁵, Amanda Henry⁶

¹ University of Technology Sydney, Faculty of Health - Midwifery, Ultimo, Australia

² University of New South Wales, Medicine and Health, Sydney, Australia

³ University of New South Wales, St George and Sutherland Clinical School, Sydney, Australia

⁴ St George Hospital, Consumer, Sydney, Australia

⁵ Burnet Institute, Maternal and Child Health, Melbourne, Australia

⁶ University of New South Wales, Medicine and Health - Discipline of Women’s Health, Sydney, Australia

BACKGROUND

Hypertensive disorders of pregnancy (HDP) affect 5–10% of pregnancies worldwide and significantly increase a woman’s risk of developing cardiovascular disease, including 2–3 times the risk of heart attack, stroke and diabetes. Long-term risks rise within 10 years after HDP and continue lifelong, making long-term health after HDP of major public health importance. Prior findings suggest evidence-to-practice gaps in knowledge translation to women about their post-HDP health.

OBJECTIVES

To explore Australian women’s and healthcare provider’s (HCP) education and follow-up preferences regarding health after HDP. Focus will be drawn on the role of the midwife within this context.

METHODS

A qualitative study using framework analysis was undertaken. Women with a history of HDP and HCP who previously completed a survey about long-term health after HDP were invited to participate. Interviews explored participant preferences and priorities concerning knowledge acquisition around long-term health after HDP.

RESULTS

Thirteen women and twenty HCP (including 11 midwives) were interviewed. Women’s preference included early post-HDP risk counselling about long-term and mitigable risk factors from their midwife/general practitioner/ specialist, accompanied with evidence-based, print or web-based information to take home. HCP wanted access to similar material to assist in their risk discussions with women, as well as professionally endorsed multi-disciplinary education for their own learning. HCP emphasised that they shared responsibility for women’s post-HDP follow-up: *“It’s everyone’s business... if you have that opportunity, you find out that someone’s got that history, you say: Has anyone spoken to you about this?”* (Midwife). Both women and HCP favoured more structured long-term follow-up to facilitate the transition from hospital to community health.

CONCLUSIONS

Women and HCP wanted more, easily accessible information about post-HDP health, as well as a more structured transition from hospital to community health post-HDP. This evidence will guide development of post-HDP education.

KEY MESSAGE

Educating HCP and women regarding post-HDP health may contribute to improved health outcomes.

0 170 - The development and evaluation of a cervical cancer screening training programme for midwives in Japan

Tokiko Oishi¹, Akito Miyauchi², Manabu Yamada², Naoko Nakane⁻², Yuko Manome⁻², Yoko Kajihara³, Sharon Hanley⁴, Emiko Nishioka⁵, Yumiko Mikami⁶

¹ *Takasaki univ. of Health and Welfare, Nursing, Takasaki, Japan*

² *Japanese Red Cross Medical Center, Perinatal/Pediatric Center, Shibuya, Tokyo, Japan*

³ *Teikyo University, Department of Nursing, Tokyo, Japan*

⁴ *Hokkaido University, Center for Environmental and Health Sciences, Sapporo, Japan*

⁵ *Juntendo University, Maternal Nursing, Mishima- Shizuoka, Japan*

⁶ *National Defense Medical College, Maternal Nursing, Tokorozawa, Saitama, Japan*

BACKGROUND

In Japan, cervical cancer incidence has increased over the last decade and screening coverage is extremely low (35.8%). In 2016, the Japanese government allowed nursing professionals to perform cervical screening for the first time if instructed to do so by a gynecologist. Following this, a training program was developed for midwives to perform cervical screening.

OBJECTIVES

To evaluate a training program for Japanese midwives to perform cervical screening.

METHODS

Eight experienced midwives participated at one medical center in November 2019. After a lecture, skills-lab and three-week practice using a manikin, midwives who passed the skills-check proceeded to the practicum for routine screening. After passing the practicum, each midwife took 20 samples under indirect supervision. Evaluations by supervising gynecologists and 160 screened women, as well as midwives' self-reports were analyzed.

This study was approved by the University Research Ethics Committee and the Clinical Research Ethics Committee of the participating medical center.

RESULTS

The pass rate was 86%. In 21 (13%) of 160 cases, midwives needed assistance from a gynecologist to locate the cervix, including 5 cases which were taken over by a gynecologist. The midwives had more difficulty with women whose vaginas were less elastic, such as those without intercourse experience, previously unscreened women or post-menopausal women. None of the samples midwives took were unsatisfactory. Women's evaluation of midwives as screeners was both positive and high.

CONCLUSIONS

This training program enabled experienced Japanese midwives to take adequate samples. Key skills to teach were how to manipulate speculums to visualize the cervix in women with less elastic vagina.

Women were highly satisfied with midwives performing cervical screening.

KEY MESSAGE

This kind of training program could help Japanese midwives meet the Essential Competencies for Midwifery Practice by ICM.

Task shifting of cervical screening from physicians to midwives may be an important policy approach to improving cervical screening coverage.

0 171 - Perinatal mental health on-line supported training for midwives

Felicity Copeland¹, Sarah Bar-Zeev²

¹ UNFPA & Burnet Institute, GWNH, Melbourne, Australia

² UNFPA, UNFPA Head Quarters, New York, USA

PURPOSE

This presentation provides the audience with a description of a supported online Perinatal Mental Health Training program for midwives, both in health facilities and faculties, from 12 countries in the Asia Pacific region during 2021 & 2022.

DISCUSSION

Perinatal mental health conditions are known to be increasing and are of global concern.

Key to reducing perinatal mental health related mortality and morbidity, is a maternal health workforce that is well resourced, supported and educated to provide best evidence-based care for those women at risk of, or who are experiencing, perinatal mental health conditions. UNFPA identified a need to support midwifery education in this area and to date has provided training to over 200 midwives.

This presentation provides the audience with the rationale, methodology, and experience of delivering perinatal mental health training during the Covid pandemic. It shares stories from the field from midwives doing their best to care for women experiencing perinatal mental health conditions, in challenging situations and often under resourced settings.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Participating midwives explored their own perceptions of mental health and how these could impact the way in which they cared for women. They identified key learnings and strategies to use when caring for women with perinatal mental health issues. Midwives post-training reported higher levels of confidence, knowledge and skills regarding their ability to care for women experiencing perinatal mental health conditions.

KEY MESSAGE

This training program goes to the heart of providing respectful empathetic evidence-based care for vulnerable women at risk of perinatal mental health issues.

O 172 - PERMENTHACY: perinatal mental health literacy programme for midwives in Padang, Indonesia

Feri Anita Wijayanti¹

¹ Andalas University, Bachelor of Midwifery, Padang, Indonesia

PURPOSE

Midwives are at the forefront of promoting mental well-being during pregnancy and postnatal period and ensuring that all mothers with psychological health problems get the appropriate care. The project aims to improve mental health literacy and raise awareness about perinatal mental health among midwives working in the community in Padang City, West Sumatra, Indonesia.

DISCUSSION

The project is titled 'Perinatal Mental Health Literacy' ('PERMENTHACY'), two-day training for midwives working in the community or public health centers in Padang city, Indonesia to increase their literacy and awareness about perinatal mental health. Training participants' knowledge, attitudes, and awareness are assessed through questionnaires and personal feedback. The main task of participants after receiving training is to provide psychological care for women in their perinatal period. All women will be evaluated through interviews. This project facilitates women to meet a midwife who also provides psychological care; therefore, they will be more aware of their psychological health and will seek health care professionals if needed.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Empowering midwives in perinatal mental health training improve skills and competencies that can increase the quality of midwifery care particularly to provide continuous care in psychological aspect based on the ICM's midwifery philosophy of understanding emotional and psychological experiences among women. Additionally, the implementation of the project is in line with the vision and mission of the Indonesian Midwives Association, such as increasing care with evidence-based midwifery and developing innovation in midwifery practice.

EVIDENCE IF RELEVANT

Howard LM, Khalifeh H. Perinatal mental health: a review of progress and challenges. *World Psychiatry*. 2020;19(3):313–27.

ICM. ICM Professional Framework for Midwifery 2021. 2021. Available at: <https://internationalmidwives.org/assets/files/general-files/2022/05/professional-framework-2022.pdf>.

KEY MESSAGE

Creating perinatal mental health training on the local contextual issue will gain benefit strengthening midwifery service in Indonesia by enhancing midwives' knowledge, attitude, and skills to recognize and respond to women with perinatal mental health conditions in a timely and appropriate manner.

0 257 - Supporting midwives to be effective communicators to prevent female genital mutilation: a new evidence-based resource

Christina Pallitto¹, Wisal Ahmed¹, Vernon Mochache Oyaró²

¹ World Health Organization, Department of Sexual and Reproductive Health and Research, Geneva, Switzerland

² World Health Organization, Department of Sexual and Reproductive Health and Research, Nairobi, Kenya

PURPOSE

The purpose of this presentation is to introduce a new evidence-based training package from WHO for building person-centred communication skills of midwives and nurses for the prevention of female genital mutilation (FGM).

DISCUSSION

This session will start by showing a short motivational video, which is part of an innovative training package for midwives. The package includes nine modules to be covered over three days using diverse learning methods, such as storytelling, active discussion and role plays. Participants are encouraged to reflect on their own values and to recognize their potential for shaping opinions to promote FGM prevention among their clients, peers, families and the larger community. They also learn an “ABCD” methodology for communicating with their clients on FGM prevention by **A**ssessing and **A**ddressing **B**eliefs, **C**ommunicating for **C**hange while **D**iscussing and **D**eciding next steps.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The training objective is to strengthen general and antenatal midwifery competencies. The content could be adapted based on contextual factors and integrated into pre- and in-service educational midwifery curricula.

EVIDENCE IF RELEVANT

This training package was tested in antenatal settings at primary care level in a multi-country randomized cluster trial in Guinea, Kenya and Somalia with positive results on health-care providers and clients, including active engagement of providers in FGM prevention, improved counseling skills, reduced support for FGM among clients and reduced intention to perform FGM on daughters.

KEY MESSAGE

Midwives and nurses are respected members of FGM-practicing communities and can be effective messengers for FGM prevention during routine health care. They are in a unique position to engage with and influence attitudes of their clients to contribute to FGM abandonment goals.

WEDNESDAY, 14 JUNE 2023, 11:00-12:30

Nusa Dua 5

C 46 DIGITAL MIDWIFERY (+THREE-MINUTE THESIS)

THREE-MINUTE THESIS PRESENTATION

T 024 - Virtual International Day of the Midwife: travel-free continuing education and international sharing for midwives and maternity care providers

Susanna Ku¹, Halima Musa², Ally Anderson³, Jane Houston⁴, Cecilia Jevitt⁵

¹ *McMaster University, International Health Department, Hamilton, Ontario, Canada*

² *Ahmadu Bello University Zaria, Department of Nursing, Karduna, Nigeria*

³ *University of London, Midwifery, London, United Kingdom*

⁴ *University of Central Florida, Nursing, Orlando, Florida, USA*

⁵ *University of British Columbia, Midwifery/Family Practice, Vancouver, Canada*

DESCRIPTION OF RESEARCH OR INNOVATION

The Virtual International Day of the Midwife celebrates the May 5th International Day of the Midwife by presenting a synchronous, open-access, online conference over 24 hours. Attendance has grown from six participants per session to 250 participants in a WHO presentation during the 2020 pandemic. The 2022 program included 49 presentations and 20 posters in five languages giving researchers a forum to disseminate their work and providing an opportunity for midwives and students across the globe to engage with the latest evidence-based research. Participants have come from more than 30 countries as diverse as Afghanistan, Bolivia, Iran, China and Nigeria. Midwifery educators, technologists, midwives from a half dozen countries organize the conference through virtual meetings, online document sharing and social media. Frontier Nursing University donates use of its online teaching platform (BigBlueButton) and technical support for the conference which can be viewed by computer or mobile device. Open source and free tools are used whenever possible. To facilitate sharing, VIDM resources use a Creative Commons Attribution International 4.0 license (CC BY 4.0) Presentation recordings provide a persistent community resource via the Virtual Midwives YouTube channel. The VIDM Committee is committed to sharing midwifery knowledge, research, and clinical practice to reduce educational disparities. Organizing challenges include covering world time zones over 24 hours, peer-reviewing multilingual abstracts, recording podcasts, and orienting presenters and facilitators to give virtual presentations confidently.

SIGNIFICANCE TO MIDWIFERY

The VIDM conference provides a template for rural, national or international communication and teaching between midwives and maternity providers. The VIDM can expose students of midwifery education programs without international university relationships to a wide range of global health issues. The conference enables attendance as long as there is stable internet access. Education is freely accessible without visas, travel costs or carbon emissions pollution resulting from travel, thereby increasing learning equity.

0 173 - Digital postnatal education supplementing midwifery care birth: short videos and narration on most-commonly required education topics essential on the woman's postnatal journey

Kathleen Goldsmith¹, Kerrie Whitlock²

¹ Mater Mothers Hospital Brisbane Australia, Parent education, Brisbane, Australia

² Mater Health, Mothers and Babies, Brisbane, Australia

PURPOSE

The postpartum period represents significant physical and emotional changes for women combined with tremendous responsibilities and expectations.

Since most women will at some time in their life access childbirth services, the antenatal and postnatal period is an opportunity to target women for health promotion and education. Consumers report a high volume of information given on discharge that is not explained well or little explanation given, with most consumers sourcing additional information about their postpartum care.

Over 99% of women own a mobile phone and 86% can access the internet from a smartphone.

Digital landscapes embrace cognitive load theory allowing learners to process a limited amount of new information at once, and the provision of information primarily from one source. Working memory has a limited capacity, so small amounts of information provided on a regular basis promote learning and ability to retain information.

DISCUSSION

Mater Mothers' Hospital (MMH) is the largest tertiary maternity hospital in Australia, delivering approx.

10 000 babies annually. We can reach many parents with best practice, standardised resources in a digital media platform to supplement midwives face to face education, increasing maternal confidence and self-efficacy.

Mothers confidence and empowerment has been shown to have numerous benefits to maternal and neonatal outcomes.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Topics provide holistic evidence-based information and education inclusive of:

- Safe sleeping
- Breastfeeding
- Recovering from birth
- Eating well
- Baby care
- Seeking medical help
- Family planning
- Emotional wellbeing

Midwives on the public postnatal floor promote the program by encouraging women to access through the QR code. Midwives anecdotal feedback state the education complements the information they provide during their care of the woman and her baby.

KEY MESSAGE

Consumers report there is a high volume of information given on discharge that is not explained well or little explanation given, with most consumers sourcing additional information about their postpartum care.

0 174 - Buddy work: role play video showing healthy and unhealthy pregnancy

Yohana Ladjar¹, Deborah Pattrick², Helen Hall³, Arijanti Ulnang⁴

¹ Universitas Citra Bangsa, Midwifery, Kota Kupang, Indonesia

² Core of Life, Youth and Family Education, New South Wales, Australia

³ federation university, institute of health and wellbeing, Ballarat, Australia

⁴ Universitas Citra Bangsa, Midwifery, Kupang, Indonesia

PURPOSE

This presentation outlines the experience of developing and implementing teaching materials with international midwifery partner. The educational resources were designed for midwifery students and focused on healthy versus unhealthy pregnancy behaviours.

DISCUSSION

Since the Covid 19 pandemic began, education systems around the world are bearing unprecedented challenges that impact on student learning and the delivery of educational material. In response, the Indonesian Government adopted a distance learning strategy by implementing online learning from home to tackle the learning obstructions. The video captures midwifery students from Citra Bangsa University describing healthy and unhealthy behaviours to pregnant women and the impact of those behaviours on pregnancy outcomes. The video content was evidenced-based, and development was guided by the Australian midwife, who has expertise in the area. The process of consultation and tutorial for the video making between midwifery partners was performed within online meetings.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Developing video learning with the online support from an Australian midwife, supported education for midwifery students during the Covid 19 pandemic. It is also promoting collaboration among midwives by sharing knowledge between two countries. This collaborative project is one of a number that has resulted from online partnerships between the two countries.

EVIDENCE IF RELEVANT

The video media is an effective learning media in delivering messages that assist midwifery students in understanding of particular prenatal education topics. The development of learning video through informal peer support has been successfully implemented in the academic environment and become a popular method of supporting the development of leadership skills for every midwifery student involved.

KEY MESSAGE

Online collaboration with a midwife partner can support the development of education resources and strengthen the midwifery profession.

0 175 - Digital animation (DAISI) to improve public health messaging in pregnancy and childbirth

Tomasina Stacey¹, Melanie Haith Cooper²

¹ King's College London, Faculty of Nursing Midwifery and Palliative Care, London, United Kingdom

² University of Bradford, Faculty of Health Studies, Bradford, United Kingdom

BACKGROUND

Pregnant women are presented with a wide range of information to help keep them and their babies safe in pregnancy and birth. This information is often presented in such a way that it is not accessible to all. Research shows that giving important health information through digital animation helps people to remember and act on the messages. Digital animation is particularly good for those with low health literacy or who experience language barriers. However, they have not yet been developed or evaluated in a maternity/midwifery context.

OBJECTIVES

To co-develop and evaluate a range of digital animations to increase knowledge and awareness of health information (postnatal sepsis, living healthily with gestational diabetes, and reducing stillbirth risk) within a multi-ethnic population.

METHODS

Co-design of 2–3-minute animations with ethnic minority service users and midwives, in multiple languages. The character in the animation, clothes, colours, other pictures, and words used were co-designed to ensure they are sensitive to a range of cultures. Evaluation of the animations in practice uses a pre and post intervention knowledge quiz and semi structured interviews to assess acceptability, accessibility, and experience.

RESULTS

The sepsis animation has been co-developed and evaluated, finding that receiving information in this way is enjoyable, acceptable and accessible and may increase knowledge. The gestational diabetes animation has been co-developed and is currently being evaluated, the stillbirth animation is in the co-development stage and will be evaluated later in the year. The full results of all 3 evaluations (as well as the animations themselves) will be shared with conference delegates.

CONCLUSIONS

Digital animation is a novel and accessible way to share key public health messages relating to pregnancy and childbirth, in particular within a multi-lingual community.

KEY MESSAGE

Digital animation can reduce inequality in the accessibility of key public health messages in pregnancy and childbirth.

0 176 - Should telehealth be a standard option in pregnancy care post-pandemic, or is more evidence needed? Data from cross-sectional studies in Victoria, Australia

Rebecca Hyde^{1,2,3}, Robyn Matthews^{1,3}, Della Forster^{1,2,3}

¹ Royal Women's Hospital, Midwifery and Maternity Services Research Unit, Parkville, Australia

² La Trobe University, School of Nursing and Midwifery, Bundoora, Australia

³ La Trobe University, Judith Lumley Centre, Bundoora, Australia

BACKGROUND

The COVID-19 pandemic led to rapid changes in maternity service provision. In Victoria, Australia, many routine pregnancy appointments were changed to telehealth. Many providers plan to continue telehealth despite a lack of evidence to guide practice.

OBJECTIVES

Explore the use of telehealth in pregnancy by describing 1) the extent and planned ongoing use of telehealth, 2) women's experiences of telehealth in pregnancy; and to use this data to 3) design and conduct a pilot randomised controlled trial (RCT) exploring telehealth use in pregnancy.

METHODS

1) A population-based cross-sectional study of midwifery managers in Victorian public and private maternity services was conducted between March and October 2021. 2) Women's experiences were explored via a cross-sectional survey of women who birthed in September and October 2020 at one tertiary maternity service, when infants were \approx 4 months old. 3) A pilot RCT including 200 women is comparing all in-person pregnancy care with a combined model.

RESULTS

1) Half the services (34/68) responded. We found that 50% of all pregnancy appointments became telehealth, with variation in which visits remained face-to-face. Over half (52%) would consider maintaining telehealth. 2) Of eligible women, 48% (483/1002) participated; 84% had some pregnancy care via telephone and 6% had some video appointments. Most considered telehealth was of a poorer standard than face-to-face care, although 52% wanted some telehealth in future care. 3) The pilot RCT commenced in July 2022– data will be presented.

CONCLUSIONS

Rapid changes to telehealth use in pregnancy care have expanded options for the use of technology, largely absent pre-pandemic. Caution is needed with ongoing implementation until more evidence on safety and women's views are available.

KEY MESSAGE

Many maternity care providers plan to continue using telehealth in pregnancy, and many women want this option. Further evidence is needed to establish evidence-based guidance.

IW 06 ICM membership benefits workshop

ICM WORKSHOP

Justine Laurent (Netherlands)

Rebecca Dahl (Netherlands)

The ICM Membership Benefits Workshop at the 33rd ICM Triennial Congress is designed to present the revised membership benefits offered by the International Confederation of Midwives (ICM) and encourage midwives' associations (MAs) to fully utilise their membership. The workshop provides an opportunity to learn about the revised membership benefits and how MAs can use them to address common challenges. Through interactive components, participants will learn how to identify specific membership benefits that address the unique needs of their MAs, ultimately enhancing the practice, education, and regulation of midwifery in their respective countries and worldwide.

The ICM Membership Benefits Workshop will comprise two sections. The first section is a presentation of the revised ICM Membership Benefits, where the entire list of benefits will be discussed. MAs may also provide testimonials to highlight the practical application of benefits. The second section is an interactive component where case studies of typical challenges faced by MAs will be provided. Participants will be given the opportunity to suggest membership benefits that would address the specific needs presented in the case study. Additionally, breakout groups will be assigned for further explorative discussion.

0 177 - Birth across the borders: exploring contextual education as a catalyst for improved birth outcomes

Lesley Dornan¹, W George Kernohan¹, Marlene Sinclair¹, Lisa Hanna-Trainor¹, Nan Aye Aye Thant², Phichyapa Kedthong², Kai San²

¹ *Ulster University, School of Nursing and Institute of Nursing and Health Research, Belfast, United Kingdom*

² *Ulster University, School of Nursing, Belfast, United Kingdom*

BACKGROUND

Maternal mortality and morbidity are complex global development challenges which have a significant impact on the well-being and function of families. Mapping the unique contextual and cultural risk factors influencing women's decision-making is critical to the implementation of effective maternal healthcare and education.

OBJECTIVES

Analyse contextual factors influencing maternal health and education in three remote regions of Myanmar. Identify cultural components impacting pregnancy and birth.

Work in partnership with women and professionals to identify and implement practical solutions to known challenges.

METHODS

A survey was designed to incorporate four key constructs: context, maternal health, infant health and culture.

Data was collected from women aged 18–54 years in seven village tracts across three regions of Myanmar. Data analysis included descriptive and inferential statistics.

Ethical approval was granted by Ulster University Ethics Committee. Local permission was granted within each region. Ethical considerations included confidentiality, autonomy and risk of harm to participants and staff.

RESULTS

Preliminary results demonstrate cultural and contextual challenges including low levels of education, limited access to maternity services and reluctance to leave families and communities to access care. Home births and breastfeeding are culturally accepted norms but traditional birthing practices and limited antenatal or skilled intra-natal care lead to increased risks. Contextual challenges include a lack of resources and infra-structure, ongoing conflict and language barriers creating critical delays in care.

CONCLUSIONS

Mapping and integrating cultural and contextual barriers into education in regions with limited midwifery care is critical for strengthening service delivery and improving maternal health outcomes. In conflict settings the need to build strong and effective multi-disciplinary partnerships is an essential first step in securing longer term implementation of evidence into reality.

KEY MESSAGE

Understanding cultural and contextual barriers may lead to effective education critical to strengthening service delivery and providing evidence based care for women in remote conflict settings.

0 178 - Experience in sharing information related to support for women, mothers and children in evacuation situations: Japan and neighbouring countries of Ukraine

Yasuko Tamura¹, Chihiro Katada¹, Mka Niina¹, Aya Okamoto¹, Emiko Kawauchi¹, Akiko Nishimura¹

¹ *Hyogo Medical University, School of Nursing, Kobe, Japan*

PURPOSE

To share our experience to support nurses and midwives in countries around Ukraine involved in evacuees' women from Ukraine.

DISCUSSION

The number of evacuees from Ukraine to neighbouring countries as a result of the invasion increased significantly to 13 million by June 2022. Most of those evacuated were women and children. Japan is a country where natural disasters occur frequently, and the nursing & midwifery education curriculum has included issues of disaster since 2008. We have repeatedly experienced large-scale earthquake in the past and gained knowledge about health issues of women and children in the disaster. We reviewed papers and materials on maternal and child health that are likely to occur. We aimed to minimize the health damage from evacuation life. Therefore we created English materials on health issues for midwives and nurses who involved in evacuees and a leaflet in Ukrainian by which Ukrainian women can notice their health conditions.

Although the types and cultural backgrounds of the disasters that are occurring are different, it may be useful as a reference for providing care for evacuees with the characteristics of women and children. It is important to share the knowledge and experiences globally with midwives and nurses at the forefront of emergency situation.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The information includes the impact of disasters on women, pregnant and postpartum women, fetuses and newborns, issues of women living in shelters, what supporters should be aware of in shelters, helpful evidence, and a way to create an alternative to diapers and sanitary products.

EVIDENCE IF RELEVANT

We confirmed the materials with faculties and Ukrainian women.

KEY MESSAGE

It is the midwife's mission to minimize the health hazards of women and children who are forced to live in evacuation suddenly and to help ensure that the birth is a healthy and positive experience, even if it is not what the woman envisioned.

0 179 - Building capacity of local trainers in South Sudan during COVID-19: helping mothers and babies survive, low-dose, high-frequency approach implemented in conflict / humanitarian settings

Isabella Ochieng¹, Cherrie Evans¹, Wole Taban¹, David Kizito¹, Anthony Loguran¹, Abraham Thumbo¹, Nyayaka Kuoyut¹

¹ Jhpiego, MCGL/Technical Leadership and Innovations, Baltimore, USA

PURPOSE

To build capacity of 18 local trainers in South Sudan using the Helping Mothers and Babies Survive Low Dose High Frequency (LDHF) training approach in Basic Emergency Obstetric and Newborn Care (BEmONC) modules.

DISCUSSION

Women and babies continue to die from preventable causes in middle and low-income countries. Studies show the presence of a skilled birth attendant at birth reduces mortality through prevention, prompt identification and management of complications. Capacity of providers must be built to achieve quality of care. South Sudan maternal mortality ratio is 789 deaths per 100,000 live births with a neonatal mortality rate of 39.3 per 1000 births. The MOH, with support from UNICEF, implemented BEmONC training using “LDHF” training approach in Upper Nile and Jonglei states. The approach offers small amounts of learning at short intervals to the labor ward team, followed by onsite skills practice and quality improvement activities. In early 2020 the COVID-19 pandemic halted many public health programs. To support BEmONC training, virtual supports were included to develop expert local trainers for LDHF BEmONC training beginning October 2020.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Support midwives to improve clinical knowledge and practice.

EVIDENCE IF RELEVANT

Over 500 providers have been trained in a total of 65 health facilities in the BEmONC competencies. For all clinical topics, the average knowledge assessment scores improved significantly. For example, for pre-eclampsia, the average score was 57.4% before training and 93.2% after. Similarly, the average skills assessment through Observed Structured Clinical Examination for postpartum hemorrhage was 90.3% after training. Trainers and providers demonstrated an increase in confidence and appreciated the facility-based approach which enabled local problem solving in real time to improve care.

KEY MESSAGE

An LDHF approach to ensure BEmONC competencies was feasible, acceptable and improved knowledge and skills in South Sudan. The approach is easy to use and can be conducted in remote areas with poor infrastructure.

0 180 - Medical care optimisation for women during wartime: advantages of autonomous midwives and midwifery skills at non obstetric doctors

Viktoriya Luchka¹, Lidiia Konovalenko², Larysa Cheprasova³, Tatiana Chervyak⁴, Alena Vuiko⁵, Olena Myshelova⁶, Betty-Anne Daviss⁷

¹ Lviv Academy for Human Rights, Lviv, Ukraine

² Pilot Birth Centre, Lviv, Ukraine

³ Association of Midwives of Ukraine, Kyiv, Ukraine

⁴ Doulas of Lviv NGO, Odesa, Ukraine

⁵ Doulas of Lviv NGO, Kyiv, Ukraine

⁶ Doulas of Lviv NGO, Lviv, Ukraine

⁷ Hôpital Montfort, Ottawa, Canada

BACKGROUND

The Ukrainian maternity system does not provide for home or birth centre births. Yet war has forced Ukrainian women to give birth outside the hospitals – in basements, shelters and unexpected settings, with or without a skilled attendant. With more hospitals being damaged, logistics becoming more difficult and unsafe, it is important to provide an option for expectant mothers to be attended by a skilled midwife at their chosen or war-forced place of birth.

OBJECTIVES

To create a pilot maternity system for Ukraine that will train midwives and birth practitioners to work autonomously but collaboratively within the health care system in three institutions: home (including basement or bomb shelter), birth centre, and hospital.

METHODS

To analyze the current normative base of the maternity system in Ukraine, study the best international practices, and prepare guidelines for the improvements and changes needed to introduce the three institution model. To launch pilot programs in Ukraine where midwives will have privileges to see women prenatally at these centres and manage their labour and birth at the setting of the woman's choice. At these centres midwives will take classes and attend births with foreign-trained midwives to train in home births – what equipment to carry, how and when to transport – using international protocols and standards of care.

RESULTS

Midwives from across Ukraine and recent graduates of midwifery colleges will be trained in the three institutional settings (home, birth centre and hospital). Perinatal mortality and morbidity of newborns and their mothers will be analyzed as well as patient satisfaction in each of the settings.

CONCLUSIONS

War has pushed a health care system into adjusting to the 21st century: midwives need training in all settings so that women can have choice.

KEY MESSAGE

War has pushed a health care system into adjusting.

0 181 - Baby loss during the COVID-19 pandemic: a thematic analysis of parents' experiences of miscarriage and termination of pregnancy for medical reasons

Martina Galeotti¹, Heaney Suzanne¹, Aventin Aine¹

¹ Queen's University Belfast, Nursing and Midwifery, Belfast, United Kingdom

BACKGROUND

Pregnancy and baby loss can be a devastating experience. Many parents report the positive impact of dedicated compassionate care provided by health professionals during their hospital journey and grieving process, both of which have been severely impacted during the COVID-19 pandemic.

OBJECTIVES

To explore parents' experiences of miscarriage and termination of pregnancy for fetal anomaly during the COVID-19 pandemic in hospital settings.

METHODS

Data is from two independent studies (Study 1 and Study 2) conducted on the island of Ireland. Data collection methods included semi-structured interviews, an online survey and written narrative accounts. For this study, data related to parent's experiences of care during COVID-19 were combined and analysed using Thematic Analysis. Study 1 included 152 women who had experienced a miscarriage in Northern Ireland during the COVID-19 pandemic. Study 2 involved 18 parents (men and women) who had experienced a termination of pregnancy for fetal anomaly on the island of Ireland during the COVID-19 pandemic.

RESULTS

Combined analysis of results indicated five themes, (1) Loneliness and Fear (2) Partner Presence, (3) (Lack of) Support Bubble, (4) COVID-Compassion from Health Professionals, and (5) Navigating a COVID-19 Impacted Service.

CONCLUSIONS

Parents' experiences of baby loss were negatively impacted by COVID-19, with the exclusion of their partner in hospital and clinical settings highlighted as particularly distressing. Limited in-person interactions with health professionals, including midwives, appeared to compound difficulties. The lived experience of service users and providers will be helpful in developing policies, guidelines and training that balance both the need to minimise the risk of infection spread, with the emotional, psychological, and physical needs and wishes of parents. Further research is needed to explore the long-term impact of baby loss during a pandemic on both parents and health professionals delivering care.

KEY MESSAGE

Baby loss; pregnancy loss, miscarriage, termination of pregnancy, fetal anomaly, COVID-19, experience, qualitative, research.

0 182 - Identifying modes of support for early-career midwives' encounters with perinatal grief, loss and trauma-related events: a qualitative Australian study

Annabel Sheehy¹, Kathleen Baird¹

¹ University of Technology Sydney, Centre for Midwifery Child and Family Health, School of Nursing and Midwifery, Faculty of Health, Sydney, NSW, Australia

BACKGROUND

Midwifery care involving death is complex. Considering the vulnerability of new midwives to endure distressful events, their heightened potential for burnout and desire to leave midwifery, this study explored early career midwives' experiences of sentinel events.

OBJECTIVES

Explore experiences of Australian early career midwives' clinical encounters with perinatal grief, loss and trauma; and the impacts on personal wellbeing and job satisfaction.

METHODS

This exploratory qualitative study was guided by Braun and Clarke's process. Recruitment via Australian College of Midwives advertising led to 15 self-selected participants undertaking in-depth telephone interviews (June 2021). Participants had commenced working in midwifery in the preceding five years, including some who had left midwifery. Data were audio-recorded and transcribed for thematic analysis.

RESULTS

Most participants had minimal student exposure to perinatal loss, feeling unskilled and unprepared for this when a new midwife. Types and degrees of support varied in these encounters. Those midwives who were well supported reflected positively on working with grief and loss. In contrast inadequate or absent support was detrimental to participant wellbeing. Poorly supported encounters with death (intrapartum fetal, neonatal, and maternal) as a new midwife gave rise to mental and emotional distress and disengagement from midwifery. (Identified themes: 1) All eyes on the skills; 2) Support is of the essence; 3) Enduring the emotional toll; 4) At all times, the woman).

CONCLUSIONS

Midwives who received adequate pre-registration education and clinical exposure to perinatal grief and loss as a well-supported student or those who received timely and quality support as a new midwife, did not experience prolonged negative health and wellbeing outcomes that resulted when clinically unprepared and unsupported.

KEY MESSAGE

Pre-registration clinical preparedness and provision of early career support are vital to ensure the complex clinical needs of perinatal grief, loss and trauma-related events can be met and that new midwives can withstand the personal psychological impact.

0 183 - How bereaved parents experience support from health care professionals, friends, and family and how this support is associated with grief 13 months after the loss

Dorte Hvidtjørn¹, Natasia Hindsbak², Sofie Mørk², Christina Prinds²

¹ Aarhus University Hospital, Unit for Perinatal Loss, Odder, Denmark

² University of Southern Denmark, Department of Clinical Research, Odense, Denmark

BACKGROUND

The death of a baby in the perinatal period can be a devastating loss and may affect the life of the parents with intense grief and mourning. The impact of bereavement can be influenced by the experienced support, but parents with a perinatal loss may experience inadequate social support leading to disenfranchised grief; a mourning that is culturally denied and lacks recognition.

OBJECTIVES

To assess bereaved parents' experiences of support at one and 13 months after the death of their baby and how support is associated with; type of loss, presenting the dead child to others, and grief measured one year later by Perinatal Grief Scale.

METHODS

We used data from the longitudinal Danish population-based cohort Life after The Loss including 1.200 bereaved parents answering questionnaires at 1 and 13 months after the loss.

RESULTS

Preliminary results show a decrease in social support over time. The highest level of support was found in partners, but also midwives scored high; 90% of the participants stated that the midwife had been supportive to a high or a very high degree. The support from midwives was equally high for parents with a loss at all ages of gestation (from gestational week 14 to four weeks postpartum), whereas the support experienced from family and friends was significantly higher when the loss occurred after 22 weeks of gestation.

CONCLUSIONS

Danish parents with a baby loss from gestational week 14 to four weeks after birth experienced high levels of support from midwives, regardless of gestational age at the time of the loss. However, support from friends and family decreased with decreasing gestational age.

KEY MESSAGE

Bereaved parents in Denmark experience very high levels of support from midwives. Support from family and friends depends on the gestational age of the dead baby.

0 184 - Grief after a loss in pregnancy or during the neonatal period: variations by type of loss

Sofie Mørk^{1,2}, *Dorte Hvidtjørn*², *Sören Möller*^{2,3}, *Tine Brink Henriksen*⁴, *Maja O'Connor*⁵, *George A. Bonanno*⁶

¹ Odense University Hospital, Gynecologic and Obstetric Research Unit, Odense C, Denmark

² University of Southern Denmark, Department of Clinical Research, Odense, Denmark

³ Odense University Hospital, OPEN - Open Patient data Explorative Network, Odense C, Denmark

⁴ Aarhus University Hospital, Perinatal Epidemiology Research Unit, Aarhus, Denmark

⁵ Aarhus University, Department of Psychology and Behavioral Sciences, Aarhus, Denmark

⁶ Teachers College, Columbia University, Department of Clinical Psychology, New York, USA

BACKGROUND

Every year around 4.2 million families lose a child to stillbirth or neonatal death and this number is easily doubled if miscarriages are also included. However, little is known about the trajectories of grief following these losses and comparisons by type of loss have not yet been carried out.

OBJECTIVES

Our aims were to describe grief trajectories in bereaved parents and to investigate variations in these associated with type of loss.

METHODS

We used data from the Danish cohort, Life After the Loss. Parents with a pregnancy or neonatal loss completed self-reported questionnaires on grief symptoms one, seven, and 13 months after their loss. We applied Growth Mixture Modeling to establish distinct classes of grief and investigated variations in class membership by loss type in two categories (termination of pregnancy due to fetal anomalies (TOPFA), and spontaneous losses including miscarriages, stillbirths, and neonatal deaths). Further stratification on loss type was also carried out.

RESULTS

From 1/1–2016–22/9–2021, 676 parents were included. Three classes of grief were present: *resilience* (73.1%) characterized by continuous low levels of grief symptoms, *recovery* (16.9%) characterized by high initial levels of grief symptoms decreasing over time, and *chronic* (10.0%) characterized by continuous high levels of grief. Compared to the resilient class the TOPFA parents were less likely to be in the recovery class OR 0.44 (95% CI: 0.24–0.81) and the chronic class OR 0.36 (95% CI: 0.17–0.73).

CONCLUSIONS

Parents with a spontaneous loss have a higher risk of following a trajectory of recovery or chronic grief when compared to parents with TOPFA. Grief measures may not capture the mental health state of TOPFA parents.

KEY MESSAGE

While most bereaved parents follow a resilient grief trajectory, 10% show chronic high levels of grief symptoms during the first year after the loss. Establishing early predictors of chronic grief are needed to enable targeted care.

W 13 Reclaiming vaginal breech birth: practical learning workshop from experience and the literature

WORKSHOP

*Betty-Anne Daviss*¹, *Genia Stephen*², *Lyanne Pinto*³, *Lida Konovalenko*⁴, *Kandace Price*⁵, *Andrea Hemmerich*⁶, *Olena Myshelova*⁷

Additional facilitators: Marina Lembo (Argentina), Olena Rozhenko (Ukraine), Viktorie Gajdar (Ukraine)

¹ L'Hôpital Montfort, Midwifery Division, Ottawa, Canada

² Brockville Hospital, Midwifery Division, Brockville, Canada

³ Community Midwives of Ottawa, ORACLE Ottawa Outreach Perinatal Care, Ottawa, Canada

⁴ Pustomyty Hospital лікарня Пустомому likarnya Pustomyty, Doulas of Lviv NGO, Pustomyty, Ukraine

⁵ Michael Garron Hospital - Toronto East Health Network formerly Toronto East General Hospital, Department of Midwifery, Toronto, Canada

⁶ Queens University, Department of Mechanical and Materials Engineering, Kingston, ON, Canada

⁷ Pustomyty Maternity Hospital, Doulas of Lviv NGO, Pustomyty Oblast, Ukraine

THE LEARNING OUTCOMES

Participants will learn political strategies for midwives to return vaginal breech birth to normalcy from Canadian and Ukrainian breech practitioners and activists. In Ontario, Canada, midwives have won the right in some jurisdictions to do vaginal breech births as “the Most Responsible Person.” Ukraine is aspiring to adopt the Canadian model and breech has begun to be taught again. Participants will learn new interventions from demonstration and hands-on practice of the upright position: the Frank nudge, Kristeller for breech, the Crowning Touch, the two ways to rotate the shoulders, and the problem posed by imposing timelines on breech.

THE PROCESS/ACTIVITIES

5minutes: Brief history of consumer and midwifery advocacy in Canada and Ukraine starting with midwives in Canada attending breeches without an obstetrician in the room because data from over 1000 breeches demonstrates forceps have not been needed using the Upright Position and “the Crowning Touch.”

15 minutes: Demonstration of the cardinal movements of descent, using MRI and new biomechanical studies.

10 minutes: Demonstration of upright positions and manoeuvres, using the literature to demonstrate they decrease cesareans, cause less injury and decrease second stage, and why it is more important to focus on observation of the woman and the baby, not the clock.

30 minutes Showing troubleshooting videos from Frankfurt, Ottawa, Ecuador using the manoeuvres. Discussion of issues (footling).

AUDIENCE PARTICIPATION

10 minutes: Opportunity to share their own experiences in doing breeches.

20 minutes: Hands-on practice of new manoeuvres.

REFERENCES

- Borbolla FA. Lessons to be learnt in managing the breech presentation at term Aust N Z J Obstet Gynaecol. 2014 Aug;54(4):333–9.
- Hemmerich A The effects of squatting while pregnant on pelvic dimensions. Journal of Biomechanics 2019;87: 64–7473.
- Louwen F et al. Does breech delivery in an upright position instead of on the back improve outcomes and avoid cesareans? IJGO 2017 1–11. 4.
- Daviss BA *Rethinking Physiology of Vaginal Breech*. 2022.

W 14 Global research collaboration to improve quality maternal and newborn health outcomes workshop

WORKSHOP

Holly Kennedy¹, Melissa Cheyney², Michelle Telfer³

Additional facilitators: Saraswathi Vedam (Canada), Micknai Arefaine (USA)

¹ Yale University, School of Nursing, West Haven, CT, USA

² Oregon State University, Anthropology, Corvallis, USA

³ Yale University School of Nursing, Midwifery and Women's Health, Hamden, USA

THE LEARNING OUTCOMES

The Quality Maternal & Newborn Care (QMNC) Research Alliance was developed in response to the 2014 Lancet Series on Midwifery. The alliance has established a global research network (www.qmnc.org) to foster research collaboration. The objective of this workshop is to orient midwifery researchers (or future researchers), especially those in the global south, to connect, collaborate, and develop capacity in research to improve maternal and newborn health outcomes. It is critical that the profession of midwifery develop strong collaborative networks and capacity.

THE PROCESS/ACTIVITIES

Research leaders within the QMNC Research Alliance will facilitate the workshop. These include Research Fellows who are supported through the Yellow Chair Foundation to support research capacity building across the global midwifery community. Specific activities include:

- 1) Orientation the QMNC mission, values, and strategic plan.
- 2) Orientation to the QMNC website. Conducted live if internet access is available; otherwise, participants will follow us with a PowerPoint presentation on their cell phones.
- 3) Leaders of the Alliance will work with participants to explore their current research experience and alignment with the QMNC research priorities.

AUDIENCE PARTICIPATION

Participation includes:

- a) Orientation to the QMNC Research Alliance website
- b) Identification of specific area of research interest and online connection with the research priority interest groups on the website
- c) Small group work on research activities and future collaboration.

REFERENCES

- Renfrew MJ, McFadden A, Bastos MH, et al. Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care. *Lancet*. 2014;384:1129–1145.
- Kennedy HP, Balaam M-C, Dahlen H, et al. The role of midwifery and other international insights for maternity care in the United States: An analysis of four countries. *Birth*. 2020;47:332–345.
- Kennedy HP, Cheyney M, Dahlen HG, et al. Asking different questions: A call to action for research to improve the quality of care for every woman, every child. *Birth*. 2018;45:222–231.

SPONSOR

Yellow Chair Foundation.

O 185 - Collaborative Learning in Practice (CLiP) - the role of the midwifery clinical educator

*Katherine Letley*¹

¹ University of East Anglia, Health School of Sciences, Norwich, United Kingdom

PURPOSE

Increasing challenges in creating positive clinical learning environments led UEA to develop a collaborative model of practice learning. Utilised across multiple placement sites it supports student through an approach of coaching and peer support. Students take the lead in care delivery depending upon their stage in training. Each student identifies learning objectives for the day. The students work alongside their peers who are collectively supported by a coach (registered midwife). Students are allocated a *learning hour* which is used to enhance knowledge and reflection 'in-action'. The coach provides written and verbal feedback in relation to the learning objectives. Coaches and students receive support from Midwifery Clinical Educators (MCEs).

DISCUSSION

Focus on the investment in MCEs in facilitating a student focused approach to learning via CLiP.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The model supports this statement: *"midwives require an enabling environment to be able to apply their competencies effectively, and competences are updated as new evidence emerges from research"* (ICM 2021). The ICM Global Standards for Midwifery Education (2021) state that *"students provide midwifery care primarily undertake supervision of a .. clinical teacher"*. The standards also state *"the ratio of midwifery students to clinical teachers is based on the learning context and the needs of the students"*. One coach can supervise 3–5 students on shift whilst not compromising the quality of the teaching or learning environment (Lobo 2014)

EVIDENCE IF RELEVANT

Hill, R., Woodward, M., Arthur, A., 2020. Collaborative Learning in Practice (CLiP): Evaluation of a new approach to clinical learning. *Nurse Education Today*. 85. Lobo, C., Arthur, A., Lattimer, V., 2014. Collaborative Learning in Practice (CLiP) for Preregistration Nursing Students. Health Education England & University of East Anglia.

KEY MESSAGE

Clinical placements can be supported and enhanced by CLiP. This model is used in multiple sites in Europe and could be replicated across global educational programmes which meet the ICM Global Standards.

0 186 - Midwifery services Improve clinical care and clinical education for students on maternity wards in public tertiary hospitals in Bangladesh

Rondi Anderson¹

¹ UNFPA, Health, Dhaka, Bangladesh

BACKGROUND

Care quality during clinical education shapes student competencies and professional identities. Quality skilled birth attendants are an essential component of ensuring universal health coverage. The World Health Organization (WHO) calls for improving quality clinical education as essential in low and middle income countries.

OBJECTIVES

This paper examines introducing a professional midwifery service, with facility mentorship, to tertiary teaching hospitals already staffed with nurses, generalists doctors, and obstetricians in Dhaka Bangladesh. It looks at use of seven WHO-recommended birth practices and explores the impact of a professional midwife service to facilitate quality clinical education for maternity care providers.

METHODS

A retrospective review of hospital registration data was carried out. Multivariate linear regression using an interrupted time series analysis, with and without a delayed effect, assessed both level and trend change in birth practices following the introduction of the midwives.

RESULTS

The hospitals educates 1,200 medical, nurse, and midwife care providers annually. A significant overall increase ($p < 0.001$) in use of WHO-recommended birth practices was found, both immediately following the midwives' introduction and after one year. Significant increases were found right away for use of three practices – non-supine labor ($p < 0.01$), skin-to-skin ($p < 0.001$) and delayed cord clamping ($p < 0.001$) – despite barriers to the enabling environment. After one year, midwives attended $> 85\%$ of births and all seven practices increased, including non-supine delivery ($p < 0.001$), no episiotomy ($p < 0.001$), no oxytocin ($p < 0.001$) and no manual exploration of the uterus ($p < 0.001$). Quality improvement was observed in births attended by all care providers and students.

CONCLUSIONS

By ensuring quality care in teaching hospitals, professional midwives supported by mentors can improve the quality of care and thus clinical education in maternity wards in less than 3 months.

KEY MESSAGE

Key Message: Improved care quality at clinical education sites can improve maternity care education for midwife, medical and nursing students, a critical priority for maternal health worldwide.

0 187 - Supporting student learning: a new self-report measure of midwives' perceptions of their clinical teaching role

Marnie Griffiths¹, Debra Creedy¹, Amanda Carter¹, Roslyn Donnellan-Fernandez¹

¹ Griffith University, School of Nursing and Midwifery, Brisbane, Australia

BACKGROUND

Midwives working alongside students in clinical practice contribute to the development of professionally competent graduate midwives. The extent to which midwives feel prepared and competent for their clinical teaching role is under-researched.

OBJECTIVES

To develop a new tool to measure midwives' perceptions of their clinical teaching role with midwifery students.

METHODS

Following ethical approval, development and testing of the tool proceeded in three phases. Phase 1 involved development of items based on a review of the literature and existing tools. In Phase 2 draft items were assessed for clarity, consistency, and content validity by an expert panel of academics and clinicians. The draft tool was pilot tested in Phase 3. Midwives (n = 93 – recruitment is ongoing) working in two metropolitan maternity services in Australia who regularly support the clinical learning of undergraduate midwifery students were recruited to complete an online survey. The draft tool consisting of 31 items was assessed for dimensionality, reliability, and test-retest reliability.

RESULTS

Participants were aged between 35–44 years (35.6%), with Bachelor level qualifications (76.3%) and between 1–10 years experience as a midwife (67%) and spend on average 16 hours a week supporting student learning in practice despite only 54.4 % having been provided training or professional development.

CONCLUSIONS

The new tool was found to be reliable (Cronbach's alpha .88). Preliminary factor analysis indicates a one factor scale which accounted for 40.5% of variance and with 12 items that focused on Facilitating Learning, Giving Feedback and Quality and Safety.

KEY MESSAGE

This new tool (MidPaCT – Midwives Perceptions and Assessment of Clinical Teaching) is the first specifically developed for midwifery and tested with midwives. Preliminary results indicate low levels of preparation for the clinical teaching role. The new tool can be used to identify areas for improvement and as an indicator of quality clinical education.

0 188 - Discovering the positive: an appreciative inquiry exploring the experiences of postgraduate midwifery students on practice placement

*Fiona Arundell*¹

¹ Western Sydney University, School of Nursing and Midwifery, Sydney, Australia

PURPOSE

When undertaking practice placement midwifery students are supported by midwives with the assumption that development of midwifery skills and knowledge will be facilitated. However, this does not seem to be the outcome with students in multiple studies providing disenchanting and negative accounts of their practice experience.

The purpose of this study is to explore how midwives facilitate the practice development of student midwives. In particular, the research seeks to describe the relationship between midwife and student and the processes and strategies utilised by midwives to facilitate a positive learning experience in the practice setting.

DISCUSSION

To observe the purpose of the study appreciative inquiry was selected as the appropriate methodology. Ethical approval was granted to undertake this study. Appreciative inquiry is composed of four phases identified as the 4D cycle, the phases are termed discovery, dream, design and destiny. This presentation will focus on the discovery phase which appreciates and values the best of what has been, in relation to this study how midwives facilitate the development of midwifery students. Thirteen postgraduate midwifery students from one university in NSW participated in individual appreciative inquiry interviews. These interviews were analysed using iterative thematic analysis.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

A greater understanding of the behaviours, attitudes and skills of exceptional midwifery role models will enable facilitator programs to be developed to share this knowledge with future midwifery student facilitators.

EVIDENCE IF RELEVANT

Midwives are influential in determining the experience of students while on practice placement, time spent with a midwife enables relationship development and the explicit support that this relationship generates in the practice setting. Time spent with midwives also enables students to become aware of the implicit behaviours and attitudes of midwives they want to emulate in their future practice.

KEY MESSAGE

Midwives influence the experience of midwifery students on practice placement and the type of midwife the student becomes.

0 189 - Improving obstetric triage to address the third delay

Jody Lori¹, Joseph Sieka², Wahdae-Mai Haromon-Gray², Nancy Lockhart¹, George Tamatai³, Aloysuis Nyanplu³, Claire Edson¹, Christopher Reynolds¹, Bernice Dahn²

¹ University of Michigan, School of Nursing- Midwifery, Ann Arbor, Michigan, USA

² University of Liberia, School of Public Health, Monrovia, Liberia

³ Bong County Health Team, Community Health, Suakoko, Liberia

BACKGROUND

The third delay in the Three Delay Model focuses on receiving timely, adequate care when a health facility is reached. Standard triage systems for obstetric emergencies are often absent or lacking in most healthcare systems in Liberia. Research in low- and middle-income countries has shown that maternal mortality is directly related to inadequate or absent obstetric (OB) triage systems.

OBJECTIVES

To establish a midwife-led OB triage system with low, medium, and high urgency classifications to stratify care based on risk and imminence of delivery and to improve timely assessment at two district referral hospitals in rural Liberia.

METHODS

A quasi-experimental design using structured observations on labor and delivery and a midwife-led OB triage-training course with pre-post testing was employed. One-hundred observations on patient wait time were conducted at baseline and will be repeated at 4- and 12-months post training. Next, using a train-the-trainer model, midwife and nurse participants were trained in the use of a low, medium, and high, color-coded classification system for OB triage. Data were analyzed with SPSS using dependent t-test.

RESULTS

Participants from the 2 district referral hospitals (n = 62) underwent the OB triage training. Preliminary data found post-test mean scores were significantly higher ($M = 79.6$, $SE = 1.47$) than pre-test mean scores ($M = 59.0$, $SE = 1.45$) for participants following a 2-day training on OB triage ($p = < 0.001$). Median patient wait time will be collected and reported at 4- and 12-months post-training and analyzed using non-parametric tests across timepoints.

CONCLUSIONS

Strengthening a triage standard across healthcare facilities is critical to addressing the third delay and reducing preventable, obstetric-related deaths.

KEY MESSAGE

A priority of the WHO is improving the access, quality, and use of services for the management and treatment of complications of pregnancy, labor, and delivery. OB triage can be life saving if incorporated into health system strengthening efforts.

O 190 - Evaluating emergency obstetric care education and training in a remote, fragile region of Southeast Asia

Rachel Campbell¹, Marlene Sinclair¹, George Kernohan¹, Lesley Dornan¹

¹ *Ulster University, School of Nursing, Belfast, United Kingdom*

BACKGROUND

Signal functions are a shortlist of key competencies set out by the World Health Organization to manage obstetric emergencies. Healthcare providers in low-to-middle income countries may lack these competencies. Education is key to reducing maternal mortality and achieving Sustainable Development Goal 3.

OBJECTIVES

To evaluate midwifery education within a medic training program, located in a remote region of Southeast Asia. To identify if there are areas of potential enhancement to improve the management of obstetric emergencies.

METHODS

This is an ethnographic study, utilizing a multi-methods approach. The current level of midwifery education is being assessed through documentary analysis and interviews with educators. Student experiences are being explored using focus groups, and a reflective field diary is providing insight into the lived experience of postgraduate students. The full data set is being triangulated and analyzed using the READ approach.

RESULTS

Preliminary results highlight the importance of aligning midwifery education and philosophy in the medic program. There is a key focus on practical learning, such as role-play and simulation, with the use of 'humor' suggested as a means to engage students. The optimization of technology to deliver midwifery education demonstrates a success in overcoming cultural and contextual factors, which has been paramount in responding to the current political situation and Covid-19 pandemic.

CONCLUSIONS

We anticipate the findings will facilitate the development of sustainable and culturally appropriate, educational interventions that will enhance the education and training of medics at local, national, and international levels.

0 191 - University midwifery educators' capacity to teach emergency obstetrics and newborn care within the updated pre-service curriculum in Kenya: before after study

Duncan Shikuku¹, Joyce Jebet², Peter Nandikove³, Lucy Nyaga¹, Bashir Issak⁴, Evans Ogoti⁵, Dan Okoro⁶, Sarah Bar-Zeev⁷, Charles Ameh⁸

¹ Liverpool School of Tropical Medicine, International Public Health, Nairobi, Kenya

² University of Nairobi, Department of Nursing, Nairobi, Kenya

³ Masinde Muliro University of Science and Technology, Nursing, Kakamega, Kenya

⁴ Ministry of Health - Kenya, Department of Family Health, Nairobi, Kenya

⁵ Moi University, Reproductive Health, Eldoret, Kenya

⁶ United Nations Population Fund UNFPA, Sexual and Reproductive Health Branch, Technical Division, Nairobi, Kenya

⁷ United Nations Population Fund UNFPA, Sexual and Reproductive Health Branch, Technical Division, New York, USA

⁸ Liverpool School of Tropical Medicine, International Public Health, Liverpool, United Kingdom

BACKGROUND

Midwifery educator development is a critical strategy for competent skilled health personnel. However, lack of competent midwifery educators affects the quality of midwifery graduates.

OBJECTIVES

To assess the capacity of university midwifery educators to deliver the updated competency-based curriculum after a capacity strengthening workshop in Kenya.

METHODS

A quasi-experimental (before-after) study design was used. A first ever 4-day training to strengthen the capacity of educators to deliver emergency obstetrics and newborn care (EmONC) within the updated curriculum was conducted for 30 midwifery educators from 27 universities in Kenya. Before-after training assessments in knowledge, two EmONC skills and self-perceived confidence in using different teaching methodologies to deliver the updated curricula were conducted.

RESULTS

Thirty educators participated, of whom only 11 (37%) had participated in a previous hands-on basic EmONC training – with 10 (91%) having had the training over two years ago. Performance mean scores increased significantly for knowledge (60.7% – 88.3%), shoulder dystocia management (51.4% – 89.0%) and newborn resuscitation (37.9% – 89.5%), $P < 0.0001$. The proportion of educators with confidence in using different simulation-based education methods increased significantly for simulation (38 – 70%), scenarios (55 – 80%) and peer teaching and support (35 – 63%), $P < 0.05$ with a non-significant improvement in use of lecture method (79 – 90%), small group discussions (76 – 87%) and giving effective feedback (62 – 80%), $P > 0.05$.

CONCLUSIONS

Training improved midwifery educators' knowledge, skills and confidence to deliver the updated EmONC-enhanced curriculum. To ensure that midwifery educators maintain their competence, there is an urgent need for structured regular mentoring and continuous professional development. Besides, there is need to cascade the capacity strengthening to reach more midwifery educators for a competent midwifery workforce.

KEY MESSAGE

To maintain competence, faculty development programs for capacity strengthening midwifery educators should be integrated with regular follow-up support.

0 258 - An Emergency Skills Program for Remote Midwifery: Innovating, Adapting and Growing Capacity

Margaret Mina¹, Kim Moorhouse¹, Elisapee Tukalak- RM², Aileen Inukpuk Moorhouse¹, Vicki Van Wagner^{1,3}, Jennifer Stonier⁴, Arian Navikas², Patrice Latka⁵

1 Inuulitsivik Health Centre, Maternity, Inukjuak, Canada

2 Inuulitsivik Health Centre, Maternity, Puvirnituaq, Canada

3 Toronto Metropolitan University, Midwifery Education Program, Toronto, Canada

4 Inuulitsivik Health Centre, Maternity, Salluit, Canada

5 Toronto Metropolitan University, Midwifery, Toronto- Ontario, Canada

PURPOSE

To describe the innovations and adaptations which inform the Inuulitsivik Midwifery Emergency Skills program in Nunavik, Quebec, Canada and the perspectives of students, midwives and instructors.

DISCUSSION

The Inuulitsivik Health Centre established a midwifery service in 1986 to bring birth and midwifery practice back to the remote Inuit communities of Nunavik. One of the goals of the service is to provide local community-based education. To provide care in this remote setting, with no road access and no caesarean section capacity, midwives need to be highly competent in emergency skills (ES). Midwives trained in non-remote settings need orientation to the skills and scope expected in remote practice. Inuulitsivik has developed a formal, innovative approach to ES education adapted to this setting as a core part of the basic curriculum and for ongoing maintenance of competency as well as orientation of southern midwives and other health workers.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Inuulitsivik ES education is consistent with southern Canadian midwifery and medical ES programs, however it is expanded to include situations that midwives manage without on-site support from consultant physicians as well as procedures and drugs not the norm for Canadian midwives. Key adaptations of the program include certification of Inuit ES instructors, use of accessible language for midwives whose first language is Inuktitut and a strong focus on clinical actions and examples. Our presentation will review the topics covered in our workshops, differences from non-remote emergency programs, and ways of teaching and learning for Indigenous learners.

EVIDENCE IF RELEVANT

The presentation references research on the outcomes of the Inuulitsivik Midwifery Service to contextualize the incidence and outcomes of emergencies in our setting.

KEY MESSAGE

An effective ES program in a remote setting needs to address remote realities. Growing capacity for Indigenous ES instructors is key to sustainability of remote services and the return of birth to Indigenous communities in Canada.

0 192 - Establishment of an onsite midwifery led birthing unit at Dhulikhel Hospital, Nepal: our success story

Binu Thapa¹

¹ Kathmandu University School of Medical Sciences, Nursing and Midwifery, Dhulikhel, Nepal

PURPOSE

To share our success story regarding the launch of a very new unit in our hospital.

DISCUSSION

Women were taken care during childbirth by nurses in the Obstetric led a unit of Dhulikhel Hospital since its establishment. There is no separate midwifery led birthing unit. But our institute is the only one institute in Nepal where the nurse-led Antenatal clinic has been running since 2008. Small group of nurses are providing antenatal care to all low-risk women. Our institute is the pioneer university in the country for bachelor of midwifery program, which was started in the year 2016. Since that time, we dreamed about the launch of onsite midwifery led birthing unit. We conducted a series of discussions to plan and complete the guideline of OMLBU, but because of the global pandemic of COVID-19, our plan was delayed. Finally, we could formulate guidelines and complete all physical setup. Then, we inaugurated OMLBU on the auspicious occasion of International Day of the Midwife on May 5th, 2022, which was the very proud movement for us. Now, we can provide respectful care to low-risk women in our OMLBU.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

It can be an ideal setup for providing an innovative learning environment for midwifery students. This unit can also provide continuity of care to the women during childbirth.

EVIDENCE IF RELEVANT

Women were more likely to experience spontaneous vaginal birth with good maternal and neonatal outcomes compared to other models of care. At the same time, women have a positive childbirth experience.

KEY MESSAGE

It really is never too late to figure out our goals and dreams. Finally, our dream came true. We established the Onsite midwifery-led birthing unit, though it was dreamed long back to provide quality care to the woman and family.

0 193 - Barriers and facilitators of implementing midwife-led birth centres in Afghanistan

Elisa Iaschi¹, Samia Ehas², Fahima Naziri³, Sheena Currie⁴, Lucia Rocca-Ihenacho¹

¹ City- University of London, School of Health Science, London, United Kingdom

² Johns Hopkins University, Jhpiego, Kabul, Afghanistan

³ Afghan Midwives Association, Afghan Midwives Association, Kabul, Afghanistan

⁴ Johns Hopkins University, Jhpiego, Baltimore, United States Minor Outlying Island

BACKGROUND

In Afghanistan many gaps exist in access to and provision of quality care and both women and midwives are affected by underlying gender inequalities. At the back of strong advocacy efforts by the Afghan Midwives Association (AMA), the first two midwife-led birth centres (MLBC) opened in 2021 with support of international partners to improve safety and quality. Midwifery Unit Standards were adopted from Rocca-Ihenacho et al. (2018) and Alonso & Stevens (2021). They were co-produced via stakeholder engagement. The project has two stages: 1) creation of MLBC Standards; and 2) exploring barriers and facilitators of implementing MLBC in Afghanistan.

OBJECTIVES

- To support the creation of a philosophy and vision for the existing MLBC
- To provide a framework that supports the implementation of MLBC
- To explore stakeholders' experiences in implementing MLBC
- To identify contextual factors influencing the upscaling of MLBC

METHODS

Part 1 is based on stakeholder engagement and co-production events.

Part 2 of the project is a qualitative exploratory study using semi-structured interviews. The sampling method is purposive. The study seeks to interview up to 15 participants. Interviews will be completed by September 2022.

RESULTS

Despite the complex settings and unstable political situation, stakeholders were highly engaged and committed. A balanced approach was embraced between setting standards which set a vision but are also achievable. Pragmatism was key and a spirit of multidisciplinary collaboration. Results from the interviews will be available in January 2023.

CONCLUSIONS

In the first stage of the project emerges that there is a lot of passion of enthusiasm in the MLBC standards. However, more work is needed to implement them into routine practice.

KEY MESSAGE

Midwifery-led birth centres represent a safe, culturally appropriate solution, aiming to empower both women and midwives. The creation of MLBC standards essential to raise the profile of birth centres, provide an implementation framework and upscaling.

0 194 - The impact of a midwifery-led unit in a tertiary hospital in south India

*Inderjeet Kaur*¹

¹ Fernandez Hospital Foundation, Maternity Services, Hyderabad, India

BACKGROUND

Midwifery Led Units (MLUs) are proven models led by midwives as the primary healthcare professionals. Women-centred care supports pregnant women with professional autonomy and a clear practice scope. Evidence globally recommends that the midwifery model, integrated into existing health systems, will transform maternal and newborn health care quality. In addition, developing midwifery care and midwifery-led birthing centres will significantly impact safety and respectful maternity care. For example, a tertiary hospital with 10000 births in South India created a co-located MLU in 2019 after introducing professional midwives in 2011.

OBJECTIVES

This paper showcases the impact of MLU and its outcomes on women and their families in the community.

METHODS

The retrospective data analysis was retrieved to assess the impact of Midwifery care offered in MLUs from 2019 to 2022.

RESULTS

Within 34 months, 720 women exclusively offered the midwife-led model. Out of which, 629 (87%) had spontaneous vaginal births, 65 (9%) had assisted vaginal births, and 25 (4%) had emergency cesarean sections. The significant reasons for transfers were Epidural and Meconium-Stained Liquor. In addition, 87% of Mothers opted to give birth in the Propped upright position, 8% in the Left lateral, 4% in All Fours, and 1% in Squatting. In addition, 88% of mothers felt that they received excellent midwifery care, 10% felt good, and 2% felt average.

CONCLUSIONS

Most births in MLU were spontaneous vaginal births with reduced medical interventions and without adverse outcomes. The MLU model is an evidence-based, safe option for healthy pregnant women, which continued during the pandemic reducing anxiety with their choice of a birth companion. Furthermore, the complications that arise during labour and birth can be managed effectively with collaborative care.

KEY MESSAGE

Midwifery-led care units are the bespoke model of care recommended to ensure respectful and quality maternity care for all the low-risk pregnant women.

O 195 - Review and update of clinical guidelines on antenatal and intrapartum care for midwife-led primary health care centres in remote areas of Northern Pakistan

Marina Hashwani¹, Kiran Mubeen¹, Sadia Abbas Ali¹, Arusa Lakhani¹, Farzana Adnan¹, Shahnaz Shahid¹, Rafat Jan¹

¹ The Aga Khan University, School of Nursing and Midwifery, Karachi, Pakistan

PURPOSE

The project aimed to review and update clinical guidelines on antenatal and Intranatal care for midwifery led birthing centers in remote areas of Northern Pakistan.

DISCUSSION

The process of guideline review included several levels of approvals and steps. The project team members reviewed the literature and available guidelines from ACOG, RCOG, WHO, and NICE. WHO's guidelines were primarily considered to lay a solid foundation for providing women-centered, evidence-based, and comprehensive care during pregnancy, and childbirth. First draft was developed and feedback was obtained from the major stakeholders. Then the team visited the central site and conducted 3 days workshop with relevant stakeholders to discuss the feasibility of the guidelines at ground level. The feedback on guidelines were obtained based on WHO's DECIDE framework during small and large group activities. At next level, project team visited birthing centers of the practicing midwives for the ground level implementation of guidelines. Moreover, the trainers also assessed the feasibility of implementing the guidelines and their contextual limitation in terms of their culture, women's financial status, resources available at birthing centers, and other infrastructural challenges that may hinder guidelines implementation. After the trainers returned from the ground, the draft documents were provided to the pilot facilities who implemented the guidelines and filled checklist for each patient for next three months. All the documents were analyzed for agreements and disagreements. The final document was compiled and submitted to government for endorsement.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This project developed the capacity of midwives of remote areas to implement evidence based practices and empowered them to take ownership of the guidelines as they were involved throughout the process of its review.

KEY MESSAGE

This entire exercise helped in strengthening the standards of midwifery practices in a low resource setting. Periodic review of guidelines is an essential step for achieving the Sustainable Development targets.

**Wednesday, 14 June 2023,
12:30-14:00**

WEDNESDAY, 14 JUNE 2023, 12:30-14:00

Uluwatu 1

MS 1 Pacific mother (UMI FILMS LTD, 87 minutes)

MOVIE SESSION

Japanese actress and free diver Sachiko Fukumoto and her partner William Trubridge (New Zealand's world champion freediving legend) fought hard for a birth that felt right to them.

Our short documentary, *Water Baby*, released in 2019, documented their journey. It has now been viewed by about eight million people globally and screened at international film festivals.

Today, it's used by birthing educators around the world, motivating expecting parents to explore birthing options.

In *Pacific Mother*, Sachiko travels from Japan to Hawai'i, Tahiti, the Cook Islands and Aotearoa New Zealand to connect with strong ocean women, whose interwoven stories about birth and parenthood inspire a more traditional, connected way of life.

All mothers, these women had diverse birth experiences. Some birthed in hospital, some at home and some by the sea. They gave birth with and without medical assistance and all had an empowering experience. Buoyed by the support of their community and circle of midwives and carers, they went into birth without fear, and gained confidence from it.

As they prepare for the birth of their second child, Sachiko and William draw on what they have learned since *Water Baby*, and show their daughter that protecting our environment and supporting families grows healthier communities.

PACIFIC MOTHER SNS

FB <https://www.facebook.com/PACIFICMOTHERFILM>

IG https://www.instagram.com/pacificmother_film/

Web <https://www.pacificmother.org>

MS 2 The physiology of childbirth (All4Maternity, 5 minutes) and Off to a good start (Vertelburo.nl, 70 minutes)

MOVIE SESSION

THE PHYSIOLOGY OF CHILDBIRTH (12:30)

Anna and Sheena Byrom – All4Maternity.

This short animation was created in collaboration with internationally renowned experts in the field to enable a broader understanding of the childbirth physiology. There is a lack of understanding of the physiology of the human reproductive system and this resource demonstrates the complex yet critical interaction of hormones during labour, birth and the immediate postnatal period, and the potential impact this has on the outcome and experience. The film is freely available and can be used by students, maternity care workers, childbirth educators academics, and anyone interested in maternity services. The resource is useful to childbearing women and people also, to increase their knowledge, and maximise their opportunity to have a birth as close to physiology as possible.

The film has no spoken language, and uses the power of animation for any level of literacy. It is suitable for an international audience, inclusive of ethnic backgrounds, and cultures. It has been widely shared on social media platforms and has been viewed 36,000 times on Vimeo.

OFF TO A GOOD START (12:40)

Original title: Een goed begin – bevallen in Nederland.

Dutch spoken with English subtitles.

Filmmakers Ane C. Ose and Jet Homoet (Vertelburo.nl), Amsterdam, the Netherlands.

LOGLINE

In 'Off to a Good Start – Giving Birth in the Netherlands', six passionate health care professionals share their knowledge of the Netherlands' unique obstetric care system, drawing on their own personal experiences and viewpoints. Together they paint a picture of a powerful – but also fragile – birthing culture, one in which women's freedom of choice is under pressure in these times of increasing medicalisation, market forces in health care, and our present-day need for control.

SYNOPSIS

Off to a Good Start – giving birth in the Netherlands (70 min) is an oral history journey through the Dutch birth landscape. Via in-depth interviews, we get to know six healthcare professionals as they share their personal views on birth and relate their hands-on experiences, and we learn that the Netherlands is a unique place to have a baby. It's the only country in the world in which giving birth at home is still common, as part of an obstetric care system that makes this a safe choice. Pregnant women can choose between giving birth at home, in a birth centre, or in hospital... and wherever the baby is born, mother and newborn are entitled to ten days of at-home support from a maternity nurse. No other country has this sort of structural postnatal care in place. The midwives, maternity nurses and obstetrician featured in the film paint an image of a powerful – but also fragile – birthing culture, one that's under great pressure in these times of increasing medicalisation, market forces in health care, and the present-day need for control and the idea of safety. The number of hospital births is increasing rapidly as a result, while the number of home births is decreasing: from 32% of births in 2000 down to around 15% today. This change means that pregnant women's freedom of choice hangs in the balance.

Is the current Dutch obstetric care system able to weather these cultural changes? And where will they lead us? Will today's teenagers be able to choose to give birth at home in the future? Or will the Netherlands fall in line with the rest of the world, with medicalised and induced hospital births becoming the norm?

The stories told by these professionals lay bare the extraordinary nature of each and every birth. They emphasise how valuable and exceptional Dutch obstetric care is, even while most Dutch people simply take it for granted. They also make clear the importance of a familiar face while giving birth (whether at home or in hospital), the function of pain, and the consequences of trauma, poverty and racism. The documentary also serves

as a reflection on Dutch society and on universal values such as trust (both in ourselves and in others), autonomy, and freedom of choice.

With their stories illustrated with documentary photography of births, aerial footage of the Netherlands, and a voiceover by an American sociologist sharing his observations on Dutch childbirth culture, the film's editing creates a dialogue amongst these health care professionals as they share their takes on a system that is unique in the world.

SS 19 Midwifery misfits

SATELLITE SYMPOSIUM

Kaveri Mayra (Canada)

Bahareh Goodarzi (Netherlands)

Edythe Mangindin (Iceland)

Harriet Nayiga (Uganda)

Franka Cadée (Netherlands)

“Are you a midwife though?!” – an exclusionary and alienating question that we have all been asked, frequently. Leading this workshop are midwives born and educated in Uganda, Iran and India, in courses that do not align with global midwifery standards. We are also members of marginalized communities, educated in line with the global standards of midwifery in Netherlands, UK, America and Iceland. Our positionality, at the intersections of citizenship, race, ethnicity, religion, socioeconomic status, language, migration, sexual preference, gender, age and location, makes our voices unique. We often don’t match the definition of a midwife because of the type, years, place or mode of education in our parts of the world or our way of thinking, lived experiences or because our chosen career pathway swayed from the traditional way of clinical midwifery practice, based on our country, culture, context and circumstances. This workshop is an effort to explore inclusion of these midwifery misfits through potential evolution of the definition of midwives and midwifery.

Midwifery, while being the oldest, the most essential of professions, is plagued with many issues, often political, that need to be stated, acknowledged, accepted, understood and addressed. Discussing them just after ICM has celebrated its 100th anniversary is a perfect opportunity to open the platform for such discourses to begin, while looking forward to the next 100 years of midwifery in the world. At the midwifery misfits workshop we plan to state some of these issues while opening the platform to every participant through the ‘Midwifery Misfits Box’ for a global survey, to share what they haven’t been able to say so far, with an aim to create new discourses and find solidarity. Some of these will be randomly selected and shared during the workshop, anonymously, while they will all be collated and brought out through an article or report after the congress.

Agenda

- 3 minutes Welcome – Who are Midwifery Misfits?
- 2 minutes Introduction to the speakers – Who are we and what makes us misfits in midwifery?
- 20 minutes Experience sharing.
- 5 minutes Midwifery Misfits survey and midwifery misfits box.
- 20 minutes Audience interactions.
- 5 minutes Next steps for the ‘Midwifery Misfits’ initiative.
- 5 minutes Spotlight on a Seasoned midwifery misfit

MS 3 Neha (20 minutes) and DJÄKAMIRR (60 minutes)

MOVIE SESSION

NEHA (12:30)

In the summer of 2022, Pakistan experienced the deadliest flooding in its history, resulting from a warming planet that the small Southeast Asian country bears almost no responsibility for. 'Neha' follows midwife, Neha Mankani as she provides essential health services to pregnant women, breastfeeding babies and other newly displaced community members amidst disease-ridden flood waters, makeshift refugee camps and woefully under-resourced grassroots groups scrambling to source essential supplies. The film unpacks the essential role of midwives in a warming world and amplifies the voices of advocates asking the question: why are we not urgently investing in a health work force with the training and mobility to mitigate the worst impacts of these climate events on the most vulnerable community members?

DJÄKAMIRR (12:50)

Filmed in remote Arnhem Land, DJÄKAMIRR follows Lävurrpa and Sarah on a unique journey through ancestral time, country and culture. As mutual trust develops between the two women, they hope to empower Yolŋu and reclaim 60,000 years of birthing culture from the stronghold of Western medicine.

This is their story of working with community to pilot the training of djäkamirr- the caretakers of pregnancy and birth. For over 60,000 years Yolŋu childbirth happened on-country with skilled djäkamirr- midwifery caretakers -using ancestral wisdom and bush technologies to support women and babies. Yolŋu flourished. Since the recent arrival of Western missionaries in the 1920s and the removal of childbirth to hospital, Yolŋu have been suffering. Women are now disconnected from their support systems and the region has profound health inequities including the highest rate of preterm birth in Australia.

DJÄKAMIRR is a privileged insight into the aspirations of remote First Nations communities to reclaim their birthing culture from the stronghold of Western medicine; and be part of the solutions to improve health. Filmed over a two year period on-country in Arnhem Land, the documentary is a rare invitation to experience Yolŋu women's culture and hear their aspirations for maternity services. This is a journey of hope, demonstrating that when Yolŋu and Balanda (non-Yolŋu) Australians work together, positive change and community empowerment is possible.

The documentary is a creative output from the Caring for Mum on Country project.

**Wednesday, 14 June 2023,
14:00-15:30**

O 196 - International collaboration between UK and UAE to assess student midwives' clinical practice competency

Georgina Sosa¹, Maeve Anne O'Connell², Lindsay Gillman³, Heather Bower⁴

¹ Fatima College of Health Sciences, Midwifery, Abu Dhabi, United Kingdom

² Fatima College of Health Sciences, Midwifery, Abu Dhabi, United Arab Emirates

³ Kingston University, School of Education, Midwifery and Social Care, London, United Kingdom

⁴ Royal College of Midwives, Professional Adviser, Education - Royal College of Midwives, London, United Kingdom

PURPOSE

To discuss the collaborative journey of creating an adapted version of the UK Midwifery Ongoing Record of Achievement (MORA) to assess student midwives clinical practice progress in Abu Dhabi while acknowledging the local working environment, sphere of practice, regulation and licensing.

DISCUSSION

Midwives are sparse in the United Arab Emirates (UAE). The UAE National Strategy Framework for Nursing/ Midwifery: A RoadMap to 2026 highlights the need to strengthen midwifery as a profession, advocate for and invest in midwifery to increase the workforce (UAE Ministry of Health & Prevention, 2022). In response to this, a new Midwifery degree program is starting at Fatima College of Health Sciences in August 2022. It will be the only BSc midwifery degree program available in the UAE. As part of developing this midwifery program, a new clinical placement assessment document needed to be designed. In the UK, the MORA document which is based on the UK Nursing and Midwifery Council (NMC) has been accredited in England and Northern Ireland. The aim was to adapt the MORA document to map to the international International Confederation of Midwives (ICM) essential competencies, QF Emirates and UNICEF UK Baby Friendly Hospital Initiative Standards (BFIs) and incorporating the World Health Organisation (WHO) European Directives for Midwifery, which would ensure our graduate midwives are of international standards and can practice the full scope of midwifery practice. Effective collaboration between international Midwives enabled the rapid development of a clinical assessment tool.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The plan is to share the Adapted Midwifery Ongoing Record of Achievement (ADORA) document internationally to support midwifery education while contextualising to local Regulatory bodies and international standards. Our program is underpinned by Midwifery Philosophy and encompasses the components of the ICM Professional Framework.

EVIDENCE IF RELEVANT

United Arab Emirates Ministry of Health and Prevention (2022).

KEY MESSAGE

Collaboration is the key to progressing midwifery education tools.

T 025 - International Student Midwives Network (ISMN) - a student-led online collaborative project integrated into the bachelor of midwifery programmes in Aberdeen, Bologna, Rotterdam and Zurich

Silvia Ammann-Fiechter¹, Virginia Bertini², Petra Graf Heule³, Emily Miscioscia⁴, Dila Parma², Enja Romeijn⁵, Maria Velo Higuera⁴

¹ ZHAW- Institute of Midwifery, Health Sciences, Winterthur, Switzerland

² University of Bologna, Midwifery, Bologna, Italy

³ Zurich University of Applied Sciences / Institute of Midwifery, Health Sciences, Winterthur, Switzerland

⁴ Robert Gordon University / Midwifery, School of Nursing- Midwifery & Paramedic Practice, Aberdeen, United Kingdom

⁵ Rotterdam University of Applied Sciences / Midwifery, Health Care Studies, Rotterdam, Netherlands

DESCRIPTION OF RESEARCH OR INNOVATION

This online International Student Midwives Project aims to build an innovative, inclusive, sustainable and long-lasting intercultural exchange between students by:

- fostering peer support relationships between student midwives across Europe and globally
- facilitating the exchange of personal experiences in the journey of becoming a midwife
- facilitating the development of interpersonal skills to work cross culturally
- promoting intercultural learning through reflection on the similarities and differences in the social context of Midwifery
- promoting professional exchange to foster best practice in Midwifery
- discussing and engaging ideas of contemporary and important international midwifery campaigns and debates

Small groups of around 8 students of the four universities at different levels of study are created. Each month, the groups organize meetings where they discuss, share and analyze their experiences in relation to topics relevant for Midwifery and share their journey as students. At the end of the academic year, the groups organize a student-led virtual conference where they present topics relevant to them. Each student writes two reflective essays which they share with their tutors.

The project started in 2020 with two universities and expanded in 2021 to four. After a first evaluation, students reported improved understanding of the international role of the midwife, enhanced interpersonal communication skills, empowerment to work cross culturally and increased belongingness to the global midwifery profession. A formal research project is currently under development to evaluate the impact and outcomes of this project. The network aims to expand further and is constantly under evaluation and adaptation.

SIGNIFICANCE TO MIDWIFERY

In line with the ICM vision (2020), we would like midwives of the future to be global leaders who work to enhance the profile of the Midwifery profession worldwide. We believe internationalization of Midwifery education can help students gain a wider understanding of the strengths and challenges of the profession at a local and a global scale.

0 197 - Providing midwifery students with an international experience when borders are closed - an online programme designed to enhance cultural understanding, transformational learning and global perspectives

Heather Wallace¹, Teoni McHale², Theresa Harvey²

¹ Australian Catholic University, School of Nursing, Midwifery and Paramedicine, Melbourne, Australia

² Australian Catholic University, School of Nursing, Midwifery and Paramedicine, Brisbane, Australia

PURPOSE

This presentation will share our experience of transitioning our international midwifery study tour from face to face to online, in response to Covid-19 restrictions.

DISCUSSION

Previous research has recognised the importance of global perspectives and experiences for midwifery students to support them to develop culturally safe, compassionate and respectful practices, which are important for future midwifery workforce both locally and internationally. Due to the impact of Covid-19, face to face international opportunities for our midwifery students temporarily ceased in 2020. Despite these restrictions, we wanted to provide our students with an alternative international experience, and so created the virtual Vanuatu Study tour.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Partnering with Ni-Vanuatu colleagues, we designed an online international program, incorporating interactive and virtually immersive educational and cultural experiences. These included Zoom seminars, video presentations, and membership to a closed Facebook group. Additionally, our students collaborated with Ni-Vanuatu maternal health stakeholders to develop learning resources to be used by midwives and students in health settings in Vanuatu. The 6 week program culminated in an online sharing session of the co-developed learning resources, and we have now conducted the program 3 times. The program has provided opportunities for transformational learning for our students, supporting their development in reflective practices. It has provided opportunities for students and midwives across countries to connect, collaborate and provide peer support, contributing to a more culturally safe, globally connected midwifery workforce. For students not usually able to participate in international experiences, the program has provided such an opportunity. Similarly, the shared learning opportunities via Zoom have provided opportunities for midwives across Vanuatu to engage in professional development.

KEY MESSAGE

This innovative, inclusive midwifery education program, in response to Covid-19, has enabled our midwifery students to connect with peers internationally, sharing learning, cultural insights and strengthening mutual understanding, while feeling part of the global midwifery sisterhood.

0 198 - TOTEMM Project: an inclusive student mobility model to support transnational learning within midwifery education

Louise Walker¹, Sara Borrelli¹, Anne-Marika Smit², Maria van Oost², Antonella Nespoli³, Simona Fumagali³, Silja Mets-Oja⁴, Annely Karema⁴, Stathis Konstantinidis¹

¹ University of Nottingham, School of Health Sciences, Nottingham, United Kingdom

² University of applied Sciences Inholland AVAG, Midwifery, Amsterdam, Netherlands

³ University of Milano Bicocca, Midwifery, Milan, Italy

⁴ Tallinn Health College, Midwifery, Tallinn, Estonia

PURPOSE

The student mobility model used in midwifery education in Europe is exclusive rather than inclusive. The focus is on clinical placement experience for nine weeks meaning that students whose personal and financial situation makes it impossible for them to live in another country for a protracted period of time are excluded from this experience. Finding a new way to widen opportunities for student midwives in transnational learning and developing of intercultural sensitivity is now more than ever an urgent priority for midwifery education globally.

DISCUSSION

The aim of TOTEMM was to promote equity, social inclusion and participation of non-mobile midwifery students studying in England, Italy, Estonia and the Netherlands through the creation and implementation of a new inclusive mobility model based on a combination of virtual and physical mobility activities. A secondary aim was to develop intercultural sensitivity.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The project developed five interactive online learning packages: an introduction to midwifery in Europe; promoting positive lifestyle choices for women within their communities; empowering women to maintain their sense of safety; championing the needs of the migrant population and optimising psychological wellbeing for women and their families. Twenty Students from each country were allocated into mixed groups, they worked through the introductory package and one other package together, co-producing a resource to demonstrate their learning from the packages.

EVIDENCE IF RELEVANT

During the five day physical mobility, 15 students from each country travelled to another country and five students from each country remained in their home country to act as hosts for the incoming students. The aim was to build on knowledge gained and to present their co-produced resources. Verbal feedback from students was positive, awaiting data.

KEY MESSAGE

This model for midwifery student mobility and reusable open access e-learning resources could be used by other higher education institutions and educators to support student learning of global midwifery.

0 199 - Establishment of national midwifery education institution network in Nepal: development process and lesson learnt

Laxmi Tamang¹, Kiran Bajracharya²

¹ *Midwifery Society of Nepal, Professional Association, Kathmandu, Nepal*

² *Midwifery Society of Nepal, Advocacy and Networking Committee, Kathmandu, Nepal*

PURPOSE

In a country with newly initiated midwifery education program networking among the educators are essential to learn and share lesson with each other to ensure the quality of midwifery education program. This is especially important where there are no educators with midwifery academic and clinical background. The purpose of the session is to share the process of the establishment of midwifery education institution network, and lessons learned associated with this process for further improvement.

DISCUSSION

With the support of GIZ, Nepal's professional association of Midwives initiated the process to establish midwifery education institution network realizing the importance to exchange the lesson learnt from each other. An Intra-country workshop on Networking of Midwifery Education Institutions for Midwifery Development was conducted on March 2022. The main objectives of the workshop were to develop the National Midwifery Education Institutions Network, review the achievements and challenges of four academic Institutions; identify midwifery education institution agreeing to act as a Secretariat of the network; determine ways and means of sustaining the network; and develop plan of action to strengthen midwifery in the country.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Series of virtual meetings was held among the educators of institutions that have been running midwifery education program, followed by two-days workshop to develop midwifery education institution network drafting the guideline. Eight midwifery educators representing four academic institutions participated in the workshop. An important outcome of the workshop was the establishment of the National Midwifery Education Institution Network (MEIN). The participants were pleased to learn that the professional association together with GIZ supported the development of the network for information and resource sharing, strengthening of institutions and assisting the MEIN in technical work, identifying challenges or tackling problems facing midwifery in the country.

KEY MESSAGE

Establishment of a Midwifery Education Institution Network is essential to support each other exchanging lesson learnt.

PP 09 Vision to action: Together, We Can Strengthen Midwifery in the WHO South-East Asia Region! (WHO SEARO)

PARTNER FUNDED SESSION

SESSION SPONSORED BY WHO

Amelia Latu Afuhaamango Tuipulotu (Tonga)

Ai Tanimizu (India)

Catherine Breen Kamkong (Thailand)

Padmini Kashyap (India)

Geeta Chhibber (India)

Goma Devi Niraula Shrestha (Nepal)

Emi Nurjasmi Indomo (Indonesia)

Malin Bogren (Sweden)

Medha Gandhi (India)

Rabeya Basri (Bangladesh)

Sara Maria Filomena Xavier (Timor-Leste)

Sharmina Rahman (Bangladesh)

Rahayu Astuti (Indonesia)

PURPOSE OF THE SESSION

This session will provide insights as to how different partners and donors supported and will continue to support the governments' vision and midwifery initiatives in the countries of WHO South-East Asia Region.

ABSTRACT

The WHO South-East Asia Region (SEAR) comprises 11 countries: Bangladesh, Bhutan, Democratic People's Republic of Korea DPR Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, and Timor Leste. It accounts for 26% of the world's population and about 27% of total births.

The MDG era had inspired unprecedented progress by SEAR in reducing maternal and child mortality. Though the Region missed the MDGs 4 and 5 targets narrowly, its performance was much better than the global one. This unfinished agenda of MDGs further received a tremendous boost with the Regional Director identifying it as one of the 'flagship area of priority action' in 2014 and 2019. These flagship priority programmes, aligned to WHO's global triple billion goals and the UN Sustainable Development Goals, are aimed at promoting universal health coverage (UHC) and building robust health systems.

Countries in the Region have established policies to implement midwifery models of care to improve maternal, newborn health and progress toward UHC. In an effort to strengthen health workforce, UHC became a Regional Flagship Priority for WHO SEARO, and in 2014 Member States agreed to "The Decade for Strengthening Human Resources for Health (HRH) in the South-East Asia Region 2015–2024." In 2020, WHO SEARO launched the Regional Strategic Directions on Strengthening Midwifery Education and Services in the South-East Asia Region 2020–2024 to guide stakeholders and partners to assess, develop and strengthen midwifery in the Region.

The strategic directions provide key actions and indicators for monitoring to support countries to strengthen the vital health workforce cadre of midwifery for improved sexual, reproductive, maternal and newborn health. Development partners, donors and the private sector have supported countries to strengthen midwifery governance and regulation; strengthen quality of education and training; improve workforce management; enhance quality of midwifery practice and service delivery; and generate evidence and midwifery related research. In this session, you will hear from partners, donors, and officials from Ministries of Health on where we are, what support has been provided, where the Region is headed, and what the Region's asks are.

TOPICS

midwifery policy, regulation, practice and education

AGENDA

- 5 min **Welcome and introduction from Panel Chair**
Amelia Latu Afuhaamango Tuipulotu, Chief Nurse Office, WHO HQ
- 10 min **Where are we now as a Region? How have countries transitioned to midwifery models of care in the WHO South-East Asia Region?**
Ai Tanimizu, Technical Officer – Nursing & Midwifery, WHO SEARO
- 60 min **What support has been provided in the past few years? Moderated by Ai Tanimizu**
- Perspectives from international organization, professional organization, donors and researchers
 - Where is the Region headed? Perspectives from midwifery association, researchers and private sector
 - What are the Region's asks? Requests from respective Ministries of Health in the Region, professional association, regulatory body and responses from donors and developing partners
- 20 min **Q&A session**
- 5 min **Closing** (Amelia Tuipulotu, CNO)

0 200 - Normal birth rates before and after the merging of maternity wards: a retrospective cohort study on the short- and long-term impact of inter-professional preventative measures

Ragnhildur Anna Ólafsdóttir¹, Sigurveig Ósk Pálsdóttir², Ólöf Ásta Ólafsdóttir¹, Emma Marie Swift¹, Berglind Halfdansdóttir¹

¹ University of Iceland, School of Health Sciences - Faculty of Nursing and Midwifery - Midwifery studies, Reykjavik, Iceland

² National University Hospital of Iceland, Labour and Delivery unit, Reykjavík, Iceland

BACKGROUND

In 2014 the National University Hospital of Iceland merged its mixed-risk Labor and Delivery unit with a low-risk midwifery-led unit for healthy women. Inter-professional preventative countermeasures were implemented since there was a known threat of cultural contamination between the high-risk and normal birth environments. Preservation of midwives' one-on-one care, systematic containment of unnecessary obstetric interventions through revised protocols, continuing education of staff, and visibility of the rates of intervention and normal birth were carried out.

OBJECTIVES

To assess whether the hospital's goal of protecting normal birth rates had been achieved in the short- and long-term, and to support further development of labor services.

METHODS

A retrospective cohort study of all women who had singleton births at NUHI labor and delivery units in three 2-year periods, before and after the unit merger, in the years 2012–2013, 2015–2016, and 2018–2019. The primary outcome, normal birth rates, was adjusted for confounding variables using logistic regression analysis. Other outcome variables were analyzed using descriptive statistics, t-test and Chi-square test.

RESULTS

The rate of normal births, both with and without artificial rupture of membranes, increased significantly in 2015–2016, after the unit merger and accompanying countermeasures. The rate of individual obstetric interventions decreased significantly, except for induction rates, which increased significantly. Results on long-term effects of the countermeasures in 2018–2019 will be available in December 2023.

CONCLUSIONS

This study indicates that it is possible to increase the rate of normal births within an interdisciplinary labor and delivery unit through targeted actions. However, it is necessary to maintain awareness of the possible effects of a high-risk birth environment on normal births.

KEY MESSAGE

Although healthy women still benefit from low-risk birth settings, it is possible to increase the rates of normal birth for all women within a mixed-risk hospital setting by implementing inter-professional preventative countermeasures. A regular follow up may be needed.

0 201 - Failure to progress or physiological plateaus? A constructivist grounded theory explaining midwives' views of healthy pauses during childbirth

Marina Weckend¹, Clare Davison^{1,2}, Kylie McCullough¹, Christine Duffield^{1,3}

¹ Edith Cowan University, School of Nursing and Midwifery, Perth, Australia

² Charles Darwin University, College of Nursing and Midwifery, Darwin, Australia

³ University of Technology Sydney, School of Nursing and Midwifery, Sydney, Australia

BACKGROUND

During childbirth, one of the most common diagnoses of pathology is 'failure to progress,' frequently resulting in labour augmentation and intervention cascades. However, failure to progress is poorly defined, and there is evidence to suggest that slowing, stalling and pausing labour patterns can represent a physiological mechanism of self-regulation of the mother-baby-dyad.

OBJECTIVES

We propose a novel theory about the significance of physiological plateaus (slowing, stalling and pausing) during labour, thereby seeking to renegotiate what can be considered healthy and normal during childbirth.

METHODS

We conducted a constructivist grounded theory study, interviewing 20 midwives across Australia who practice/d in a variety of birth settings and models of care. Data was analysed inductively, using constant comparative methods, and resulted in a descriptive and explanatory grounded theory. This research has been funded through an Australian Government Research Training Program Scholarship as part of MW's PhD program. Ethical approval was obtained from Edith Cowan University's Human Research Ethics Committee (approval number 2020-01406-WECKEND).

RESULTS

Findings of this study demonstrate that midwives' holistic philosophical approach to childbirth creates a unique environment where plateaus are recognised as a healthy and normal element of labour. This interpretation of plateaus differs markedly from the dominant medicalised view of failure to progress, and is achieved by a different approach to how labour and progress are assessed, and how slowing, stalling and pausing labour patterns are interpreted and responded to.

CONCLUSIONS

From a holistic midwifery perspective, plateaus during labour form a healthy and normal element of childbirth. This interpretation challenges the medical dominant view of frequent failure to progress.

KEY MESSAGE

This study provides evidence that midwives' unique and holistic philosophy has a direct positive impact on maternity care, as it challenges narrow definitions of 'normality' and adapts flexibly to women's individual labour patterns, including those with physiological plateaus.

0 202 - Midwifery students' confidence to support physiological birth: an international study

Jane Fry¹, Juliet Wood¹, Clare Davison², Cindy Farley³, Debora Dole³, Maria Healy⁴, Felicity Agwu Kalu⁴, Barbara Baranowska⁵, Maria Węgrzynowska⁵

Additional presenter: Jalana Lazar (United Kingdom)

¹ Bournemouth University, Midwifery & Health Sciences, Bournemouth, United Kingdom

² Charles Darwin University, College of Nursing and Midwifery, Perth- Western Australia, Australia

³ Georgetown University, Midwifery, Georgetown, USA

⁴ Queen's University Belfast, School of Nursing and Midwifery, Belfast, United Kingdom

⁵ Medical Centre of Postgraduate Education, Midwifery, Warsaw, Poland

BACKGROUND

Learning to support physiological labour and birth takes place in complex clinical contexts, requiring students to deal with motivational, systemic, emotional, and social barriers to the application of knowledge. Many physical and mental health benefits are derived from a positive physiological childbirth experience. However, in the context of relatively high intervention rates, physiological labour and birth are inevitably less commonly seen, which can impact midwives' skills and commitment to both promoting and supporting women's physiological labours and birth.

OBJECTIVES

This research collaboration with midwifery academics from five countries explored and described midwifery students' confidence for supporting physiologic birth and facilitators and barriers to this confidence in five countries.

METHODS

A 13- item survey with both likert-type and open-ended questions was initially created by Bournemouth University midwifery lecturers and then modified slightly to fit each country's unique midwifery educational program and practice structure. Quantitative data collected and then summarized and inductive analysis of qualitative data using thematic analysis was used to identify recurrent themes. The data was then summarised and compared across countries.

RESULTS

Preliminary data will be shared from this collaborative study that describe midwifery students' confidence for supporting physiologic birth and facilitators and barriers to this confidence in five countries.

CONCLUSIONS

In an environment of increased intervention, current midwifery practice affects the extent to which midwifery students can learn how to support physiological labour and birth. The results of this project will be used to address relevant gaps in current midwifery education.

KEY MESSAGE

Understanding midwifery students' confidence for supporting physiologic labour and birth will help address relevant gaps in current midwifery education.

0 203 - Factors influencing intentions of midwives to facilitate normal physiological birth

Holly Meyer¹, Lauren Kearney²

¹ University of the Sunshine Coast, School of Nursing, Midwifery and Paramedicine, Sippy Downs, Australia

² The University of Queensland, School of Nursing, Midwifery and Social Work, St Lucia, Australia

BACKGROUND

The way women give birth is important. Childbirth is a significant life event and one of the most profound experiences in a woman's life (1). Whilst most women desire to birth vaginally (2, 3), concerning data worldwide highlights reduced rates of normal physiological birth, with a corresponding rise in caesarean section and instrumental vaginal birth rates (4, 5). Previous research has focussed on clinical outcomes, highlighting practices linked to improving normal physiological birth rates (6–8). However, research exploring factors influencing the intentions of midwives to facilitate normal physiological birth is lacking. The focus of this research is aligned with midwifery philosophy to promote normal birth.

OBJECTIVES

To explore factors influencing intentions to facilitate normal physiological birth (NPB) from the perspective of midwives. Specifically, the study explored salient beliefs relating to NPB, knowledge and information influencing midwives' decision making, social influences, as well as factors that are perceived to support or inhibit ability to facilitate NPB.

METHODS

A qualitative approach utilising the Theory of Planned Behaviour to guide semi-structured interviews gathered perceptions, thoughts, knowledge and experience of NPB from participants.

RESULTS

Factors shown to inhibit and support facilitation of NPB from the midwives' perspective will be presented and explored, highlighting key influences such as midwifery education and information sharing, workplace culture and collegial factors, system structures and models of care, as well as global surveillance and micro-management.

CONCLUSIONS

Care provider practice can drastically impact birth experiences and outcomes for women. This study highlights key factors that influence midwives' intentions to facilitate NPB. While some are supportive factors including attitudes and beliefs aligned with midwifery philosophy, many are inhibitive however are modifiable within the context of maternity care services and can be translated into clinical practice.

KEY MESSAGE

Understanding factors influencing midwives' intentions to facilitate normal physiological birth can inform future improvements to health systems and practices.

IW 07 Midwifery regulation workshop

ICM WORKSHOP

Mandy Forrester (Netherlands)

Evidence shows that fully educated, licensed, and integrated midwives, supported by interdisciplinary teams and an enabling environment, can deliver about 90% of essential SRMNAH interventions across the life course (SWoMY, 2021).

The ICM Global Standards for Midwifery Regulation (2011) can guide amendments to existing legislation and promote changes that strengthen regulatory frameworks to support autonomous midwifery practice. Legislation, policies, and procedures based on these standards will create midwifery regulatory frameworks that protect mothers and babies through the provision of safe and competent midwifery care.

In countries with limited or non-existent regulatory processes, these standards can guide the development of new midwifery regulation. Countries with existing midwifery regulation can use these standards as a benchmark for future changes.

Many Midwives' Associations are located in countries which have incomplete or no form of midwifery regulation. This includes those countries where midwifery regulation is collectively managed with another profession such as nursing, making regulation unclear and confusing.

Initiating and maintaining midwifery regulation is not straightforward and midwifery regulation is facing challenges globally.

It is important that midwives understand regulation and can advocate for an autonomous midwifery profession.

In this 90 minute workshop we will explore the barriers and enablers to midwifery regulation, share experiences and discuss:

- The purpose and function of regulation
- Types of regulatory mechanisms
- Regulation of midwifery distinct from nursing
- The role of midwife associations in supporting midwifery regulation
- Assessing your country's regulatory system
- Working with stakeholders
- Advocacy messages and how to use them

KEY WORDS

regulation, legislation

0 204 - Earthquake, tsunamis, volcanic eruptions, fires, floods, conflicts, migrations, pandemics, essential midwifery skills experience and practice in the face of disasters

Robin Lim¹, Ni Luh Budi Astuti²

¹ Advisor Yayasan Bumi Sehat Foundation, Midwifery, Mas, Ubud, Indonesia

² Medical Team Leader Yayasan Bumi Sehat Lombok Foundation, Midwifery, Mas, Ubud, Indonesia

THE LEARNING OUTCOMES

With increasing disasters currently midwives must plan for Vulnerable groups, survivors of calamity. From experience in Indonesia, Philippines, Haiti, Nepal, Belize, Bangladesh, midwives Budi Astuti, Robin Lim share how to establish safe birth environments, after hospitals, clinics are destroyed, midwives must feel confident to deliver reproductive healthcare, in tents, refugee camps, portable birth units, etc.

THE PROCESS/ACTIVITIES

Workshop prepares midwives to respond to catastrophes. World Meteorological Organization Statement on the Status of Global Climate: "The warming trend and an increasing number of disasters are expected to continue for several decades." Natural disasters as well as unnatural strife, including terrorism and genocide, causes great numbers of people to become displaced. The numbers of refugees is an international issue of increasing concern."

Topics: Rescue, response, relief, recovery, rebuilding. Disaster tool/birth kit, Water Access. Childbirth in unconventional settings, PTSD. Preventing/Coping with Childbirth complications, malnutrition, dehydration, hypertension, homelessness. Interfacing with NGOs. Death - practical, emotional, cultural & spiritual⁷.

AUDIENCE PARTICIPATION

Attendee's participation Q&A will include births in unusual ENVIRONMENTS. RESPECTFUL Midwife-to-Mother care for Vulnerable Groups. Skills, needed to be effective in 4 phases of disaster: 1) mitigation; 2) preparedness; 3) response; and 4) recovery. Birth Environment must be safe for motherbabies, and for midwives. Building the skills to increase effectiveness, mitigating suffering for survivors in the aftermath of disasters.

REFERENCES

- 1) Lessons Learned From an Obstetrics and Gynecology Field Hospital Response to Natural Disasters Moshe Pinkert, et al MHA532 VOL. 122, NO. 3, SEPTEMBER 2013 OBSTETRICS & GYNECOLOGY® American College of Obstetric and Gynecologists.
- 2) Birthing Models on the Human Rights Frontier edited by: Betty-Anne Daviss & Robbie Davis-Floyd (Routledge).
- 3) Philippine Heroes of the Night by Dr. Laura Stachel and Robin Lim CPM Huffington Post: 01/15/2014.
- 4) Postpartum Hemorrhage in Bali: A Day at Bumi Sehat by *Robin Lim/ Midwifery Today Issue 105*.

0 205 - Midwives on the Frontlines of Pandemics: recommendations for effective response from the Ebola epidemic in Sierra Leone and Liberia (2014–2016) and COVID-19 pandemic (2020)

*Jennifer Dohrn*¹

¹ Columbia University, School of Nursing, New York, USA

PURPOSE

Managing infectious disease outbreak is a great challenge of our time, with heightened urgency in our increasingly interconnected world. The project “On the Frontlines: Nursing and Midwifery Leadership in Pandemics” at Columbia University seeks to catalyze the role of midwives as change agents with specific focus on the Ebola and COVID-19 pandemics. In August 2019, a nursing/midwifery delegation collected oral histories from nurses/midwives involved in the Ebola response, and in Spring 2020 from nurses/midwives in New York, USA.

DISCUSSION

Recording of 39 nurses/midwives’ stories in Sierra Leone and Liberia and 15 stories in NYC was the primary historical methodology. Categories of inquiry included: preparedness/competencies for pandemic outbreak; recognition for role; community engagement; leadership/governance. Interviews were analyzed to understand lessons learned and recommendations for midwifery education and leadership.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Evidence from the lived-experiences of midwives in both regions was consistent in the following areas: development of core competencies for midwifery education in pandemic response; increasing midwifery involvement from beginning of outbreaks at policy and governance levels for effective community education, prevention and treatment; maintenance of preparedness in Infection Prevention Control (IPC) knowledge/skills; recognition of midwives who served.

EVIDENCE IF RELEVANT

Midwives who directly provided care in both pandemics stated they persevered because of a strong commitment to the profession. Midwives reported assignments outside their training areas and emphasized the need for primary care as part of their education. Midwives in both regions with disparate access to resources nonetheless repeatedly spoke of inadequate involvement in leadership positions. There was consensus that infection control was essential as a routine part of midwifery education.

KEY MESSAGE

Analysis of these oral histories provides clear evidence to the ICM Global Standards for Midwifery Education 2021 for midwives to be effective leaders in pandemic response.

0 206 - Midwife and doula collaboration in disasters and low resource settings to reduce caesareans and improve birth outcomes

Robin Lim¹, Debra Pascali-Bonaro², Michelle Therrien³

¹ Bumi Sehat, Birth Center, Bali, Indonesia

² International MotherBaby Childbirth Organization, River Vale, USA

³ International Childbirth Initiative, Brooklyn, USA

PURPOSE

While practicing midwifery in high risk, low resource environments of Indonesia and the Philippines following earthquakes, volcanic eruptions, and the COVID-19 pandemic, our midwives have found that optimal MotherBaby care and outcomes are best achieved in collaboration with doulas.

DISCUSSION

Midwives face many challenges balancing professionalism, responsibilities of the job, and the desire to give each laboring/birthing mother continuous care in both out-of-hospital & hospital birth settings. When well integrated, doulas offer a solution that makes space for midwives to improve their performance at birth, by lowering the birthing mothers' stress, helping laboring mothers to manage pain, thereby reducing the strain on the midwives and collaborating OB/GYNs.

Bumi Sehat's model is guided by the International Childbirth Initiative's 12 Steps (Lalonde 2019) that support collaborative practice that are beneficial to both providers and families. In collaboration, midwives, OB/GYNs and doulas are able to reduce unnecessary cesarean births, especially lowering the risk of primary cesarean in first time mothers.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwifery practices would be well supported if universal guidance could be introduced for the inclusion of doulas within interdisciplinary teams. There is ample evidence of benefit when doulas and midwives are working together to provide the highest level of care. Creating more supportive policies and instruction for midwives on working with doulas would provide needed structure for productive collaboration.

EVIDENCE IF RELEVANT

Bumi Sehat has demonstrated the benefits of a collaborative model rooted in midwifery and supported by doulas, resulting in a rate of transfer for cesarean section of less than 3% over the past 10 years.

KEY MESSAGE

Inclusion of doulas in all settings where midwifery is practiced is feasible and beneficial. Efforts are required to ensure seamless collaboration between midwives and doulas that will in turn lead to positive birth outcomes.

T 026 - Midwives' adaptation of practice, role, and scope to ensure access to sexual and reproductive services during humanitarian crises: a scoping review

*Susana Ku*¹

¹ McMaster University, Global Health, Sarnia, Canada

DESCRIPTION OF RESEARCH OR INNOVATION

BACKGROUND

During human history midwives continued to provide care to their clients by temporary restructuring perinatal care services, maintaining equitable, safe, and quality care to pregnant people and their newborns and protecting communities where access to health care is limited or non-existent. Objective: Explore and map how, globally, midwives have adapted to ensure access to SRHS during pandemic, epidemic and other humanitarian crises. Secondary objectives: 1. to identify what services midwives adapted, 2. to identify how midwives adapted, and 3. to identify what populations midwives served during pandemic, epidemic and other humanitarian crises. Methods: I used the methodology proposed by Arksey and O'Malley's and further developed by Levac et al. The mapping of evidence was structured following the "Adaptation framework" by Wheaton and Maciver. Results: Findings demonstrate that midwives from different training backgrounds adapted at the hospital and community levels and around the provision of antenatal care, labor and birth, postpartum and family planning. The process of adaptation was strongly related to the core philosophy and model of midwifery care. Three main categories were found when responding on how they adapted: practice, role and scope of practice. No specific data was identified that would address the characteristics of the population that midwives served. Generally, the evidence focused on childbearing population.

SIGNIFICANCE TO MIDWIFERY

Understanding the implications of the adaptations of midwifery services is essential to maintain accessibility and continuity of care while protecting patients and providers. Although some current reviews focused on the reconfiguration of maternity services, there have been no reviews that present the evidence on the configuration of midwives' practice, role, and scope, to ensure provision and access to SRHS, led and implemented by midwives. This scoping review maps relevant literature that exists focused on the reconfiguration of midwifery services to ensure access to SRHS.

0 207 - Roles and challenges of midwives on post-abortion care in Indonesia 2018

*Mitra Kadarsih*¹

¹ Mitra Kadarsih, Indonesian Midwives Association Branch Kebayoran Baru, Jakarta Selatan, Indonesia

BACKGROUND

IPPA's recorded there were 6,319 unwanted pregnancy cases and asked for abortion on (2004–2014). Moreover, restricted law toward abortion services in Indonesia, leads the women with unwanted pregnancy to access unsafe abortion services. 87% pregnant women choose as their health provider.

OBJECTIVES

The study aim to know midwife roles in Post Abortion Care and current situation of unsafe abortion based on midwife's experiences.

METHODS

This is an exploratory study which located in Bengkulu and Kefamenanu with high maternal death and sexual violence cases. The information was collected from FGD which conducted on July and August 2018. The informants were 26 midwives who perform clinical services.

RESULTS

Most midwives experienced abortion and unsafe abortion cases. Women who asked for abortion were cause by rape case, contraceptive failure, unprotected sexual activity. There were 2 midwives provide support rape victims during the legal process. Midwives also experienced the bad impact of unsafe abortion services where the women came in bad condition with complications such as, haemorrhage and infection. The methods on unsafe abortion such as: inserting 5 sticks of Damar root into cervix, traditional herbal drinks, and massages. Hence, midwives performed post abortion care services, such as: uterine evacuation, stabilization, referral, counselling, contraception, and giving protection. A midwife said, *"a woman almost died because she refused to be referred to the hospital, because she afraid to be reported by the hospital's team. She chooses to die in her clinic"*.

CONCLUSIONS

The result shows the fact that the women access unsafe abortion. Women-centred post abortion care is very important for women in Indonesia, especially when the law has restricted the women and health care providers to safe abortion service. Progressive and competence midwives play a very important role on post abortion care.

KEY MESSAGE

Midwives play important role in delivering access on women center post abortion care in indonesia.

0 208 - Task shifting to midwives for providing safe uterine evacuation/postabortion care (UE/PAC) can help in bringing down unsafe approaches and practices on abortion care in Pakistan

Amna Arshad¹, Shabbir Ghulam², Zarnab Munir³

¹ *Ipas Pakistan, Research and Evaluation Department, Islamabad, Pakistan*

² *Ipas Pakistan, Country Director, Islamabad, Pakistan*

³ *Ipas Pakistan, Health System, Islamabad, Pakistan*

BACKGROUND

Every year almost 9 million pregnancies take place in Pakistan, almost half are unintended, most of these (85%) women access untrained midlevel providers (midwives) for abortion care services, as a result contributing to high maternal morbidity and mortality.

OBJECTIVES

To assess the role of trained midwives in providing safe UE/PAC to women and girls in selected Ipas intervention districts of Pakistan.

METHODS

As the result of Ipas and partners' advocacy, Pakistan nursing council integrated use of misoprostol and MVA into the midwifery trainings and service delivery. During October 2018 to March 2022, Ipas provided clinical training to 160 doctors and 192 midwives working at 113 public sector HFs on women-centered UE/PAC include use of misoprostol and MVA. This training encompassed hands-on practice on the model and live cases. Providers were given seed supply of commodities and onsite clinical mentoring at regular intervals.

RESULTS

From October 2018 to March 2022 service delivery data, 24,002 women and girls received UE/PAC services; 13,994 (58%) managed by midwives, 10,008 (42%) by doctors; 60% (n = 14,439) treated with misoprostol; 35% (n = 8,316) by midwives, 25% (n = 6,123) by doctors. 33% (n = 7,933) received MVA procedure; 21% (n = 5,024) by midwives, 12% (n = 2,907) by doctors. Overall dilation and curettage (D&C) use is reduced to 3% of total UE/PAC caseload. Postabortion contraceptive uptake was 69% (n = 16,663); 45% (n = 10,865) among those treated by midwives, 28% (n = 6,655) by doctor. There were 15 serious adverse events reported which were successfully managed at the same and/or higher-level facility.

CONCLUSIONS

Midwives when properly trained and supported can help in bringing down the use of unsafe approaches and complications due to unsafe abortion.

KEY MESSAGE

Task shifting to midwives on UE/PAC service provision should be gradually scaled up countrywide.

0 209 - Expanding access to quality abortion care through advocacy - experiences and lessons from the RCOG Making Abortion Safe programme

Merel Krediet¹, Evangaline Dushimeyesu²

¹ Royal College of Obstetricians and Gynaecologists RCOG, Centre for Women's Global Health, London United Kingdom, Netherlands

² Rwanda Health Initiative for Youth and Women RHIYW, Executive Director, Kigali, Rwanda

PURPOSE

To share the experience and learning of the midwives involved in the RCOG Making Abortion Safe Programme. Making Abortion Safe is an advocacy programme through which healthcare professionals, including midwives, OBGYNs, nurses and others from Nigeria, Rwanda, Sudan, Sierra Leone and Zimbabwe advocate to expand access to abortion and post-abortion care.

DISCUSSION

The healthcare professionals involved in the programme have co-created resources to support country-based advocacy. These resources include eLearning on abortion care and abortion advocacy; Best Practice Papers in abortion care and post-abortion care; and guidance on how to manage and address stigma experienced as a result of abortion care provision. These resources have proven to be powerful advocacy and education resources and this session will present the resources and discuss their application for midwives around the world.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The topic of this abstract links to several of the ICM professional framework categories including education, association, and the enabling environment. All the resources are of educational value to midwives. Midwifery associations play an essential role in their promotion and dissemination to ensure they can be accessed by as many people as possible. When used for advocacy and education, these materials have the ability to promote and strengthen an enabling environment for midwives involved in abortion care provision.

EVIDENCE IF RELEVANT

RCOG Making Abortion Safe programme: <https://www.rcog.org.uk/about-us/global-network/centre-for-womens-global-health/making-abortion-safe/>.

KEY MESSAGE

- Healthcare professionals are strong advocates for comprehensive Sexual and Reproductive Health and Rights, including abortion.
- Advocating for high quality abortion education is essential to prepare the workforce to provide quality abortion care
- Short succinct best practice guidance that are easily accessible for those involved in abortion care provision can increase the quality of abortion care and the confidence of providers
- Guidance on how to address abortion-related stigma and create an enabling abortion care environment can help to address barriers to abortion care.

W 15 Creating community: a simulation workshop in incorporating group care into midwifery practice

WORKSHOP

*Mairi Breen Rothman*¹, *Susanrachel Condon*²

¹ M.A.M.A.S. Inc., Full Scope Midwifery, Takoma Park, USA

² Home Birth Academy LLC, Midwifery, Takoma Park, USA

THE LEARNING OUTCOMES

Participants will

- describe advantages of group care
- make a plan for group care that fits their practice setting
- define community, education and respectful care in context of group care
- describe the experience of being group care leader, group care participant, group care family member
- incorporate group care into their particular practice environment
- describe how group care -> continuity of care and sense of community

THE PROCESS/ACTIVITIES

1. Introduction to concepts of group care
 - a. Community
 - b. Education
 - c. Respectful care
2. Break-out session – groups will
 - a. share details of their care setting
 - b. discuss specific needs regarding group care
 - c. report out a summary of their discussion
3. Review models of group care
 - a. Pre-packaged models e.g. “Centering.”
 - b. Hybrid models – group care, individual home or clinic visits
 - c. Special groups: Postpartum/Breastfeeding, Menopause
4. Role plays
 - a. Small groups experience all roles in group prenatal care – participant, partner, leader, etc.
 - b. Debriefing follows each role-play
5. Q&A – Each question is “workshopped” by participants

AUDIENCE PARTICIPATION

Attendees actively participant in this workshop through role-playing, individual work, and small groups.

REFERENCES

- Cunningham, S. D., Lewis, J. B., et al. (2019). Group prenatal care reduces risk of preterm birth and low birth weight: a matched cohort study. *J women's health, 28*(1), 17–22.
- Sayed, H. A., & Abd-Elhakam, E. M. (2018). Effect of Centering Pregnancy Model Implementation on Prenatal Health Behaviors and Pregnancy Related Empowerment. *Am J Nursing, 7*(6), 314–324.
- Lewis, J., Cunningham, S., Shabanova, V., & Ickovics, J. R. (2019). Group prenatal care reduces preterm birth, low birthweight, and neonatal intensive care usage compared to individual care. In *APHA's 2019 Annual Meeting and Expo*. APHA.
- Scamell, M., Stone, N., & Dahlen, H. G. (2019). Risk, safety, fear and trust in childbirth. *Squaring the Circle: Normal Birth Research, Theory and Practice in a Technological Age*, 100–110.

0 210 - “A sudden shift” An evaluation of student midwives’ attitudes to remote online learning during the COVID-19 pandemic

Nikki Lacey¹, Grace Thomas¹

¹ Cardiff University, School of Healthcare Sciences, School of Midwifery, Cardiff, United Kingdom

BACKGROUND

The Covid 19 pandemic caused U.K lockdown in March 2020 which impacted both maternity services and education of student midwives. This warranted unforeseen changes to the way midwifery education was delivered that necessitated a transition to a programme of online study. This presented challenges to midwifery educators, and a sudden shift from primarily face-to-face teaching methods to a completely virtual online delivery.

OBJECTIVES

The objective was to evaluate the attitude and feelings of student midwives to the sudden shift to digital learning and teaching. The aim was to capture the thoughts of students in ‘real time’, giving them an opportunity to voice concerns and challenges, as well as positive points that would influence and inform the future of midwifery education.

METHODS

An online survey was created and students from three year groups of an undergraduate midwifery programme were invited to participate. Completion of the survey implied consent, it was anonymous and the university ethics committee deemed this an evaluation therefore ethical approval was not required.

RESULTS

51% of students completed the survey. Results were analysed using descriptive statistics. Reported feelings included being pleased, excited, cheated, apprehensive and anxious. Digital literacy, access to internet and technology alongside juggling home life were noted as concerns. Developing confidence and ability to work at their own pace were reported benefits. 55% of students were positive, most preferring synchronous virtual sessions as opposed to asynchronous self-directed content.

CONCLUSIONS

The overarching themes were positivity from students who were glad to be able to continue their midwifery programme, although they valued face-to-face learning and did not want total on-line, virtual delivery.

KEY MESSAGE

- Students would not choose to study online full time,
- Students favoured a blended curriculum,
- Preference for synchronous learning when online sessions were delivered,
- Online learning, thought to be a temporary pivot in education has longer term potential for the future of midwifery education.

0 211 - Educators' perceptions of the early impact of COVID-19 on midwifery training in Kenya: a cross-sectional survey

Duncan Shikuku¹, Edna Tallam², Ibrahim Wako³, Agnes Mualuko⁴, Lucy Waweru⁴, Lucy Nyaga¹, Bashir Issak⁵, Charles Ameh⁶

¹ *Liverpool School of Tropical Medicine, International Public Health, Nairobi, Kenya*

² *Nursing Council of Kenya, Nursing Council of Kenya, Nairobi, Kenya*

³ *Clinical Officers Council of Kenya, Clinical Officers Council of Kenya, Nairobi, Kenya*

⁴ *Kenya Medical Training College, Kenya Medical Training College, Nairobi, Kenya*

⁵ *Ministry of Health - Kenya, Department of Family Health, Nairobi, Kenya*

⁶ *Liverpool School of Tropical Medicine, International Public Health, Liverpool, United Kingdom*

BACKGROUND

The COVID-19 pandemic disrupted and posed challenges to the education of health workers globally including closure of learning institutions as part of the initial response. Nursing/midwifery/medical training schools shifted from face-to-face to the online/virtual admission of new students, teaching and graduation to maximise students' learning experiences and achieve the expected competencies thereby minimising the disruption to their training in Kenya.

OBJECTIVES

This paper presents a descriptive analysis of the perceptions of Kenyan midwifery educators regarding the early impact of COVID-19 pandemic on the continuity of midwifery education.

METHODS

A cross-sectional online survey was conducted among 51 midwifery/clinical medicine (reproductive health specialty) educators from 35 diploma training colleges from all eight regions of Kenya between September–November 2020. The proportions of three-point Likert scales rating educators' concerns regarding the effect of the pandemic on pre-service training, satisfaction with the COVID-19–containment measures in place to continue face-to-face teaching safely and confidence concerning various online teaching applications (not concerned/satisfied/confident, somewhat concerned/satisfied/confident or extremely concerned/satisfied/confident), were reported.

RESULTS

85% of the educators were extremely concerned about the effect of the pandemic on midwifery/reproductive health training. Over 76% were extremely concerned about face-to-face teaching during the pandemic and the delay in qualifying examinations/graduation for final-year students (74%). About 96% of educators had started delivering virtual teaching (VT), with only 41% being extremely confident in facilitating VT; and 97% were unsatisfied with the measures in place in their institutions to continue face-to-face teaching.

CONCLUSIONS

To minimise the impact of COVID-19 on midwifery education in Kenya, capacity building for VT and mitigation measures for safe in-person training were urgently needed. Findings catalysed the design and delivery of the 'Facilitating online teaching' module for educators.

KEY MESSAGE

A blended approach involving face-to-face approaches for clinical/cognitive/communication skills, and VT for theoretical content, will be crucial in future midwifery education/training curricula for competent skilled health personnel graduates.

0 212 - Access to sexual and reproductive health care during the COVID-19 pandemic in Chile

Loreto Villanueva Pabón¹, Javiera Muñoz¹, Masiel Campos¹

¹ *Universidad de Chile, Departamento de Promoción de Salud de la Mujer y el Recién Nacido, Santiago, Chile*

BACKGROUND

During the pandemic, health systems were forced to prioritize COVID-19 care over sexual and reproductive health (SRH), leaving unmet needs in the population. 78% of the population in Chile, are users of the public health system. It is yet unclear how much the interrupted services affected these population, and the role of midwives providing SRH services if there are future crises.

OBJECTIVES

Analyze the magnitude of the SRH services disruption during the pandemic, identifying the most affected population in Chile between 2018 and 2020.

METHODS

A cross-sectional study was designed using the monthly records of health services provided by the Statistics Department (Ministry of Health) in Chile 2018–2020. We used de-identified secondary data from the public domain. A monthly temporal trend was analyzed by sex, age and residency by type of service.

RESULTS

Midwives provided the largest number of health services for adolescents and 20 to 49 patients at national level. Midwives registered more than the 95% of the SRH services, such as preconception (98%), prenatal (97%), postpartum/post-abortion (99.4%), gynecological (98.3%), fertility regulation (99,7%) and the 89,3% of climacteric controls.

From March 2020, SRH services were dramatically reduced. The most important reduction was observed in climacteric (59%) and fertility controls (53.9%); the smallest, in prenatal care (24%). Adolescents were the most affected group. Even though, contraceptive provision was maintained, services of counseling and education were importantly diminished.

Until December 2020, the services were not yet recovered.

CONCLUSIONS

The right to access to SRH is fundamentally protected by midwives. The pandemic hindered the exercise of this right with an unknown long-term impact particularly for women and newborns health. It is highly advised to empower the practice of midwifery to safeguard population's health.

KEY MESSAGE

Midwives make the most significant contribution to assure the right of access to SRH.

In social and health crisis the SRH services must be preserved.

0 213 - Familial and social stressors among Jordanian midwives amid the COVID-19 pandemic: a phenomenological study

Karimeh Alnuaimi¹

¹ Jordan University of Science and Technology, Maternal and Child Health and midwifery, School of Nursing, Irbid, Jordan

BACKGROUND

Previous studies examined stressors facing health care professionals while working with patients. However, studies exploring the consequences of COVID-19 crisis on the personal lives of midwives' are lacking.

OBJECTIVES

To explore Jordanian midwives' experiences at their homes and in the community during the COVID- 19 pandemic crisis. Background: the global crisis of COVID-19 disturbs the daily lives of all people including health care professionals.

METHODS

A descriptive qualitative design. Data were collected using telephone semi-structured interviews from March to April 2020. Twenty (20) midwives from two hospitals were recruited using purposive and snowballing sampling strategies. Data was analyzed using thematic content analysis. Ethical approval from the Institutional Review Board (IRB) at Jordan University of Science and Technology (Ref: 111/132/2020) was obtained prior to data collection. Conflict of interest: no conflict of interest has been declared by the authors.

RESULTS

Three major themes emerged including "the Pandemic Shaking Our Lives" with the sub-themes of "Fear to be a "reservoir" of the virus" and "Daily Life Activities Disturbances". The other two major themes were "Social Stigma" and "Midwives' Response to the crisis".

CONCLUSIONS

Jordanian midwives felt overwhelmed and experienced stressful experiences at their homes and communities during the national lockdown.

KEY MESSAGE

More focus on midwives psychological status and factors influencing them during the crisis is needed rather than focusing on work stressors to avoid any familial-work conflicts and maintain the best level of care provided.

T 028 - ICOM Projects: informing continuity of midwifery carer for women with additional care needs in Northern Ireland

Lavelle Keys¹, Jenny McNeill¹, Fiona Lynn¹, Dale Spence²

¹ Queen's University Belfast, School of Nursing and Midwifery, Belfast, United Kingdom

² Department of Health, Midwifery Officer, Belfast, United Kingdom

DESCRIPTION OF RESEARCH OR INNOVATION

The aim of the study is to evaluate provision of Continuity of Midwifery Carer (CoMC) in Northern Ireland (NI) for women with additional care needs (ACN) and inform care provision for women with mental-health conditions within a CoMC model. A mixed methods study design has been developed.

An exploratory retrospective cohort study and cost analysis will be conducted to assess differences in outcomes between women with ACN who received CoMC compared to women with ACN receiving standard care.

The experiences of women with ACN, with a focus on mental-health conditions who received care in a CoMC model will be explored through 1–1 interviews.

The barriers and facilitators of providing CoMC to women with ACN, with a focus on mental-health conditions from the perspective of service providers will be understood through focus groups with midwives and 1–1 interviews with mental health care professionals.

SIGNIFICANCE TO MIDWIFERY

The NMC Standards of Proficiency for Midwives (2019) clearly articulate the role of CoMC for women with ACN. The provision of high quality maternal and newborn care is an important global aim, as articulated by the United Nations (2015). In addition, the WHO identified CoMC in their guidance for antenatal and intrapartum care, setting the direction of maternal policy on a global scale (WHO, 2018; WHO, 2016).

CoMC for women with ACN, in particular those with mental health conditions, has the potential to impact positively on maternal and infant outcomes in addition to women's satisfaction with care. The rationale of the project is to inform the strategic direction and transformation of maternity service provision in NI and inform the implementation of evidence based maternity care for women with ACN, in particular, those with mental-health conditions. The project will add to the wider body of knowledge about CoMC for women with ACN as currently, there is limited evidence in this field.

0 214 - Working through complexity

Christine Griffiths¹, Judith McAra-Couper², Barbara McKenzie-Green³

¹ Otago Polytechnic, School of Midwifery, Dunedin, New Zealand

² Auckland University of Technology, School of Clinical Sciences, Auckland, New Zealand

³ Auckland University of Technology, Nursing, Auckland, New Zealand

BACKGROUND

In Aotearoa New Zealand women living in areas of high socioeconomic deprivation experience significantly higher rates of stillbirth and neonatal death than women living in other areas. A potential contributing factor is access to, and/or engagement with, maternity services. This research explored how women living in areas of high socioeconomic deprivation in Aotearoa New Zealand access and engage with midwives.

OBJECTIVES

To develop a substantive theory explaining how women living in areas of high socioeconomic deprivation access and engage with midwives, to inform what constitutes an appropriate maternity service for this group of women.

METHODS

Constructivist grounded theory was used to explore the research question 'How do women living in areas of high socioeconomic deprivation in New Zealand access and engage with midwives?' In total 24 individual interviews were undertaken with 11 women and 10 community midwives.

RESULTS

Women participants were constantly working through complexity as they accessed and engaged with midwives, moving backwards and forwards between the three theoretical categories of 'navigating a shifting landscape', 'building effective relationships', and 'negotiating a pathway' working together with the midwife, or not. The process of working through complexity was in constant movement and an ever-changing process for women and midwife participants. Midwifery care was the vehicle through which working through complexity occurred.

CONCLUSIONS

Accessing a midwife early in pregnancy, developing an effective midwifery relationship and receiving support to negotiate a pathway through the maternity system increases engagement with pregnancy care for this group of women.

KEY MESSAGE

Building an effective relationship with the midwife was key to women participants continuing to access and engage with midwifery care.

0 215 - A qualitative study on the breastfeeding experiences of young mothers

Andari Wuri Astuti¹, Herlin Fitriana Kurniawati¹, Herlin Fitriani Kurniawati¹

¹ Universitas Aisyiyah Yogyakarta, Faculty of Health Sciences, Sleman, Indonesia

BACKGROUND

Breastfeeding practice for young mothers could be problematic, especially when supports are absent. Evidence reported that young mothers have risks of experiencing mental health problems and of behavioural problems in their children. Data showed that 36 per 1,000 childbirth occurred among Indonesian female adolescents aged 15–19 during 2018. Nevertheless, the breastfeeding experience of young mothers has not been well studied, particularly in the Indonesian context. Therefore, to develop professional caring and supporting relationships, it is important to address this knowledge gap. This research has been fully published in Nurse Media Journal in April 2021.

OBJECTIVES

This study aimed to explore the experiences of breastfeeding practices among Indonesian young mothers.

METHODS

A qualitative exploratory study was employed, and one-to-one in-depth interviews were conducted on 18 young mothers between May until August 2019. Data analysis was guided by Colaizzi's thematic approach. Ethical approval was gained from the Ethical Board of Universitas Respati Yogyakarta, Indonesia (Reference Number: 143.3/FIKES/PL/V/2019)

RESULTS

Four key themes emerged from the qualitative data, i.e., formal support of breastfeeding, the role of family, partner and peers, culture and judgement, and future aspirations and healthcare. Indonesian young mothers sought formal information on breastfeeding from healthcare providers. However, there was a lack of translation into practices due to lack of supports from partners, cultural beliefs, and parents' interference, which consequently led to the failure of breastfeeding. Indonesian young mothers were suggesting that breastfeeding information should also be provided to their circle of supports, such as partners and close relatives.

CONCLUSIONS

Indonesian young mothers experienced complex situations through their journey of breastfeeding practices. A tailored maternity health service involving partners, parents, and communities into culture-sensitive programme intervention is needed to provide professional caring, and reliable supportive sources of breastfeeding for young mothers.

KEY MESSAGE

Indonesian young mothers need specific and unique service to help them manage their breastfeeding practice.

0 216 - Barriers to accessing antenatal care services as experienced by pregnant women with physical disabilities in rural South-Western Uganda

Ponsiano Kabakyenga Nuwagaba¹, Sheila Clow², Theresa Lorenzo²

¹ *Kyambogo University, Department of Community and Disability Studies, Kampala, Uganda*

² *University of Cape Town, Department of Health and Rehabilitation Sciences, Cape Town, South Africa*

BACKGROUND

In low and middle income countries, several environmental barriers impede accessibility to antenatal care (ANC) services. These barriers are more pronounced in rural areas than urban areas in Uganda. Although WHO recommends that ANC services should be designed and continually improved based on locally generated data to address access barriers, the experiences of how rural pregnant women with disabilities experience these barriers are largely undocumented.

OBJECTIVES

We investigated the experiences of pregnant women with physical disabilities accessing ANC services in rural South-Western Uganda to improve their pregnancy outcomes.

METHODS

A qualitative study using a multiple case study design was conducted. 12 women with physical disabilities in Sheema district in South-Western Uganda, East Africa, were selected as participants using snowball sampling. Data was gathered through face-to-face interviews and a focus group discussion between November 2020 to January 2021. Data was transcribed, translated and thematically analysed with support of NVivo software. Ethical approval was obtained from University of Cape Town and Uganda National Council for Science and Technology, including a Risk Management Plan for preventing transmission of Covid-19.

RESULTS

Three themes emerged: 1. Barriers to wellbeing included being emotionally disempowered, inadequate family and community care and support; limited financial and antenatal resources. 2. Inaccessible transportation and infrastructure exacerbated limited mobility. 3. Cultural beliefs and practices, including use of herbs and applications, which could negatively affect pregnancy wellbeing.

CONCLUSIONS

Rural pregnant women with disabilities encounter barriers that negatively impact their pregnancy experiences and pregnancy health care. Justice, equity and respect for their human dignity need to be underscored in training and practice and in health system and infrastructure planning.

KEY MESSAGE

Midwives need to meaningfully engage women with disabilities, listening to their voices to understand their lived experiences. Families and community provide critical support; accessible transport systems create an enabling environment for them to access ANC services.

0 217 - Supporting ability: using a woman-centred approach to care for a woman with significant disabilities through pregnancy, birth, and breastfeeding

*Linda Deys*¹

¹ Shoalhaven District Memorial Hospital, Maternity, Nowra, NSW, Australia

PURPOSE

Navigating the maternity public health system, in the Australian context, provides challenges for even able-bodied women. Women living with disabilities are often seen more for what they cannot do rather than what they can. Using a woman-centred approach and continuity of midwifery care (CoC) ensures all women are informed and able to make choices around how they birth and care for their babies. Women living with disability are not an exception, in fact needing this model of care more than ever.

DISCUSSION

A woman of profound physical disability from an acquired brain injury as an infant was supported through her first pregnancy and postpartum care in a regional Australian town through the public health system. This presentation outlines the successful integration of support networks to enable a safe and respectful journey which supported her changing physical and emotional needs in pregnancy, provided choice for type and place of birth, and enabled her to have successful breastfeeding and transition to motherhood. A woman-centred care approach, managed through a Maternal Antenatal Postnatal Service (MAPS) continuity model, focused on her abilities rather than disabilities and empowered her to choose the care she wanted and needed.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The challenges in caring for this woman highlighted the importance of communication, coordination and education between the many services involved. A midwifery continuity model was ideally situated to meet these needs and difficulties as they arose. The woman was able to develop a relationship with her maternity carers whereby she could feel safe to voice concerns and where the midwives were able to note even subtle changes as the pregnancy progressed.

EVIDENCE IF RELEVANT

Evidence is clear that woman-centred and continuity of midwifery care is safe for all women.

KEY MESSAGE

Women with disability benefit from midwifery-led care. Public system funding of CoC models should be maintained and expanded to provide this equitable care.

O 218 - Organizational Synthesis of Capacity Assessment for Award Readiness (OSCAR) and improvements in the Ethiopian Midwives Association's Performance

Tachawet Zeleke¹, Fekadu Mazengia Alemu², Abdella Amano Abdo³, Tegbar Yigzaw Sendeke⁴, Tsion Assefa⁴, Mintwab Gelagay Fantaye⁵

¹ Ethiopian Midwives Association, USAID Health Workforce Improvement Program, Addis Ababa, Ethiopia

² Ethiopian Midwives Association, Ethiopian Midwives Association, Addis Ababa, Ethiopia

³ Hawassa University, Public Health, Hawassa, Ethiopia

⁴ Jhpiego Ethiopia, HWIP project, Addis Ababa, Ethiopia

⁵ Jhpiego Ethiopia, Capacity-building, Addis Ababa, Ethiopia

BACKGROUND

The organizational synthesis of capacity assessments for award readiness (OSCAR) is a comprehensive instrument designed to provide a general overview of organizational capacity and readiness to receive and absorb direct donor funding. The Ethiopian Midwives Association (EMWA) is a non-profit professional association that represents Midwives in Ethiopia. Health Work Force Improvement Program (HWIP) is a USAID-funded project implemented by a Jhpiego and its mandate is to support local partners like EMWA to directly implement while building its management, organizational and financial capacity to manage direct donor grants.

OBJECTIVES

To assess EMWA's capacity and readiness to receive and absorb direct donor funding.

METHODS

OSCAR assessment tool which contains 7 domains and 54 sub-domains was used. Each sub-domains contain a series of descriptors corresponding to the four qualifying stages from 1-low capacity to 4-strong capacity. The assessment was done twice (baseline and progress). The baseline assessment was done between February 17–19, 2021 and based on the gap identified, eight organizational documents were developed, trainings were conducted on leadership, management and governance, and resource mobilization. The data was collected through triangulated approach using desk review, interviews, onsite organizational systems review, and focus group discussions. Statistical significance difference between the two assessments was done using paired t-test. A P-value of < 0.05 was considered as a statistical significance.

RESULTS

During the baseline, EMWA received the overall OSCAR score of 3 (moderate capacity) for five domains and 2 (basic capacity) for two domains whereas 3 (moderate capacity) for all the 7 domains during the progressive assessment. There was a statistically significant difference between the two assessments ($t = 3.3$, $P\text{-value} = 0.01$).

CONCLUSIONS

Following the organizational capacity assessment, EMWA's capacity and performance has improved. However, more work needs to be put into enhancing internal controls, project performance management, and finance management.

KEY MESSAGE

OSCAR tools can be used to improve professional association's capacity and performance.

0 219 - A framework for midwives' continuing professional development in the Asia Pacific region: a decision-support tool

Zeshi Fisher¹, Catherine Breen Kamkong², Ann Kinnear¹, Caroline Homer¹

¹ Burnet Institute, Maternal Child and Adolescent Health, Melbourne, Australia

² United Nations Population Fund, Asia Pacific Regional Office, Bangkok, Thailand

PURPOSE

Continuing professional development (CPD) is a global priority for midwifery workforce development to maintain midwives' continuing competence and enhance quality care. Many countries do not have strong policies around CPD and there is a lack of clarity around what makes up CPD and how much is required.

There is an identified need for clear guidance on the identification and prioritisation of CPD activities and the structure of CPD programs in response to known limitations. UNFPA APRO in partnership with the Burnet Institute have developed a framework to guide countries in the Asia Pacific Region.

DISCUSSION

The literature was reviewed for evidence on program structure, approach, and content for midwives' CPD. Guided by the review and in consultation with UNFPA country offices and national midwifery associations, we developed a CPD framework for midwives that may prove a useful tool for context-specific program design and implementation.

An interpretation of the *survive, thrive, and transform* model (Every Woman Every Child 2015) was used to organise learning areas, which responds to the urgent need for prevention of maternal and newborn deaths, injury, and disability; promotion of health and wellbeing of women and newborns; and transformation in the provision of quality midwifery education and services. Users of the framework are prompted to consider context-specific needs.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

CPD is an essential part of effective regulation and should meet the needs of women and families, midwives, and the midwifery profession. Subsequent to the framework development and discussion with countries, guidance on linkages to regulation and re-licensure of midwives was explored and shared with countries.

KEY MESSAGE

Midwives' continuing competence should be maintained across all essential competencies for midwifery practice for the provision of safe, effective care (ICM 2019). This framework may help to support decision-making and focus CPD programs and activities where prioritisation is unavoidable.

0 220 - The development and implementation of the RCM research and development strategy

Jude Field¹, Jenny Cunningham¹

¹ Royal College of Midwives, Professional Team, London, United Kingdom

PURPOSE

The RCM Research and Development strategy (2020) is now in its 2nd year of implementation across the UK, led by the RCM Research Advisors.

In the UK there are fewer midwifery applicants for clinical academic posts and those that apply have a statistically lower success rate compared to other professional groups (NIHR, 2017). Globally, the barriers for midwives to fully engage in evidence-based practice (WHO 2017), and the global need for midwives to take the lead in research (Nove et al, 2021) are also highlighted.

We share our experiences of developing and implementing the RCM Research and Development Strategy to support all midwives and organisations globally in establishing and embedding a research culture within the midwifery profession.

DISCUSSION

The Strategy was developed with the involvement of UK midwifery research and clinical leaders, research active midwives and RCM members. It aims to build midwifery research capacity, form collaborations with others and influence the direction of the maternity research agenda in the UK. Outputs of the Strategy, to date, include creating a Research Hub, hosting an annual Research and Education conference, creating a peer-to-peer support scheme to foster successful midwifery applications to RCM funded awards, and the development of bespoke midwifery focused e-learning modules. Each serve to further the aims of the Strategy.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

- Association
- Research
- Enabling environment

EVIDENCE IF RELEVANT

Royal College of Midwives (RCM), 2020. Research and Development Strategy: 2021–2024.

KEY MESSAGE

It is known that midwives need support to engage in clinical academic careers: both in using and creating evidence for practice.

Our Research Strategy has been founded on relationship building and networking with clinical and research midwives. Much can be achieved on a relatively small budget.

Research is a fundamental part of the midwife's role, but this has historically attracted less focus. Our Research Strategy is seeking to correct this imbalance.

0 221 - Thru the Pinard Podcast - stories around our midwifery related PhD journeys and how they are changing our practice

Liz McNeill¹

¹ Flinders University CNHS, Midwifery, Adelaide- South Australia, Australia

PURPOSE

Social media is increasingly being used to disseminate research, share information and provide support. Esther Shamra (@maternalmatters) set up the twitter group @PhDMidwives during Covid to share experiences and support midwives doing their MSc and PhDs. After the first virtual meet up in July 2020, a podcast called *Thru the Pinard* (@thruthepinard) was created by @Academic_Liz due to an interest in hearing more about why people were doing their PhDs and sharing their results.

DISCUSSION

Launched Dec 5th, 2020, the conversational podcast has chatted with midwives and other birth professionals about their studies/ research and how it is changing our practice globally with more than 45 episodes, in almost 70 countries, and nearly 1000 cities. Trailblazing professors of midwifery and clinical midwives have shared their journeys and support the need for more midwifery led research in the future.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Whilst each chat is led by the guest on their specific area of specialty, some common themes are peoples varied journeys to midwifery and study, structuring PhD study routines, maintenance of mental health, exploring opportunities, and need for a support network. Twitter feedback has shown that these chats are helping to demystify the idea of post graduate studies and research. It has encouraged people to explore and start studies and to reach out to become more involved in research.

EVIDENCE IF RELEVANT

Indeed, the podcast fits under several elements of the new framework including midwifery philosophy, education, research, leadership and commitment to gender equality and Justice, equity, diversity, and inclusion. This presentation will share the podcast journey, lessons learnt and future plans.

KEY MESSAGE

The aim of this podcast and presentation is to share what PhD midwives and birth professionals are doing from any country, helping to demystify the idea of post graduate studies and research, and creating a free supportive, professional virtual space.

0 222 - Midwifery-led maternity care centre in fragile Afghanistan: challenges and lessons learned

*Gette Saduzai*¹

¹ Afghan Midwives Association, Midwifery, Kabul, Afghanistan

PURPOSE

The aim is to present challenges and lessons learned in the implementation of the midwife-led maternity centers in a fragile and humanitarian context such as Afghanistan. The guidance based on lessons learned from experiences may help other countries in similar situations.

DISCUSSION

Afghanistan has a high maternal, and newborn mortality rate and yet is among the top 10 highest MMR globally. In the last 20 years, many efforts have been made within the health sector to improve maternal and child health in Afghanistan. However, with constant conflicts, political instability, and insecurity, women faced extreme challenges and restrictions in accessing health services in Afghanistan. In response to the crisis, in partnership with NGOs, Afghan Midwives Association took the initiative to establish an evidence-based midwife-led model of care that addresses women's maternity needs under the suppression of the Taliban.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

- Midwifery Leadership
- Midwife-led continuity of care model of practice
- Midwifery Associations
- Enabling Environment

EVIDENCE IF RELEVANT

Considering the regime's restrictions on women in Afghanistan, the establishment of MLMCs at the community level ensured access to safe, culturally acceptable, and high-quality midwifery services. Despite a huge lack of essential supply and resources, low retention, and life-threatening challenges, midwives demonstrate incredible resilience. MLMCs continue to provide services to women and their families within the community. Just in two MLMCs, the number of normal birth increased significantly during the current conflicts. AMA is one of few organizations that did not stop its activity but expanded after the most recent crisis changing the regime in Afghanistan.

KEY MESSAGE

The role of professional associations such as AMA in implementing MLMCs in a conflict and fragile setting is significant in addressing women's maternity needs and maximizing their safety and survival. In a conflict and insecure context such as Afghanistan, ensuring the safety of midwives and addressing their needs is an urgent priority, especially when resilience is critical.

0 223 - Midwifery-led settings provision in the UK during the COVID-19 pandemic: a survey of practice and provision conducted by the Royal College of Midwives

*Lia Brigante*¹

¹ Royal College of Midwives, Policy & Practice, London, United Kingdom

BACKGROUND

The Covid-19 pandemic required healthcare systems in the UK including maternity services to adapt. Little has been published on the pandemic impact on midwifery-led settings including midwifery units and home birth services. The Royal College of Midwives (RCM) produced a guidance on provision of midwife-led settings during the pandemic, including recommendations on how to adapt service provision to workforce challenges.

OBJECTIVES

The objective was to describe changes to midwifery-led service provision during the COVID-19 pandemic, including availability of homebirth and midwife-led units provision and the extent of variation within the four UK countries.

METHODS

A survey of practice and service provision was carried out via the RCM Heads and Directors of Midwifery Network (including all UK maternity service managers). Questions focused on midwifery staffing and shortages; provision of homebirth and midwifery-led settings, waterbirth, antenatal and postnatal care.

RESULTS

The pandemic led to increase centralisation of maternity care and disruption to midwifery-led services. Midwifery led units continued to be opened in 68% and Home birth services in 49% of maternity units with a small number (7%) providing a restricted service for multiparous women only. Only one maternity unit reported scaling up the homebirth service. The most common reason for suspension were acute staff shortages and concerns about the ability of the ambulance services to provide emergency transfer.

CONCLUSIONS

The findings document how the COVID-19 pandemic led to centralisation of maternity services and the disruption of midwifery-led service provision, especially during the peak of the pandemic. The findings informed the response of the RCM as Midwifery Association in support of members. The regional variation suggests that maternity service with stronger commitment to community provision and established enabling environment were less likely to centralise.

KEY MESSAGE

The pandemic negatively affected the enabling environment in a country with an otherwise well established midwifery-led service provision, leading to maternity care centralisation.

0 224 - Creating and implementing midwife-led birth centre standards in low and middle-income countries: reflecting on a collaborative pragmatic case study from Afghanistan

Lucia Rocca-Ihenacho¹, Jennifer Stevens², Fahima Naziri³, Samia Ehsas⁴, Elisa Iaschi⁵, Sheena Currie⁶

¹ City University of London, Midwifery, London, United Kingdom

² GoodBirth, Goodbirth, North Adams MA, USA

³ Afghan Association Midwives, Midwifery, Kabul, Afghanistan

⁴ JHPIEGO, Midwifery, Kabul, Afghanistan

⁵ City- University of London, Midwifery, London, United Kingdom

⁶ JHPIEGO, Midwifery, Baltimore, USA

PURPOSE

The purpose of this Knowledge and Experience session is to reflect with participants in a collaborative manner about the creation and implementation of midwife-led birth centre standards for Afghanistan as a case study. This will be used to draw wider conclusions on barriers, facilitators, and ethical dilemmas for the scaling up of birth centres in LMICs. An intersectional feminist and anti-colonial philosophy will underpin the work which is grounded in a collaborative and co-productive approach.

DISCUSSION

The session will be highly interactive and can be delivered in English, Spanish, and French. Our co-authors from the Afghan Association of Midwives (AMA) and Jhpiego will join virtually as unable currently to travel but will be contributing to the session.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Key aspects from research, policy and midwifery practice in Afghanistan will be used to illustrate and work with participants on how to pragmatically propose standards for birth centres in LMICs in an empowering rather than oppressive manner. A pragmatic multidisciplinary reflection will help identify how to move on to implementation by creating a vision for improvement while acknowledging current barriers and limitations.

EVIDENCE IF RELEVANT

This work is based on several research projects and publications. The most recent are listed below: *Rocca-Ihenacho et al (2022)*; *Batinelli et al (2022)*; *Rocca-Ihenacho, Yuill, McCourt, (2020)*; *Rayment et al (2020)*; *Thaels, Rocca-Ihenacho, Batinelli (2019)*; *Rocca-Ihenacho et al (2018)*

KEY MESSAGE

Midwife-led Birth Centres (MLBC) are a safe and cost-effective manner to improve global maternal and child health. A lot of interest is currently arising in scaling up this model of care and it is crucial to ensure that quality standards and systems for continuous service development are embedded in MLBC to ensure safety. Building rapport and trust, co-production, and collaboration are crucial for this purpose.

0 225 - The childbirth experiences and perceptions of Sierra Leonean women relating to their basic maternal rights

*Frances Forna*¹

¹ School of Midwifery Makeni SOMM- Ministry of Health and Sanitation MOHS, Midwifery Education, Makeni, Sierra Leone

BACKGROUND

Sierra Leone faces immense challenges in supporting good quality, woman-centered care, with one of the world's highest maternal mortality ratios of 717 per 100,000 live births. The Maternal Death Surveillance and Response (2016), reported that 80 percent of maternal deaths were from health facilities. Evidence has shown that, in countries with high maternal mortality, disrespect and abuse of women during childbirth are common.

OBJECTIVES

To Investigate the lived childbirth experiences of Sierra Leonean women relating to their basic maternal rights
To examine the perceived childbirth experiences of these women relating to the principles of respectful maternity care.

METHODS

This qualitative phenomenological study aimed to build a body of evidence in understanding the childbirth experiences and perceptions of Sierra Leonean women relating to their basic maternal rights. Data collection involved in-depth semi-structured interviews conducted in religious settings, with 21 postpartum women aged 18–45years in three district hospitals in Northern Sierra Leone.

RESULTS

The data were analyzed using the content analysis method. I identified thirteen themes relevant to the two research questions: Accountability, empowerment, participation, sustainability, transparency, support factors, maternal care setting, healthcare providers' behavior, social factor, conflict in healthcare facilities, and factors that impact women's decision-making.

Participants reported diverse experiences of healthcare facility-based childbirths. While others said poor quality care is characterized by abuse and mistreatment and, consequently, negative implications, others reported quality care and positive impacts on care.

CONCLUSIONS

Addressing RMC through a lens of strengthening health systems that promotes a rights-based approach to maternal health services for both women and staff is most likely to mitigate women's mistreatment during facility-based childbirth.

KEY MESSAGE

Enhancing maternal health and quality care is essential to bolster transparency, accountability, and sustainability of maternal health outcomes in the country. Any approach to prevent and eliminate the identified negative practices to enhance quality maternal care can contribute to positive social change.

**Wednesday, 14 June 2023,
16:00–17:30**

PP 10 WHO infection prevention and control global strategy: what does this mean for midwives and midwifery leaders? (WHO)

PARTNER FUNDED SESSION

SESSION SPONSORED BY WHO

PURPOSE

This session will focus on three key developments aimed at mobilizing action to improve infection prevention and control globally, with specific attention to maternity care. First, sharing key messages from the new global strategy for infection prevention and control to achieve measurable improvements and to reduce the ongoing risk of health care-associated infections. Second, sharing strategies and supporting resources for preventing infection in maternity care. Finally, sharing lessons on implementation from the field.

DISCUSSION

Protecting women and their babies from the harm of healthcare-associated infection requires effective infection prevention and control programmes and the implementation of, at the very least, the minimum requirements of infection prevention and control (<https://www.who.int/publications/i/item/9789241516945>), including monitoring of impact. At present, in many countries, the status of infection prevention and control in maternal and newborn care is sub-optimal, leading to infection and sepsis. This accounts for a high proportion of deaths in both women and babies. However, an increasing number of countries are committed to strengthening infection prevention and control in general and specifically in maternal and newborn care.

Session outline:

- Video: Health care without avoidable infections or How to prevent sepsis
- Presentation: The Global strategy for infection prevention and control, resources & best practices (Mandy Deeves)
- Discussion among panelists

Application to midwifery practice, education or regulation/policy

Everyone has a role to play in preventing health care-associated infections. This will be demonstrated to policy makers with the global strategy, and to midwives and educators through sharing resources and stories from the field.

KEY MESSAGE

Measurable improvements can be made to reduce the risk of health care-associated infections in women and babies.

OBJECTIVES

After this session, participants will be able to:

1. Understand the case for a greater focus on infection prevention and control in maternal and newborn care;
2. Identify WHO resources for infection prevention and control in maternal and newborn care;
3. Distinguish how these resources can support those working in maternal and newborn care to strengthen infection prevention and control;
4. Initiate plans to embed infection prevention and control in maternal and newborn care based on new knowledge, shared experiences and lessons learned from the field.

TARGET AUDIENCE

The target audience for this session broad, with information of interest to policy makers, program managers, midwives, educators in midwifery, partners and donors.

0 226 - Leadership Link: evaluating an online leadership curriculum for certified midwives and certified nurse-midwives

Emma Clark¹, Julie Solomon², Shayna Cunningham³, Kristen Bard², Akane Storey⁴

¹ Vanderbilt University, Nursing, Arlington, USA

² J. Solomon Consulting- LLC, Mountain View, USA

³ University of Connecticut School of Medicine, Department of Public Health Services, Farmington, USA

⁴ American College of Nurse-Midwives, Global and Domestic Development, Silver Spring, USA

BACKGROUND

Midwifery leadership is vital for improving maternal health outcomes, yet limited leadership training opportunities exist.

OBJECTIVES

Evaluate the acceptability and preliminary outcomes of a scalable online learning program that aims to increase midwives' leadership competencies.

METHODS

The study enrolled early-career midwives (<10 years certified) into an online leadership curriculum using LinkedIn Learning. The curriculum was ten courses (11 hours) of self-paced, non-healthcare-specific leadership curriculum supplemented with midwifery-specific introductions from midwifery leaders. A pre, post and follow-up study design was used to evaluate changes in 16 self-assessed leadership abilities, self-perception as a leader, and resilience. Data were also collected on application of leadership skills acquired through, and career advancements attributed to, program participation.

RESULTS

186 individuals activated LinkedIn Learning accounts. Almost half (41.9%) completed the curriculum; satisfaction was high with 83.3% of post-survey respondents reporting the program was "probably" or "definitely" worth time invested. 76 activators (40.9%) provided matched pre- and immediate post-survey data on at least some of the 16 self-assessed leadership abilities. All 16 abilities showed statistically significant increases in pre to post mean scores ranging from 6.4% to 32.5%. Self-perception as a leader and resilience scores significantly increased from baseline. 87% of post and follow-up survey respondents reported having applied new or improved leadership abilities to at least a small degree. 58% of follow-up survey respondents reported at least one midwifery career advancement, of whom 43.6% attributed the advancement, at least in part, to LeadershipLink.

CONCLUSIONS

The findings suggest that this online curriculum is acceptable and may be effective in improving midwives' leadership capacity with potential for enhanced career opportunities and health system engagement.

KEY MESSAGE

Midwives who participated in a 10-week online general leadership program with supplemental midwifery content showed evidence over a short-term period of improved leadership abilities, perception of self as leader, resilience, and application of leadership abilities in the workplace.

0 227 - New! An international education module: creating the opportunity for future midwives to make the difference, working on leadership competences and sustainable development goals

Enja Romeijn¹, Silvia Ammann-Fiechter², Elke Tichelman³

¹ Rotterdam University of Applied Sciences, Bachelor Midwifery/ Research Centre Innovations in Care, Rotterdam, Netherlands

² Zürcher Hochschule für Angewandte Wissenschaften, School of Health Sciences- Institute of Midwifery- Zürich, Winterthur, Switzerland

³ Rotterdam University of Applied Sciences- The Netherlands, Research Centre Innovations in Care-, Rotterdam, Netherlands

PURPOSE

The purpose of this presentation is to Inform, Inspire and Involve other midwives, lecturers and students. In the presentation the Why, What and How of the international collaborative educational module will be a central part of the discussion.

DISCUSSION

WHY?

Nowadays midwives are facing a variety of local and global challenges. Many of the challenges midwives face in their own country have similarities in other countries and can be interconnected with the United Nations Sustainable Development Goals (SDG's). We believe future midwives can effectively address some of the local challenges and to make an important first step towards a better world for women and their families.

WHAT?

In the process, we designed an international collaborative education module for 3rd year midwifery students from Zürich (Switzerland) and Rotterdam (the Netherlands).

HOW?

Within the education module the future midwives work on their leadership and international competences. The collaboration takes place online. The future midwives are allocated to small groups. Each group consisting of both Dutch and Swiss students develop and present a small but innovative midwifery project which includes:

1. a scientifically based argumentation for their chosen midwifery challenge including the link to the SDG's
2. an achievable project goal
3. a demonstration of strong midwifery leadership competences
4. clear steps toward the realization of the project-goal

During the presentation we will share and reflect on some results, figures and insights of three years' experience with the new educational module.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Application to the elements of the ICM's Professional Framework for Midwifery Education, Leadership competences and research competences

EVIDENCE IF RELEVANT

ICM's Professional Framework for Midwifery Education

UN SDG's Key message.

Be inspired. Be informed, Be involved. Together we reflect on creating the opportunity for future midwives to make the difference! Because future midwives can make the difference!

0 228 - Strengthening leadership skill of midwives through interprofessional education: a strategic way in optimising maternal health services

Alifina Izza¹, Erni Rosita Dewi¹, Nur Anisah Rahmawati², Vita Ratna Sari¹, Farida Fitriana¹

¹ Faculty of Medicine Universitas Airlangga, School of Midwifery, Surabaya, Indonesia

² Universitas Airlangga, Faculty of Public Health, Pasuruan, Indonesia

BACKGROUND

The maternal mortality rate (MMR) in Indonesia showed stagnant derivation numbers. Several studies explained that personal leadership skill is one of the important factors related to interprofessional health collaboration in clinical practice including midwives' tasks in providing maternal health services.

OBJECTIVES

To discuss the strengthening leadership skill of midwives which can be implemented in interprofessional health education.

METHODS

Through a literature review method, the resources were collected using keywords such as leadership; inter-professional education; learning; health, from 2018's using PubMed and Science Direct electronic database. Furthermore, the findings were filtered based on our inclusion criteria and analyzed qualitatively.

RESULTS

192 studies have been found and 24 studies have fulfilled our inclusion criteria. The findings show that interprofessional health education is one of the best platforms for creating great personal leadership capabilities in collaboration with multi-health disciplines. Leadership skills become a global evidence-based policy and strategic practice which can be improving the outcome of health care, patient safety and the quality of health systems, particularly in the developing country.

CONCLUSIONS

This review provides strong support for strengthening the leadership skill of midwives through the interprofessional learning process both pre-clinical and clinical settings for building high-quality maternal health care in Indonesia.

KEY MESSAGE

With strong support to strengthen midwifery leadership skills through preclinical and clinical interprofessional learning processes, we can support each other to strengthen quality maternal health services in Indonesia.

0 229 - Process evaluation of a midwifery leadership programme in India

Malin Bogren¹, Rathi Balachandran², Paridhi Jha³, Bharati Sharma⁴, Kerstin Erlandsson⁵

¹ University of Gothenburg, Institute of Health and Care Sciences, Gothenburg, Sweden

² Ministry of Health and Family Welfare, Nursing, Dheli, India

³ Foundation for Research in Health Systems- Bangalore- Karnataka- India, Training and Research, Bangalore, India

⁴ Indian Institute of Public Health Gandhinagar, Indian Institute of Public Health Gandhinagar, Gujarat, India

⁵ Dalarna University, Institution for Health and Welfare- Dalarna University- Falun- Sweden, Falun, Sweden

BACKGROUND

Improving the quality of, or building capacity in, midwifery leadership is a critical component of improving the quality of midwife care. As part of the Government of India's initiative to implement midwifery-led care, a leadership programme for midwife leaders across India was implemented to build the leadership capacity of state-level midwives.

OBJECTIVES

To explore the context, implementation process, mechanisms of impact and outcomes of a leadership programme for midwives in India.

METHODS

A qualitative research design was used, with data collected through focus group discussions (n = 6) with midwives, who have responsibility in maternal and child health services, midwifery education, practice and regulation, and individual interviews (n = 3) with programme directors and a government representative, resulting in an individual participant total of 22. Quantitative data were collected using an online questionnaire for assessing empowerment. Transcribed discussions were analysed guided by a process evaluation framework, using content analysis and descriptive statistics.

RESULTS

The midwifery leadership programme was successfully implemented in terms of fidelity, dose, and reach, with continuous adaptations necessitated by the Covid-19 pandemic. Having the programme's design, structure, and content tailor-made for the Indian context was valued highly. The assignments in the sessions being easy to follow resulted in more confident communication, teamwork, and state-level action plans that were ready to be submitted to the respective state governments. Self-assessment empowerment increased during the programme.

CONCLUSIONS

This process evaluation provides evidence of the successful implementation of a midwifery leadership programme tailor-made for the Indian context.

KEY MESSAGE

For scaling up in other similar settings, we recommend the following: a) a blended learning approach; b) recognition, authorization, and access to formalized networks; c) follow up on progress made in the implementation of the action plans prepared during the programme; and d) graduates from the first cohort being part of a train-the-trainer programme and joining as co-facilitators.

0 230 - Mentoring: a strategy to create enabling environment for midwife in providing maternal and neonatal services at two private hospitals in Indonesia

Istiyani Purbaabsari¹, Dwirani Amelia², Eka Dewi Srituti Mulyati¹

¹ *Jhpiego Indonesia, Clinical team, DKI Jakarta, Indonesia*

² *Jhpiego Indonesia, Chief of Party, DKI Jakarta, Indonesia*

PURPOSE

In Indonesia, 53% of births happen in private facilities. A 2017 report found that quality of maternal and neonatal care in private was lower than public facilities. Momentum Private Health Care Delivery (MPHD), a 4-year USAID-funded project, supports the government to introduce mentorship in two private hospitals in North Sumatera Province to improve midwives' competencies, and strengthen overall quality of maternal and neonatal care.

DISCUSSION

In December 2021, we found that hospital performance against maternal and neonatal standards was low. Assessments in both hospitals identified midwives' inability to manage maternal and neonatal complications and nonfunctional QI teams. To address these gaps, MPHD designed and implemented a three-cycle mentoring approach. Mentor teams (obstetrician, pediatrician, midwife, nurse, and representatives of Quality improvement/QI team and DHO) visited the hospitals every 4 – 6 weeks and worked with facility midwives to conduct clinical audits, competency-based trainings and emergency drills, identify areas for improvement, and develop facility action plans. Through mentorship, both hospitals conducted on-site training for midwives, regular emergency drills, developed SOPs and established regular QI team meetings.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Enabling Environment and Essential competencies for midwifery practice.

EVIDENCE IF RELEVANT

After two mentoring visits, Citra Medika Hospital, maternal performance standards increased from 7% to 42% and neonatal standards increased from 18% to 34%. In Mitra Medika Hospital, maternal performance standards increased from 54% to 60% and neonatal standards increased from 49% to 50%.

KEY MESSAGE

Mentorship, grounded in strong relationships between mentors and mentees, can accelerate improvement in the quality of maternal and neonatal services. Interdisciplinary mentor teams can work with mentee hospitals to transfer their knowledge and skills to midwives, while mentor from QI team can raise awareness among midwives that QI/QA process are important to create and sustain enabling environments.

0 231 - A Māori perspective on mentoring in midwifery in Aotearoa New Zealand

Nicole Pihema¹, Shanti Daellenbach², Lesley Dixon³, Elaine Gray³, Jean Te Huia⁴, Dinah Otukolo⁵, Mary Kensington⁶, Christine Griffiths⁷

¹ *New Zealand College of Midwives, President, Christchurch, New Zealand*

² *New Zealand College of Midwives, Midwifery and Maternity Provider Organisation, Christchurch, New Zealand*

³ *New Zealand College of Midwives, Midwifery Advisor, Christchurch, New Zealand*

⁴ *Nga Maia Māori Midwives, Board member, Christchurch, New Zealand*

⁵ *Pasifika Midwives Aotearoa, Board member, Auckland, New Zealand*

⁶ *Ara Insititue of Canterbury, Head of Midwifery, Christchurch, New Zealand*

⁷ *Otago Polytechnic, Head of Midwifery, Dunedin, New Zealand*

BACKGROUND

Mentoring is a valued form of professional and cultural support among midwives in Aotearoa New Zealand. Mentoring occurs both informally and via formal programmes during professional practice, such as rural practice or when first entering the profession. However, little research exists on the how Māori (indigenous people of Aotearoa New Zealand) midwives who provide mentoring define and experience their mentoring role.

OBJECTIVES

To explore the mentoring relationship from the perspective of Māori mentor midwives.

METHODS

Focus groups were undertaken with Māori mentor midwives across Aotearoa New Zealand. Transcripts were analysed using thematic analysis. This paper is part of a larger research project that examines midwifery mentoring from a range of different mentoring perspectives.

RESULTS

A vision of decolonisation lies at the heart of the mentoring relationship for Māori mentor midwives. Mentors see their role as supporting mentees to navigate the challenges of a Pākehā (non-Māori) health system and to strengthen their midwifery practice through te ao Māori (a Māori world view). Mentors describe how they are guided by the principles of 'tika and pono' (what is right, fair and correct) and work to create a culturally safe space based on mutuality and trust through sharing kai (food) and incorporating whānau (extended family) into the relationship. Being a Māori mentor also fills the kete (basket) of the mentors. Māori mentors are sustained through being part of a midwifery hapū (kinship group/collective) and experience joy and hope in sharing 'ngā taonga tuku iho' (the treasures passed down by our ancestors) with the next generation.

CONCLUSIONS

Māori mentors aim to support and strengthen Māori midwifery through taking a decolonising approach to mentoring. Being part of a Māori mentoring relationship also nurtures the resilience of the mentor.

KEY MESSAGE

The decolonising approach to Māori midwifery mentoring has tangible benefits for Māori mentees, Māori mentors and Māori midwifery.

0 232 - The impact of ICM mentorship and leadership programmes: experiences of 10 young midwife leaders (YMLs), cohort, 2019 to 2021

Samson Udho¹, Tekla Shiindi-Mbidi², Sylvia Hamata³, Bartholomew K. Kamlewe⁴, Harriet Nayiga⁵, Neha Mankani⁶, Luseshelo Fanny Simwanga⁷, Sebatso Connie Tsaoane⁸, Adebayo Olajumoke⁹, Bounmy Inthavong¹⁰

¹ University of Cape Town, Department of Health & Rehabilitation Sciences, Cape Town, South Africa

² International University of Management, Department of Nursing and Midwifery, Windhoek, Namibia

³ IMANA, Board Member, Windhoek, Namibia

⁴ University of Zambia, School of Nursing Sciences, Lusaka, Zambia

⁵ Midwife-led Community Transformation MILCOT, Founding Director, Kampala, Uganda

⁶ PUSH Campaign, Southeast Asia, Karachi, Pakistan

⁷ Global Action in Nursing Project, Department of MNCH, Blantyre, Malawi

⁸ Black Woman Arise Women's Health Foundation/University of Free State, Department of Midwifery, Bloemfontein, South Africa

⁹ Reprolife, Lagos, Lagos, Nigeria

¹⁰ St Jacobs Midwives, Kitchener, Canada

PURPOSE

In 2017, the Johnson & Johnson Foundation partnered with ICM to create the Young Midwife Leaders (YML) program to provide young midwives with the opportunity to learn how to develop as leaders. This two-year program empowers young midwives with leadership and advocacy competencies to become advocates for midwifery, maternal & newborn health, sexual reproductive health & rights, and gender equality.

DISCUSSION

In 2019, 10 YMLs were selected from Uganda, Namibia, Malawi, Zambia, South Africa, Canada, Nigeria, and Pakistan to participate in this program. The YMLs were paired with experienced mentors of their choice and engaged in in-person structured mentorship tailored to their individual career and leadership needs. The cohort also took online professional learning and development courses on how to develop into an effective leader and participated in conferences and policy dialogues where ICM is a key stakeholder. Through their social media connections, the 10 YMLs have created a strong community of practice where they share and discuss emerging issues of professional interest.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The YML program aligns with ICM's mission of promoting midwifery leadership.

EVIDENCE IF RELEVANT

The YML program has laid a foundation for these 10 young midwives to fulfill their career potential in many ways. Since the completion of the program, some of these YMLs are running fully-fledged non-governmental organizations that advance the well-being of mothers, newborns, and their families. Others have taken up roles as clinical mentors and board members of top organizations while some have become academic leaders with the capacity to conduct research and win grants. Sharing the transformational stories and work of these 10 YMLs can speak to the wider midwifery community on how impactful formal mentorship and leadership can be.

KEY MESSAGE

The YML program has the potential to nurture the next generation of midwives by building young midwives' knowledge, skills, and confidence in leadership and advocacy.

PP 11 Midwifery Services Framework in Zambia

PARTNER FUNDED SESSION

Christabel Mateyo (Zambia)

Martha Bokosi (Malawi)

Sarah Nyirongo Ngoma (Zambia)

Daphne Shamambo (Zambia)

Agnes Chipulu Mwafulirwa (Zambia)

Kennedy Mwila (Zambia)

Masozi Bweupe (Zambia)

Monde Christine Mukelabai Imasiku (Zambia)

Goshon Kasanda (Zambia)

Brenda Zulu Tembo (Zambia)

Philip Chirwa (Zambia)

INTRODUCTION

Midwifery Services Framework (MSF) provides health planners, maternal and new-born health experts, policy makers, and other stakeholders with an evidence-based tool to develop new or strengthen existing midwifery services to enhance their effectiveness and efficiency. It helps governments and stakeholders to assess the current situation of their health system, workforce and service provision, and determine where improvements can be made and what tools are needed to achieve the desired results.

ICM believes that maternal and newborn health could be improved through strengthening the role and position of midwives in Zambia by:

- supporting the countries to integrate midwives across the health system.
- building capacity of midwifery associations, and by strengthening midwifery education and regulation

The continuum of care recognises that safe childbirth is critical to the health of both the woman and the new-born child, and that a healthy start in life is an essential step towards a sound childhood and a productive life. Policy and advocacy are essential elements of the revised MSF process for sensitizing the government, development, and related partners. To maximize the impact of the project, MSF was localized and ICM worked closely with the Midwives Association of Zambia (MAZ), UNFPA and the Ministry of Health (MoH). MSF Experts were identified and oriented at country level to promote ownership. This created a dedicated policy and advocacy system required to generate ongoing awareness of the revised MSF, and the potential for improvements in maternal and newborn health care that can be realized using the MSF.

MSF Workshops and background

Following acceptance of the Expression of Interest (EOI) from the MAZ, MoH and UNFPA to ICM, two workshops were held in Zambia with support from ICM. The first session was the trainer of trainers (ToT) focused on developing MSF facilitators and champions to drive MSF in Zambia. The second workshop engaged key SRMNCH Stakeholders to determine prioritized activities to fulfil the MSF purpose. During the workshops, MSF facilitators reviewed the group work outputs and listed factors under each MSF category identified: Package of Care, Organisation of Care, Workforce Planning, and the Enabling Environment.

Broad themes were identified to inform the development of technical working groups (TWG). These are:

1. Workforce:
 - Establishment
 - Remuneration
 - Working Conditions (Enabling Environment)
2. Midwifery Leadership
 - Building capacity of midwifery leadership at all levels in the system midwifery
 - Creating the position of a Director of Midwifery at MOH

3. Regulation:
 - Review of midwifery regulation
 - Update Midwifery register – number of midwives registered, live register, separate register for midwives.
 - Establish a midwifery scope of practice that is distinct from nursing.
4. Education:
 - Review quality of midwifery education (curriculum; faculty selection and development; student selection)
 - Analyse infrastructure of educational institutions (e.g., simulation labs, classrooms, equipment)
 - Monitor private educational facilities for quality assurance.
 - Review of clinical placement sites (too many students on site)
5. Maternity Health System/Services:
 - Review of referral systems including communication and transportation
 - Map what is currently offered by midwives against WHO guidelines.
 - Implement midwifery led care as a pilot in one area.

Through the process of prioritization, it was noted that some gaps are cross-cutting in workforce, education, and regulation.

CREATION OF TWGS

After the workshops, it was recommended that technical working groups should be created/ strengthened to take the work forward. MSF would dovetail with existing working groups where possible, maintaining a high midwifery presence in those groups.

The government would initiate and lead the TWGs and ICM provide technical expertise where needed.

The permanent secretary, on behalf of the ministry of health, adopted all the recommendations and added that there was need for ICM, MAZ and UNFPA to work develop a concept note that would plan for the development of midwifery lead care sites which would be piloted in some provinces in Zambia. These priorities have also been included 2022–26 National Health Strategic (NHS) Plan (<https://www.moh.gov.zm/wp-content/uploads/2023/02/National-Health-Strategic-Plan-for-Zambia-2022-to-2026-revised-February-2023-lower-resolution.pdf>).

0 233 - Congenital infection by cytomegalovirus: what role for placental mediators in fetal pathophysiology and non-invasive biomarker development?

Mathilde Bergamelli^{1,2}, *Charlène Martin*², *Hélène Martin*², *Mélinda Benard*^{2,3}, *Nathalie Moinard*^{4,5}, *Jean-Michel Mansuy*⁶, *Yann Tanguy Le Gac*⁷, *Cécile E. Malnou*²

¹ Karolinska Institute - Stem Cell Lab, Department of Clinical Science- Intervention and Technology CLINTEC, Huddinge, Sweden

² Institut Toulousain des Maladies Infectieuses et Inflammatoires Infinity, INSERM- CNRS- UPS- Université de Toulouse, Toulouse, France

³ CHU Toulouse- Hôpital des Enfants, Service de Néonatalogie, Toulouse, France

⁴ Développement Embryonnaire- Fertilité- Environnement DEFE, INSERM UMR 1203- Université de Toulouse, Toulouse, France

⁵ CHU Toulouse- Hôpital Paule de Viguier, CECOS- Groupe d'Activité de Médecine de la Reproduction, Toulouse, France

⁶ Laboratoire de Virologie, CHU Toulouse- Hôpital Purpan, Toulouse, France

⁷ Service de Gynécologie Obstétrique, CHU Toulouse- Hôpital Paule de Viguier, Toulouse, France

BACKGROUND

Congenital infection by Cytomegalovirus (CMV) is a major public health issue in western countries, leading to variable defects in neonates which are still poorly understood. There is no consensus on treatments and no non-invasive prognostic tool allowing prediction of post-natal neurosensory handicap.

OBJECTIVES

The production of mediators by the infected placenta could explain some of foetal damages as well as be used as biomarkers. The objectives of this research were to analyse the extracellular vesicles (EVs) produced by placenta infected by CMV to 1/ better understand the role of placental mediators in foetal defects 2/ analyse the potential of EVs as non-invasive biomarkers during CMV infection.

METHODS

To answer those questions, we used *in vitro*, *ex vivo* and *in vivo* models of human placenta: first we study the impact of CMV infection on trophoblastic cells, second on first trimester placenta infected artificially by CMV and last we collected amniotic fluid of pregnant women naturally infected by CMV. All placental sampling were made in close collaboration with Paule de Viguier maternity ward and Germethèque (Ethic number CPP.2.15.27) Toulouse, France, both by midwives and obstetricians.

RESULTS

We found that CMV infection modifies the secretion and composition of EVs mediators both in trophoblastic cells and in placenta. The EVs are loaded with viral proteins and microRNA and they facilitate further infection of foetal neural cells. This enhancement of viral rate was also found with EVs that came from amniotic fluid of naturally CMV infected women.

CONCLUSIONS

Taken as a whole, this work suggests that placental EVs could participate in foetal damage observed during congenital CMV infection, *via* a modification of their composition induced by the infection, by facilitating viral dissemination. In addition, placental EVs present in the mother's plasma could be candidates in the development of new prognostic biomarkers.

KEY MESSAGE

Placental mediators are central in congenital viral infections.

0 234 - Pre-Exposure Prophylaxis (PrEP) for pregnant and breastfeeding women in the accelerating Botswana through the Last Mile of Elimination (ABLE) Project

Koziba Mookodi¹

¹ Johns Hopkins University, Jhpiego, Gaborone, Botswana

PURPOSE

Identify eligible high-risk HIV-negative pregnant and breastfeeding women and initiate PrEP,
Emphasize and follow women up for repeat HIV testing
Training of Midwives on PrEP and their role in program implementation.

DISCUSSION

Midwives were key to the success of the Prevention of Mother to Child Transmission (PMTCT) program. As the country bolstered HIV prevention among women of reproductive age group to eliminate Mother to Child Transmission (MTCT), Botswana engaged midwives on the provision of PrEP services for high risk HIV-negative women under the Bummhi/Jhpiego-supported ABLE project. Midwife consultations screened pregnant and breastfeeding women for substantial risk for HIV and PrEP eligibility. Midwife capacity-building was provided through in-service training and mentoring. Education included PrEP information and midwives' role in the program. Formative learning with midwives included recruiting methods, patient barriers, and implementation strategies. Suggestions included utilizing PMTC register for a list of all pregnant and breastfeeding women, recruiting and targeting women who visit the clinic daily, and daily reports on number of women screened, eligible, and initiated on PrEP.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwife education, Midwife-led continuity of care model of practice, A Commitment to gender equality & JEDI.

EVIDENCE IF RELEVANT

Following training and capacity-building of midwives in PrEP screening and linkage to initiation, 693% more women were initiated on PrEP compared to similarly timed review period in the previous year. Approximately 45% of those initiated were AGYW.

KEY MESSAGE

Following training and capacity-building of midwives in PrEP screening and linkage to initiation, 693% more women were initiated on PrEP compared to similarly timed review period in the previous year. Approximately 45% of those initiated were AGYW.

0 235 - COvid VACcination during LACtation: the COVALAC-study

Joke Muyldermans^{1,2,3,4,5}, Kirsten Maertens⁶, Isabelle Desombere⁷, Joeri Aerts⁸, Eline Tommelein²

¹ Midwifery Practice InTeam, Midwifery Practice, Hoeilaart, Belgium

² University of Brussels, eartment Pharmaceutical Sciences FARM- Faculty of Medicine and Pharmacy, Jette, Belgium

³ Flemish Organisation of Midwives, Flemish Organisation of Midwives, Antwerpen, Belgium

⁴ University College Brussels, Department of Health- midwifery education, Jette, Belgium

⁵ Care4Education, Care4Education, Boortmeerbeek, Belgium

⁶ University of Antwerp, Vaccine Trial Team & Infectious Diseases Epidemiology and Diagnosis, Wilrijk, Belgium

⁷ Sciensano, SD Infectious Diseases in Humans, Ukkel, Belgium

⁸ University of Brussels, Neuro-Aging & Viro-Immunotherapy NAVI, Jette, Belgium

BACKGROUND

Breastfeeding women encounter SARS-CoV-2 and might contract COVID-19. The availability of new vaccines against COVID-19 urged for guidance about vaccination during lactation.

OBJECTIVES

We aim to get an insight in the excretion of antibodies into breastmilk after vaccination with different types of COVID-19-vaccines.

METHODS

The COVALAC-study is Belgian a prospective cohort study. Women that were vaccinated with a COVID-vaccine during the lactation period were followed. Participants could be included when they were older than 18 years, breastfeeding for at least 14 days, willing to be vaccinated with a COVID-vaccine and to donate breastmilk samples at multiple follow-up visits and able to provide informed consent. Breastmilk samples were collected on day 1, 14 and 180 after the first vaccination and on day 7, 28 and 56 after the second vaccination. Some women provided a sample at the day of booster vaccination and 28 days later.

RESULTS

115 women were already recruited from February 15th to March 12th 2021. Extra breastmilk samples tafter the booster vaccination were collected from 31 women. All women were vaccinated with either the AstraZeneca, Pfizer-BioNTech or Moderna vaccine. An increase in IgA and IgG titers was seen 14 days after first vaccination. IgG and IgA antibodies are still excreted into breastmilk 6 months after first vaccination. Excretion of IgG is higher after vaccination with mRNA-vaccine.

CONCLUSIONS

The study suggests that the use of mRNA vaccine could be preferred over adenovector vaccines, when higher antibody levels are preferred.

KEY MESSAGE

The study contributes to the knowledge on SARS-COV-2 infections and the use of different vaccine-platforms during breastfeeding. As vaccination during lactation could result in clinically relevant sIgA-titers in breastmilk and protecting the child in early life, it is of importance that women have this information to decide whether to take the vaccine.

0 236 - Understanding the barriers and facilitators to COVID-19 vaccine uptake among pregnant women in Northern Ireland

Alison Little¹, Lynsey Patterson², Sarah Milligan²

¹ Public Health Agency, Maternity- Children and Young People, Belfast, United Kingdom

² Public Health Agency, Health Protection, Belfast, United Kingdom

BACKGROUND

Pregnant women have a higher incidence of becoming seriously ill from coronavirus (COVID-19) than non-pregnant women and it has been strongly recommended they receive the COVID-19 vaccine to protect them and their baby. Despite this, uptake of the vaccine remains low in this population in Northern Ireland.

OBJECTIVES

To understand the barriers and facilitators to COVID-19 vaccination in pregnancy.

METHODS

A qualitative research study with one online video discussion group (n = 5) with mothers who had taken at least one dose of the COVID-19 vaccine in pregnancy and one-to-one in-depth interviews with mothers who did not receive any doses of the COVID-19 vaccine while pregnant (n = 8) between the 14th June and 22nd July 2022. A thematic analysis was carried out and themes reflected the experiences of vaccinated and unvaccinated participants.

RESULTS

Preliminary findings identified barriers to COVID-19 vaccine uptake included a perceived lack of research and whether the vaccine was safe in pregnancy. Women felt midwives and health professionals were unable to fully answer any queries on the vaccine which added to uncertainty they may have had. Women were strongly influenced by the experiences and opinions of family and friends and any side effects experienced. Facilitators to vaccine uptake included fear of contracting COVID-19 and becoming seriously ill. Women found encouragement and advice from midwives and healthcare professionals reassuring when they were confident in their assertions. Facilitators also included point of care access to vaccination at antenatal clinics.

CONCLUSIONS

Pregnant women feel that there are risks associated with both the decision to take or not to take a COVID-19 vaccine.

KEY MESSAGE

Consistency in public health information and advice given by frontline midwives and health professionals is critical to retaining trust among pregnant women. Any perceived inconsistencies or hesitancy in providing requested information can result in pregnant women deciding against vaccination.

0 237 - Risk factors of postpartum depressive symptoms among Japanese primiparous women: a longitudinal study

Hitomi Kanekasu¹, Hiroko Watanabe¹

¹ *Osaka University Graduate School of Medicine, Department of Children and Women's Health, Osaka, Japan*

BACKGROUND

Postpartum depressive symptoms are significant perinatal mental health issues. Understanding of risk factors and screening are essential for prevention.

OBJECTIVES

The aim of this study is to identify the risk factors of postpartum depressive symptoms among Japanese primiparous women.

METHODS

We recruited Japanese primiparas in their second trimester. Participants completed self-reported questionnaires in the second trimester, third trimester, 2–5 days postpartum, 2 weeks and 1 month postpartum. The questionnaires consisted of data on maternal characteristics, childbirth satisfaction and depressive symptoms. Delivery mode and other perinatal information were obtained from medical records. Logistic regression analysis was conducted to examine the association between the independent variables and postpartum depressive symptoms. This study was reviewed and approved by the Osaka University Research Ethics Committee. All participants gave written informed consent.

RESULTS

Eighty-one primiparas participated, and their mean age was 32.0 ± 3.7 years. In total, 22.4 % underwent infertility treatment, and 61.6% gave birth by spontaneous vaginal delivery. The prevalence of depressive symptoms were 15.6 % in the second trimester, 15.6% in the third trimester, 28.9% in 2–5 days postpartum, 15.6% in 2 weeks postpartum and 8.9 % in 1 month postpartum, respectively. As the result of multiple logistic regression, weight gain during pregnancy predicted depressive symptoms in 2–5 days postpartum. Childbirth satisfaction was associated with depressive symptoms in 2 weeks and 1 month postpartum. Social support also predicted depressive symptoms in 1 month postpartum.

CONCLUSIONS

Weight gain during pregnancy, childbirth satisfaction, and social support were associated with postpartum depressive symptoms.

KEY MESSAGE

Weight gain during pregnancy, childbirth satisfaction, and social support were identified as risk factors of postpartum depressive symptoms among Japanese primiparous women.

0 238 - Prevalence and factors associated with postpartum PTSD in Russian-speaking women

Vera Yakupova¹, Anna Suarez¹, Anna Kharchenko¹

¹ Lomonosov Moscow State University Lomonosov, Faculty of Psychology, Moscow, Russian Federation

BACKGROUND

Pregnancy and childbirth are prominent life events that may present a significant physical and psychological burden for women. Increasing evidence indicates that women may suffer from symptoms of postpartum post-traumatic stress disorder (PTSD), both comorbidly with postpartum depression (PPD) and independently (Ayers et al., 2016; Bell and Andersson, 2016; Dekel et al., 2020,2017).

OBJECTIVES

The main purpose of this study was to examine risk factors for postpartum PTSD, namely obstetric violence, medical interventions, and lack of childbirth preparation.

METHODS

Between February and March 2021, women received an invitation to participate in the study via thematic online and offline communities for expecting and new parents and childbirth education classes. The findings are based on responses of 1645 mothers of infants aged 0–14 months ($M = 6.93$). We used the Russian version of the City Birth Trauma Scale (CBTS) to assess birth-related PTSD symptoms according to DSM-5 criteria. We used maternal age at testing, level of education, family status, time after childbirth, gestational age, parity, and place of childbirth as covariates.

RESULTS

Clinically significant symptoms of PTSD occur in 17.5% of women. PTSD scores positively correlate with the number of medical interventions during labor ($B = 1.03$, 95% CI 0.55; 1.50, $p < 0.001$). PTSD symptoms were significantly higher among women who experienced obstetric violence during childbirth ($B = 4.76$, 95% CI 4.13; 5.39, $p < 0.001$). Participants with no childbirth preparation had significantly higher PTSD scores in comparison to those with more than one type of preparation ($F = 5.81$, $p = 0.01$).

CONCLUSIONS

Postpartum PTSD is highly prevalent in Russian-speaking women. The problem of obstetric violence and medicalization of labor is acute and significantly increases risks for postpartum PTSD. Preparation for childbirth may be a promising intervention to improve maternal mental health.

KEY MESSAGE

Postpartum PTSD; obstetric violence; medical interventions; preparation for childbirth.

0 239 - The role of midwives in addressing the unmet need for maternal mental health care in low- and middle-income countries

Shanon McNab¹, Suzanne Stalls², Aleefia Somji³, Diana Henry⁴, Laura Fitzgerald⁵, Neena Khadka⁶, Patricia Gomez⁷, Anam Bhatti⁸, Sean Dryer⁹

¹ *Jhpiego, Technical Leadership and Innovations, Baltimore- MD, USA*

² *Jhpiego, Technical Leadership and Innovations, Washington- D.C., USA*

³ *Jhpiego, Monitoring Evaluation and Learning, Washington- D.C., USA*

⁴ *Caribbean Regional Midwives Association, Saint Lucia, Saint Lucia*

⁵ *Jhpiego, Global Programs, Baltimore, USA*

⁶ *Save the Children, Technical Team, Washington- D.C, USA*

⁷ *Jhpiego, Technical Leadership and Innovation, Baltimore, USA*

⁸ *Jhpiego, Technical Leadership, Washington- DC, USA*

⁹ *independent consultant, Bulgaria, Bulgaria*

BACKGROUND

Globally, perinatal mental health (PMH) is often unrecognized and underfunded. The need is greatest in low- and middle-income countries (LMICs) where mental disorders worsen outcomes for women and children. Midwives stand to play a critical role in addressing PMH.

OBJECTIVES

The lack of consolidated evidence on PMH in LMICs, or a common conceptual framework, led MOMENTUM Country and Global Leadership (MCGL) to conduct a landscape analysis to understand the state of PMH, common perinatal mental disorders (CPMDs), and interventions in LMICs, and to work with global and country experts to co-create a PMH Theory of Change (ToC).

METHODS

The review included over 400 articles and key informant interviews with 60 subject experts. Thematic analysis was conducted for all qualitative data and data extraction and analysis tables were used. Qualitative interviews were not representative. The ToC process used Human Centered Design principles and tools with over 20 stakeholders.

RESULTS

Findings suggest that health workers including midwives lack the knowledge, skills, and resources to address CPMDs, sometimes worsening women's suffering through stigmatization and disrespect. However, when midwives are equipped to be empathetic, screen and address CPMDs, and refer complex cases, they contribute to improved health outcomes and improved quality of life for women. Health systems can better support midwives by utilizing midwives' insights and priorities in the development of PMH interventions; strengthening preservice education on mental health; enhancing supportive supervision and referral mechanisms; introducing culturally validated screening tools; investing in respectful care; and providing mental health support for midwives.

CONCLUSIONS

There is a critical unmet need for PMH care in LMICs. Midwives are uniquely positioned to provide quality mental health care, but must be supported to do so.

KEY MESSAGE

Leveraging midwives in LMICs to identify and address CPMDs stands to improve health outcomes as well as midwives' professional satisfaction.

0 240 - ADHD and pregnancy: what midwives need to know

Alix Bacon^{1,2}, *Dusty Chipura*³

¹ Canadian Association of Midwives, CAM President, Vancouver- British Columbia, Canada

² University of British Columbia, Family Practice- Division of Midwifery, Vancouver, Canada

³ Vancouver ADHD Coaching, ADHD Coaching, Surrey, Canada

PURPOSE

Dusty Chipura and Alix Bacon will discuss the current scientific literature on medication use during pregnancy and the postpartum period, the role that ADHD plays in perinatal mental health, and general tips for ADHD management during pregnancy, whether medicated or non-medicated.

DISCUSSION

ADHD impacts 1/30 females but there are no guidelines on the management of ADHD and pregnancy (Freeman, 2014). Pregnant people may experience a variety of cognitive symptoms related to pregnancy such as forgetfulness (“baby brain”), but these symptoms can be exacerbated by ADHD. Research on ADHD and pregnancy is emerging and imperfect but shows ADHD may increase the risk of pre-eclampsia, caesarean birth, neonatal resuscitation, NICU admission regardless of whether or not stimulant medications are used (Norby et al, 2017; Poulton et al, 2018). New parents with ADHD are more likely to experience postpartum depression (Baker, 2020) and may face unique struggles around infant care, self-care and general organization. Genetic heritability and the possibility of parenting a child with ADHD are also important considerations.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Objectives 1) Describe the ways ADHD impacts pregnancy 2) Outline the risks & benefits of medication use in pregnancy & lactation 3) Offer clients with ADHD concrete tips for managing ADHD in pregnancy.

EVIDENCE IF RELEVANT

Baker et al. (2020). The Course of ADHD during Pregnancy. *Journal of Attention Disorders*.

Freeman, M. P. (2014). ADHD and pregnancy. *American Journal of Psychiatry*.

Li et al. (2020). Associations of Prescribed ADHD Medication in Pregnancy with Pregnancy-Related and Offspring Outcomes: A Systematic Review. In *CNS Drugs*.

Nörby, et al (2017). Perinatal Outcomes After Treatment With ADHD Medication During Pregnancy.

Pediatrics Ornoy (2018). Pharmacological Treatment of Attention Deficit Hyperactivity Disorder During Pregnancy and Lactation. In *Pharmaceutical Research*.

KEY MESSAGE

Midwives need to be aware of the impacts of ADHD on pregnancy and postpartum, and the risks and benefits of medication during pregnancy and lactation.

W 16 International midwifery master kitchen workshop: recipes for low-cost simulation teaching resources

WORKSHOP

*Kristen Graham*¹, *Liz McNeill*², *Wendy Foster*², *Angie Sterland*², *Linda Sweet*³, *Dwi Izzati Budiono*⁴, *Siti Jumhati*⁵

¹ Flinders University, College of Nursing and Health Sciences, Mt Barker, Australia

² Flinders University, College of Nursing and Health Sciences, Bedford Park, Australia

³ Deakin University, School of Nursing and Midwifery, Burwood, Australia

⁴ Airlangga University, School of Midwifery, Surabaya, Australia

⁵ MH Thamrin University, College of Allied Health and Nursing, Jakarta, Indonesia

THE LEARNING OUTCOMES

On completion of this workshop, participants will:

1. Understand that authentic student learning can be achieved through low-cost and low-technology resources
2. Be able to design and create low-cost teaching resources
3. Be able to incorporate low-cost teaching resources into effective student learning activities.

THE PROCESS/ACTIVITIES

This workshop will commence with a presentation of the different types of clinical simulation and the use of innovative low-cost and local resources to provide authentic student learning. Examples of innovative low-cost and low-technology simulation methods and resources including medical moulage, preparation of simulated meconium, blood and other body fluids, perineal suturing and other simulation models will be demonstrated. Participants will then have the opportunity to re-create these resources, and design and share their own creations with workshop facilitator support. Finally, participants will reflect on how they can incorporate these resources and low-technology simulation innovations into their own teaching programs. Participants will be encouraged to develop a network for sharing recipes, innovations and experiences following the conference. An evaluation of the relevance and success of achieving the learning outcomes will be sought at the conclusion of the workshop.

AUDIENCE PARTICIPATION

Participants will be able to share their simulation innovations and experiences, and design, create and share their low-cost and low-technology simulation learning resources using local products.

REFERENCES

Simulation is a valuable midwifery education strategy, providing participants with a safe environment in which to learn and develop professional skills (1). Authentic learning is best achieved through simulation activities that provide realistic learning experiences (1). Many high-technology simulation resources designed to achieve this 'realism' are too expensive and technologically advanced for many educational contexts (2). Innovative low cost and low-technology simulation resources from locally acquired products can provide midwifery students with similar levels of authentic learning (3).

1. Martins,J., etal (2018) www.intlnursemigration.org/wp-content/uploads/2019/08/WHO-Europe-SNME-Report.pdf
2. Baptista,R., etal (2011) doi:10.1111/j.1365-2702.2011.03843.x
3. Ellinis,H., etal (2015). doi:10.4300/JGME-D-15-00082.1

T 029 - Childbirth during the COVID-19 pandemic: care practices in a birth center in the municipality of São Paulo, Brazil

Francine Even De Sousa Cavaliéri¹, Edemilson Antunes de Campos², Natália Rejane Salim³

¹ *University of Sao Paulo, Nursing school, São Paulo, Brazil*

² *University of São Paulo, School of Arts- Sciences and Humanities, São Paulo, Brazil*

³ *Federal University of São Carlos, Department of Nursing, São Carlos, Brazil*

DESCRIPTION OF RESEARCH OR INNOVATION

Faced the health crisis established by the covid-19 pandemic, health institutions and services underwent several transformations to prevent the transmission of the disease. These changes consisted of structural, physical and protocol adjustments that began to influence the care offered to people by these health services. Brazil was the country with the highest record of maternal death due to covid-19 in the world. This research sought to understand the care practices at the Centro de Parto Humanizado Casa Angela (Birth Center) in the city of São Paulo-Brazil. The care practices was investigated during pregnancy, delivery and postpartum, in view of the new recommendations of the health authorities to contain the pandemic. The goal of this study was to understand the transformations of the Birth Center and the consequences for women and newborns health. It was a qualitative study with an ethnographic approach. The data collections was conducted by depth interviews were carried out with professionals and women who used the service, as well as documental analysis of institutional protocols and participant observation.

SIGNIFICANCE TO MIDWIFERY

The transformations carried out by the institution demonstrated innovative strategies of care during the pregnancy, childbirth and postpartum to produce. This study showed the importance of the Birthing Center for women, babies and family during pandemic times in Brazil.

0 241 - Costing the place of birth in New South Wales, Australia: a pathway analysis using AR-DRGs

Vanessa Scarf¹, Serena Yu², Rosalie Viney², Caroline Homer³

¹ University of Technology Sydney, Faculty of Health, Sydney, Australia

² University of Technology Sydney, Centre for Health Economic Research and Evaluation, Sydney, Australia

³ Burnet Institute, Maternal- Child and Adolescent Health, Melbourne, Australia

BACKGROUND

Women in New South Wales, Australia, have three settings for birth available to them: hospital, birth centre and home. Between 2000 and 2012, 93.6% of babies were planned to be born in hospital, 6% in a birth centre and 0.4% at home. There is demand for alternative birth settings however availability is limited and The cost of providing these options is unknown from the perspective of the health system.

OBJECTIVES

This study aimed to cost the trajectories of the women who planned to give birth at home, in a birth centre or in a hospital using Australian Refined Diagnosis-Related Groups (AR-DRGs).

METHODS

Women included in this population-based study met the following selection criteria: Term pregnancy (37–41 completed weeks), spontaneous onset of labour, and singleton, low-risk pregnancy. A decision tree framework was used to depict the pathways of these women and AR-DRGs were applied to each pathway endpoint to estimate the cost of birth. A scenario analysis was undertaken to model the cost for 30 000 women in one year.

RESULTS

The dataset included 496 387 women. Twelve potential outcome pathways were identified and costed using AR-DRGs. The overall cost was calculated by place of birth: \$AUD4802 for homebirth, \$AUD4979 for a birth centre birth and \$AUD5463 for a hospital birth. The scenario analysis revealed cost savings for the health service if homebirth and birth centre options were expanded.

CONCLUSIONS

This study estimates the cost of birth in three different birth settings to the health service. It provides some clarity into the financial savings of offering more options to women seeking an alternative to giving birth in hospital.

KEY MESSAGE

Lower rates of complex interventions and favourable neonatal outcomes associated with women at low risk of complications contributed to the cost savings, which supports the expansion of birth options for women.

0 242 - Women's risk factors of intrapartum transfer from an alongside midwifery-led unit to an obstetric unit

Sarah Michel¹, Oblasser Claudia¹, Spineli Loukia¹, Gross Mechthild¹

¹ Hanover Medical School, Midwifery Research and Education, Hanover, Germany

BACKGROUND

The Alongside Midwifery-led Unit, the “Cocoon” is located in the University Erasme Hospital, Brussels in Belgium. Few International literature shows that some risk factors may have the potential to intrapartum transfers to influence the rate of intrapartum transfer from midwifery-led care.

OBJECTIVES

Identify risk factors of intrapartum transfers from the alongside midwifery-led unit to the obstetric unit of the University Erasme hospital, according to parity.

METHODS

A retrospective cohort study with a data collection of 1244 women admitted at the onset of labour to the “Cocoon” between March 2014 and 2020. Maternal demographic, social factors, obstetrical characteristics, clinical characteristics, factors of midwifery care, reasons for intrapartum transfer and risk status at the onset of labour were analysed. From these categories, 12 independent variables were selected. Descriptive analysis and logistic regression were performed using the software Statistical Package for the Social Science Version 26.

RESULTS

Amongst primiparous women, dilation of the cervix at arrival (.796 (95% CIs [0.721, 0.879])) and water immersion during labour (1.796 (95% CI [1.178, 2.736])) were statistically and clinically significantly associated with an increased likelihood of intrapartum transfer. For multiparous women, dilation of the cervix at arrival (.753 (95% CIs [0.610, 0.931])) was a statistically and clinically significant predictor of log odds of intrapartum transfer. The women's risk status was not a statistically significant predictor of intrapartum transfer.

CONCLUSIONS

Predictors of intrapartum transfer differ by parity. In contrast to international literature, women's risk status of pregnancy is not a predictor for intrapartum transfer.

KEY MESSAGE

Risk factors of intrapartum transfer should be discuss with women and partner, especially with primiparous women. Discussion of latent phase management should take place. In our study, women's risk status is not a predictor of intrapartum transfer, despite the fact that more than half of the women were classified as medium risk pregnancy.

0 243 - Does giving birth in a “birth environment room” versus a standard birth room lower augmentation of labour? Results from a randomised controlled trial

Iben Prentow Lorentzen¹, Charlotte Sander Andersen¹, Henriette Svenstrup Jensen¹, Ann Fogsgaard¹, Maralyn Foureur², Finn Friis Lauszus¹, Ellen Aagaard Nohr³

¹ Gødstrup Hospital, Department of Obstetrics and Gynecology, Herning, Denmark

² Hunter New England Health and University of Newcastle, Nursing and Midwifery Research Centre, Australia

³ Institute of Clinical Research University of Southern Denmark, Research Unit for Obstetrics and Gynecology, Odense, Denmark

BACKGROUND

This study is based on the hypothesis that the birth environment needs greater attention to improve some of the existing challenges in modern obstetric practice.

OBJECTIVES

To evaluate if birth in a ‘birth environment room’ has an impact on augmentation of labor.

METHODS

A randomized controlled trial was carried out to study the effect of giving birth in a “birth environment room” on the use of augmentation. The study took place at the Department of Obstetrics and Gynecology, Herning Hospital, Denmark and included 680 women in Robsongroup 1. The primary outcome was augmentation of labor. Secondary outcomes were duration of labor, use of pain relief, and mode of birth. Differences were estimated as relative risks (RR) and presented with 95% confidence intervals.

RESULTS

No difference was found in augmentation of labor (29.1% in the “birth environment room” versus 30.6% in the standard room, RR 0.97; 0.89–1.08). More women in the “birth environment room” used bathtub (60.6% versus 52.4%, RR 1.18; 1.02–1.37), whereas a tendency to lower use of epidural analgesia (22.6% versus 28.2%) did not reach statistical significance (RR 0.87; 0.74–1.02). The chance of an uncomplicated birth was almost similar (70.6% in the “birth environment room” versus 72.6% in the standard room, RR 0.97; 0.88–1.07) as were duration of labor (mean 7.9 hours in both groups).

CONCLUSIONS

Birth in a specially designed birth environment did not lower use of oxytocin for augmentation. Neither did it have any effect on duration of labor, use of pharmacological pain relief, and chance of birthing without complications.

KEY MESSAGE

Giving birth in a specially designed birth environment room did not lower the use of oxytocin for augmentation of labor.

WEDNESDAY, 14 JUNE 2023, 16:00-17:30

Uluwatu 4

C 65 DISADVANTAGES AND SPECIFIC NEEDS 2 (+THREE-MINUTE THESIS)

THREE-MINUTE THESIS PRESENTATION

T 030 - Empowering Pregnant women Affected by Trauma HistorY: The EMPATHY study

Joanne Cull¹

¹ University of Central Lancashire, School of Community Health and Midwifery, Preston, United Kingdom

DESCRIPTION OF RESEARCH OR INNOVATION

BACKGROUND

Over a third of pregnant women (~250,000) each year in the UK have suffered trauma such as domestic abuse, childhood trauma or sexual assault. Women who have suffered trauma are more likely to be depressed, anxious, or have symptoms of post-traumatic stress disorder, use coping mechanisms such as smoking or alcohol, be in a currently abusive relationship or even commit suicide. Pregnancy can be a difficult time for this group of women, but is also a uniquely powerful time to offer support. However, at present midwives in the UK do not discuss prior trauma with pregnant women.

METHODS

This doctoral research is called the EMPATHY study: EMpowering Pregnant women Affected by Trauma HistorY. Through a literature review and interviews, I aim to find out how and when midwives should talk with women about trauma, what support should be offered, and what training midwives need. The study uses critical participatory action research methodology and is supported by a research collective of women with lived experience of trauma, experts from the voluntary sector and specialist midwives.

RESULTS

The three minute thesis video will present findings from the systematic review and qualitative synthesis, which included 24 papers from the US, Australia, Canada, Sweden and the UK. The review identified six key themes: women's views on routine trauma discussion; lack of awareness of extent or impact of trauma; the importance of trust; clinician views on routine trauma discussion; the impact on clinicians of hearing trauma disclosures; and how to approach to trauma discussion.

SIGNIFICANCE TO MIDWIFERY

This is the first systematic review to research how midwives should discuss previous trauma with women in the perinatal period, which is an important public health issue. The review identified key barriers and facilitators to recognising and supporting women who have suffered previous trauma.

0 244 - Introduction of the London Measure of Unplanned Pregnancy at the booking visit

Kate Cheney^{1,2}, Edwina Dorney^{1,2}, Marilena Pelosi³, Saleem Khan², Kirsten I Black^{1,2}

¹ The University of Sydney, Sydney School of Medicine- Faculty of Medicine and Health, Sydney, Australia

² Sydney Local Health District, Women's & Babies, Sydney, Australia

³ Sydney Local Health District, Maternity Informatics, Sydney, Australia

BACKGROUND

Estimating pregnancy intention is an important public health measure. In the Australian maternity practice setting, pregnancy intention is not consistently reported. Usually, this enquiry consists of a single question, with a dichotomous outcome, about whether the pregnancy was planned or not, with midwives being the health professionals responsible for asking this question. The London Measure of Unplanned Pregnancy(LMUP) is a psychometrically validated measure of the degree of intention of a current or recent pregnancy.

OBJECTIVES

The aim of this study is to present the first year of implementation of the LMUP and examine rates of unwanted, ambivalent and intended pregnancies and their demographic associations.

METHODS

We performed a retrospective review of the first year of LMUP data entered in the electronic maternity medical records of women booked for public antenatal care at the two maternity hospitals in Sydney. Routinely collected data from the antenatal booking visit along with sociodemographic information, living situation, relationship status and country of birth were also collected.

RESULTS

We identified that 4993 women who booked in for public antenatal care during the study period of whom 44.8% (2791) had all six items of the LMUP completed. Primiparous women accounted for 52% of bookings, and 2385 pregnancies were unplanned. 29% of pregnancies were unintended with an 8-fold higher risk in those having their 4th or more birth compared to those having their first. (preliminary findings).

CONCLUSIONS

Unintended pregnancies can have serious health, social and financial consequences and we have identified that women are missing out on access to contraception between pregnancies. Our findings are critical research in an emerging area of midwifery which will inform policy and practice and to develop service models that meet women's needs and scope of practice of Midwives.

KEY MESSAGE

Midwives are appropriate and collaborative clinicians towards improving future health.

0 245 - Progesterone and preterm birth: using empirical research to explore structural racism within midwifery led care

*Venus Standard*¹, *Kimberly Jones-Beatty*², *Lodz Joseph-Lemon*³, *Ebony Marcelle*⁴, *Charlotte Morris*⁴, *Trinisha Williams*⁵, *Tracy Brown*⁶, *Haley Shizuka Oura*⁷, *Diana Jolles*⁴

¹ UNC School of Medicine, Family Medicine, Mebane, USA

² John Hopkins University, School of Medicine, Baltimore, USA

³ El Rio Health, Tucson, USA

⁴ Frontier Nursing University, School of Nursing, Versailles, USA

⁵ SUNY Down State, Midwifery, Brooklyn, USA

⁶ COHDC, Midwifery, Washington, USA

⁷ Arizona University, College of Public Health, Tucson, USA

BACKGROUND

Black people experience higher percentages of spontaneous preterm birth, with rates that are 48% higher in Black people than in people of other racial groups. This research sees to highlight one example of structural racism in practice, using the case of access to progesterone use for the prevention of preterm birth within midwifery-led care models.

OBJECTIVES

The study of progesterone for preterm birth began in the 1960s. Its efficacy was challenged up until 1980. In 2011 the FDA approved Makena as an effective way to reduce recurrent preterm birth. In subsequent trials, Makena and 17-alpha hydroxyprogesterone caproate did not significantly reduce the rate of preterm birth. Yet, progesterone was the "standard of care" between 2003 and 2017. In 2019, there were documented racial disparities in progesterone use, citing structural racism among marginalized communities who are at the greatest risk of preterm birth.

METHODS

Observational secondary analysis of the American Association of Birth Centers (AABC) Perinatal Data Registry™ (PDR) between 2007 and 2020. Researchers analyzed the differences between those who used progesterone and those who did not. During this period the 106,611 was the sample size, of which 73.4% White-non-Hispanic, 11.5% Hispanic and 8.1% Black.

RESULTS

There was an over-representation of White non-Hispanics in the progesterone group, compared to the total sample. Of the 544 in the progesterone group, 83.2% were White non-Hispanic, 6.4% Black, 0.5% American Indian, 1.0% Asian, 0.5% Native Hawaiian/Pacific Islander 4.9% mixed, and 3.5% unknown.

CONCLUSIONS

There is a persistent pattern of higher risk for preterm birth among marginalized populations in the sample and lower utilization of progesterone. Structural racism was demonstrated using empirical research within the midwifery model of care through the examination of access to and utilization of both progesterone and the birth center model.

KEY MESSAGE

Structural racism is deeply embedded in systems, policies, and beliefs that perpetuate unfair treatment.

0 246 - Project20: Maternity care mechanisms that improve (or exacerbate) health inequalities, a realist evaluation

Hannah Rayment-Jones¹, James Harris², Angela Harden³, Cristina Fernandez Turienzo¹, Jane Sandall¹

¹ King's College London, Women and Children's Health- Faculty of Life Sciences and Medicine, London, United Kingdom

² Chelsea and Westminster NHS Foundation Trust, Clinical Research Facility, London, United Kingdom

³ City- University of London, School of Health Sciences, London, United Kingdom

BACKGROUND

Women with low socioeconomic status and social risk factors are at a disproportionate risk of poor birth outcomes and experiences of maternity care. Specialist models of maternity care that offer continuity are known to improve outcomes but underlying mechanisms are not well understood.

OBJECTIVES

To evaluate two UK specialist models of care that provide continuity to women with social risk factors and identify specific mechanisms that reduce, or exacerbate, health inequalities.

METHODS

Realist informed interviews were undertaken throughout pregnancy and the postnatal period with 20 women with social risk factors who experienced a specialist model of care.

RESULTS

Experiences of stigma, discrimination and paternalistic care were reported when women were not in the presence of a known midwife during care episodes. Practical and emotional support, and evidence-based information offered by a known midwife improved disclosure of social risk factors, eased perceptions of surveillance and enabled active participation. Continuity of care offered reduced women's anxiety, enabled the development of a supportive network and improved women's ability to seek timely help. Women described how specialist model midwives knew their medical and social history and how this improved safety. Care set in the community by a small team of known midwives appeared to enhance these benefits.

CONCLUSIONS

The identification of specific maternity care mechanisms supports current policy initiatives to scale up continuity models and will be useful in future evaluation of services for marginalised groups. However, the specialist models of care cannot overcome all inequalities without improvements in the maternity system.

KEY MESSAGE

Specific maternity care mechanisms have been identified that can both improve and exacerbate health inequalities for pregnant women with social risk factors. These mechanisms can inform the implementation, effectiveness and evaluation of specialist models of care that aim to reduce maternal and infant inequality.

0 247 - Trans and non-binary people's experiences of perinatal care in Aotearoa New Zealand

George Parker¹, *Suzanne Miller*², Sally Baddock², Jaimie Veale³, Alex Ker²

¹ Victoria University of Wellington, School of Health, Wellington, New Zealand

² Otago Polytechnic - Te Kura Matatini ki Otago, School of Midwifery, Dunedin, New Zealand

³ University of Waikato, Psychology, Hamilton, New Zealand

BACKGROUND

Perinatal care is embedded with normative beliefs and assumptions that all service users are women, resulting in the invisibility of gender diverse (trans and non-binary) people who build their families through the birth of their own children. Consequently, trans and non-binary people and their partners face unique barriers accessing safe, inclusive, and culturally responsive reproductive healthcare.

OBJECTIVES

This study aimed to qualitatively explore the perinatal care experiences of trans and non-binary people in Aotearoa New Zealand.

METHODS

In-depth interviews were conducted online or face-to-face with trans and non-binary people who were planning pregnancy, currently pregnant, had recently given birth or had experienced pregnancy loss. Interviews were recorded, transcribed and underwent reflective thematic analysis.

RESULTS

Sixteen participants shared their experiences of receiving perinatal care services. All participants were subjected to some form of transphobia or harmful gender norms. This contributed to their sense of erasure and care not being 'for them', in some cases leading to emotional harm and avoidance of perinatal care. Continuity of midwifery care was valued as a major asset, as was the recognition and inclusion of families in care settings. Midwives who are educated about trans and non-binary inclusion and who are willing to acknowledge mistakes and commit to ongoing learning were highly valued. Trauma-informed practice is fundamental to gender inclusive care. Inclusive physical environments, resources, antenatal education and use of gender-inclusive language are key to a positive experience.

CONCLUSIONS

Currently, perinatal care services do not consistently provide safe and inclusive care for trans and non-binary people. Midwives need to be resourced with education and support to meet the needs of this growing population.

KEY MESSAGE

Culturally safe and affirming care for trans and non-binary parents is fundamental to encouraging constructive engagement with perinatal services, positive care experiences and equitable outcomes.

0 248 - Adapting and implementing a midwifery-led group-based integrated postpartum / well-childcare model of practice in Blantyre District, Malawi

Ashley Gresh¹, Janet Mambulasa², Esnath Kapito², Ellen Chirwa², Crystal Patil³

¹ Johns Hopkins School of Nursing, Nursing, Baltimore, USA

² Kamuzu University of Health Sciences, Midwifery, Blantyre, Malawi

³ University of Illinois Chicago, Nursing, Chicago, USA

BACKGROUND

Innovative strategies are needed to advance continuity of care models that integrate and address both maternal and infant needs in low resource contexts where rates of maternal and infant morbidity and mortality are high. Group-based healthcare is an innovative model with a growing evidence base in antenatal care, but with limited implementation in the postpartum period.

OBJECTIVES

The purpose of this study is to adapt, implement, and evaluate the feasibility and acceptability of a group-based integrated postpartum/well-child care model of practice in Malawi.

METHODS

We used a multi method human-centered design approach to adapt the group healthcare model. Qualitative methods included in-depth interviews and incubator sessions with women, midwives, health surveillance assistants, and community volunteers. Quantitative methods included surveys measuring feasibility, acceptability, and appropriateness and knowledge and fidelity assessments of each session. The study was approved by the Johns Hopkins and Kamuzu University of Health Sciences ethics review committees.

RESULTS

We completed 20 interviews and 6 incubator sessions. All participants had positive experiences with group antenatal care and reported a desire to continue group care into the postpartum period. Health promotion priorities were: hygiene (e.g., perineal care), breastfeeding, family planning, nutrition, and mental health. The suggested group-based care implementation schedule includes 6 sessions that corresponds with the child vaccination schedule over the 12-month postpartum period. Feasibility and acceptability survey results are in progress and will be completed in July 2022.

CONCLUSIONS

This group-based model of care is a potentially transformative approach to filling a neglected area of the care continuum by integrating maternal health in to well-child care to meet the needs of the dyad in the postpartum period. This model has promise for improving multiple maternal and child health outcomes.

KEY MESSAGE

Expanding group healthcare into the postpartum period offers a promising strategy to reduce gaps in the midwifery-led continuity of care model of practice.

0 249 - The readiness for a midwife centre care model in Bangladesh: an interview study with midwives, midwife students and educators

*Kerstin Erlandsson*¹

¹ Dalarna University, School of Education- Health and Social Studies, Falun, Sweden

BACKGROUND

Midwife led care is a key factor in reducing maternal and newborn mortality globally. In Bangladesh, only a third of the births are attended by professionals and almost 70% of the births occur outside health care facilities. “Midwife” is a new profession in Bangladesh and has struggled with its implementation.

OBJECTIVE

With this background the study *aimed* to explore the readiness for a midwife centre model in Bangladesh, from the perspective of Bangladeshi midwives, midwife faculty members and midwife students.

OBJECTIVES

The study *aimed* to explore the readiness for a midwife centre model in Bangladesh, from the perspective of Bangladeshi midwives, midwife faculty members and midwife students.

METHODS

Data were collected through semi-structured individual interviews with 55 midwives, midwife educators and midwife students in Bangladesh and analysed using qualitative content analysis with a deductive approach. The study was given ethical approval from the Directorate General of Nursing and Midwifery in Bangladesh.

RESULTS

In the result one main finding emerged, “The foundation for the midwife model of care needs to be strengthened for sustainable implementation of midwife centres in Bangladesh”, this was then divided in five subcategories, “Category 1: The midwife model of care is non-accessible for the communities”, “Category 2: Striving for acceptable standards of care within a midwife model is not a priority among care providers”, “Category 3: Respectful, woman-centred care is weak”, “Category 4: Community-engagement in the midwife model of care is insufficient”, and “Category 5: The midwife model of care is not integrated in the healthcare system”.

CONCLUSIONS

The readiness for a midwife centre model seems not yet to be in place in the Bangladeshi society.

KEY MESSAGE

Advocacy, information and education about the benefits with normal birth assisted by professional midwives is essential. The midwife association can play an important role in advocating for the midwife profession in the Bangladeshi society.

0 250 - Accelerating midwifery care by one stop service and ensuring of quality care in Bangladesh

Mahfuja Jhumu¹

¹ Muslim, Midwifery, Dhaka, Bangladesh

PURPOSE

Purpose Midwifery is new in Bangladesh. Since 2018, > 3000 midwives have been posted in public facilities but as yet there is insufficient demand for midwifery services. Health systems do not facilitate midwifery continuity of care. If women attend they receive fragmented care in different departments and are often harassed. Consequently, many do not return. Some women choose private obstetric care with associated high levels of caesarean section. I am a Young Midwife Leader in Bangladesh, taking part in the ICM's YML programme. My YML project aims to achieve midwifery continuity-of-care through provision of a one-stop service in 5 health facilities. Midwives in these centres will receive additional training, enabling them to conduct all routine tests and investigations, allowing women to receive continuous care without moving between departments or queueing for services. This will improve women's satisfaction with their maternity care and will result in higher uptake of midwifery services and facility births. It will also address the high levels of caesarean birth and obstetric intervention in Bangladesh, promoting normal birth with midwives.

DISCUSSION

National policy in Bangladesh states that midwifery care should be client-centred, responsive and timely and acknowledges midwives as autonomous professionals, able to provide quality continuum of care in partnership with women. However, research showed that many midwives are not able to work to their full scope of practice due to different bottle necks and challenges. This project will create an enabling environment for midwives to practice effectively, helping midwifery to survive, thrive and transform communities in Bangladesh and contribute to achieving the sustainable development goals. If successful, it may be replicable in Bangladesh and elsewhere.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwifery Competencies; Midwifery Continuity of Care; Leadership; Education; Enabling environment.

EVIDENCE IF RELEVANT

Bangladesh National Policy Guidelines, Midwives 2018

Zaman et al 2020 <https://doi.org/10.1186/s12960-020-00505-8>.

KEY MESSAGE

Providing midwifery continuity improves women's satisfaction and creates an enabling environment for midwives.

0 251 - The impact of institutional settings on activating the midwifery model of care and impact on experiences of quality care

Mimi Niles¹, Saraswathi Vedam², Nisha Malhotra²

¹ New York University, Rory Meyers College of Nursing, New York- NY, USA

² Birth Place Lab- University of British Columbia, Midwifery, Vancouver, Canada

BACKGROUND

Quality improvement requires a comprehensive understanding of the influences on service users' experiences of respect, autonomy, decision-making, and communication. A substantial body of evidence supports the benefits of midwife-led care that acknowledges pregnancy and birth as physiological and cultural processes, rather than potentially pathologic events. However, in institutional settings, operationalizing the midwifery model of care can be challenging given the dominant medical model practices that are risk-focused and rely heavily on interventions. The evidence available on how different environments for midwifery practice affect experiential outcomes is minimal.

OBJECTIVES

To examine impact of care setting on ability of midwives to offer respectful, person-centered midwifery care.

METHODS

The Giving Voice to Mothers Study (n2700) used a participatory action research design to develop a cross-sectional survey on quality of care as experienced by racialized pregnant people, and those who planned community births in the US. Together they developed and administered a cross-sectional online survey. We conducted a subset analysis (n1820); of 1290 who received care from midwives, 22% were in a hospital setting. We use logistic regression analysis (with STATA) to assess differences in factors (e.g. induction, AROM, pain management options, maternal position, MADM score), controlling for confounding variables.

RESULTS

We find that people cared for by midwives in community settings had higher odds of reporting respectful care (aOR: 2.72, 95% CI: 1.55–4.77) and lower odds of reporting any mistreatment (aOR: 0.22, 95%CI: 0.11–0.44) compared to people cared for by hospital-based midwives. Those under midwife-led care in a hospital experienced significantly more interventions, and less access to low technology options to support comfort and progress.

CONCLUSIONS

The experience of midwifery care differs by birth setting. People cared for by midwives the community reported greater adherence to a person-centred care model.

KEY MESSAGE

Care settings impact the ability to operationalize the midwifery care model, with adverse effects on experiential outcomes.

O 252 - Developing competency-based education programmes: the case of the midwifery program in Djibouti

Nadira Abdallah¹, Marie Hatem²

¹ *Directrice- Institut Supérieur des Sciences de la Santé-Djibouti, Présidente- Association des sages-femmes djiboutiennes, Djibouti, Djibouti*

² *Université de Montreal, Médecine Sociale et Préventive- Directrice Observatoire Hygeia, Montreal, Canada*

PURPOSE

Despite all the efforts deployed by different agencies towards the reduction of maternal mortality rates (MMR), “The State of the World’s Midwifery”, presented in 2014 findings on midwifery from 73 low and middle-income countries. Most importantly, the situation in the French-speaking countries was considered “alarming”. The report focused on the urgent need to improve the availability, accessibility, acceptability and quality of midwifery services. Indeed, among the determinants underlying stagnation in MIMR, the quality of midwifery healthcare seemed to be, in part, responsible for such unsatisfactory performance indicators. Djibouti is unfortunately one of these countries. In 2015, the Institut Supérieur en Sciences de la Santé (ISSS)-Djibouti decided to transform its midwifery program from a technical model adopting an objective-based approach to a competency-based approach of an undergraduate university program.

DISCUSSION

We applied the methods described by Tardif (2008) following 8 stages : determining of the competencies that make up the program, the degree of development expected for each of the competencies at the end of the training program, and the internal resources – knowledge, attitudes, behaviors – to be mobilized; Spreading the competences over the whole training program; Determining of the pedagogical, the evaluation methods for the whole program and the organization of the work of the trainers; and, establishing the procedures for monitoring students’ learning.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

We will present the steps that we have gone through, the difficulties that we have met, the challenges that we have to address and the lessons learnt.

EVIDENCE IF RELEVANT

The new program has already resulted in the graduation of 3 cohorts whose practice profiles appear to be more satisfactory in the reproductive health community and among beneficiaries.

KEY MESSAGE

The competency-based approach applied according to its principles is a worthwhile investment in raising the profile of midwifery in developing countries.

0 253 - Ameliorating the continuum of maternal and neonatal services and the midwife's role in Ivory Coast: an evidence-based complex action plan

Diango Nobou Claudine¹, Miho Goto², Élysée N'Drin³, Fana Kone³, Patricia Ouattarak³, Blaise Goure Bi Tra³, Hana Halabi-Nassif⁴, Marie Hatem⁵

¹ *Ministère de la santé de Côte d'Ivoire, Directrice des soins infirmiers et maternels- Manager Du Projet D'Amélioration Du Continuum Des Soins De Santé Maternelle et Néonatale PACSSMN, Abidjan, Côte d'Ivoire*

² *Ministère de la Santé de Côte d'Ivoire, Conseillère principale- Projet D'Amélioration Du Continuum Des Soins De Santé Maternelle et Néonatale PACSSMN, Abidjan, Côte d'Ivoire*

³ *Ministry of health and Public hygiene, Direction of Nursing and Maternal Healthcare, Abidjan, Côte d'Ivoire*

⁴ *Université Saint Joseph Liban, Public Health Institute, Beirut, Lebanon*

⁵ *Université de Montreal, Médecine Sociale et Préventive, Montreal, Canada*

BACKGROUND

To contribute to the reduction of maternal and infant mortality in Ivory Coast, the Ministry of Health and Public Hygiene via the Directorate of Nursing and Maternity Care, in collaboration with the Japan International Cooperation Agency, envisioned a pilot project (PACSSMN) to implement an intervention that aims to improve the quality of care across the maternal and neonatal healthcare continuum (MNHCC). The midwives are in the heart of this mandate.

OBJECTIVES

To share the PACSSMN experience of developing a strategic Action Plan to establish an evidence-based MNHCC.

METHODS

A baseline study used a single case study design with nested levels of analysis covering different dimensions of the MNHCC and the midwifery profile in Abidjan. It led to establish the Strengths, weaknesses, opportunities and Threats of the MNHCC and to identify the evidence-based interventions that controls its weaknesses/threats and engages its strengths/opportunities.

RESULTS

We developed a logic model or an Action Plan and a theory of change underlying the intervention. The different steps of the planning and implementation of the interventions are applied to allow the operationalization of the intervention. This includes monitoring indicators to measure the MNHCC situation before, during and after the intervention as well as evaluating its impact with a view to its implementation at the national level.

CONCLUSIONS

The quality of care in a MNHCC is complex. Thus, a complex Action Plan is well justified particularly evidence-based that required the involvement of different relevant authorities in Ivory Coast to ameliorate the MNHCC in Abidjan and in the whole country.

KEY MESSAGE

The Action Plan is an important step in the process of ameliorating the quality of MNHCC and reduce the maternal and neonatal mortalities. The midwives have to be in the heart of such an operation. Lessons learnt might guide different countries with a comparable profile.

0 254 - Analyse situationnelle de la formation à l'École Nationale de Sages-Femmes de Lomé

*Poovi Nouwodjro*¹

¹ Association des Sages-Femmes du Togo, Ecole Nationale de Sages-Femmes de Lomé, Lomé, Togo

BACKGROUND

La formation initiale est un garanti pour assurer que les sages-femmes soient compétentes pour offrir des services de qualité. Momentum Country and Global Leadership et le Bureau Afrique de l'USAID ont proposé une analyse situationnelle des écoles de Formation de sages-femmes de l'Afrique subsaharienne afin de mesurer les apports cruciaux et fournir une base pour les investissements ultérieurs.

OBJECTIVES

Amener les écoles à s'auto-évaluer afin d'élaborer les projets d'amélioration de la formation.

METHODS

Toutes les écoles sélectionnées ont apprécié à travers des outils co-construits par les partenaires et les organisations régionales des sages-femmes de l'Afrique sur le Cadre de capacités éducatives pour les domaines de la formation initiale des sages-femmes. On note cinq domaines ; le corps professoral, les sites de stage, les étudiants, le curriculum, l'infrastructure et gestion.

RESULTS

Il n'y a pas de politiques pour aider le recrutement du corps professoral. Les politiques sur le ratio du nombre d'étudiants par rapport au nombre du corps professoral ne sont pas respectées. Il n'y a pas de processus d'évaluation du corps professoral. Il existe des critères de sélection des sites de stage. La coordination administrative entre l'école et le site n'existe pas. Le personnel du site clinique supervise les étudiants, mais peu ont été formés. Il n'y a pas de transport vers les sites difficiles d'accès. Les processus d'évaluation ne sont pas opérationnalisés de manière fiable pour tous les étudiants dans les sites cliniques. L'énoncé de la mission n'est pas communiqué avec toutes les parties prenantes. Il n'y a pas de politiques pour examiner le programme d'études dans le but d'optimiser les résultats d'apprentissage du programme. Il n'y a pas de plan de carrière ressources humaines écrit.

CONCLUSIONS

La mise en œuvre de ce projet contribuera à l'amélioration de la qualité de la formation dans les écoles africaines sélectionnées.

KEY MESSAGE

Analyse, école, sages-femmes, Lomé, Togo.

0 255 - Legal care and psychosocial support for female health care workers

*Ndeye BiguA Ba*¹

¹ Association Nationale Des Sages Femmes Du Senegal, Dakar, Senegal

PURPOSE

Specific objectives:

- Provide psychological support to midwives impacted by COVID 19 through interaction sessions (talk group) in synergy with other consortium members),
- Improving the protection of impacted midwives through the provision of prevention and protection materials and hygiene kit,
- Communication on the vulnerability of female health care workers, midwives in particular, to the Covid-19 Pandemic.

DISCUSSION

Midwives like all other frontline workers deserve safe working conditions and respect, because if they are sick, die or carry morbidity, in a health system overburdened by Covid-19, they will not be available to care for pregnant women and their families as they are psychosocially affected. Childbirth is a normal part of life and does not stop because of the pandemic” and “all pregnant women, including those with or suspected of having COVID-19, have the right to quality follow-up before, during and after delivery.” (WHO)

Inadequate care for midwives in Senegal has resulted in the death of a midwife and as ICM points out, “Governments around the world (responsible for providing protective equipment including PPE for health professionals) are failing to take midwives into account in their planning.

ANSFES has contributed to ensuring a favorable environment for midwives in the continuum of care, thanks to the support of the project (VLF-Senegal) in its response plan to the pandemic in Covid 19, within the framework of a consortium of 4 civil society organizations through various activities including psychological support to 92 midwives impacted by the pandemic during 09 talk groups conducted by webinar and 2100 midwives have been reached by the project through all the regional and Dakar branches, the distribution of 120 protection and prevention kits and the sensitization on the vulnerability of women in general and female staff in particular with more than one (1) million viewers and internet users.

**Wednesday, 14 June 2023,
17:30–19:00**

WEDNESDAY, 14 JUNE 2023, 17:30–19:00

Nusa Dua 5

PP 12 Closing ceremony

PLENARY SESSION

PUSH @ BALI: ADDRESSING THE WORLD'S MOST PRESSING ISSUES THROUGH MIDWIFERY.

Christy Turlington Burns
Neha Mankani (Pakistan)
Robin Lim (Indonesia)
Nikia Grayson (USA)

The PUSH Campaign will host a 45-minute “mini” plenary-session during the closing ceremony of the 33rd ICM Triennial Congress. Moderated by the founder of Every Mother Counts, Christy Turlington, the session will feature midwives that, through their everyday work and activism, exemplify the potential of the midwifery scope of practice to extend far beyond pregnancy and childbirth. The midwife panelists will draw on examples from their own careers to discuss the various ways they provide support to their communities, and the advocacy initiatives they've led and engaged in over the years to improve community wellbeing and the status and recognition of midwives and midwifery.

The ultimate goal of the session is to get our audience of midwives and midwife advocates excited about their scope of practice and its hyper-relevance in addressing our world's most pressing issues.

PCS Taking midwifery education forward globally: an interactive Midwifery Education Symposium (Pre-registration necessary)

PRESENTATION

UNFPA, ICM, Laerdal and WHO are co-hosting a post-Congress Midwifery Education Symposium. As the core partners of the Alliance to Improve Midwifery Education (AIME) these organisations are working together to help align partners to collectively implement and communicate the joint WHO, UNICEF, UNFPA, ICM, “Strengthening Quality Midwifery Education for Universal Health Coverage 2030: Framework for Action” (2019).

Funded by UNFPA, Laerdal and ICM this hands-on symposium provides an opportunity for midwife educators to become familiar with a range of new midwifery education tools and resources that they can use in their teaching roles.

Across the day, participants will rotate through four stations, exploring new midwifery education resources developed by the partner organisations. Midwives from across the globe can try out the resources, provide feedback and discuss how they can be used to improve midwifery education in their diverse contexts.

The symposium will be facilitated by a team from UNFPA, ICM, Laerdal and WHO.

The symposium is available only to pre-registered participants or by individual invitation.

Lunch is provided.

For details and registration refer to: <https://midwives2023.org/post-congress-symposium/>.

Posters



Midwifery regulation

PA-001 – PA-008

PA-001 - Strengthening continuing professional development system to improve quality of midwifery care: contributions of the Ethiopian Midwives Association

Ibrahim Yimer¹, Mintwab Gelagay²

¹ Ethiopian Midwives Association, Continuing Professional Development, Addis Ababa, Ethiopia

² Jhpiego Ethiopia, HWIp, Addis Ababa, Ethiopia

PURPOSE

Midwives are expected to maintain and enhance their competence through participating in continuing professional development (CPD) to provide high quality midwifery care. In 2013, the Government of Ethiopia issued a CPD directive making it mandatory but its implementation was delayed due to concerns health professionals' awareness and accessibility on CPD courses. The purpose of this presentation is to share the knowledge and experiences of the Ethiopian Midwives Association (EMWA) in institutionalizing mandatory CPD for midwives, with funding and technical assistance from the USAID-funded Jhpiego-led Health Workforce Strengthening project.

DISCUSSION

EMWA worked with professional associations to establish a national CPD committee to advise and technically assist the Ministry of Health with CPD implementation. The national CPD committee developed a CPD roadmap and guidelines to ensure quality, accessibility and sustainability of CPD. We conducted a number of advocacy and promotional activities to raise awareness and get buy-in from key stakeholders including midwives, health leaders, CPD providers and regulators. EMWA reached 8,000 midwives and 420 facilities with awareness raising messages using in-person and virtual means. EMWA conducted a national CPD training needs assessment and developed 13 CPD courses including 2 eLearning courses. It also accredited 34 providers and 8 courses, which accounts for 30% the total CPD providers in the country. Through its own efforts and collaboration with the World Continuing Education Alliance, EMWA provided training to 9500 midwives on different topics. Six out of thirteen regional health bureaus have started requiring midwives to present evidence of CPD participation for license renewal.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This abstract explains the role EMWA has played in ensuring continuing competence of midwives through their career and as such applies to the Regulation Component of ICM's Professional Framework for Midwifery.

KEY MESSAGE

The Ethiopian Midwives Association is playing a critical role in strengthening systems for providing and monitoring continuing professional development for midwives.

PA-002 - Results of the US Midwifery Workforce Study

*Jennifer Vanderlaan*¹

¹ University of Nevada Las Vegas, School of Nursing, Las Vegas, USA

PURPOSE

To describe the relationship between midwifery regulation, midwifery practice, and birth outcomes in the United States.

DISCUSSION

In 2021, the American College of Nurse Midwives received a grant from Johnson & Johnson to study the U.S. Midwifery Workforce, identify regulatory barriers to the expansion of midwifery, and formulate strategies to increase the size and diversity of the midwifery workforce. This presentation will discuss preliminary results of that study.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This presentation will explore which regulations act as barriers to midwifery expansion, access to midwifery, and pregnancy outcomes.

EVIDENCE IF RELEVANT

The analysis is currently in process.

KEY MESSAGE

Restrictive licensing requirements are only one barrier to expansion of midwifery in the United States. Lack of pay parity with physicians, prohibiting midwives from becoming hospital medical staff, and restrictions on prescribing authority are all barriers to expansion of midwifery.

PA-003 - The notification process and how it impacts the decision making of a midwife when they provide homebirth services

Amanda Singleton¹, Sara Bayes², Clare Davison², Christine Duffield²

¹ Edith Cowan University, Nursing and Midwifery, Melbourne, Australia

² Edith Cowan University, Nursing and Midwifery, Joondalup, Australia

BACKGROUND

In 2010 a single registration and regulation scheme was established for health practitioners in 10 professions in Australia. A single law was passed as the guiding legislation for the scheme. Early in the scheme the Nursing and Midwifery Board of Australia reviewed its operational framework for Privately Practising Midwives (PPMs) to ensure adequate oversight of midwives supporting women birthing at home. At the same time there was an exponential increase in the number of complaints (notifications), to the regulatory body, about PPMs.

OBJECTIVES

The study aims to generate a descriptive and explanatory grounded theory about the impact of the notification process on the practise and decision-making of PPMs. The study will:

1. Describe the evolution of the professional complaint process for midwives.
2. Understand how having your professional midwifery practice investigated impacts PPMs decision-making.
3. Explain whether, and if so how, the investigation process changes midwifery practice.

METHODS

The study applies a constructivist grounded theory approach through a feminist lens. Sampling was purposive using professional networks, social media and then allowing a snowball effect to occur. Individual interviews were used to obtain data from PPMs. Data collection and analysis was conducted concurrently, applying constant comparative methods, a multi-dimensional coding process, field notes and memo writing. Theoretical sampling will be employed to follow-up on the threads that are constructed from the data.

RESULTS

The preliminary results of the study indicate there are detrimental effects that are profound both personally and professionally on PPMs following a notification. Aspects of the experience include the impact of the notification process having a devastating effect on physical and mental health; feeling as if your career is over after a notification; bringing fear into the birth space after a notification; practising more defensively after the notification, and that homebirth and PPMs, in Australia, are held to different standards when compared to other maternity carers.

CONCLUSIONS

It is anticipated that the results of this study could inform the guidelines and regulatory principles applied to the management of PPMs who have been the subject of a notification. It is imperative that the issue is addressed, to help prevent experienced midwives exiting the profession at a time in history of significant midwifery workforce crisis.

PA-004 - Implementing a practice model for calculating the gap in human resources of sexual and reproductive health professionals in the municipality of Coquimbo, Chile

Monica Rojo¹, Lizardo Huamán², Mirian Solis², Diego Cerda¹, Alejandra Collao¹, Marisol Muñoz¹

¹ Departamento de Salud Municipalidad de Coquimbo, Unidad de Salud Sexual y Reproductiva, Coquimbo, Chile

² Dirección General de Gestión del Desarrollo de Recursos Humanos, Dirección de Gestión del Trabajo en Salud, Lima, Peru

PURPOSE

To share a model to calculate the gap in human resources in health (HRH) allows midwives and authorities to plan strategies to hire enough professionals to satisfy the demand in local health system in the Municipality of Coquimbo, Chile. We present a test case, a public health center in the commune of Coquimbo to demonstrate the methodology implemented and its outcomes.

DISCUSSION

This work was guided by a workshop given by Population Fund of the United Nations, UNFPA, lectured by two Peruvian professors. The model applied allows to know the deficit of midwife in a health center. This gap prevents the delivery of all the services that the community requires and demands. In Chile hiring of human resources in health care, is based on the offer of services and not on community demand. This work is consistent with "State of midwives in the world, 2021". The results of this work, must be carefully analyzed so that the governments and ministries of health of each country make their own decisions aware of the consequences of hiring resources according services offering versus people demands as a right.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This work is part of the Professional Framework for Midwifery of the ICM because it is a recommended tool for the management and planning HRH responding to demand. It is important for making effective, efficient and sustainable decisions since 4 Latin American countries participated.

EVIDENCE IF RELEVANT

The evidence to know the gap in HRH were made using the demographical and public health statistics of the local health system which allows to count the demanding population. The gap present nearly 40% deficit of midwives in the selected local health center.

KEY MESSAGE

This practice model is recommended to colleagues in ICM, this allows to calculate and build a knowledge to feed decision makers to plan strategies to fill the resulting gap.

PA-005 - A gap analysis comparing India's LaQshya labour room and midwifery-led care unit guidelines to AABC, MUNET, and GoodBirth standards

*Paula Pelletier-Butler*¹

¹ Fernandez Foundation India, Midwifery Education, Hyderabad, India

PURPOSE

The Indian Ministry of Health has put forth the initiative to implement high-quality midwifery care to decrease maternal mortality and morbidity. To that end, the LaQshya guidelines were created to standardize the labour room throughout the nation and these guidelines will be used for the forthcoming implementation of midwifery-led care units (MLCUs) throughout India. A gap analysis was performed comparing these guidelines to known international midwifery center standards from the American Association of Birth Centers (AABC), Midwifery Unit Network (MUNET), and GoodBirth.net.

DISCUSSION

Conducting a gap analysis allows for the India Ministry of Health along with other global stakeholders to have a better understanding of the current LaQshya guidelines in relationship to the only known currently established global MLCU standards. Until we have formalized global MLCU standards, the standards from AABC, MUNET, and GoodBirth represent, by way of long-term success and implementation, the potential of professional standards for MLCUs. This analysis will allow for further development of the LaQshya guidelines and to bridge any notable gaps in order to elevate these guidelines to be in concordance with other international standards.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This analysis has an application to the following elements of the ICM's professional framework for midwifery: Regulation, Midwifery-led continuity of care model of practice, and Enabling environment.

EVIDENCE IF RELEVANT

The results of this gap analysis are independent and not related to any further research or further evidence at this time.

KEY MESSAGE

The analysis revealed highlight the gaps of the current LaQshya guidelines, particularly with respect to implementing respectful maternity care, which is a paramount objective to the India initiative. When these guidelines are systematically compared to known international standards, it allows for the better understanding of and further development of MLCU guidelines and standards in India. It can also be informative for other countries who plan to adopt guidelines or standards in the future.

PA-006 - Gender regulation of midwives in Japan and various foreign countries: a literature review

*Anna Kubota*¹, *Masana Sannomiya*², *Masako Knai-Pak*³, *Kazumi Kubota*⁴, *Mihoko Sasaka*⁵, *Mayumi Watanabe*⁶, *Yoshiaki Kanamori*⁷

¹ Keio University School of Medicine, Health Policy and Management, Tokyo, Japan

² King's College London, School of Life Course & Population Sciences, London, United Kingdom

³ Kanto Gakuin University, Nursing Institute, Yokohama, Japan

⁴ The University of Tokyo Hospital, Department of Health Information Management, Tokyo, Japan

⁵ Tokyo Arikake University of Medical and Health Sciences, School of Nursing, Tokyo, Japan

⁶ Kanto-Gakuin Univ., School of Nursing, Yokohama, Japan

⁷ The University of Tokyo, School of Nursing, Tokyo, Japan

BACKGROUND

The midwifery profession is mainly dominated by women worldwide, while midwifery in Japan is limited to women. It is necessary to eliminate the situation where continued employment is difficult or employment opportunities are lost due to gender differences.

OBJECTIVES

To explore regulations related to gender differences in midwifery in Japan and various foreign countries.

METHODS

A total of fifteen references extracted from PubMed, their citations, and hand-search that introduced midwifery gender regulation in the literature were selected and reviewed.

RESULTS

Results of the literature review, men were prohibited from obtaining a midwifery license in Japan, Cambodia, Saudi Arabia, Afghanistan, and Brunei Dar es Salaam. In Saudi Arabia, Afghanistan, and Brunei Dar es Salaam, the Islamic precept of Shariah served as the constitution. Also, nursing policymaker in Cambodia mentioned that "male midwives are not acceptable in Cambodian culture." On the other hand, in some countries men can now obtain midwifery licenses despite a history of men not being able to do so. These include Australia, the Netherlands, the United Kingdom, France, and Germany. Regarding Japan, although currently the legal qualification of midwives is limited to "women," there were some male midwives who assisted in normal childbirth from the 1860s. However, in 1899, the "Midwives Act" established uniform rules for the entire country and qualified women over the age of 20 who had passed the prescribed examinations to become midwives. This naturally excluded male midwives and other unqualified birth attendants.

CONCLUSIONS

Historically, many countries have had legal restrictions on male midwives, and while some countries have subsequently accept them, several countries still prohibit male midwives including Japan.

KEY MESSAGE

The historical unraveling of the legal and regulatory relevance of midwifery may help resolve gender gap issues.

PA-007 - Evaluation of the outcomes-based assessment of internationally qualified midwives registering in Australia

Petrina Halloran¹, Tanya Vogt¹

¹ Nursing and Midwifery Board of Australia/ AHPRA, Strategy and Policy, Melbourne, Australia

PURPOSE

The Nursing and Midwifery Board of Australia (NMBA) regulates the professions of nursing and midwifery in Australia. Following extensive research and collaboration with the New Zealand Council of Midwives the NMBA implemented the outcomes based assessment of internationally qualified midwives (IQM) seeking registration in Australia in 2020. The assessment comprises a knowledge test and a clinical examination. The NMBA is conducting an evaluation of the outcomes based assessment to ensure that it remains fit for purpose. This presentation will describe the current outcomes based assessment and the evaluation and outcomes.

DISCUSSION

The project to develop the outcomes based assessment of internationally qualified midwives commenced in 2016, with the development of an assessment framework and blueprint. The NMBA worked collaboratively with the New Zealand Council of Midwives to develop an MCQ and Objective Structured Clinical Examination (OSCE) for use by both regulators in the assessment of IQMs. The outcomes based assessment commenced in Australia in 2020 and has seen a number of midwives complete both the MCQ and OSCE.

The NMBA is evaluating the outcomes based assessment to ensure that it is meeting the regulatory requirements and remains a valid and reliable assessment

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

One of the roles of the NMBA is to ensure that IQMs who are registered to practice in Australia are safe and competent to practice, the evaluation of the outcomes based assessment will ensure that the NMBA is meeting its regulatory remit and inform ongoing policy in this area.

A number of midwifery regulators use a similar approach to the assessment of midwives and the finding from the evaluation will inform other midwifery regulators about the assessment of internationally educated midwives.

KEY MESSAGE

The outcomes based assessment provides a valid, reliable and transparent assessment of IQMs seeking registration. The evaluation will ensure that the process remains fit for purpose.

PA-008 - A short history of midwifery regulation in Germany

Dorothea Tegethoff¹, Ulrike Geppert-Orthofer²

¹ Universitätsmedizin Rostock, Hebammenwissenschaft, Rostock, Germany

² Deutscher Hebammenverband, Board Member, Karlsruhe, Germany

BACKGROUND

In Germany in 1938, the Nazi government issued the “Reichshebammengesetz” (Imperial Midwifery Law). One aspect of this legislation was the article concerning the “Designated Jurisdiction of Midwives” (“*Hinzuziehungspflicht*”): it became compulsory for physicians to call a midwife to every birth. The Nazi government envisioned having better access to families by engaging midwives, a profession trusted in society.

OBJECTIVES

Aim of this research is to document the legislative procedures concerning midwifery in Germany since 1945.

METHODS

Historic journals and archives were investigated.

RESULTS

After 1945, the “Reichshebammengesetz” remained in force. Articles that were obviously anti-Semitic were dropped. In West Germany, very few modifications were made before 1984. During the legislative procedure in 1984, the “Designated Jurisdiction” was debated intensely. Physician associations, in particular, wanted to discontinue this practice. Nevertheless, the article remained. It was no longer understood as a means of political control over families, but rather recognized as a way to secure beneficial perinatal care. In 2019, Germany implemented the EU directive 2005/36/EG, changing midwifery vocational education to a bachelors degree academic program. During this legislative process, there was again a heated debate about “Designated Jurisdiction”. In many statements, the Nazi origin of the regulation was stressed in order to have it dropped. Some discussants even claimed that midwifery care is not necessary in case of cesarean section and preterm birth.

CONCLUSIONS

Through the academization of midwifery it is hoped that midwifery as a profession will have a more autonomous voice in the debate.

KEY MESSAGE

Research on the own professional history is essential for German midwifery in order to have an autonomous voice in professional policy debates.



Research

PA-009 – PA-183

PA-009 - Identifying coping behaviours among primiparas who report child rearing difficulties one month after giving birth

*Minoguchi Mayumi*¹

¹ Shumei University, Faculty of Nursing-Maternity Nursing, Chiba, Japan

BACKGROUND

It has been reported that child rearing difficulties one month after giving birth is higher in primiparas than in multiparous women, and it is necessary for midwives to provide appropriate care for primiparas. However, previous studies have not clarified the coping behavior of primiparas who have child rearing difficulties one month after giving birth, and care has not been constructed to suit the subject's self-care ability.

OBJECTIVES

To identify coping behaviors for child rearing difficulties among primiparas one month after giving birth.

METHODS

An anonymous self-administered questionnaire survey was conducted with 51 primiparas who visited the hospital for a one-month postpartum medical examination, and the obtained data were analyzed qualitatively and inductively.

RESULTS

39 valid responses were obtained and included in the analysis. Coping behaviors among primiparas who reported having child rearing difficulties one month after giving birth were content analyzed resulting in the identification of five categories: [search for information], [trial and error in breastfeeding methods], [trial and error in childcare methods], and [positive interpretation of challenges].

CONCLUSIONS

One month after childbirth, Primipara used a variety of coping behaviors, such as Search Information, Breastfeeding Trial, and Childcare Trial, to be self-sufficient in child-rearing difficulties.

KEY MESSAGE

It is necessary for midwives to provide appropriate care for primiparas. For example, by providing appropriate information, practical skills support, and assessing the primipara's mindset and outlook at the one-month postpartum medical examination.

KEY WORDS

One month after giving birth, primipara, first-time mothers, child rearing difficulties.

PA-011 - The development of a birthweight chart stratified by maternal height: impact on classifying small and large-for-gestational age

Bert Zeegers¹, Pien Offerhaus¹, Marianne Nieuwenhuijze¹

¹ *Zuyd University, Research Centre for Midwifery Science Maastricht, Maastricht, Netherlands*

BACKGROUND

With birthweight charts, newborns are classified as appropriate for gestational age, small for gestational age (SGA) or large for gestational age (LGA). Birthweight charts are stratified for fetal sex. Maternal height is also an important constitutional factor associated with birthweight. Taking constitutional factors into account will enhance the classification of newborns as SGA/LGA.

OBJECTIVES

First, to construct a birthweight chart stratified for maternal height. Second, to study the classification SGA and LGA with this birthweight chart versus the Dutch birthweight chart, not-stratified by maternal height.

METHODS

We developed a birthweight chart stratified by maternal height with data from midwifery practices in the Netherlands (VeCaS-study: 2012-2020). For this, we included term singleton healthy, non-smoking pregnant women with an optimal body mass index ($n = 11,660$). With Hadlock's formula tailored to the study population, we estimated weights (p50) per gestational day, fetal sex and seven maternal height categories (153-157 cm, 158-162 cm, ..., 183-187 cm). With z-scores we calculated p1 to p99. To study the incidences of SGA ($p < 10$) and LGA ($P > 90$), we included all term singleton pregnant women ($n = 20,892$).

RESULTS

The usability of Hadlock's formula was confirmed by a visual strong correlation of the estimated weights (p50) with the observed birthweights (p50) for boys and girls. With the Dutch birthweight chart, the incidence of SGA is high in short women and low in tall women (range 3.4-19.7%), while the incidence of LGA is high in tall women and low in short women (range 1.4-21.8%). With the birthweight chart stratified by maternal height, ranges were narrow (respectively 7.0-9.8% and 10.9-13.2%).

CONCLUSIONS

A birthweight chart stratified for maternal height reduces the extreme range of SGA/LGA incidences across maternal height categories. Better classification of SGA/LGA may reduce over- and undertreatment.

KEY MESSAGE

A birthweight chart stratified by maternal height improves the classification of SGA/LGA.

PA-012 - Optimizing community midwifery collaboration - a case study of a Ugandan birth centre

Michelle Telfer¹, Rachel Zaslou^{2,2}, Holly Kennedy¹

¹ Yale University, School of Nursing, West Haven, USA

² Mother Health International, Ot Nywal Me Kuc Birth Center, Atiak, Uganda

BACKGROUND

Mothers and babies die at an alarming rate throughout the Global South. There is a demonstration of how those statistics can be changed at a birth center in Northern Uganda. In over 14,000 births they have never lost a mother and have a neonatal mortality rate of 11/1000, far lower than many high-income countries.

OBJECTIVES

The purpose of this case study was to describe the social and institutional forces that might influence their positive outcomes.

METHODS

This case study combined institutional ethnographic and narrative methods. The setting was a birth center located in a rural district with numerous parishes across a 60-mile radius. The sample included women who had given birth, nurse-midwives, community midwives, staff, community stake holders, and community health workers. Data included individual and small group interviews, participant observations, field notes, and document review. Iterative, systematic analytic steps were followed.

RESULTS

The findings describe a long history of community participation in the establishment and ongoing sustainment of the birth center. Continuity of care was assured throughout all parishes within this rural health district that encompassed local needs and traditions and integrated with government and private health systems when referral or transport were required. A synthesis of central concepts was compared to the components of the evidence-informed Quality Maternal and Newborn Care (QMNC) framework. Three overarching elements were identified: a) community knowledge and understanding, b) community integrated care, and c) quality care that is respectful, accessible, and available.

CONCLUSIONS

This collaborative model among midwives and stakeholders within this rural Ugandan community can improve maternal and newborn outcomes. Replication of the model in all childbearing care settings holds potential to alleviate unnecessary perinatal morbidity and mortality.

KEY MESSAGE

Midwifery-led continuity of care, reflective of the ICM Midwifery Framework, and collaboration within a community-based network contributes to excellent maternal and newborn outcomes.

PA-013 - Factors that affect work recognition among nurses and midwives in Japan who work with colleagues working shorter hours to raise children

*Tanaka Yumiko*¹

¹ Saku University, Graduate Program of Midwifery, Saku city, Nagano, Japan

BACKGROUND

In recent years, the number of nurses working shorter hours so that they can raise children is increasing, thus affecting the nursing workplace in Japan. When the number of colleagues with limited working hours increases, handling the workload and content for the entire workplace is difficult without a management method to increase the number of employees. On the other hand, there is no legal process for reducing the burden on nurses working with colleagues who are pregnant or raising children. Rather, decisions are left to the discretion of workplace managers. For example, a chief nurse must assign increased workloads to staff members working with nurses whose hours have been shortened so that they can raise their children. Managing this situation is difficult.

OBJECTIVES

The aim of this study is to clarify the recognition of work and its influential factors for nurses and midwives who work with colleagues working fewer hours to raise their children. From the results, we can develop a practical nursing workplace management method.

METHODS

This was a cross-sectional study in which a self-administered questionnaire was administered. Currently, we are collecting data from more than 100 medical facilities nationwide. A multivariate analysis of the data will be performed.

RESULTS & CONCLUSIONS

Results & conclusions will be drawn from the analysis results.

KEY MESSAGE

Workplace management is very important to create positive work recognition of nurses and midwives who work with colleagues working shorter hours to raise children.

PA-014 - Breaking the stunting cycle since adolescence with the implementation of the first 8000 days of life programme in schools

Istri Yuliani¹, Rahayu Widaryanti¹

¹ Yogyakarta Midwifery Committee, Yogyakarta Respati University, Sleman, Indonesia

BACKGROUND

Efforts to create a superior and stunting-free next generation of the nation are not enough just to intervene in the first 1000 days of life; they need further intervention in the 7000-day period after that. The intervention period of the 7000 HPK was more focused on school activities. The city of Yogyakarta is the first area to implement the First 8000 Days of Life Program in Indonesia.

OBJECTIVES

To explore the readiness of implementing the program for the first 8000 days of life in the city of Yogyakarta.

METHODS

This study used a qualitative descriptive approach. The informants in this study were community health center officers and teachers ranging from early childhood education to senior high school, and data were gathered through in-depth interviews, observation, document review, and focus group discussions, which were then analyzed using thematic content analysis.

RESULTS

There are seven themes related to the implementation of the First 8000 Days of Life Program in schools: implementation of health programs in schools; human resources; funding; facilities and infrastructure; cross-sectoral cooperation; obstacles; and efforts to overcome obstacles.

CONCLUSIONS

It is necessary to optimize health programs in schools, especially for nutrition education and the revitalization of healthy canteens, as well as the use of the Mobscreen Penjarkes application for screening schoolchildren's health.

KEY MESSAGE

Adolescence, stunting, first 8000 days.

PA-015 - Effects of five-dimensional music breathing technique training during pregnancy on childbirth experience and outcomes

Guizhen Yu¹, Man Liang², Li-Hua Huang², Jie-Zhen Liang²

¹ *Maternal and Child Health Hospital of Dongguan, Delivery room, Dongguan, China*

² *Maternal and Child Health Hospital of Dongguan, Delivery room, Dongguan City, Guangdong Province, China*

BACKGROUND

To bring the best delivery experience to pregnant women is one of the work vision of obstetricians. The purpose of this study was to investigate the effect of five-dimensional music breathing technique training on puerpera's experience and outcome of delivery, in order to provide theoretical basis for obstetricians to improve puerpera's experience and outcome of delivery.

OBJECTIVES

To investigate the effect of five-dimensional music breathing technique training during pregnancy on childbirth experience and outcomes.

METHODS

A total of 200 pregnant women who were archived and regularly examined in our hospital from January to February 2020 were selected as the study subjects and divided into the experimental group and the control group by the random number table, with 100 cases in each group. In the experimental group, five-dimensional music breathing technique training and assessment were performed at about 32 weeks of gestation, and after passing the assessment, they were instructed to practice at home and apply it during labor. While participants in the control group took conventional care during pregnancy and labor. The differences in maternal childbirth experience and outcomes between the two groups were compared.

RESULTS

The experimental group was higher than the control group in the scores of two dimensions of self-ability and safety perception and the total score of childbirth experience, the first stage of labor and total duration of labor were less than the control group, and the differences were statistically significant ($P < 0.05$).

CONCLUSIONS

Five-dimensional music breathing technique training during pregnancy is effective in improving parturients' self-perception and control of delivery, reducing fear of delivery and enhancing safety perception of delivery. It can enhance parturients' own ability and safety perception so as to improve the experience of positive delivery; and shorten the duration of labor.

KEY MESSAGE

Childbirth Experience; Childbirth outcome; music; hypnosis.

PA-016 - Women and healthcare professional's experiences of gestational diabetes mellitus (GDM) in Indonesia: an exploratory case study

Ririn Wulandari¹, Linda McGowan¹, Yu Fu²

¹ University of Leeds, School of Healthcare, Leeds, United Kingdom

² University of Newcastle, Population Health Sciences Institute, Newcastle, United Kingdom

BACKGROUND

Gestational diabetes mellitus (GDM) is varying degrees of hyperglycaemia, detected for the first time in pregnancy. GDM related to maternal and neonatal complications as well as associated with an increased risk of developing type 2 diabetes for women in the future. The recent data on GDM prevalence in Indonesia is absent and other evidence is scant due to limited published studies. This contributes to the lack of available evidence around GDM, including issue on women and healthcare professionals' experiences about GDM in Indonesia.

OBJECTIVES

To explore experience of women and healthcare professionals on GDM in Indonesia.

METHODS

This is a case study and data were collected within a health centre (the case) through in-depth interview, non-participant observation and study documentation. Purposive and snowball sampling were used to recruit women who are identified with GDM (6 participants) and healthcare professionals who care for them (21 participants). An observation of GDM consultation session was conducted and seven documents related to GDM management were gathered during data collection.

RESULTS

This is an ongoing project. The data are being analysed using thematic analysis (for interviews) and content analysis (for observation and documents), and will be synthesised thereafter. Preliminary findings include women's experience and their views on services related to GDM management; and how women manage GDM in their own ways including the use of herbal remedies as a response to lack of support also reveals in this study.

CONCLUSIONS

There are issues on lack of awareness and knowledge among women and healthcare professionals about GDM in Indonesia. The absence of GDM guideline in the health centre contribute to the unclear pathways of care that a woman should undergo in managing GDM which eventually may increase the risk of maternal and neonatal complications.

KEY MESSAGE

GDM is an important issue which is under-researched in Indonesia.

PA-017 - Group Antenatal Care: what are the mechanisms of effect and how do these work for women who need interpreters? Findings from REACH Pregnancy Circles

Octavia Wiseman¹, Christine McCourt¹, Giordana Da Motta¹, Penny Haora², Louise Hunter³, Anita Mehay⁴, Juliet Rayment¹, Meg Wiggins⁵, Angela Harden¹, Jalana Lazar⁶

¹ City- University of London, School of Health and Psychological Sciences, London, United Kingdom

² Charles Darwin University, CDU College of Nursing and Midwifery, Alice Springs, Australia

³ Oxford Brookes University, Oxford School of Nursing and Midwifery, Oxford, United Kingdom

⁴ University College London, Department of Epidemiology and Public Health, London, United Kingdom

⁵ University College London, Institute of Education, London, United Kingdom

⁶ Group Care Global, Centre for Maternal Child Health Research Division of Midwifery & Radiography School of Health Sciences, London, United Kingdom

BACKGROUND

Group Antenatal Care (gANC) includes self-checking, additional time, relationship-building, information sharing and community-building but mechanisms of effect are not fully understood: what works, for whom, in what context?

OBJECTIVES

To articulate theories of effect in gANC literature and associated mechanisms.

To explore how these function for women with limited English Proficiency (LEP) in England.

METHODS

1. A realist review exploring the theories of effect of gANC and associated mechanism incorporating all types of evidence, analysed and synthesised to generate Context-Intervention-Mechanism-Outcome (CIMO) configurations.
2. A pilot trial of gANC (Pregnancy Circles) in three maternity services in a socio-demographically diverse area. 74 women were recruited of whom 11 (15%) had LEP. Experiences of gANC were explored using observations and interviews with women and midwives. Reflexive thematic analysis was used and findings evaluated against the mechanisms identified in the realist review.

RESULTS

Six key theories of effect were identified in the realist review: social support, peer learning, active participation in health, education, satisfaction with care and professional practice. Context was not sufficiently well described to understand what works for whom in what circumstances.

The most salient for women with LEP taking part in gANC in the pilot trial were social support, education and satisfaction with care. Mechanisms included community building, health literacy and engagement with health services. For some midwives including women with LEP in gANC enhanced their professional practice.

CONCLUSIONS

We identified six theories of effect for group care in the literature. The best fit for experiences of women with LEP in England are social support, education and satisfaction with care.

KEY MESSAGE

There are six main theories of effect for gANC. The most salient for women with LEP in a UK context are social support, education and satisfaction with care.

Associated mechanisms include community building, health literacy and engagement with services. Including vulnerable women in gANC may enhance professional practice.

PA-018 - “Pushing” the boundaries of midwifery education with Virtual Reality (VR)

Melanie Welfare¹, Susan Crowther², Andrea Gilkison², Jane Frost³

¹ Ara Institute of Canterbury, Department of Nursing, Midwifery and Allied Health, Christchurch, New Zealand

² Auckland University of Technology, Faculty of Health and Environmental Sciences, Auckland, New Zealand

³ University of Canberra, Faculty of Health- School of Nursing, Midwifery and Public Health, Canberra, Australia

BACKGROUND

VR is an innovative, exciting simulation tool increasingly used in midwifery education (Fealy et al., 2019; Williams et al., 2018). In a pandemic world, VR technology redefines parameters and pushes boundaries of midwifery education. Using this technology, midwifery students practise complex midwifery skills in an immersive virtual environment, increasing skill acquisition and confidence prior to, and, in addition to, clinical experiences. Prior to this research, there was minimal evaluation of how VR technology influences midwifery pedagogy or the experiences of learners and educators using this modality. This presentation focuses on preliminary research findings exploring the experiences of midwifery lecturers and students who used a labour and birth VR scenario as a teaching and learning tool within Aotearoa/New Zealand.

OBJECTIVES

Understand experiences of educators and students using VR in midwifery education. Foreground and articulate emerging pedagogy when using VR in midwifery education.

METHODS

Hermeneutic phenomenology underpinned the research design, method, and analysis. Participants were recruited from a New Zealand midwifery school. Lecturers participated in focus groups and students in one-to-one interviews. Ricoeur's (Ricoeur, 1990) conceptual framework pre-figuration, configuration and refiguration was used for data analysis.

RESULTS

Preliminary results show that this technology is acceptable to learners. Lecturers engaged with the technology, however, occasionally implementation into the education programme was problematic. Despite challenges, lecturers were innovative in their approaches and adapted this technology to suit students learning styles and needs.

CONCLUSIONS

VR technology can provide midwifery students with a safe learning environment. VR is not a replacement for clinical experiences, but a tool helping learners acquire clinical skills. However, the process of implementation must be managed for full engagement of lecturers and students.

KEY MESSAGE

Despite the newness of this technology in midwifery education, VR provides educators with additional tools to enhance different learning experiences and pedagogical approaches. Development, evaluation, and research should continue in this area.

PA-019 - Coparenting mobile breastfeeding support programme and exclusive breastfeeding: a randomised controlled trial

Wan Hua Wei¹, Su-Chen Kuo²

¹ *Changhua Christian Hospital, Postpartum 41 Ward, Changhua County, Taiwan*

² *National Taipei University of Nursing and Health Sciences, Department of Nurse-Midwifery and Women Health, Taipei City, Taiwan*

BACKGROUND

Studies have identified significant evidence as fathers for facilitators to increase breastfeeding rates.

OBJECTIVES

The objective of this study was to evaluate the effectiveness of mobile breastfeeding support program on exclusive breastfeeding among primiparous mothers and fathers.

METHODS

In a randomized controlled trial 89 expectant couples who attended the prenatal check (36 gestational weeks) at a hospital in central Taiwan were allocated to an experimental (n = 45) and a control (n = 44) group. The intervention consisted of a 2-hour antenatal education session and provided the "Father-to-be assisting breastfeeding video" on the video platform for the expectant couples to browse at any time when they required. The major contents were: (1) the benefits of breastfeeding; (2) assisting the mother in a comfortable breastfeeding position and the baby latching-on breast; (3) how to soothe the baby; (4) how to participate in night breastfeeding; (5) sharing the housework, and (6) assisting mothers to return to work to continue breastfeeding.

RESULTS

Our results showed no statistically significant differences between the experimental and control groups in breastfeeding knowledge and attitude at pre- and post-test. Rates of exclusive breastfeeding practices for experimental and control groups were 44% vs. 55%, 48.9% vs. 45.5%, 55.6% vs. 47.7%, 55.6% vs. 43.2%, 57.8% vs. 18.2%, 40% vs. 6.8% for in-hospital stay, the first-, the second-, fourth- sixth- and twelfth-month postpartum respectively. There were significantly different of exclusive breastfeeding rate at sixth-month ($\chi^2 = 17.56$, $p < .001$) and twelfth-month ($\chi^2 = 16.56$, $p < .001$) between the experimental and control group.

CONCLUSIONS

Involving the fathers in breastfeeding education could prolong the duration of exclusive breastfeeding.

KEY MESSAGE

It is important to include fathers in educational planning for improving exclusive breastfeeding rate.

PA-020 - The actual status of pregnant women's health-related quality of life during COVID-19 in Japan

Junko Watanabe¹, Masuko Saito², Yoshiko Matsunaga³, Toshiko Endo², Noriko Ishikawa⁴

¹ Shunan University, Department of Nursing, Yamaguchi, Japan

² Kansai University of International Studies, Department of Nursing, Hyogo, Japan

³ The Jikei University School of Medicine, School of Nursing, Tokyo, Japan

⁴ Aikku Hospital, Department of Nursing, Tokyo, Japan

BACKGROUND

COVID-19 expanded worldwide from 2020, affecting childbirth.

OBJECTIVES

To clarify the actual status of the health-related quality of life (QOL) of pregnant women and their anxieties under COVID-19 in Japan, and to obtain data utilized for psychological support for them.

METHODS

In March 2022, a web questionnaire-survey was conducted in pregnant women aged 16 to 59 years about their health-related QOL with SF-36v2, after approval by the Ethics Committee.

RESULTS

The respondents were 300 women (159 primiparas and 141 multiparas). The mean age was 32.1 (SD: 5.71) years. The gestational stage was distributed to "first trimester (5%)", "second (35%)", and "third (60%)". Those who have received a maternity checkup by midwives and a prenatal lesson were 43% and 52.3%, respectively. The mean SF-36v2 scores were 55.55 (SD: 30.62) for Role Physical (RP), 61.66 (SD: 14.96) for General Health (GH), 51.56 (SD: 16.94) for Vitality (VT), 62.89 (SD: 31.89) for Role Emotional (RE), and 60.15 (SD: 18.33) for Mental Health (MH). Significant differences ($p < 0.05$) were observed in RP for presence or absence of occupation, in PF, RP, and RE for the experience of maternity checkup by midwives, and in PF, RP, BP, RE, and MH for the gestational stages. Their anxieties by free answers were "infection", "psychological instability", "inability of them to receive a prenatal lesson", "inability of them to deliver with husband present and to see the family in a patient bedroom", and "financial difficulties". Their requests to midwives were "be tender", "be present alongside", "supply knowledges", "provide consultation", etc.

CONCLUSIONS

The SF-36v2 scores differed vastly between individuals, and family support can hardly be expected at the time of childbirth under the coronavirus spread and, therefore, they are expecting midwives' tender care and kind considerations.

KEY MESSAGE

Enhancement of support by midwives for pregnant women is required to prevent postpartum depression under COVID-19.

PA-021 - Integrating mental health into group antenatal care: a qualitative analysis

Nicole Warren¹, Aissata Bah², Christine Bourey³, Anne Batchelder¹, Seydou Doumbia², Molly Lasater³, Sarah Murray³

¹ Johns Hopkins University, School of Nursing, Baltimore, USA

² University of Bamako, Bamako, Mali

³ Johns Hopkins University, School of Public Health, Baltimore, USA

BACKGROUND

Mental health disorders impact 16% of childbearing persons antenatally and 20% postnatally in low- and low-middle income countries. These disorders have profound, negative impacts on maternal and neonatal health. Although evidence suggests that group cognitive behavioral therapy prevents mental health disorders, these strategies have never been formally integrated into group antenatal care programs. Addressing mental health during antenatal care is a promising strategy to expand access to mental health services in low-resource settings.

OBJECTIVES

1. Understand mental health needs and their relationships to the antenatal care context.
2. Describe the experience of participating in a mental health-focused group antenatal care program.

METHODS

This was a qualitative study in Mali, West Africa of a mental health-focused antenatal care program. Data was collected before and after the intervention using interviews and focus groups with midwives, clinic supervisors, pregnant women, and husbands.

RESULTS

Prior to the intervention, patients and husbands (n = 34) stressed the importance of emotional support and described the task-focused nature of routine antenatal visits. Midwives and clinic supervisors viewed antenatal care as an appropriate forum for emotional support, and midwives as the appropriate cadre to facilitate discussions on the topic. There was concern for patients' confidentiality and time to engage with women. Following the intervention, both women and providers described how novel, beneficial and useful addressing emotional health was during group antenatal care. Participants reported forming bonds with other women not described in routine care. Challenges related to participants' phone access and facilitator availability.

CONCLUSIONS

Integrating mental health into group antenatal care is a practical and acceptable strategy to expand access to mental health services in low-resource settings. Additional study is needed to refine and expand implementation.

KEY MESSAGE

Midwifery-led group antenatal care has the potential to meet both the physical and emotional needs of pregnant persons, expanding access to integrated services in low-resource settings.

PA-022 - Reducing inequalities in preterm birth and stillbirth in England through personalised risk assessment and care pathways using a novel digital clinical decision tool

Jenny Carter¹, Jane Sandall¹, Tommy's National Centre for Maternity Improvement², Gill Walton^{2,3}

¹ King's College London, Department of Women and Children's Health, London, United Kingdom

² Royal College of Obstetricians and Gynaecologists, Tommy's National Centre for Maternity Improvement, London, United Kingdom

³ Royal College of Midwives, Chief Executive, London, United Kingdom

BACKGROUND

Women from ethnic minority and socially deprived groups are more likely to experience poor perinatal outcomes. UK stillbirth and preterm birth rates vary, even after correction for demographic characteristics, suggesting variation in care. To address this inequity, Tommy's National Centre for Maternity Improvement led development of the Tommy's App, involving maternity service users and providers in equal partnership. This web-based CE-marked medical device is used by midwives to assess risk in pregnancy much more accurately than current methods. The app then instantly recommends personalised, evidenced-based care pathways, in a format accessible to both women and midwives.

OBJECTIVES

This study is evaluating implementation of the Tommy's App in five early-adopter hospitals over one year, in order to inform wider scale-up.

METHODS

The NASSS framework (Non-adoption or Abandonment of technology by individuals and difficulties achieving Scale-up, Spread and Sustainability) is informing analysis. This implementation research (target ~n = 3,500) is using online surveys, focus groups and semi-structured interviews to investigate: maternity service user and provider experience; barriers and facilitators to implementation; reach (whether particular groups are excluded and why), fidelity (degree to which the intervention is delivered as intended), and unintended consequences.

RESULTS

Tommy's App appears to be acceptable and easy to use. Findings have influenced ongoing developments of the App and implementation strategy, including those aimed at addressing digital and social exclusion (e.g. one-to-one support; HCP-only registration when women are unable or unwilling to engage). Other findings include: need for engaged, high-level local leadership and desire to integrate into electronic clinical records.

CONCLUSIONS

Tommy's App makes personalising risk assessment and care easier for health professionals, and should reduce stillbirth and preterm birth, as well as inequity in care. Findings from this study will inform wider scale-up.

KEY MESSAGE

Tommy's App should reduce inequity in care, as well as stillbirth and preterm birth rates for all women.

PA-023 - Pregnant women's experiences of antepartum ACT-based self-help resilience training to prevent peripartum depression

Annika Laura Walker^{1,2}, *Jens Henrichs*^{1,3}, *Anke B. Witteveen*^{4,5}, *Ernst T. Bohlmeijer*⁶, *François G. Schellevis*^{7,8}, *Ank de Jonge*^{1,9}, *Corine J. Verhoeven*^{1,10}

¹ Amsterdam UMC location Vrije Universiteit Amsterdam, Midwifery Science, Amsterdam, Netherlands

² Niederrhein University of Applied Sciences, Faculty of Health Care- Department of Applied Midwifery Science, Krefeld, Germany

³ Midwifery Academy Amsterdam Groningen, InHolland, Amsterdam, Netherlands

⁴ Amsterdam Public Health Institute, Department of Clinical, Neuro, and Developmental Psychology, Amsterdam, Netherlands

⁵ World Health Organization Collaborating Center for Research and Dissemination of Psychological Interventions, Vrije Universiteit, Amsterdam, Netherlands

⁶ Department of Psychology, Health & Technology, University of Twente, Enschede, Netherlands

⁷ Amsterdam UMC location Vrije Universiteit Amsterdam, Amsterdam Public Health Research Institute, Department of General Practice, Amsterdam, Netherlands

⁸ NIVEL, Netherlands Institute for Health Services Research, Utrecht, Netherlands

⁹ University of Groningen, University Medical Center Groningen, Department of General Practice & Elderly Care Medicine, Groningen, Netherlands

¹⁰ Amsterdam Public Health, Quality of Care, Amsterdam, Netherlands

BACKGROUND

Antepartum maternal depressive symptoms (ADS) are highly prevalent. As ADS are associated with poor quality of life, peripartum clinical depression, and adverse pregnancy and infant outcomes, early intervention is essential. However, conventional psychological interventions, e.g. Cognitive-behavioral therapy, have been shown to be less effective in women with mild/moderate ADS. Possibly, pregnant women might experience these interventions as too burdensome or stigmatizing. Women with ADS might benefit more from interventions focusing on promotion of mental well-being and resilience and by this reducing the risk of developing peripartum depression, e.g. Acceptance and Commitment therapy (ACT).

OBJECTIVES

The current study is part of a randomized controlled trial evaluating the effectiveness of an ACT-based self-help resilience training for ADS and qualitatively explored the experiences of participants with the intervention.

METHODS

The Ethics Board of the VU University Medical Center, Netherlands, approved the study. Pregnant women with mild/moderate depressive symptoms (Edinburgh Postnatal Depression Scale score ≥ 11 , no current major depressive disorder) were included. Sixteen women were interviewed after the nine-week self-help resilience training was completed. Thematic analysis of the interviews is ongoing and will be finalized in 2022.

RESULTS

The majority of participants appreciated the intervention being offered as a printed book and the flexibility of the self-help nature of the intervention. The required time investment was perceived as acceptable. The possibility of personal contact was mentioned as a suggestion for improvement. Themes identified in relation to psychological mechanisms were "Taking the time for oneself" and "It's okay". Eight women completed less than four weeks, main reasons for dropping out were "No time" and "Other psychological support".

CONCLUSIONS

Participants experienced the intervention as acceptable and beneficial. However, several women found it difficult to invest time while some needed additional psychological support.

KEY MESSAGE

The ACT-based self-help resilience training might have the potential to be utilized in midwifery practice to improve ADS.

PA-024 - The effect of the CenteringPregnancy programme among low-risk women in the Netherlands

Mary-Ann Wagijo¹, Mathilde Crone¹, Marlies Rijnders², Jan van Lith³, Bruinsma - van Zwicht Birgit³, Debbie Billings⁴

¹ Leiden University Medical Center, Public Health and Primary Care, Leiden, Netherlands

² TNO, Department of Child Health, Leiden, Netherlands

³ Leiden University Medical Center, Department of Obstetrics, Leiden, Netherlands

⁴ Group Care Global, Group Care Global, Philadelphia, USA

BACKGROUND

CenteringPregnancy (CP), a model of group antenatal care, was implemented in 2012 in the Netherlands to improve perinatal health.

OBJECTIVES

The objective of this research was to assess the effects of participation in CenteringPregnancy (CP) amongst low-risk pregnant women in the Netherlands.

We looked into the effect of CP on maternal, birth, neonatal outcomes, health behaviours and literacy, psychosocial outcomes, health care use and satisfaction with health care services.

METHODS

The design of the study was a stepped-wedge cluster randomised trial, including 13 midwifery centres in the Netherlands. A total of 2124 pregnant women in primary prenatal care were included in the study. Data were derived from the Dutch national database Perined and questionnaires which were filled in during the course of their pregnancy and one questionnaire postpartum. For the analysis multilevel intention-to-treat analyses and propensity score matching was used.

RESULTS

After propensity score matching, compared to the control-CP group, nulliparous women participating in CP had a lower risk of maternal hypertensive disorders (OR = 0.53, 95%CI = 0.30–0.93) and for the composed non-optimal maternal outcome (OR = 0.52, 95%CI = 0.33–0.82). They also reported better compliance to the norm for healthy eating and physical activity ($\beta = 0.28$, 95%CI 0.06–0.51). Breastfeeding initiation rates were higher amongst both nulliparous (OR = 2.21, 95%CI = 1.46–3.34) and multiparous women (OR = 1.62, 95%CI = 1.00–2.62) participating in CP compared to women in the control-CP group receiving standard care. Multiparous CP participants consumed less alcohol after giving birth (OR = 0.42, 95%CI 0.23–0.78). Health care use and satisfaction rates were significantly higher among CP participants. A non-significant trend toward lower smoking rates was documented among CP participants.

CONCLUSIONS

Overall, participation in CP has beneficial effects among pregnant women on developing hypertensive disorders, taking-up breastfeeding, their health behaviours, health literacy, and healthcare use.

KEY MESSAGE

To-date, few studies worldwide focus on the impact of CP on health behaviour and more research is necessary to explore the full potential of CP.

PA-025 - Does respectful maternity care exist in the Czech Republic?

Radka Wilhelmova¹, Lenka Vesela¹, Michal Pospisil¹

¹ Masaryk University, Faculty of Medicine, Department of Health Sciences, Department of Health Sciences, Brno, Czech Republic

BACKGROUND

Evaluating the quality of maternity care is important. We present pilot data from a study focused on women's satisfaction and experiences with standard maternity care in the Czech Republic.

OBJECTIVES

To find out women's experiences (PREM's - Patient Reported Experience Measures) with care. To describe the factors influencing women's experience. To prepare a methodology for optimising the maternity care system in the Czech Republic.

METHODS

Nationwide questionnaire study (standardized instrument PREMAPEQ). Pilot phase: 10 women, semi-structured interview followed by the questionnaire modification according to the care system in the Czech Republic. Changes agreed upon by the questionnaire authors. Data collection phase: In May 2022, 497 questionnaires (out of 2,000 planned). In total, 152 women described their individual experience. The analyses of quantitative data will be in 2023.

RESULTS

Preliminary qualitative results: positive (57), negative (74), neutral (21) experience expressed. The most common woman's objections – childbirth: disrespect, non-acceptance, non-support, pressure exert, manipulation, health professionals' inappropriate communication and behaviour, interventions without consent, obstetric violence; leading to disappointment, humiliation, trauma. Postpartum: non-support, unsatisfactory/unsuitable environment and food, lack of peace, contradictory information, breastfeeding non-support, formula administration without mothers' consent. Positives: giving birth with the chosen midwife or a doula, in the chosen place, outpatient birth, plenty of clear information and support, home birth.

CONCLUSIONS

The dominantly expressed experiences are rather negative during childbirth and the postpartum period. Project is supported by the Ministry of Health of the Czech Republic under grant no. NU21-09-00564. Authors declare that there is no conflict of interest and that all ethical aspects have been observed.

KEY MESSAGE

The objectively high quality of maternity care in the Czech Republic (perinatal mortality/morbidity) does not necessarily bring women a positive experience of maternity care.

PA-026 - Undisturbed labour and birth (ULaB) facility index: improving accountability for health equity

Saraswathi Vedam¹, Lisa Kane Low², Paulomi Niles³, Nisha Malhotra¹

¹ Birth Place Lab, University of British Columbia, Midwifery, Vancouver, Canada

² University of Michigan, School of Nursing and Midwifery, Ann Arbor, USA

³ New York University, Rory Meyers College of Nursing, New York- NY, USA

BACKGROUND

Pathogenic measures can appropriately evaluate uptake of standard medical treatments for people who are unwell. However, pregnancy and birth are outcomes of a normal physiological processes, rather than an illness. The WHO Standards for Improving Quality of Care in Health Facilities presented recommendations to reduce interventions and support physiologic labour and birth. However, they note a scarcity of evidence-based audit tools to evaluate facility adherence to best practices.

OBJECTIVES

To develop an evidence-based quality measure that tracks best practices for supporting physiologic birth and the optimal use of obstetric interventions in health facilities.

METHODS

Our transdisciplinary team used a Delphi process to develop the Undisturbed Labour and Birth (ULaB) Facility index, a quality measure of 18 domains that are known to affect optimal rates of physiologic birth. We operationalized these indicators into a weighted scoring system that considers policies, staff training, clinical standards, and patient resources. Over 80 hospitals across the US, with a wide array of patient populations served, implemented the ULaB. We use multivariate regression analyses to quantify how the facility scores correlate with rates of obstetric intervention, primary cesarean birth rates and physiologic birth after controlling for patient demographics, volume, casemix, and hospital characteristics.

RESULTS

We identified measurable factors, including environmental, equipment, human resources and policies, that affect admission, movement, oral intake, intermittent auscultation, pain management and cultural safety, as well as staff education to reduce disturbance, trauma, and mistreatment. Preliminary results suggest that facility scores range from high performers to non-performers, and reveal significant structural inequities across populations and communities.

CONCLUSIONS

The Undisturbed Labour and Birth index, is a reliable, pragmatic system-level tool to assess adherence to best practice, facility readiness, and accountability for equitable access to salutogenic birth.

KEY MESSAGE

The ULaB facility index can leverage uptake of evidence-based policies, training modules, and structures that reduce cesareans and facilitate physiologic birth.

PA-027 - Predictive value of sex-specific fetal growth charts in detecting small-for-gestational-age neonates with and without adverse perinatal outcomes in a low-risk population

Mariëlle Van Roekel^{1,2}, Ank de Jonge^{1,2}, Sanne Gordijn³, Wessel Ganzevoort⁴, Arie Franx⁵, Corine Verhoeven^{1,6}, Wessel van Wieringen⁷, Jens Henrichs^{1,2}

¹ Amsterdam UMC, Midwifery Science- Amsterdam Public Health research institute, Amsterdam, Netherlands

² Amsterdam UMC, Midwifery Science, Amsterdam Research and Development research institute, Amsterdam, Netherlands

³ University Medical Centre Groningen, Department of Obstetrics and Gynaecology, Groningen, Netherlands

⁴ University Medical Centres, University of Amsterdam, Department of Obstetrics and Gynaecology, Amsterdam, Netherlands

⁵ Birth Centre, Erasmus University Medical Center, Department of Obstetrics and Gynaecology, Rotterdam, Netherlands

⁶ University of Nottingham, Department of Midwifery, Nottingham, United Kingdom

⁷ Amsterdam UMC, Department of Epidemiology and Biostatistics, Amsterdam, Netherlands

BACKGROUND

Ultrasonic assessment of fetal-size plays a key role in detecting suboptimal fetal growth so timely management can be initiated to avoid morbidity and mortality. Surprisingly, fetal growth charts are in contrast to birthweight charts, not sex-specific, even though boys outweigh girls by 4–8%. Evidence indicates growth-restricted male fetuses are at increased risk of being misclassified as ‘normal-size’, risking undertreatment. In contrast, normal size female fetuses are more at risk of being misclassified as ‘growth-restricted’, risking exposure to overtreatment.

OBJECTIVES

To investigate whether developing sex-specific fetal reference curves will reduce this sex-bias and improve diagnostic accuracy of SGA detection with- and without adverse outcomes in the low-risk population.

METHODS

With ultrasound data of approximately 8000 low-risk women, sex-specific curves will be developed to describe the association between gestational age and fetal size indicators, including abdominal circumference (AC) head circumference (HC) and femur length (FL). For each indicator valid sex-specific size centiles will be derived using termed multilevel modelling.

RESULTS

Reference curves for gestational age and sex-specific fetal biometry will be presented. Diagnostic accuracy for abdominal circumference in predicting SGA birthweight percentile will be compared with the ‘gestational-age-specific-only’ Verburg curve and WHO growth charts. Sensitivity, specificity, positive and negative predictive values, likelihood-ratio’s and ROC-curves will be calculated.

CONCLUSIONS

To be determined: Changes in diagnostic value and/or risk of exposure to under- and overtreatment among fetuses of initially low-risk mothers.

KEY MESSAGE

To be determined: discussion about the additive value of fetal growth charts customised for fetal sex.

PA-028 - Virtual reality supporting women during labour

*Luka Van Leugenhaege*¹

¹ AP University of Applied Sciences and Arts, Midwifery, Antwerpen, Belgium

BACKGROUND

Virtual Reality (VR) has proven to be effective in reducing pain in a number of different health care settings (burns, neuropathic pain, phantom pains, and ext.). Slowly but surely VR has found its way to the labour ward helping women cope with natural childbirth. Current studies on VR during labour focus on the clinical efficacy (e.g. pain reduction) by using a fixed dosage, content and level of immersion. Not much is known on childbearing women's needs regarding content and dosage of immersive VR. This study focusses on bridging the gap between insights on preferred immersion through VR and the impact on coping with physiological labour pain.

OBJECTIVES

The 'Virtual Relief' project pays specific attention to the needs of women in labour and health care providers supporting them through labour.

METHODS

Based on principles of human-centered design researchers and developers conducted focus groups with perinatal health care professionals (n = 4) and pregnant/postpartum women, (n = 10). Both patients' as intrapartum health care providers' needs on VR during labour were explored. Subsequently a mixed method pilot study with a nested case-control study design was conducted in 2 Flemish labour wards.

RESULTS

Five main categories emerged; "Willingness", "(Prior) knowledge/experience", "Virtual content", "Interaction", and "Practical approach". Prototype 1 was developed and used in a pilot study Mean dosage of initial VR use during labour was 25 minutes (SD±14, range 5-57 min.). No significant differences were found for epidural analgesia use or VAS scores before and after use of VR.

CONCLUSIONS

Childbearing women and their intrapartum healthcare providers are open to VR during labour. Initial clinical efficacy could not be established with Virtual reliefs' first prototype.

KEY MESSAGE

Virtual reality is a promising tool to support women during labour. Perinatal healthcare professionals and developers should further explore the possibilities of immersive technology as a means to improve patient outcomes.

PA-029 - Midwifery care for women who gave birth in Japanese midwifery centres

Yuko Uemura¹, Kumiko Kido¹, Mari Matsuo²

¹ Kagawa Prefectural University of Health Sciences, Nursing, Kagawa, Japan

² Bokko midwifery centre, midwifery centre, Kagawa, Japan

BACKGROUND

Hospitals and clinics account for 99% of birth locations in Japan, with midwifery centres and non-institutional midwifery centres accounting for the rest. The number of deliveries at midwifery centre in prefecture A was 87 in 2021.

OBJECTIVES

Based on the descriptions of women who gave birth in midwifery centres and the care they received there, the present study reports on the practice of midwifery care in midwifery centre.

METHODS

The number of consenting subjects was 27. The survey included previous childbirth experience and midwifery centre birth experience.

RESULTS

Women who gave birth in midwifery centre were more likely to be multiparous women and to have high self-esteem. Those whose previous birth facilities had been hospitals or clinics were more negative about their birth experience. In their free descriptions, the women mention that midwives were close to them the entire time, and they received attentive care, generous support. The midwives were thought of as kind, warm, concerned and approachable. The women felt relaxed, comfortable and reassured by this kind of support. One of the participants mentioned that at the time of birth was easy, which led to her desire to have another child immediately after the birth. She also wanted her subsequent delivery at the same midwifery centre.

CONCLUSIONS

Most women who gave birth in midwifery centres were women who had given birth before, and the women had specific aspirations for childbirth based on their previous experiences. Therefore, these women had high positive feelings about their choice of birthing. The women felt safe during the perinatal period because they were always close to the midwife and received attentive care and generous support. The midwives' close and attentive care resulted in each participant's positive perinatal experience.

PA-030 - Issues in Japan from a review of the domestic and international literature for the early detection of postpartum depression

Hitomi Ueki¹, Keiko Masaoka²

¹ Sapporo Medical University, Graduate School of Health Science- Doctoral course, Sapporo, Japan

² Sapporo Medical University, Graduate School of Health Science, Sapporo, Japan

BACKGROUND

Postpartum depression is associated with maternal suicide, and the suicide rate among new mothers in Japan is higher than that of other countries. Midwives at maternity hospitals in Japan assess a mother's risk of postpartum depression with the EPDS (Edinburgh Postnatal Depression Scale) at 2 weeks and 1 month postpartum. Thereafter, mothers who are determined to be at high risk are provided with continued support from public health nurses.

OBJECTIVES

The purpose of this study is to present recommendations for effective methods for early detection of postpartum depression through a literature review, and examination of issues specific to Japan.

METHODS

A search was conducted using CINAHL, PubMed, and Japan Medical Abstracts Society databases using the keywords: postpartum depression, postnatal depression, and early detection. We selected articles discussing methods of early detection of postpartum depression, and analyzed the objectives, methods, and results sections.

RESULTS

A total of eighteen articles were selected. We established two main methods for early detection: training of midwives and other professionals who are in frequent contact with new mothers and their newborns, and continuous assessment of risk using the EPDS. While in Japan assessment is only conducted at maternity hospitals during pregnancy and during the first month postpartum, many foreign articles indicate that assessment is conducted at 1, 3, 6, and 12 months postpartum, during routine home visits and infant health examinations.

CONCLUSIONS

We suggest that maternal mental health needs to be continuously assessed by trained professionals and that this would be effective for the detection of postpartum depression. In Japan, the lack of opportunities to assess mental health after the first month postpartum was considered to be an issue which requires rectification.

KEY MESSAGE

Maternal mental health needs to be continuously assessed by trained professionals and that this would be effective for the detection of postpartum depression.

PA-031 - Exposure to active and passive smoking among Greek pregnant women

Maria Tzeli¹, Victoria Vivilaki¹, Aikaterini Lykeridou¹

¹ Midwifery Department, University of West Attica, Athens, Greece

BACKGROUND

Both active and passive smoking are responsible for numerous adverse pregnancy outcomes for women and their infants.

OBJECTIVES

The aim of this study was to explore the perceptions, attitudes, patterns of tobacco use and exposure to environmental smoke among a sample of pregnant women in Greece.

METHODS

This is a cross – sectional study which was conducted in two Greek Maternity Hospitals during the period February 2013 – May 2013. Data were collected using self-administered questionnaires on the 3rd postnatal day. Women also completed the Edinburgh Postnatal Depression Scale (EPDS).

RESULTS

Of 300 women recruited to the study 48 % reported tobacco use during the first trimester of pregnancy. Participants who continued to smoke during pregnancy were more likely to report fetal ($p < 0.05$) and newborn complications ($p < 0.05$). Participants who reported that their partners were smokers were more likely to smoke throughout their pregnancy ($p < 0.001$). Pregnant smokers had significantly higher levels of postnatal depressive symptomatology, as measured using the EPDS, than non-smokers.

CONCLUSIONS

Our data supports the importance of ensuring that pregnant women, their partners and close relatives are educated on the health risks of active and passive smoking and how these could have an adverse effect to their fetus and infants, as well as the pregnant women themselves.

KEY MESSAGE

Pregnant women who smoke place themselves and their infants in a high-risk situation.

PA-032 - Assessing the effectiveness of structured teaching programme on knowledge and practice regarding prevention of anaemia among mothers attending antenatal OPD at CIHSR, Nagaland

*Arhoni Tungoe*¹

¹ Christian institute of health sciences and research,, College of Nursing, Obstetrical and Gynaecological nursing, Dimapur, India

BACKGROUND

Iron deficiency anemia poses an important public health problem for women of reproductive age living in developing countries. It is one of the most frequent complications related to pregnancy.

OBJECTIVES

To assess the effectiveness of structured teaching programme on knowledge and practice regarding prevention of anemia among antenatal mothers attending antenatal OPD at CIHSR, Nagaland.

METHODS

Pre -experimental research design, non probability total enumerative sampling technique was used with a sample size of 60 participants, conducted in antenatal OPD, CIHSR. The instruments used for knowledge regarding prevention of anemia were structured questionnaire consisting of 13 items and for knowledge related practice, dichotomous questions consisting of 14 items. Reliability of the knowledge questionnaires was found to be 0.95% using Cronbach's Alpha. An ethical approval was obtained from the IRB. Descriptive and inferential statistical method were used.

RESULTS

The mean post-test knowledge score (22.25%) of antenatal mother showed a significant increase from the mean pre-test score(6.25%) after implementation of STP on prevention of anemia with a mean difference of 16.13, which is found to be statistically significant as evident from 't' value of 20.12 for df (59) at 0.05 level of significance. Most of the items on practice regarding prevention of anemia showed highly statistically significant difference at ($p \leq 0.00001$), significant at ($p \leq 0.05$) level of significance. 75.11% of the participants showed good practice after the intervention(STP). Thus, the structured teaching programme was effective in increasing both knowledge and practice scores.

CONCLUSIONS

The current study has implications for nursing education and practice. It has brought a lot of sensitivity among the antenatal mothers on the importance of taking iron supplementation and taking rich iron diet and how it can have an impact on the fetus as well.

KEY MESSAGE

Interventions like video assisted teaching, information booklet could be used to determine the best ways for creating greater awareness about prevention of anemia.

PA-033 - The experiences of advanced midwives and neonatal nursing science specialists on the optimal utilisation of the knowledge and skills in public health sectors in South Africa

Kagiso Prince Tukisi^{1,2}

¹ School of Health Care Sciences Sefako Makgatho Health Sciences University, Department of Nursing Science, Pretoria, South Africa

² University of Johannesburg, Department of Nursing Science, Johannesburg, South Africa

BACKGROUND

The advanced midwifery and neonatal nursing specialization (AMNNS) was introduced in 1993 as a response to escalating maternal and neonatal mortalities and shortage of doctors in rural parts of South Africa. Basic midwives were enrolled into a postgraduate midwifery qualification to extend their knowledge and skills to enable them to manage complicated obstetric conditions. While AMNNS are equipped with the knowledge and skills, they remain underutilized in the clinical facilities because of the limiting practice regulations and fear of litigations, leading to loss of skills. This study is derived from the doctoral study entitled strategies to facilitate optimal utilization of knowledge and skills of advanced midwives & neonatal nursing specialists in public and private health sectors of South Africa.

OBJECTIVES

The study aimed to determine the optimal the utilization of knowledge and skills of AMNNS in the private and public health sectors.

METHODS

A qualitative, descriptive, explorative, and phenomenological research design was followed. Purposefully sampled AMNNSs participated in four focus groups comprising of four participants each. Data were analyzed using Collaizi's descriptive method based on the emerging themes and categories.

RESULTS

AMNNS are not optimally utilizing their knowledge and skills in public health sector. They associated this to the limited legal protection they are receiving. AMNNSs pointed out that often times they do not understand what is expected from them, as there is no defined regulation that differentiate their practice from that of basic midwives. AMNNSs experienced that policy-makers, managers, doctors and nursing council do not acknowledge their advanced knowledge and skills.

CONCLUSIONS

Barriers experienced by AMNNS in the public health sector in South Africa regarding the optimal utilization of their knowledge and skills are highlighted. These could aid to formulate strategies to facilitate optimal utilization of AMNNS's knowledge and skills.

PA-034 - Study of a male preconception health education programme for college students (phase II study)

Yuko Tokita Honoki¹, Yuka Kawano², Megumi Maeda², Yuriko Mune³, Etsuko Kamisawa²

¹ Perinatal epidemiology, Department of Human Health Sciences Graduate School of Medicine Kyoto University, Kyoto-shi, Japan

² Kyoto Tachibana University, Faculty of Nursing, Kyoto-shi, Japan

³ Rakuwakai Otowa Hospital, Department of OBOG, Kyoto-shi, Japan

BACKGROUND

The U.S. Centers for Disease Control and Prevention states that preconception care (PCC) can improve the health of all men and women. From the Phase I study, university students (n = 1552) do not have sufficient knowledge of sperm and egg, male infertility factors and lifestyle habits.

OBJECTIVES

As a Phase II study, this study created 10-minute-video as PCC program to support fertility for men based on the results of Phase I. Through questionnaire survey, we develop a PCC program to support fertility for male university students.

METHODS

We requested all students through the university's web system, and data collection was outsourced. From December 2021 to February 2022, responses were obtained regarding sperm and egg characteristics, awareness of lifestyle habits related to spermatogenesis dysfunction, before and after a 10-minute-video viewing. Kruskal-Wallis test was used as four-group comparison for men and women in medical and non-medical faculty. The statistical software used was JMP Pro15 and SPSS ver25 with the significance level at $p = 0.01$. The study was conducted with the approval of the University-Research-Ethics-Committee.

RESULTS

57 males and 187 females were included in the analysis. Comparison between male and female faculties showed significant differences in 12 items, including the knowledge about egg aging, with a significantly larger proportion in the female medical group. Many items were recognized by about 30% of the respondents before viewing the video to 70-80% after viewing, while half of the respondents were aware of depression and the effects of radiation exposure. Regarding the video, 98.4% of the respondents were able to understand, and 84.4% of them found the length of 10-minutes to be appropriate length.

CONCLUSIONS

The video created in this study will lead to awareness about infertility among college students, but better programs need to be considered.

KEY MESSAGE

PCC programme might effectively make university students be aware of fertility, but require further research.

PA-035 - Negotiating the ambiguity of an (in)authentic working life – a grounded theory study into severe perineal trauma

Katharina Tjernström¹, Inger Lindberg¹, Maria Wiklund², Margareta Persson¹

¹ Umeå University, Department of Nursing, Umeå, Sweden

² Umeå University, Department of Community Medicine and Rehabilitation, Section of Physiotherapy, Umeå, Sweden

BACKGROUND

Some women with severe perineal trauma (SPT) have persistent physical and psychological health problems after childbirth. As most Swedish women work outside the home, the question of if and how SPT-related morbidity influences working life needs to be investigated.

OBJECTIVES

This study aims to qualitatively explore how women with persistent SPT-related morbidities experience and conceptualise their problems concerning working life. Further, we theorise the findings by applying Simone de Beauvoir's feminist framework of immanence and transcendence.

METHODS

Ten interviews with women recruited via a Swedish social media community for perineal trauma are analysed according to Charmaz's constructivist approach to grounded theory.

RESULTS

The theoretical model and related core category "Negotiating the ambiguity of an (in)authentic working life" reflect the women's negotiations of immanence versus transcendence, which mirrors the conflict of (in)authenticity in working life. When denied their subjectivity at work or constructing themselves as subjects in denial of their SPT, an inauthentic working life is experienced. Women who acknowledge their SPT and are constructed as subjects by "others" achieve an authentic working life despite SPT. The conflicting gendered process at work of "the silent covert object" versus "the resourceful overt subject" problematises women's vulnerability.

CONCLUSIONS

Aspects that enable subjectification and transcendence are crucial for policymakers, employers, health care services, and society to eradicate the taboo of SPT and create a working environment characterised by understanding, support, and flexibility.

KEY MESSAGE

Access to adequate care, sick leave, and occupational rehabilitation is essential. Such measures support transcendence towards an authentic working life and, consequently, a more gender-equal working environment that does not deprive women of career opportunities due to a physical ailment.

PA-036 - Women's experiences of vaginal birth after caesarean (VBAC) in Germany

Konstantina Syrmou¹, Andrea Matteredne¹, Claudia Oblasser¹, Mechthild Gross¹

¹ Hannover Medical School, Midwifery Research and Education Unit, Hannover, Germany

BACKGROUND

Vaginal Birth after Caesarean (VBAC) is considered safe and important to reduce Caesarean Section (CS) rates. Attitudes towards VBAC as well as its practice vary significantly among countries.

OBJECTIVES

To add insight to this matter, we aimed to assess women's experiences of VBAC in Germany.

METHODS

With this descriptive phenomenological study we tried to understand the lived experiences of 16 women who have undergone VBAC in Germany. Ethical permission has been granted by Hannover Medical School. Semi structured individual interviews and Giorgi's phenomenological analysis method were used.

RESULTS

Most women were disappointed by their previous birth experience and a VBAC was strongly wished. To ensure its success, they sought information about it and carefully planned it. The VBAC, although sometimes challenging, was a positive birth experience for almost all women and it was accompanied with feelings of happiness, success, power, relief, and pride. The highlights of their experience were the moment of birth and the first contact with their newborn. Nevertheless, during the first stage of labour, fear of failing to achieve VBAC was also experienced. Informed decision making, a peaceful, cosy environment and supportive and sensitive care were highly appreciated. Especially positive was women's experience with midwifery continuity of care. In contrast, unknown midwives and doctors and routine examinations in the hospital were described as stress factors. Most women felt physically well after birth and had a problem-free recovery, although some experienced discomfort in the pelvic and perineal area. Lastly, sharing their VBAC experience with their partner was important to most women.

CONCLUSIONS

A VBAC can be a positive experience for women. Understanding their lived birth experiences and respecting their needs can help better support women throughout their VBAC.

KEY MESSAGE

A positive VBAC experience is feasible with appropriate support.

PA-037 - A scoping review of health behaviour changes in preconception care for women

Hitomi Suzuki¹, Rina Shoki¹, Erika Ota¹

¹ St. Luke's international University, Global Health Nursing, Tokyo, Japan

BACKGROUND

In the current era, preconception care is becoming increasingly important, owing to increased stress, inadequate lifestyle, assisted reproductive technologies, and pregnancy complications associated with the mother's advancing age. It is clear that preconception health risks are diverse and require different strategies for different populations.

OBJECTIVES

This study aimed to clarify the components of preconception care interventions and effects of interventions in preconception women and examine how to support lifestyle improvement in preconception women, focusing on intervention methods for each population group of preconception health risks.

METHODS

We conducted a scoping review aims to outline the key concepts underlying a research area (UMINID: 000048183). PubMed, Cochrane Library/ CENTRAL, EMBASE, and the Japan Medical Abstracts Society database (Ichushi-Web) were searched in November 2021. This study included randomized control trials (RCTs), including cluster RCTs, quasi-RCTs, and follow-up studies of RCTs of preconception care and interconception care for reproductive-age women.

RESULTS

From original hit articles, 68 articles were included. The seven categories of 1. adolescent women, 2. women with childbearing age, 3. women at high reproductive health risk, 4. women from disadvantaged economic backgrounds, 5. ethnic minority women, 6. couples, and 7. postpartum women were extracted as research subjects. The six categories of 1. Reproductive Life Plan, 2. risk assessment, 3. providing knowledge to high-risk women, 4. providing knowledge to low-risk women, 5. providing knowledge at a community level, and 6. support for behavior modification were identified as contents of preconception care.

CONCLUSIONS

In this scoping review, we clarified the classification of preconception care subjects and strategies. The results suggest that it is extremely important to provide individualized preconception care based on the care recipient's pregnancy plan and careful assessment of risks and health behavior benefits.

KEY MESSAGE

Providing the individualized care such as assessment of the recipient's pregnancy plan and risks and health behavior benefits are key.

PA-038 - Prematurity and social inequities: a 30-year analysis in Chile

Rayen Sun¹, Loreto Villanueva¹, Belen Ortiz¹

¹ *Universidad de Chile, Departamento de Promoción de la Salud de la Mujer y el Recién Nacido, Santiago, Chile*

BACKGROUND

Prematurity rate has been increasing in recent years. It has been reported that prematurity is related to social determinants, establishing that more vulnerable mothers have a higher risk of having a premature child. In Chile, there are no updated studies regarding this public health problem, which is relevant to identify risk groups and to promote actions in clinical practice.

OBJECTIVES

Analyze the trend of prematurity rate in Chile, from 1990 to 2020, and estimate social inequities according to the mother's educational level.

METHODS

A cross-sectional study was carried out using the total number of live births registered in public vital statistics over a 30 years-period. The prematurity trend was analysed by mother's education level.

RESULTS

From 1990 to 2020, 7,641,317 live births were registered, of which 6.7% (512,803) were born prematurely. The number of live newborns has been decreasing, while the prevalence of prematurity increased from 5.6% (1990) to 8.6% (2020). Mothers with more than 12 years of education account for 7.3% of the prematurity rate; while mothers with less than 8 years of education, 6.3%. The attributable risk for prematurity is 16% according to mother's education, indicating that 16% of prematurity in children of mothers with less education is attributed to this social condition. The inequity in prematurity between mother's educational group has changed over the time. Between 1996 and 2010, the most educated mothers had the highest rate of prematurity, while in the last 10 years the less educated mothers surpassed 14% the prematurity rate.

CONCLUSIONS

The prematurity pattern described in literature is not followed by Chile's statistics. Social inequities' gap in prematurity has changed over time. Multiple hypotheses are proposed to explain this interesting phenomenon.

KEY MESSAGE

Midwives are responsible to provide the most quality of care to decrease social inequities, to ensure all children have equal opportunity to reach their full potential.

PA-039 - Relation of DOHaD with stress in pregnant women to affect mental health of babies: a literature review

*Kafumi Sugishita*¹

¹ University of Human Environments, School of Nursing, Obu, Japan

PURPOSE

According to the research of Cadzow et al, on antepartum and postpartum mental health, weak attachment bonding between the fetus and mother during pregnancy was associated with postpartum depression and anxiety. Attachment to the fetus during pregnancy was associated with maternal mental health and was associated not only during pregnancy but also with postpartum depression and anxiety (Brandon, 2007). Blood cortisol levels, which are stress indicators, cross over the placenta and have been correlated with maternal and fetal levels (Gitau R, 1998). It has been feared that strong psychological stress during pregnancy has some effect on the fetus and causes mental development in children, and the fetal programming hypothesis is pointed out in the background. However, there has been no previous research on the relationship between mental health such as stress in pregnant women and the fetal programming hypothesis. **The purpose of this study is to examine the relationship between stress in pregnant women and the fetal programming hypothesis through literature.**

DISCUSSION

As a result of conducting a literature review, it was found that when the stress of the pregnant woman is physically and psychologically high, the stress of the child is high. In particular, fetal dysfunction is likely to occur during labor if you spend pregnancy period when pregnancy complications and anxiety are strong. **It is still necessary to examine the relationship between the child's growth and mental illness and the stress she received as a mother at the time of the fetus.**

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwives can help care for their children by understanding and caring for the stress of pregnant women.

KEY MESSAGE

Pregnant women's mental health produces the child's mental health, so mental health midwifery care during pregnancy is important.

PA-040 - Social support, depression, and anxiety in the perinatal period: a mixed methods study

Francieli Sufredini¹, Christine Catling², Sungwon Chang¹, Joel Zugai³

¹ University of Technology Sydney, Faculty of Health, Sydney, Australia

² University of Technology Sydney, School of Nursing and Midwifery, Sydney, Australia

³ The University of Notre Dame Australia, Faculty of Medicine, Nursing & Midwifery and Health Sciences, Sydney, Australia

BACKGROUND

Childbirth is usually experienced with joy and happiness. However, the perinatal period is a time of vulnerability for women and between 10–20% of them experience some type of mental health concern, most commonly depression or anxiety. The social support offered to women in the perinatal period can buffer against mental health concerns and promote well-being.

OBJECTIVES

This mixed-methods research aimed to investigate the effects of structural and functional support on depression and anxiety in women in the perinatal period and explore the experiences of women around support during the perinatal period.

METHODS

This study involved women in the perinatal period as participants (n = 443 online surveys and n = 16 interviews) and had an explanatory sequential mixed methods design. Data were analysed using descriptive and multivariate regression analysis for quantitative findings, and a thematic analysis approach for qualitative data. Ethical approval was attained (ETH21-5848, HREC - UTS).

RESULTS

Low informational support from mother and MIL are associated with higher levels of depression and anxiety, and from friends who are also mothers with depression. Instrumental support from a woman's partner seems to be statistically significant to reduce levels of anxiety. Emotional support from partner, some family members and friends who are mothers are associated with depression and anxiety. The appraisal support received by the informal network (friends and family) is associated with depression and anxiety, and by the formal network (midwives) with depression only. Three key themes emerged: "Bring me food instead of baby gifts", "People who haven't had children cannot understand" and "Importance of words of encouragement".

CONCLUSIONS

Different sources and types of support seem to be associated with lower levels of depression and anxiety in the perinatal period.

KEY MESSAGE

These findings can contribute to the practice of health professionals, providing practical information about how to support women during the perinatal period.

PA-041 - Analysis of caesarean rates at a German university hospital using the Robson Classification

Marie Strohauer¹, Julia Leinweber¹, Stefan Verlohren², Ulrike Grittner³

¹ Charité - University Medicine Berlin, Institute for Midwifery Science, Berlin, Germany

² Charité - University Medicine Berlin, Berlin, Germany

³ Charité - University Medicine Berlin, Institute of Biometry and Clinical Epidemiology, Berlin, Germany

BACKGROUND

CS rate in Germany has been rising for several years and illustrates a global trend. Since 2017 the CS rate is stagnant around 30%, which is way above the 15% CS rate recommended by the WHO. A save reduction of CS rates is necessary to improve health and well-being of woman and children long-term. The WHO recommends using Robson ten classification to analyze groups of women most likely to get a CS .The German obstetrical guidelines support this strategy since 2020, none the less data is sparse.

OBJECTIVES

This work will use Robson ten classification to better understand which women are most likely to get a CS and by that give the opportunity to start developing prevention strategies.

METHODS

Using Robson ten classification all women that delivered during the last 3 years (2019-2021) in Charité university hospital Berlin are assigned to one of 10 mutually exclusive groups using basic obstetric terms. The obstetrical data is collected via the electronic documentation system and can be transferred into SPSS. SPSS is used to analyze the CS rate in every group, contribution to overall CS rate and main indications for CS.

RESULTS

At this point there are no results to be reported because analysis is still going on. Because Charité is a university hospital with expertise in neonatal medicine and especially neonatal cardiac surgery there is a high number of CS with premature babies to be expected. Considering the multiple possible social and economical reasons for a rising CS rate, most CS will probably be found in the low-risk cohort, Robson group 1-3. In accordance with German trends, induction of labor will probably contribute more to CS rates than previous uterine operations.

PA-042 - Home-based postnatal care following early hospital discharge: a descriptive study of the care programme midwife home

Benedikte Skarsgaard¹, Therese Harvold Henriksen², Unn Dahlberg³, Tone Shetelig Løvvik⁴, Ingvild Aune⁵

¹ Stavanger University Hospital, Department of Women's Health, Stavanger, Norway

² Møre and Romsdal Hospital Trust, Department of Women's Health, Ålesund, Norway

³ St. Olav's University Hospital, Department of Women's Health, Trondheim, Norway

⁴ St. Olav's University Hospital, Department of Obstetrics and Gynaecology, Trondheim, Norway

⁵ Midwifery Education, Faculty of Medicine and Health Sciences, Department of Public Health and Nursing, Norwegian University of Science and Technology, Trondheim, Norway

BACKGROUND

Postnatal care has undergone major changes over the last decades, including a substantial reduction in the length of stay in hospital. A more recent trend is a shift toward more home-based care models. At St. Olav's University Hospital in Trondheim, Norway, the home-based postnatal care programme Midwife Home (MH) is an integrated health service for women who want early discharge (6–24 h) after birth.

OBJECTIVES

To evaluate MH by (1) describing the characteristics of women–newborn pairs followed up by MH and investigate whether the service has an appropriate target group; (2) describing the number and causes of possible readmissions for safety; and (3) investigating whether MH follows the criteria set for the service and facilitates continuity of care.

METHODS

Following a retrospective descriptive quantitative design, we collected data from medical records at St. Olav's University Hospital.

RESULTS

In the 212 women–newborn pairs investigated, most women had a high educational level, were multiparous, had vaginal birth with no or first-degree tearing and haemorrhaging < 500 mL. Most newborns had a normal birth-weight, a high APGAR score, and had begun breastfeeding postpartum. There were few readmissions. The participants all met the criteria set for MH, most received their first home visit 12–24 h after discharge, and a relatively large proportion of the sample was discharged after 24 h.

CONCLUSIONS

Women choosing follow-up by MH make out a homogeneous group of healthy, highly educated multiparous women with uncomplicated births and healthy newborns. The low number of readmissions, imply that MH is a safe service, thus indicating that the target group is appropriate. However, a relatively large proportion of the sample was discharged after 24 h which means that the criteria set for this project is not fully met. MH seems to facilitate a sense of continuity of care.

KEY MESSAGE

Early discharge, length of stay, home-based postpartum care, midwifery care, postnatal care, readmission.

PA-043 - The effects of endogenous oxytocin when mother had emergency caesarean section: natural birth and epidural analgesia birth

Eri Shishido¹, Shuo Takuya², Horiuchi Shigeko¹

¹ St Luke's International University, Women's Health & Midwifery, Tokyo, Japan

² Hokuriku University, Health and Medical Sciences, Ishikawa, Japan

BACKGROUND

Although endogenous oxytocin levels in women from late pregnancy and postpartum with vaginal delivery were investigated, no studies have found compare with emergency cesarean sections.

OBJECTIVES

This study aimed to 1) measure the longitudinal changes in the salivary oxytocin levels of women with emergency cesarean section, 2) clarify the association between the changes in oxytocin levels and postpartum fatigue/maternity blues.

METHODS

This study used a longitudinal observational design. Saliva samples were measured at 4-time points; 1) 37 weeks of gestation, 2) 39 weeks of gestation, 3) 1 days postpartum, and 4) 5 days postpartum. The participants included women with emergency cesarean section. Postpartum data were evaluated using the Maternity Blues Scale, and 'Fatigue' using the VAS. The correlation between maternity blues/fatigue score and the changes in oxytocin levels was calculated using the Spearman's rank correlation coefficient. The Institutional Review Board of St. Luke's International University, Tokyo, Japan, approved the study protocol (18-A065).

RESULTS

The total subjects were 64; natural birth 29 and epidural analgesia 29 and emergency caesarian section 6 mothers. The mean oxytocin levels with emergency cesarean section was significantly lower at 5 days postpartum than at 37 weeks of gestation, 39 weeks of gestation, and 1 days postpartum (37 weeks : $p = 0.01$; 39 weeks : $p = 0.02$; 1 days: $p = 0.03$). The curve of trends of change the oxytocin trends were similar to epidural analgesia. Maternity blues were non-significantly associated with changes in oxytocin levels from 39 weeks to 5 days postpartum ($\rho = -0.71$, $P = 0.05$), though fatigue was not.

CONCLUSIONS

Women with cesarean sections had significantly lower oxytocin levels from 1 days to 5 days postpartum and have presumed effects of unscheduled surgery on oxytocin levels and psychological state.

KEY MESSAGE

This is the first study to examine the association between emergency cesarean section and oxytocin levels.

PA-044 - The development and feasibility test of a smartphone app for midwifery care in Tanzania: a comparative cross-sectional study

Yoko Shimpuku¹, Beatrice Mwilike², Dorkasi Mwakawanga¹, Keiko Ito³, Naoki Hirose¹, Kubota Kazumi⁴

¹ Hiroshima University, Graduate School of Biomedical and Health Sciences, Hiroshima, Japan

² Muhimbili University of Health and Allied Sciences, School of Nursing, Dar es Salaam, Tanzania

³ Kyoto University Hospital, Perinatal Medical Center, Kyoto, Japan

⁴ The University of Tokyo Hospital, Department of Healthcare Information Management, Tokyo, Japan

BACKGROUND

To address Tanzania's high maternal mortality ratio, it is crucial to increase women's access to healthcare. To improve access, the quality of antenatal care needs to be improved.

OBJECTIVES

Therefore, this study aimed to develop and explore the feasibility of a smartphone app for midwives and examine its potential effects on 1) the learning outcomes of midwives, and 2) birth preparedness of pregnant women in Tanzania.

METHODS

This mixed-methods, feasibility study provided an educational app for midwives in the intervention group, obtained data about the continuous use of the app, measured midwives' learning outcomes, directed focus group discussions on the usability of the app, and conducted surveys among pregnant women about birth preparedness in two groups to evaluate if midwives provided proper information to them. The control group received regular antenatal care and answered the same survey.

RESULTS

Participants comprised 23 midwives who participated in the testing and provided learning outcome data, of whom 21 participated in focus group discussions. Results showed that 87.5% of midwives continued to study with the app two months after the intervention. A mini-quiz conducted after using the app showed a significant increase in mean scores (6.9 and 8.4 points, $p < 0.05$) and a non-significant increase on the questionnaire on women-centered care (98.6 and 102.2 points). In the focus group discussions, all midwives expressed satisfaction with the app for several reasons: comprehensive contents, feelings of confidence, and reciprocal communication. There were 207 pregnant women included in the analysis. The intervention group had higher knowledge scores ($p = 0.048$) and home-based value scores ($p = 0.033$).

CONCLUSIONS

The results of the study confirmed feasibility of the midwifery education app and showed a potential effect on learning outcomes and information provided during antenatal care.

KEY MESSAGE

The feasibility of the midwifery education app was confirmed, and results showed a potential effect on the midwives' learning outcomes.

PA-045 - Exploring maternity healthcare providers' perspectives on maternal upright positions during second stage of labour: qualitative study

*Insaf Shaban*¹, *Ohood Alsehimi*²

¹ Al al-Bayt University, Nursing, Mafraq, Jordan

² Taibah University, Nursing, Madinah, Saudi Arabia

BACKGROUND

The birth of the baby is an exceptional experience for the mother and the whole family. It is crucial that the women's opinions during maternity care are valued, especially during labor, is a crucial factor in providing respectful maternity care.

OBJECTIVES

This study aims to identify barriers to adapting an upright position during the second stage of labor in Madinah and what are the strategies necessary to overcome these barriers.

METHODS

A qualitative study was performed at Maternity and Children Hospital, Madinah (MMCH), Saudi Arabia, the study sample consisted of a non-probability convenience sampling of 18 health care clinicians. Data collection was done through face-to-face semi-structured interviews with the consenting healthcare providers.

RESULTS

The following core themes emerged: policy, safest way, doctors set the rules, midwives' hesitancy to assume responsibility, uncooperative, uninformed women, and the way forward.

CONCLUSIONS

This study concludes that irrespective of all the evidence supporting the upright position in the second stage of labor, many healthcare providers continue to practice the lithotomy position in accordance with the cultural and routine norms. Many healthcare providers prefer the lithotomy position for their own convenience, disregarding other birth positions as well as the women's preferences and desires.

KEY MESSAGE

The findings of this study may increase policy makers' awareness towards enhancing and integrating the upright position and lead to sharing responsibility among community groups, healthcare providers, and health service institutions. This may contribute the development of a national policy to promote Saudi women's health and decrease maternal morbidity and mortality.

PA-046 - Postnatal home follow-up by a midwife to support perinatal bereavement: a qualitative evaluation of a French care system

Claudine Schalck¹, Céline Vicrey², Anne Theau³, Nathalie Perrillat⁴

¹ RM PhD CNAM University, Center of research for work and development - EA 4132, Paris, France

² RM MSc Parisian perinatal health network, coordination, Paris, France

³ MD PU-PH Maternity hospital Port-Royal, obstetrics, Paris, France

⁴ RM Maternity hospital Port-Royal, obstetrics, Paris, France

BACKGROUND

The 2011 Lancet series on stillbirth described it as a traumatic loss whose severity is worldwide underestimated in public health care. It encouraged action by health care providers and research. Currently, on discharge from hospital, a major French maternity hospital systematically offers postnatal follow-up at home by a midwife for all women and parents facing perinatal death beyond 15 weeks' pregnancy.

OBJECTIVES

The first objective of this qualitative research is to identify the forms of support provided by the midwife. The second objective is to promote the sustainability of this home care through this evaluation.

METHODS

This follow-up needs midwives which agree with it because the health insurance system does not cover it. So, Each midwife is a volunteer and signs an ethical charter of commitment validated by the different participating departments, in particular the maternity hospital and the perinatal health care network which coordinate the system. Every midwife fill in an anonymous tracking sheet detailing the home intervention. Women who agree to be contacted later for an interview proposal about their experiences give their telephone number anonymously. Training and support for perinatal bereavement are offered to the caregivers participating in the system sets up. It conforms with the ethical rules of the Helsinki declaration and with those of digital data protection.

RESULTS

First qualitative data collected for about 30 situations and 5 interviews show the important time spent at parents' home for each midwife : for physical care, information exchange and emotional support. The women say that they feel less isolated or abandoned by the caregivers and more socially recognized for the loss of their child.

CONCLUSIONS

After discharge from hospital, postnatal home care by a midwife maintains continuity of global care and provides support to women and parents facing perinatal bereavement.

KEY MESSAGE

The midwife is a key actor in postnatal bereavement support.

PA-047 - Distress in pregnancy leads low 5-minute Apgar scores in offspring: a Japanese longitudinal study

Gita Nirmala Sari^{1,2}, Satoyo Ikehara², Kanami Tanigawa², Ehab S Eshak², Hiroyasu Iso²

¹ Health Polytechnic Ministry of Health of Jakarta III, Midwifery, Bekasi - Jawa Barat, Indonesia

² Osaka University, Social Medicine, Osaka, Japan

BACKGROUND

Pregnant women often experience stress during pregnancy. This could be attributed to low Apgar scores in newborns.

OBJECTIVES

The study objective was to examine association between woman's distress during pregnancy and the risk of a low 5-minute Apgar score in the newborn.

METHODS

This study used Japan national wide birth cohort study launched in 2011, with 87,786 pairs of mothers and singleton newborns as study participants. Multivariable logistic regression was used to estimate the odds ratios (ORs) and 95% confidence intervals (CIs) of low Apgar score (< 7) at 5 minutes according to the mother distress at early and mid-late pregnancy measured by the Kessler Psychological Distress Scale (K6). K6 was divided into 3 categories: low (K6 < 5), moderate (5-12) and severe (≥ 13). The research protocol was approved by the Japan Ministry of the Environmental Institutional Review Board on Epidemiological Studies and Ethics Committees of all participating institutions.

RESULTS

After being controlled by maternal, obstetric and neonatal factors, an increased risk of a low 5-minute Apgar score in newborns was found in women with moderate and severe distress compared with low distress in the mid-late period of gestation (p for trend = 0.01). The association was robust for 5-point increment in K6 with multivariable OR (95% CI) was 1.11 (1.02-1.21). There was no association in early period of gestation. Preterm birth with at moderate and severe distress in mid late pregnancy period has been shown to be associated with a lower 5-minute Apgar scores, the ORs (95% CIs) were 1.96 (1.73-2.23) and 1.89 (1.58-2.27), respectively (p for interaction = 0.03).

CONCLUSIONS

Women distress during mid-late pregnancy period was positively associated with the risk of low 5-minute Apgar scores in newborns, especially in preterm delivery.

KEY MESSAGE

The role of midwives is needed in early detection of possible psychological disorders during pregnancy to prevent adverse pregnancy outcomes.

PA-048 - Support for young women with unintended pregnancies in Japanese special adoption cases

Sachi Sakamura¹, Keiko Tanabe², Chika Yoshihara³, Eri Nonoyama²

¹ Sendai Seiyogakuin college, Maternal Nursing, Sendai, Japan

² Ichinomiya Kenshin College of Nursing, Maternal Nursing/Midwifery, Ichinomiya, Japan

³ Tohoku University Hospital, Regional Health Center, Sendai, Japan

BACKGROUND

In Japan, the 2016 revision of the Child Welfare Law promoted “special adoptions” to guarantee permanent placements for children. However, the characteristics and outcomes of young mothers who choose special adoption, many of whom have unintended or teenage pregnancies, are not often considered.

OBJECTIVES

To conduct a retrospective study of special adoption cases to better support women with unintended pregnancies.

METHODS

Twenty-one women under the age of 30 who gave birth and opted for special adoption at our facility from 2013 to 2021 were included in the study. Information was gathered from the time of antenatal checkup to the time after delivery. Patients were analyzed in two groups, those aged 13–19 and those aged 20–29. This study was approved by the Ethics Review Committee of the Tohoku University Hospital. No conflict of interest.

RESULTS

There were significant differences in occupational status and number of days to special adoption between the teenage and women in their 20s groups, which had 8 and 13 patients, respectively ($p = 0.022$ and $p = 0.045$, respectively). All the teenage women had unintended pregnancies, many were students, and none used social resources. Many women in their teens and twenties were unable to identify their partners. There were no significant differences in pregnancy and delivery outcomes. However, the mean blood loss at delivery exceeded 500 mL in both groups. The number of participants with EPDS scores exceeding the cutoff value (9 or higher in Japan) included 2 (25.0%) women in their teens and 4 (40%) women in their 20s.

CONCLUSIONS

All teenage women in this study had unintended pregnancies, and the average blood loss at delivery was abnormal, more than 500 mL, indicating a high-risk delivery. In addition, many women had high EPDS scores, suggesting that close monitoring during birth and psychological follow-up after special adoption is important.

KEY MESSAGE

Support for women choosing special adoption.

PA-049 - The current status of postnatal care and midwives' roles in Japan

Masuko Saito¹, Mayumi Hamasaki², Yoshiko Matsunaga³, Miyuki Ogawara⁴

¹ *Kansai University of International Studies, School of Health Sciences, Shijimi-cho Miki- Hyogo, Japan*

² *Miyazaki Prefectural Nursing University, School of Nursing, Miyazaki, Japan*

³ *The Jikei University, School of Nursing, Tokyo, Japan*

⁴ *Kansai University of International Studies, School of Health Sciences, Miki- Hyogo, Japan*

BACKGROUND

In Japan, a national postnatal care project is ongoing by revising a relevant law and preparing implementation guidelines, triggered by a social issue of mothers' postpartum depression and/or child-rearing anxiety. This project is spread over 60% of the municipal governments which entrust providing care to hospitals, clinics, and maternity centers.

OBJECTIVES

We investigated the current status of postnatal care and midwives' roles in Japan.

METHODS

The types of care provided by postnatal care institutions nationwide were extracted through institutions' Home Pages as of 5/2022. A semi-structured interview (60 min.) was also conducted with 8 midwives recruited by snow-ball sampling who were working there. At the interview, the types of postnatal care, the most important point for care, and problems were freely talked. Their narratives were digital-recorded with permission for a verbatim report to extract the types of care.

RESULTS

The number of postnatal care institutions registered (<http://sanjokunyuin.com/list/>) was 226, consisting of 100 for hospitals and clinics and 126 for maternity centers, indicating maternal centers' expansion of its postnatal care business. The care extracted was health-, childcare-, and lactation consultations, and checking on bodyweight and nourishment. The care extracted from the interview was more concrete, namely rest, bathing, breast care, child-rearing technique training, childcare consultation, aromatherapy, foot bath, massage, etc. Every institution accepts only those who are within 4 months after childbirth.

CONCLUSIONS

The national postnatal care project is to continuously support mothers and newborns, especially for mothers' mental health. Maternity centers have become engaged in this project together with the municipal governments. The community-based midwife activities suggest a new working way for midwives. They can provide care by carefully observing mothers' mentality throughout the pregnant- and delivery periods, and can engage in enhancing mothers' self-esteem respecting their child-rearing policy. Thus, midwives are considered most suitable as a postnatal care provider.

PA-050 - Overlap between nursing care at birth and nursing care at death in mixed wards including obstetrics in Japan

*Izumi Saito*¹

¹ *KOBE University Graduate School of Health Sciences, Nursing Midwifery, Kobe, Japan*

BACKGROUND

About 80% of births in hospitals occur in mixed wards including obstetrics, rather than in wards specializing in obstetrics. In addition to obstetrics, patients include internal medicine, surgery, pediatrics, gynecology, otolaryngology, and ophthalmology. Midwives provide nursing care for cancer patients, patients dying, and critically ill patients, as well as for delivery patients.

OBJECTIVES

Therefore, we will visualize which patients are cared for by midwives in the entire mixed ward, including obstetrics. We will clarify whether there is overlap between nursing care at delivery and nursing care at the time of death, which is particularly risky. To compare bed control between mixed obstetric wards and obstetric-only wards.

METHODS

Nursing time at death was measured by midwives on the wards in a time study. On average, they provided 6 hours of nursing care before death and 1 hour and 58 minutes after death. From the medical records, information on the time of death and the country of delivery was obtained. The definition of duplication was calculated from the average nursing time at death and the average elapsed time at delivery. approval was obtained from the ethics committee of University A.

RESULTS

There were 384 deliveries in one year at Hospital A. Fourteen times, nursing at the time of death and nursing at the time of delivery overlapped. In one case, the time of delivery and the time of death differed by 2 minutes. Bed control was significantly better in the obstetrics-only wards than in the mixed wards. (2.86 ± 0.57) (2.50 ± 0.80) $P < 0.05$.

CONCLUSIONS

To ensure safety in mixed obstetric wards, it is particularly important to visualize nursing care, appropriate staffing, and bed control arrangements.

KEY MESSAGE

Mixed Wards Including Obstetrics.

Overlap.

Nursing Care at Delivery and Nursing Care at Death.

PA-051 - Services for rape victims provided by midwives in the Helsinki Seri Support Centre, Finland

Katriina Bildjuschkin¹, Pertti Hakkarainen², Riina Korjamo², Liisi Lappalainen², Anna Nuora², Maria Rounioja²

¹ National Institute for Health and Welfare THL, Specialist in sexuality education, Helsinki, Finland

² Helsinki University Hospital, Department of Obstetrics and Gynecology, Seri Support Center, Helsinki, Finland

BACKGROUND

In Finland, the support services for rape victims are provided by multidisciplinary Seri Support Centers (sexual assault center, SAC). Midwives play a key role in coordinating the support services and follow-up.

OBJECTIVES

Objective of our study was to find out clients' experiences of the support services provided by Helsinki Seri Support Center.

METHODS

This was a survey study to the clients of Helsinki Seri Support Center, who had their first visit following the rape between June 1st, 2017 and February 29th, 2020. Eligible clients were ≥ 16 years old and had experienced the sexual assault within one month before the visit. Questions in survey considered i.e. demographic factors, information on experienced sexual violence, factors affecting the police reporting, and the experiences regarding the support services.

RESULTS

Total of 819 clients were asked to participate in and 235 (29%) of them answered. Of the respondents 96% were women and their median age was 24 years. Majority (93%) of the respondents felt that they received the services they needed from their first visit and the atmosphere at the Center felt calm and safe. 83% of the respondents were glad that midwife phoned them the follow-up calls and 89% thought that they were contacted often enough. In open questions 85% of the respondents thanked midwives i.e. for empathy, understanding, creating safe environment and expertise.

CONCLUSIONS

Rape survivors need trauma informed care provided by multidisciplinary support centers.

KEY MESSAGE

Midwives are in important role in coordinating services and supporting survivors.

PA-052 - The lived experience of midwives' ethical dilemmas in conscientious objection (CO) to abortion using an interpretive phenomenological analysis (IPA)

*Jacqueline Richards*¹

¹ Liverpool John Moores' University, Nursing and Allied Health, Liverpool, United Kingdom

BACKGROUND

Velocity of abortion unanticipated.
Criticisms of the 1967 Abortion Act.
Most abortions for reasons other than criteria 4.
Changing abortion techniques (surgical to medical).
Extended roles – ultrasound, medical prescribing, autonomous practice.
Medical advances – new boundaries redefining age of viability.
Changing societal expectations.

OBJECTIVES

Objectives identify mechanisms for ethical decision-making when required in employment to partake in procedures that may be incongruent with their personal views. By investigating views on how medico-legal frameworks offer policy guidance, it will establish ways to resolve conflicts, reflecting on how to accommodate CO whilst providing abortion services as part of accessible, legal and equitable health care.

METHODS

A qualitative paradigm - describing, interpreting, contextualising and gaining an in-depth insight into the CO concept and its manifestations in practice.
Semi-structured interviews with a liberal feminist framework.
Data from 15 participants (selected purposively, 3 locations) is being analysed using the Smith, Flowers and Larkin (2021) model.

RESULTS

Despite great variance in definition, perception and a range of CO views, all midwives acknowledged principles of bodily autonomy, regardless of whether they described themselves as pro-choice or not, midwives were supportive of woman-centredness. Even those midwives with limited practical experience of professional participation in abortion procedures expressed a lived experience of ethical dilemmas in relation to both service-user and fetal rights which are balanced with the rights of the practitioner, the service provided and employing institutions.

CONCLUSIONS

Education – awareness of CO rights supporting safe, transparent practice.
Regulation – a moderate compromise of accommodation, ensuring non-discrimination and legal accountability.
Association – working in partnership with employers, professional associations and other professions.
Offering CO support – a collective to come together – building relationships, cultivating CO ideas, and identifying pathways for progress.

KEY MESSAGE

Practising a Faith, Practising Midwife.
Two Roles in One – Two Hats, Two Lives.
Torn up into Two.
Two Signatories and the Escape Clause.

PA-054 - Signs from the unborn: a salutological-physiological approach to interpreting midwives' observations of the fetus during birth

Anna Reed¹

¹ Hebamme, Freiberufliche, Berlin, Germany

BACKGROUND

In literature, there are few descriptions of how midwives can assess the well-being of the unborn during labor without CTG monitoring. In Germany continuous CTG monitoring is seen as the gold standard to assess the well-being of the unborn. Although, studies have shown no improvement in fetal outcome in the low-risk population since the introduction of CTG compared to intermittent auscultation (Alfirevic et al. 2017). In 2020, the S3 guideline, vaginal birth at term, was published, it calls for one-to-one care, as well as auscultation. This leads to uncertainty among hospital birth providers.

OBJECTIVES

This research addresses the competence of traditional midwifery care, an all-encompassing skill of observation and mindful awareness.

METHODS

Research in PNEI, as well as findings on the fetoplacental unit are followed up theoretically. Semi-structured focused interviews of long-time homebirth practicing midwives reveal how their observations and perceptions lead to information about the condition of the unborn during birth and can be put into relation with the research.

RESULTS

Midwives have the competence of recognizing the uniqueness of each birth, this woman birthing this particular child. Skilful non-intervention, continual refining of observations and their regular adjustment are their foundation of care.

CONCLUSIONS

Putting the results into context with the salutophysiological and polyvagal approach, reference points reveal the health state of the unborn during birth. The Polyvagal Theory (Porges) and the Salutophysiology (Schmid) help to explain the interpretation of such references. These approaches assist bringing midwife's observations in relation to the unborn's condition during birth.

KEY MESSAGE

Humans are designed to develop fine antennas for perception and their interpretation. This helps to assess situations and may even lead to recognizing danger before it occurs. Skilful and trained observation can assist overcoming one-sided reliability of CTG monitoring. The salutophysiological approach and the Polyvagal Theory bring a wider understanding to classify observations and perception during birth.

PA-055 - Enhancing uptake of antenatal care in an ethnically diverse and socio-economically deprived area in the UK

Shuby Puthussery¹, Esther Sharma¹, Pei-Ching Tseng¹, Angela Harden², Leah Li³

¹ University of Bedfordshire, Maternal and Child Health Research Centre, Luton, United Kingdom

² City- University of London, School of Health Sciences, London, United Kingdom

³ University College London, Great Ormond Street Institute of Child Health, London, United Kingdom

BACKGROUND

Birth outcomes for ethnic minority mothers in the UK are worse compared to their white counterparts. A key component in improving birth outcomes is timely initiation and regular uptake of antenatal care.

OBJECTIVES

1. To examine patterns of antenatal care uptake, and associated factors among mothers in an ethnically diverse socially disadvantaged area.
2. To co-produce and deliver an intervention with maternity service users and stakeholders to enhance timely antenatal care initiation and optimum uptake.

METHODS

Our research is conducted in two phases: Phase 1 involved a retrospective cohort study using routinely collected anonymous data of live births from April 2007 – March 2016 from a large maternity unit situated in an ethnically dense socially disadvantaged area. Phase 2 involved implementation and preliminary evaluation of a tailored community based intervention co-produced with maternity service users and care providers.

RESULTS

One fifth of mothers (20.8%) started antenatal care late at > 12 weeks of gestation. Prevalence of late initiation varied across ethnic groups, from 16.3% (White British) to 34.2% (Black African) mothers. Of all ethnic groups, Black African (34.2%) and Black Caribbean (29.2%) women had the highest proportion of women booking late. Perspectives about the community based intervention included the 'message', 'medium' and 'method', which enabled identification of specific factors to tailor the intervention to the needs of women.

CONCLUSIONS

Higher proportions of women started antenatal care late in our maternal cohort residing in an ethnically diverse socially disadvantaged area, compared to the national average. Late initiation was most strongly associated with non-White British ethnicity. Co-production with maternity service users and care providers enabled the intervention to be tailored to the needs of the mothers.

KEY MESSAGE

Universal and targeted programmes are needed to support mothers in ethnically dense socially disadvantaged areas to start antenatal care on time. Co-production is an important tool to ensure diversity of perspectives in intervention research.

PA-056 - "...it is like, we have not noticed that part of ourselves..." Existential aspects of parenthood transition seen from the health professionals' perspective

Christina Prinds¹, Dorte Toudal Viftrup², Connie Timmerman³, Jette Ammentorp³, Niels Christian Hvidt², Henry Larsen⁴, Dorte Hvidtjørn³

¹ University of Southern Denmark, Institute of Clinical Research/Department of Regional Health Research, Odense C, Denmark

² University of Southern Denmark, Department of Public Health, Odense C, Denmark

³ University of Southern Denmark, Department of Clinical Research, Odense C, Denmark

⁴ University of Southern Denmark, Department of Entrepreneurship and Relationship Management, Kolding, Denmark

BACKGROUND

A sense of existential vulnerability is embedded in parenthood transition. It is linked to meaning in life, changes in relationships, awareness of death, and sometimes to a transcendent belief. In most guidelines on maternity services, existential aspects of life are not an explicit focus.

OBJECTIVES

This study explored how health professionals (HP) in maternity services experience existential aspects of parenthood transition among new fathers and mothers, and how HPs interpret existential aspects as part of providing maternity care.

METHODS

Data were generated through a user-involving two-phase process inspired by action research consisting of first, four focus group-interviews with HP (n = 10); and second, a theatre workshop for parents, health professionals, and researchers (n = 40). Between the two phases, case-narratives were constructed based on the interviews and, in collaboration with a dramatist, dramatized and then played at the workshop by professional actors. We used thematic analysis for all data.

RESULTS

We identified five themes; 1) death and fragility in maternity care 2) existential aspects expressed as something else, 3) existential and spiritual aspects of being professionals, 4) prepared for providing existential care, and 5) difficulties in discussing existential aspects during interviews and workshop.

CONCLUSIONS

HPs had various and sometimes polarised reflections on if and how existential aspects of parenthood transition should be part of maternity care. However, most found it enlightening to discuss existential aspects as an important part of being HP, highlighting how close to life itself, they sometimes felt.

KEY MESSAGE

Existential aspects are understudied as part of understanding parenthood transition and of being HP in maternity care.

PA-057 - The application of fundal pressure during the second stage of labour: impact on the pelvic floor

Ana Pires¹, Manuela Ferreira²

¹ Centro Hospitalar de Leiria- E.P.E., obstetrics and gynaecology department, Leiria, Portugal

² IPV-ESSV-UICISA:E, Midwifery, Viseu, Portugal

BACKGROUND

Fundal pressure or kristeller's maneuver is often performed during the second stage of labor and regularly without the consent of the parturient. Due to the adverse effects of this procedure, it can be classified as obstetric violence.

OBJECTIVES

To identify women's complications associated with the use of fundal pressure in the second stage of labor.

METHODS

A quantitative, relational-analytical, cross-sectional cohort study was carried out in a non-probabilistic convenience sample with data collection through an online questionnaire to 275 women who gave birth in Portugal in the last 5 years. Data on obstetric history, pelvic floor disorders and their impact on activities of daily living was obtained.

RESULTS

The vast majority of women had only 1 full term delivery (73.5%) and eutocic (47.3%), lasting less than 24 hours (83.6%). More than half of the women (60.0%) reported that they had an episiotomy and Kristeller maneuver (fundal pressure) was also reported on 50,9%.

CONCLUSIONS

Kristeller's Maneuver (fundal pressure) is not supported by scientific evidence. The results point to the association of fundal pressure with discomfort in the bladder, vagina/perineum, pelvic floor and more urinary problems, with an impact on activities of daily living.

KEY MESSAGE

Bringing awareness to the midwifery field, in Portugal, about the consequences on women of the use of fundal pressure procedure during the second stage of labor.

PA-058 - Group antenatal care and community building: the impact of peer connectedness on satisfaction with care and attendance at ANC clinics in Blantyre, Malawi

Crystal Patil¹, Ellen Chirwa², Esnath Kapito², Dhruvi Patel³, Allissa Desloge⁴, Anne Batcheider⁵, Cecilia Chang⁴, Liu Li⁴, Kathleen Norr³

¹ University of Illinois Chicago, Human Development Nursing Science, Chicago, USA

² Kamuzu University of Health Sciences, School of Nursing, Blantyre, Malawi

³ University of Illinois Chicago, Human Development Nursing Science, Chicago, USA

⁴ University of Illinois Chicago, School of Public Health, Chicago, USA

⁵ Johns Hopkins University, School of Nursing, Baltimore, USA

BACKGROUND

Rigorous research shows positive impacts of group antenatal care (ANC) on health. Fidelity to three core components – care in group space, interactive learning, and community building – is central to effectiveness. However, community building remains underexplored. We examine one aspect, peer-to-peer relationship building through connectedness.

OBJECTIVES

We compare peer connectedness for those in group and individual ANC and explore associations with ANC satisfaction and attendance.

METHODS

A group ANC trial was completed at clinics in Blantyre, Malawi (IRB #2018–0845; COMRECP.10/18/2498). Peer connectedness (14 items, range 0–14) and satisfaction (10-items, range 10–50) were collected in late pregnancy and attendance was extracted from medical records (range: 1–8). Regression models, controlling for demographics and clinic factors, measured the impact of peer connectedness on satisfaction and attendance.

RESULTS

Randomization was successful ($n = 1314$; 683 in group and 631 in individual ANC). In late pregnancy, women in group had higher peer connectedness scores (13.0 ± 2.3 vs 11.6 ± 3.7 , p -value $< .0001$), and satisfaction scores (34.5 ± 8.0 vs 32.8 ± 8.1 , p -value = $.0001$), and more visits (5.9 ± 1.7 vs 5.1 ± 1.6 , p -value $< .0001$). Type of ANC, patient demographics and clinic characteristics, and peer connectedness scores were associated with satisfaction and number of ANC visits. While peer connectedness positively related to satisfaction, it did not affect attendance.

CONCLUSIONS

Women in group care identify stronger peer connectedness than those in individual care which likely supports a more positive pregnancy experience. The impact of peer connectedness is reflected in ANC satisfaction. This work is the first step toward defining group ANC's core component of community building and associated processes.

KEY MESSAGE

This work strengthens research toward building effective midwife-led continuity of care models of practice that ensure continuity, respect, and quality of care. Group ANC is designed and structured to build peer-to-peer support which has potential to diffuse to households and communities. Trustworthy ANC experiences can have broad impacts on maternal, infant, family, and community health.

PA-060 - Low uptake of facility birth services: perceptions of women in rural communities in Nigeria

Damilola Oyedele¹, Uchenna Igbokwe², Olufunke Fasawe², Olajumoke Adekeye², Olatunde Amode³, Hadiza Salele⁴

¹ Smiles for Mothers Consortium, Service Delivery, Lagos, Nigeria

² Smiles for Mothers Consortium, Service Delivery, Abuja, Nigeria

³ Smiles for Mothers Consortium, Service Delivery, Niger, Nigeria

⁴ Smiles for Mothers Consortium, Service Delivery, Kano, Nigeria

BACKGROUND

There are 512 maternal deaths for every 100,000 live births in Nigeria. There is evidence that delivery in a health facility, by a skilled birth attendant (SBA) is associated with improved maternal health outcomes. However, only 39% of women in Nigeria deliver at a health facility.

OBJECTIVES

This study was conducted to understand the perceptions of women in rural communities about facility deliveries and factors affecting uptake.

METHODS

This was a qualitative study using focus group discussions (FGDs) in 6 rural communities. Two groups were interviewed in each community - women who delivered by traditional birth attendants, mothers/care-takers of these women. Responses were analyzed using inductive coding and themes generated to inform study findings.

RESULTS

The contributing factors identified across the 3 states were similar. Lack of adequate finances was an important recurring theme. There was a perception and fear of negative attitude of SBAs. Respondents or a family member had experienced poor service delivery from an SBA. Conversely, the women experienced more empathy from TBAs. Women also preferred care by TBAs due to the influence of family and friends.

CONCLUSIONS

Socio-economic and service-provider related factors were identified as major barriers to women seeking delivery services at health facilities where SBAs are available to provide essential obstetric services. Addressing demand side financing by making facility delivery more accessible, while enhancing respectful maternity care are interventions that can reverse the current trend of low utilization of facility delivery services.

KEY MESSAGE

Perception of SBA attitude and cost of services affect the use of facility-based services for childbirth. To enhance maternal health indicators, an important first step is to promote respectful maternity care by SBAs in health facilities.

PA-061 - A literature review on the relationship between sexual communication of female university student and the mother-daughter relationship recalled by the daughter

Haruka Osame¹, Kawano Moe²

¹ Kobe City College of Nursing, Women's Health Care Nursing Division, Kobe City, Japan

² Tokushima University, Women's Health Care Nursing Division, Tokushima, Japan

BACKGROUND

In Japan, women don't have the initiative in contraceptive use because Male condoms account for 90% of contraceptive methods for adolescents. Sexual communication skills are one of the necessary skills for Japanese women for unexpected pregnancy. There is a relationship between self-esteem and sexual communication skills, and the relationship with the mother in the formation of self-esteem. However, the relationship between negotiation skills and the mother-daughter relationship isn't clear.

OBJECTIVES

By reviewing previous studies from the perspective of relationship between sexual communication of female university student and perceived relationship with her mother, and getting indications for improving sexual communication skill of female university student.

METHODS

The 12 extracted literature were analyzed and organized.

RESULTS

As a result, 3 categories [current status of contraception][association between sexual communication and self-esteem][association between mother-daughter relationship and self-esteem] were shown.

CONCLUSIONS

The followings were suggested: the parenting attitudes that allowed the daughter to feel accepted by her mother and the mother is respected by the daughter is one of the factors that enhance sexual communication skills through enhancing the daughter's self-esteem.

KEY MESSAGE

More research is needed in longitudinal studies to establish a causal relationship between self-esteem, sexual communication skills, and the mother-daughter relationship recalled by the daughter.

PA-062 - The state of midwifery care by independent midwives

Masako Osada¹, Etsuko Miura¹, Shigemi Sugita¹

¹ Tenshi College Graduate School, Master's Program in Midwifery, Sapporo, Japan

PURPOSE

The purpose of this study is to clarify the thinking, judgment, and practical skills of independent midwives by asking them to describe their "involvement" with pregnant women, postpartum mothers, and their families.

DISCUSSION

The study subjects were eight independent midwives in their 50s to 70s. The research method was semi-structured interviews and content was analyzed qualitatively.

4 categories and 10 subcategories were extracted from the narratives of independent midwives. 4 categories were: "Why I started my maternity home", "What I value as a independent midwife", "What I want to tell midwives working in hospitals" and "Future of midwifery care. The 10 subcategories related to this were: "What I want to be as a midwife", "Differences in values with other professions", "Maternity home with a community", "Belief-based care as a midwife", "Actual pregnancy, delivery, postpartum and other situations", "Thoughts in postpartum care", "Weight of midwives' words", "Anxiety about being unconventional", "Growth as a midwife", "Transmission to succeeding midwives".

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

We believe that teaching the thinking, judgment, and practice of independent midwives who provide midwifery care based on their own judgment can contribute to the education of midwifery care to midwifery students. And, we believe that it will help midwives to address the challenges of society.

EVIDENCE IF RELEVANT

We believe that this will improve the clinical judgment skills of midwifery students and cultivate their knowledge in community maternal and child health care.

KEY MESSAGE

We believe that the independent midwives realized that the practice of care tailored to the subject, based on continuous close care, leads to not overlooking the slightest abnormality. Furthermore, the target of care is to support women and their families as a whole, which includes care for mothers and children in the community.

We would very much like to share some of the care provided by independent midwives in Japan.

PA-063 - Feasibility and efficacy of a midwife-led remote cognitive behavioural therapy to prevent perinatal depression: a pilot randomised controlled trial

Aiko Okatsu¹, Yaeko Kataoka²

¹ St. Luke's International University, Graduate School, Researcher, Tokyo, Japan

² St. Luke's International University, Graduate School, Women's Health & Midwifery, Tokyo, Japan

BACKGROUND

The proportion of postpartum depression has been reported as 10%–15%, and increased during the COVID-19 epidemic.

OBJECTIVES

This study aimed to examine the feasibility and efficacy of the remote cognitive behavioral therapy (CBT) provided by midwife for pregnant women.

METHODS

Participants were pregnant women with GAD-7 scores between 5 and 14 points as those at risk for perinatal depression. An intervention group attending a program developed by the author and a control group in usual care were randomly assigned to examine the feasibility and effectiveness of the program. Outcome was the difference between the two groups in the change (pre, post, 1 month postpartum) in GAD-7, K6 etc. Sixty three pregnant women participated (Mean age = 33.4). Intervention group received 3 sessions via internet. Random stratified allocation was performed, with 33 primiparas and 30 multiparas. Approved by the Ethical Review Committee of St. Luke's International University (20-A012).

RESULTS

The results of GAD-7, in primiparas, the amount of change [SD] was T2-T1; intervention group -3.07 [3.34], control group -.64 [5.21], $p = .154$, $d = .53$. T3-T1; intervention group -1.67 [3.77], control group .43 [6.91], $t = .359$, $d = .35$, the effect size was moderate. In multiparas, T2-T1; intervention group -1.67 [3.29], control group -3.13 [4.79], $p = .307$. T3-T1; intervention group -1.83 [3.49], control group -2.27 [4.28], $t = .321$. The results of K6, in primiparas, the amount of change [SD] was T2-T1; intervention group -2.29 [4.75], control group -1.57 [4.45], T3-T1; intervention group -2.57 [5.75], control group -1.14 [6.44]. In multiparas, T2-T1; intervention group -3.06 [4.80], control group -3.80 [3.23], T3-T1; intervention group -4.35 [4.90], control group -2.07 [4.42]. T3-T2; intervention group -1.12 [2.94], control group 1.73 [4.42], $p = .029$, the control group had significantly higher scores at postpartum.

CONCLUSIONS

It's suggested a midwife-led remote cognitive behavioral therapy are effective, especially for primiparas, and should be studied in RCTs.

KEY MESSAGE

Perinatal depression, perinatal mental health, CBT, midwife.

PA-064 - The Ngarrama Story: insights across the first 10 years of a midwifery service for First Nations women and families

Lauren Kearney¹, Michelle O'connor², Tara Denaro³, Jodi Dyer³, Phillipa Cole³, Sonita Giudice⁴

¹ University of Queensland / Royal Brisbane and Women's Hospital, School of Nursing, Midwifery and Social Work / Women's and Newborn Services, Brisbane, Australia

² Metro North Health, Women's and Newborn Services, Herston, Australia

³ Metro North Health, Strong Start to Life, Brisbane, Australia

⁴ Queensland Health, The Office of the Chief Nursing and Midwifery Officer, Herston, Australia

BACKGROUND

The Ngarrama Midwifery Group Practice, providing care to Aboriginal and Torres Strait Islander Women and their families within Metro North Health, Australia, was established 10-years ago, following extensive community consultation, support, and intentional co-design process. Metro North Elders named the service 'Ngarrama' which means "Calling the protective forces, the Birth Spirit, which will protect the hopes, dreams and guardianship of our mothers and babies." Ngarrama Maternity Services has grown, and collectively provided care for more than 170 women annually, and over 3000 over the past 10-years. A Ngarrama Elder has described the services as "Ngarrama Angels- as you are supporting our women and future generations by supporting traditional ways and importance of country".

OBJECTIVES

This presentation will celebrate the high-quality outcomes this partnership between the health service, community and women has achieved over the past decade.

METHODS

Retrospective cohort study.

RESULTS

Consistently, the preterm birth and neonatal low birth weight rates are lower, and spontaneous vaginal birth rate and smoking cessation rates are significantly improved for women cared for within the Ngarrama service when compared to Aboriginal and Torres Strait Islander women cared for in mainstream services.

CONCLUSIONS

Midwifery continuity of care is a key strategy to close the gap for marginalised families regarding preterm birth. Workforce strategies to increase the identified midwifery and advanced health worker personnel are also of vital importance, this is required to upscale and expand Aboriginal and Torres Strait Islander specific maternity services, where midwifery CoC is embedded.

KEY MESSAGE

In order to 'close the gap' and ensure health equity for Aboriginal and Torres Strait Islander women and their families it is critical that community-endorsed and supported midwifery continuity of care models are resourced to upscale and expand. Workforce strategies to increase the identified midwifery and advanced health worker personnel are also of vital importance.

PA-065 - Danish women and their partners' experience participating in the FACAM intervention designed for families in vulnerable positions: preliminary case study findings

Lene Nygaard^{1,2,3}, Ellen Aagaard Nøhr^{1,2,3}, Deborah Davis⁴, Dorte Nielsen^{2,5}

¹ Odense University Hospital, Department of gynaecology and obstetrics, Odense, Denmark

² University of Southern Denmark, FaCe. Family focused healthcare research Callaghan, Department of clinical research, Odense, Denmark

³ University of Southern Denmark, Research unit for gynecology and obstetrics. Department of clinical research, Odense, Denmark

⁴ University of Canberra, ACT Government Health, Canberra, Australia

⁵ Odense University Hospital, Department of geriatric medicine, Odense, Denmark

BACKGROUND

Antenatal care and social service is provided according to each family's need in Denmark. However, care interventions often lack coordination across sectors and among care professionals.

The randomized controlled trial of the FACAM* project examines if an early and coordinated cross-sectoral intervention during pregnancy and the first year after birth can improve maternal wellbeing and support the development of children in families in vulnerable positions. The intervention consists of 1) assignment of a support person during pregnancy and until the child is 6 years old and 2) providing women to participate in an individual- or group mentalization-based attachment intervention.

OBJECTIVES

The aim was to explore how the FACAM intervention took place, and how participants from the FACAM intervention group experienced the intervention.

METHODS

Data were constructed through an ethnographic case study where six women and their partners from the FACAM intervention group were followed during as many meetings with care providers as possible during pregnancy and until the child was twelve months old. The analysis based on data from observations, field notes, and audiotaped sounds from formal and informal interviews. The constant comparative method was used during data analysis, and emerging themes captured the essence of the data.

RESULTS

The preliminary theme constructed was; the significance of the participants' life stories.

The participant constructed her/his life story during interaction with their care professionals. Findings illustrated how significant events from the life story influenced the next contacts with their care professionals. The way the life story was used or not used during interaction with care professionals had an impact on, the participants' experience of the FACAM intervention.

CONCLUSIONS

The preliminary findings indicate that mothers' and fathers' life stories have an influence on their care pathways.

KEY MESSAGE

Gentle use of participants' life stories is important during the care pathway.

* FACAM: FamilyCenter And Municipality.

PA-066 - Complications Obstétricales Directes Du 01 Janvier 2021 Au 31 Décembre 2021 A La Maternité De L'hôpital De Makamba Sur 406 Patientes

*Bernadette Nkanira*¹

¹ Association Burundaise des Sages-Femmes d'Etat, Ministère de la sante publique et de la lutte contre le Sida \rProgramme nationale de santé de la reproduction, Bujumbura, Burundi

BACKGROUND

Complications Obstétricales Directes Du 01 Janvier 2021 Au 31 Décembre 2021 A La Maternité De L'hôpital De Makamba Sur 406 Patientes INTRODUCTION Malgré une forte augmentation du taux d'accouchement en milieu de soins.

OBJECTIVES

- Connaître les différentes complications.
- Formuler des recommandations de prévention et de prise en charge appropriées.

METHODS

La population étudiée est toute femme ayant présenté une complication obstétricale directe et prise en charge durant la période de l'étude.

RESULTS

Les hémorragies occupent la 1^{ère} place avec 34,5% des complications obstétricales directes et en est la première cause de décès maternel avec 43,3%, ensuite les complications d'avortement avec 27,6% et le taux de létalité est de 7,38% L'atonie utérine était la principale étiologie des hémorragies avec 53,5%, les déchirures des voies génitales représentent 20,7%. Les hémorragies occupent la 1^{ère} place avec 34,5% des complications obstétricales directes, L'atonie utérine était la principale étiologie des hémorragies avec 53,5%, les déchirures des voies génitales représentent 20,7%.

CONCLUSIONS

Pour éviter les décès maternels, il est primordial de prévenir les quatre trop. Les adolescentes et les femmes doivent être informées des signes de danger au cours de la grossesse, de l'accouchement de la période post partum et avoir accès à la planification familiale en post partum immédiat. Pour éviter les décès maternels, il est primordial de prévenir les quatre trop. Les adolescentes et les femmes doivent être informées des signes de danger et avoir accès à la planification familiale en post partum immédiat.

KEY MESSAGE

Pour éviter les décès maternels, il est primordial de prévenir les quatre trop. Les adolescentes et les femmes doivent être informées des signes de danger au cours de la grossesse, de l'accouchement de la période post partum et avoir accès à la planification familiale en post partum immédiat. Recruter le personnel qualifié et investir fortement dans le mentorat SONU dans les formations sanitaires.

PA-067 - Serial glycaemic variability during pregnancy in women with normal glucose tolerance

Akiko Nishimura^{1,2,3}, Yoshitsugu Chigusa⁴, Mayumi Azuma^{2,5}, Rinko Katsushima², Marie Furuta², Shin-ichi Harashima^{2,3}

¹ Kagawa University, Department of Nursing, Faculty of Medicine, Miki-cho, Japan

² Kyoto University Graduate School of Medicine, Department of Human Health Sciences, Kyoto, Japan

³ Kyoto Goshominami Harashima Clinic, Department of Internal Medicine and Diabetes, Kyoto, Japan

⁴ Kyoto University Graduate School of Medicine, Department of Gynecology and Obstetrics, Kyoto, Japan

⁵ Miyazaki Prefectural Miyazaki Hospital, Department of internal medicine, Miyazaki, Japan

BACKGROUND

Maternal hyperglycemia during pregnancy increases the risk of maternal and fetal complications, and future metabolic disorders in both mothers and babies. The current treatment strategy is to keep glycemic levels close to normal. However, blood glucose levels of pregnant women with normal glucose tolerance (NGT) is not always clear. Therefore, target glycemic control in pregnant women with disorders of glucose metabolism also differs somewhat in the guidelines.

OBJECTIVES

The purpose of this study is to identify serial glycemic variability in pregnant women with NGT during each trimester.

METHODS

Pregnant and non-pregnant women with NGT aged 20–49 years were enrolled. Glucose variability were obtained by continuous glucose monitoring (FreeStyle Libre Pro, Abbott) in pregnant women at first (8–12 weeks), second (24–28 weeks), and third trimesters (32–36 weeks), and in non-pregnant women. The study protocol was approved by Kyoto University Graduate School and Faculty of Medicine, Ethics Committee (R2013) and written informed consent was obtained from all the participants.

RESULTS

Mean glucose values in the first (n = 7), second (n = 15), third trimesters (n = 13), and non-pregnancy (n = 13) were 82.0, 79.3, 77.3, 91.0 mg/dl, respectively, which were significantly lower in the second and third trimesters than those in the non-pregnancy. Coefficients of variation (%CV) were significantly higher in the first (25.0%) and second (25.4%) than those in the non-pregnancy (18.0%). While, the highest glucose level in the third trimester was 137.7 mg/dl, which was significantly lower than that in the first, second trimesters and non-pregnancy. Time above range (%TAR) of glucose levels > 95mg/dl; and > 140 mg/dl in each trimester and non-pregnancy was 22.5, 21.0, 17.0, and 32.4%; 1.9, 1.0, 1.5, and 1.7%, respectively.

CONCLUSIONS

This study provides new insights into glucose variability in pregnant women with NGT.

KEY MESSAGE

Further research is currently underway to find evidence for screening and target glycemic control of pregnant women with disorders of glucose metabolism.

PA-068 - Electronic reminders to women with previous pregnancy complicated by gestational diabetes mellitus: are they effective and how can knowledge from process evaluation strengthen implementation?

*Jane Hylgaard Nielsen*¹

¹ University College of Northern Denmark, Department of Midwifery, Aalborg, Denmark

BACKGROUND

Gestational diabetes Mellitus (GDM) is associated with a higher risk of developing type 2 diabetes later in life. Women's participation in follow-up screening after birth are however often insufficient. Reminder systems are found to have the potential to be effective in supporting this screening. However, the effect varies and no knowledge on the use of reminder beyond the first year after birth have been identified.

OBJECTIVES

Two studies therefore aimed to determine the effectiveness of an electronic reminder on participation in screening within 1-8 year after birth and at the same time evaluate which mechanisms are triggered within the process.

METHODS

Knowledge form at registry-based, randomized controlled trial and an adjunct process evaluation are combined. The randomized controlled trial included seven groups stratified by the child's birth year (2012-2018). The control group received standard care (n = 732), while the intervention group received both standard care and an electronic reminder (n = 731). The process evaluation explored how reminders affected women's decision-making concerning participation in follow-up screening. 20 semi-structured interviews with women previously diagnosed with GDM and had received the reminder were conducted and analyzed using reflexive thematic analysis.

RESULTS

The reminder increased participation in screening (35.1% in the intervention group and 29.2% in the control group were screened) and was found to affect women's decision-making and informed choice through a range of mechanisms which were related to the design of the reminder, contextually factors and clinician-patient relationships.

CONCLUSIONS

Reminders to women have been shown to support life-long participation in follow-up screening. Nonetheless, attempts to further stimulation of coverage could however be considered. This include analyzing conditions for implementation, some of which can be learned from these studies.

KEY MESSAGE

Reminders to women, based on the principles of informed choice and patient-centered care, can support life-long participation in screening.

PA-069 - Predictors of parent-infant postpartum bonding

*Fei Wan Ngai*¹

¹ The Hong Kong Polytechnic University, School of Nursing, Hong Kong, Hong Kong

BACKGROUND

The emotional bond that parents feel with their infant plays an essential role in the psychosocial development of the infant.

OBJECTIVES

To examine the influences of prenatal depression, marital relationship, family sense of coherence, and partner bonding with the child on the quality of parent-infant bonding at six weeks postpartum in Chinese parents.

METHODS

This study was part of an intervention study to examine the effect of a couple-based interpersonal psychotherapy on postnatal depression. Participants were recruited during the prenatal visit at regional hospitals and completed measures on parent-infant bonding, depressive symptoms, marital relationship and family sense of coherence using the Postpartum Bonding Questionnaire, Edinburgh Postnatal Depression Scale, Dyadic Adjustment Scale and Family Sense of Coherence Scale. Data collected from the control group during pregnancy and at six weeks postpartum were analysed in this study.

RESULTS

The results showed that higher prenatal depressive symptoms and poor partner bonding with the child were the major predictors of impaired parent-infant bonding at six weeks postpartum for both parents. Family sense of coherence was a significant predictor of parent-infant bonding for mothers, but not for fathers.

CONCLUSIONS

The results suggest that perinatal depression, family sense of coherence and partner bonding with the child have significant effects on parent-infant bonding at early postpartum. Prenatal programmes that focus on building family sense of coherence and enhancing parental well-being should be incorporated into perinatal services to promote the quality of parent-infant bonding.

KEY MESSAGE

The findings highlight the importance of perinatal depression on parent-infant bonding. Midwives are uniquely situated to provide early identification and screening of parental depression during pregnancy to prevent subsequent negative effects on parent-infant bonding.

PA-070 - US women's experiences of transfer from home or birth centre to hospital: midwife-to-midwife transfer

Carrie Neerland¹, Arielle Skalisky¹

¹ University of Minnesota, School of Nursing, Minneapolis, USA

BACKGROUND

The United States spends more on maternity care than other high resource countries and US women experience increased medicalization and intervention, however, maternal outcomes are worsening. In response, more US women are utilizing home and birth center options, with a 77% increase in home birth from 2004–2017, while birth center births have increased two-fold. Home birth and birth center birth demonstrate improved outcomes and cost savings; yet, most health care systems lack an integrated process of transfer from home or birth center to hospital when labor complications arise. The University of Minnesota Medical Center midwife group, with input from community midwives, developed a midwife-to-midwife transfer process from home/birth center to hospital with the aim of improving communication and outcomes. The experience and outcomes of US women within such a model are unknown.

OBJECTIVES

The purpose of this exploratory qualitative study was to examine the experiences and outcomes of women who transfer from home or birth center to an urban, academic medical center in the Midwest U.S.

METHODS

Eligibility criteria: age 18 and over, intending to birth at home or birth center, requiring transfer to hospital during the labor process. Women were invited to participate within 4 weeks postpartum. Semi-structured individual qualitative interviews were conducted from August 2019 – August 2020. Constant comparative analysis was utilized for data analysis.

RESULTS

Twenty-two women participated in interviews. Preliminary results include four major themes: 1) Trust in home/birth center midwife recommendations; 2) Seamless and efficient transfer of care; 3) Teamwork; and 4) Changing perspectives.

CONCLUSIONS

When a clear transfer process is in place and level of care is concordant with needs (keeping women within midwifery care if clinical needs are within midwifery scope of care), women are highly satisfied with their experiences.

KEY MESSAGE

This study has the potential of advancing this model regionally and nationally.

PA-071 - A study of midwives' support for couples in Japanese hospitals and clinics during the COVID-19 pandemic

Kumiko Nakajima¹, Ayano Hirose¹, Megumi Yoshino¹, Tomoko Nameda²

¹ Gunma Paz University, School of Nursing, Faculty of Health Science, Takasaki, Japan

² Gunma Prefectural College of Health Sciences, Faculty of nursing, Maebashi, Japan

BACKGROUND

In Japan, where nuclear families and birth rate are declining, it is important that midwives help couples increase intimacy. However, due to the COVID-19 pandemic, midwives have not been able to provide adequate support to couples.

OBJECTIVES

To clarify the actual situation of health guidance, group education, and midwifery support that promotes the relationships of pregnant couples, in Japanese hospitals and clinics during the COVID-19 pandemic.

METHODS

This quantitative study asked 216 midwives working for at least three years to complete an online questionnaire. The survey included health guidance and group education by midwives before and after the COVID-19 pandemic. The study examined the relationship between the importance and the availability of midwife support that promotes marital relationships using "wife satisfaction with husband's support." This study was approved by the Clinical Research Ethical Review Board of Gunma PAZ University.

RESULTS

More than 80% of the respondents in the pregnancy health guidance indicated that the COVID-19 pandemic affected their support for the couple. The most common change was "The wife informs the husband of the instruction because his participation has been cancelled." Items that received 60% or more of the midwifery support for the marital relationship included "communication between the couple," "empathy for wives' feelings," and "housework support." The association between the importance and the availability of midwifery support was significantly higher for the high importance than the low importance group for all items ($p < 0.05$).

CONCLUSIONS

The COVID-19 pandemic affected more than 80% of midwives' support to couples, and this changed to indirect support to husbands through their wives. Furthermore, it was found that midwifery support to promote marital relations during pregnancy was implemented with highly important content.

KEY MESSAGE

With COVID-19, midwifery support has shifted to support for individual couples and for husbands through their wives.

PA-072 - Early labour experience and labour characteristics after introduction of an electronic early labour educational intervention

Enid Myhre¹, Mirjam Lukasse¹, Bente Dahl¹, Marte Myhre Reigstad²

¹ University of South-Eastern Norway, Centre for Women's, Family and Child Health, Faculty of Health Sciences, Vestfold, Norway

² Oslo University Hospital, Norwegian Research Centre for Women's Health, Department of Obstetrics and Gynecology, Oslo, Norway

BACKGROUND

Many first-time mothers are insufficiently prepared to cope with early labour, potentially resulting in an unsatisfactory experience with this stage of their labour. An online early labour educational intervention was implemented to aid in preparation, offering easy access to reliable information.

OBJECTIVES

To compare first-time mothers' experience of early labour and subsequent labour characteristics before and after introducing the electronic early labour educational intervention.

METHODS

Pre- and post-intervention cohorts were recruited. The Early Labour Experience Questionnaire was used to measure early labour experience, and the relationship between cohorts and demographic characteristics were analysed using Chi-square statistics and *t*-tests.

RESULTS

Neither the overall score nor the scores on the subscales for emotional well-being, emotional distress and perceptions of midwifery care differed significantly, but the cervix was significantly more dilated upon admission in the post-intervention group, and oxytocin use was significantly reduced. The number of telephone consultations increased significantly after the intervention was introduced.

CONCLUSIONS

The intervention did not improve women's experience with early labour. However, women who received the intervention were admitted in more advanced labour and required less oxytocin. The increased number of telephone consultations may indicate that an online early labour educational programme cannot replace women's need to communicate directly with staff.

KEY MESSAGE

Digital media is in extensive use by pregnant women, and we suggest further investigation into the use of technology in healthcare delivery to understand how it facilitates social support, well-being and outcomes related to giving birth.

PA-073 - Using the theoretical domain framework to identify enablers to delayed cord clamping practice by midwives in Zambia

*Bupe Mwamba*¹

¹ University of South Australia, Lecturer of Midwifery, Adelaide, Australia

PURPOSE

To explore the enablers to undertaking delayed cord clamping practice by midwives.

DISCUSSION

Midwives identified benefits that come with the practice of delayed cord clamping to the baby as enablers to the implementation of delayed cord clamping. It was interesting to learn that implementation of new programs into midwifery care is not very easy because of slow adapters who do not usually adapt to change with ease. It was also interesting to learn that midwives working in rural areas where the number of midwives is usually less than 10 seemed to have an easier experience in implementing new practices in comparison to those working in urban areas where the number of midwives in a birth unit is more than 20. Some participants were taught delayed cord clamping in their midwifery training, which made it easier for them to embrace it in their clinical practice as midwives. The practice of delayed cord clamping was not a preferred method in babies needing resuscitation among all the 25 interviewed midwives and the environment was not conducive for few midwives, although it did not matter among several respondents. Although one person mentioned that results of delayed cord clamping have been noted at their health facility, which is more than 60 kms to the nearest referral facility and they have no stationed ambulance making the practice beneficial to the newborn.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Policy makers should focus on the identified enablers in the strengthening of the diffusion of delayed cord clamping in maternity care.

EVIDENCE IF RELEVANT

Twenty-five (17women and 8men) midwives participated in the study. The majority (n = 17) of midwives were nurse midwives who undertook midwifery education after working as registered nurses.

KEY MESSAGE

Benefits associated with delayed cord clamping have been identified as enablers to its practice therefore, when diffusing the practice, it is important to focus on these benefits.

PA-074 - “Improving access to universal maternal health care services in rural communities” Possibilities for collaboration between midwives and traditional midwives in South Africa

Maurine Musie¹, Mavis Mulaudzi¹

¹ University of Pretoria, Nursing Department, Pretoria, South Africa

BACKGROUND

Community-based maternal and newborn care approach acknowledges collaboration between midwives and traditional midwives to promote RMC and culturally-appropriate maternal health services in rural communities. Like midwives, traditional midwives render maternity health services from pre-conception through to postpartum care. Inevitably in South Africa, 60% of pregnant women who consult health facilities have a history of prior consultation with traditional midwives. However, lack of collaboration and poor structural referral pathways creates a barrier for pregnant women to timely access skilled birth attendant care. Efforts to strengthen and support collaboration should be aimed at improving access and facilitating reciprocal knowledge-exchange.

OBJECTIVES

is to explore possibilities for collaboration between midwives and traditional midwives to improve access to maternal health care services in rural communities.

METHODS

A panel discussion comprised of seventeen stakeholders such as midwives, academics, traditional midwives, Department of Health, regional representatives from UNICEF and civil society groups, held from April-June 2022. The discussion was constituted to facilitate dialogue and reach consensus among the various stakeholders on the envisaged collaboration for midwives and traditional midwives.

RESULTS

Consensus was reached that the inclusive mode of collaboration is the most preferred approach to facilitate collaboration between midwives and traditional midwives. It also emerged that collaboration requires a concerted effort aimed at developing standardized guidelines stipulating clear roles of traditional midwives for maternity care at a primary health care level.

CONCLUSIONS

The role played by midwives in providing accessible skilled birth attendant care (SBAs) cannot be overlooked. However, an inclusive system of midwifery care should consider the effect of patients cultural beliefs on maternal health outcomes.

KEY MESSAGE

Improving access to maternal health care services (SDG 3), requires engaging traditional midwives at primary health care level in line with universal health coverage. The study applied the research element of ICM framework in using “traditional midwifery models” where women receive care from traditional midwifery.

PA-075 - Addressing preconception behaviour change through mobile phone apps: a systematic review and meta-analysis

Loretta Musgrave^{1,2}, Kate Cheney², Edwina Dorney², Caroline Homer^{1,3}, Adrienne Gordon²

¹ University of Technology Sydney, Centre for Midwifery, Child and Family Health, Sydney, Australia

² The University of Sydney, Faculty of Medicine and Health, Sydney, Australia

³ Burnet Institute, Maternal, Child and Adolescent Health, Melbourne, Australia

BACKGROUND

Mobile phone applications offer the potential of extensive reach for public health interventions in the preconception period. Women are often motivated to positively change their behaviour in preparation for pregnancy to enhance health and wellbeing. Positive health behaviour changes can optimize perinatal outcomes of both mother and baby and future generations.

OBJECTIVES

To synthesize evidence of the effectiveness of mobile phone applications in promoting positive behaviour changes for women of reproductive age that may improve future outcomes for mothers and babies.

METHODS

Five databases were searched in February 2021 for studies exploring mobile phone applications as a pre-pregnancy intervention to promote positive behaviour change. Two independent reviewers conducted the risk of bias and data extraction. Data were pooled using a random-effects model, and the GRADE system was used to assess the certainty of the evidence.

RESULTS

Of 2,973 publications identified, seven studies were included. Four studies included postpartum participants, and three had women considered in the preconception period. Five studies focused on behaviours for weight reduction, assessing outcomes of reduction in adiposity and weight. Nutrition and dietary outcomes were evaluated in two studies with collected data, including kilojoule and caloric and macronutrient intake. Two studies used dietary risk scores to assess this outcome. Blood pressure was measured in four studies, and a range of biochemistry tests and markers associated with the management of disease symptoms were included. Meta-analysis showed that mobile phone applications were favourable compared to standard care; however, the results were not statistically significant.

CONCLUSIONS

This systematic review suggests there is potential for mobile phone applications to influence behaviour in the preconception period. Most information is on weight reduction and dietary changes in the general population. Future research must address more preconception issues in both general and high-risk populations.

KEY MESSAGE

Future research must address more preconception issues in both general and high-risk populations.

PA-076 - Risk perception of pregnant women in the resurgence of Covid-19 in South Africa

Fhumulani Mulaudzi¹, Rafiat anokurwu²

¹ University of Pretoria, Nursing science, Pretoria North, South Africa

² University of Pretoria, Nursing science, Pretoria, South Africa

BACKGROUND

Risk perception is indicated as an important factor in public response in curbing the spread and resurgence of covid-19 infection. After the peak of the first wave of the covid-19 infections, the public relaxed in their safety measures based on their low-risk perception of the covid-19 virus. Pregnant women are often grouped as vulnerable in a pandemic.

OBJECTIVES

the objectives were to:

- assess risk perception of pregnant women during the Covid-19 pandemic.
- discuss the safety measures to be followed to avoid risks.
- make recommendations to protect women against risks during the pandemic.

METHODS

interpretative phenomenological analysis was used to explore the risk perception of seven pregnant women in and around Gauteng. The pregnant women were interviewed on Zoom and Google meet over a period of two months July – August 2020. We did an Interpretative phenomenological analysis of the data using the constructs from the health-belief model.

RESULTS

The result revealed that the pregnant women still perceived themselves to be at risk and engaged in protective measures such as wearing a mask, use of herbs, social distancing, handwashing, and disinfecting their homes. It is important to note that the pregnant women in the study perceived the behavior of their husbands and members of the public as barriers to their safety and protective measures.

CONCLUSIONS

In conclusion, our study showed that though the public seemed to have relaxed in their safety measures against the covid- 19 virus; The pregnant women still perceived themselves at high risk of contracting the covid-19 infection and took necessary safety precautions.

KEY MESSAGE

Pregnant women part of the vulnerable group. We recommend public awareness campaign on the roles of the male partners of the pregnant women and the public in the prevention of covid-19 or any pandemic among pregnant women.

PA-077 - COVID-19 mothers' feeding practices, mother-baby bonding and postnatal care experiences in Qatar: a mixed-method approach

Laura Moya Falcon¹

¹ Women's Wellness & research Centre, Nursing & Midwifery Administration, Doha, Qatar

PURPOSE

To examine the feeding practices, mother-bonding and postnatal experiences of mothers diagnosed with COVID-19 during the pandemic.

DISCUSSION

There are still limited published studies about COVID 19 infected women's birth experience ,the postnatal period and the impact in breastfeeding, their neonates and mother-baby bonding. WHO and UNICEF recommend breastfeeding and no routine separation considering its widely known short and long-term benefits. These benefits highly outweigh any potential risks of COVID-19 transmission through breastmilk or direct contact. Despite this, many health facilities and professionals has failed to follow this.

Published studies relevant to maternal-babies' outcomes and mothers' experience during the recent pandemic suggested further studies about long-term follow-up after birth are needed. Hence, the investigator will examine three main concepts in the experience of COVID-19 mothers that will add knowledge about maternity care practices amidst the pandemic. These concepts will include feeding practices, mother-baby bonding, and postnatal care experiences.

The study is being conducted among mothers diagnosed as COVID-19 by PCR test and were admitted in the COVID-19 designated maternity facility in Qatar within May 1, 2020 to January 16, 2022.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwives, mothers and their families will beneficiate for evidence-based information that address the importance to attend mothers' emotional needs in special circumstances such us during the COVID-19 infection. The need of policies from the organization to guide midwives and health professionals will be highlighted.

EVIDENCE IF RELEVANT

There is a gap in the literature on how the restrictive COVID19 infection control guidelines have impacted in the perinatal period, particularly childbirth experience, breastfeeding practices, newborn sensitive period and maternal behaviour.

KEY MESSAGE

It is essential to highlight among COVID-19 mothers and their babies their right to have a positive pregnancy, childbirth and postnatal experience. Thus, it is necessary to explore the experience of women with COVID-19 during the perinatal period to improve the current practices.

PA-078 - Facebook, mothers and midwives: exploring midwives' perceptions and experiences of using Facebook groups to support families

*Holly Morse*¹

¹ Swansea University, Midwifery, Swansea, United Kingdom

BACKGROUND

Seeking support from Facebook groups by pregnant and new mothers is now ubiquitous. Despite this, little is currently known about the attitudes of the midwifery workforce towards the use of social media in practice, or the experiences of those already engaged in using Facebook groups to support families.

OBJECTIVES

To explore how midwives and student midwives perceive the use of Facebook support in practice, and to identify the barriers and facilitators to developing the provision, as part of a larger study identifying current use and sustainability.

METHODS

A mixed methods online questionnaire explored attitudes towards, and experiences of professional Facebook support provision.

RESULTS

719 midwives and student midwives were surveyed. Few were involved in providing Facebook support, and most of these were unpaid. Benefits were highlighted but there was widespread concern that engaging with mothers online was a risk. Involvement in midwife moderation increased belief in its benefits and reduced fear of engaging online. Midwives and students felt they were discouraged from offering Facebook support and sought further training, guidance and support.

CONCLUSIONS

Midwives perceived Facebook group support as having the potential to positively impact mothers' experiences, improving connection and communication and information sharing. Concerns included miscommunication and negative interactions/feedback, maintaining personal boundaries, and a lack of guidance/training. Midwives currently involved in online support were significantly more likely to report positive perceptions of its impact and use and to have lower levels of concern.

KEY MESSAGE

Perceptions of risk and a lack of support are significant barriers. Midwives seek support and training to safely and effectively engage on social media. Midwives' experiences suggest extending opportunities to provide Facebook support would benefit midwives, services and families. Further research needs to explore and develop best practice guidelines and training. Consultation to revise local policy to support midwives and students in line with strategic goals is recommended.

PA-081 - The development of child-rearing anxiety scale and examination of reliability and validity during the early post-discharge period from a maternity facility

Masuyo Morimoto¹, Ayako Takamori², Miyuki Nagamatsu³, Mayumi Hamasaki⁴, Atsushi Kawaguchi⁵

¹ Faculty of Nursing, Nishikyushu University, Ogi, Japan

² Clinical Research Center, Saga University Hospital, Saga, Japan

³ Faculty of Nursing, Japanese Red Cross Kyushu International College of Nursing, Munakata, Japan

⁴ Department of Midwifery, Miyazaki Prefectural College of Nursing, Miyazaki, Japan

⁵ Faculty of Medicine, Saga University, Saga, Japan

BACKGROUND

In recent years, child-rearing anxiety has been associated with child abuse. Therefore, early detection of maternal anxiety and provision of the necessary support is essential.

OBJECTIVES

This study aims to develop a new child-rearing anxiety scale to understand childcare anxiety during the early period after discharge from a maternity facility and to examine the scale's reliability and validity.

METHODS

A self-administered questionnaire was carried out among mothers who visited for the 2-week postpartum checkup. Based on a conceptual analysis and interview data, self-confidence, state of psychological modulation, child's characteristics, and a sense of insufficient breastmilk, among others, were grouped into 62 items. Data obtained were analyzed using the statistical software JMP Pro 16.1.0 for factor analysis. As ethical considerations, we respected participant's voluntary will and ensured the protection of personal information. This study was conducted with the approval of the relevant institutional review committee.

RESULTS

The number of valid responses was 364 (40.4%). Through factor analysis and exploratory factor analysis, an 16-item and 5-factor structure, [Lack of mind and body], [Difficulty raising children], [Sense of insufficient breast milk], [Baby's feeding stability], [Lack of confidence in childcare] were developed. The hypothesis model was confirmed based on the confirmatory factor analysis. Reliability was Cronbach's $\alpha = 0.83$, and criterion-related validity was observed by demonstrating the relationship with the Edinburgh Postnatal Depression Scale.

CONCLUSIONS

The Child-rearing anxiety scale in the early period after discharge from the maternity facility was developed as an 16-item and 5-factor structure. Its reliability and validity were demonstrated.

KEY MESSAGE

Postdischarge, Early period, Child-rearing anxiety, Scale development, Factor analysis.

PA-082 - Systematic review and meta-analysis on the effect of perinatal group care in clinical outcomes

Vlorian Molliqaj¹, Ilir Hoxha², Sharon Rising³, David Goodman⁴, George Little⁵, Krenare Grezda⁶

¹ Action for Mothers and Children, Head Office, Pristina, Kosovo

² Heimerer College Kosovo, Public Health, Pristina, Kosovo

³ Group Care Global, Washington, USA

⁴ Dartmouth College, Hanover, USA

⁵ Geisel School of Medicine at Dartmouth, Hanover, USA

⁶ Evidence Synthesis Group, Pristina, Kosovo

BACKGROUND

Perinatal group care implementation as a part of the health care system amongst several countries has invoked the need of identifying its effect in perinatal outcomes (i.e. caesarean section, birth weight, breastfeeding, post-natal depression). Previously reported research showed there is no evidence arising to show that there is a difference in the mode of birth between group care and standard care. The same findings have been reported regarding infant birth weight from antenatal group care and standard care. On the contrary, expecting mothers who attended antenatal group care were significantly more likely to initiate breastfeeding during hospitalization. A few studies reported a reduction of post-natal depression as a clinical outcome after antenatal group care compared to standard care. However, the existing studies conducted in perinatal outcomes presented a mixture of positive and negative results.

OBJECTIVES

The goal of this study is to evaluate clinical outcomes (i.e. caesarean section, birth weight, breastfeeding, post-natal depression as well as other reported outcomes) from perinatal group care compared to standard care in a broader scope. We intend to perform a systematic review and meta-analysis of previous studies who reported such outcomes and present the generality of these findings. This study would offer an evidence-based report of clinical outcomes from perinatal group care implementation in different settings, globally.

METHODS

Systematic Review and Meta-Analysis.

RESULTS

The study is not yet finalized. We expect that health outcomes such as caesarean section, breastfeeding, birth weight, post-natal depression in participants in group care are better compared to ones that get standard care (individual).

CONCLUSIONS

Ongoing study.

PA-083 - A survey of Australian women's digital media usage in pregnancy and birth

Ilyana Mohamed Hussain¹, Linda Sweet¹, Nicki Hartney¹

¹ Deakin University, School of Nursing and Midwifery, Victoria, Australia

BACKGROUND

Given the rapid growth of digital media resources, it is worthy to explore childbearing women's use of digital media to address their pregnancy and labour information needs.

OBJECTIVES

To explore the use of digital media during pregnancy and birth, in local population of Western Victorian women in Melbourne, Australia.

METHODS

A descriptive exploratory approach was used. An online survey consisted of both quantitative and qualitative questions to identify and measure digital media use in pregnancy and the birthing period. Descriptive statistics and Pearson Chi-square test were used to analyse the quantitative data while content analysis was used to analyse the qualitative data.

RESULTS

Digital media has become an integral part of the experience in pregnancy with an increasing growth of digital media in labour. The most used medium of digital media was pregnancy applications, followed by websites, social media, YouTube, podcasts, and lastly labour applications. Information seeking was the main reason for using digital media and two main themes emerged from the qualitative data; 'connection with others for social support and reassurance' and 'information seeking and providing to assist decision making and provide reassurance'.

CONCLUSIONS

There is a need for healthcare institutions to improve digital media technology to meet the needs of women. This is crucial as digital media is constantly evolving and as healthcare providers, we need to integrate digital media with healthcare services.

KEY MESSAGE

- Digital media has become a resource for women to meet their information needs.
- Digital media provides reassurance during pregnancy and labour and birth.
- Women desire healthcare providers to direct them to evidence-based information.

PA-084 - Maternal perceptions of naps in infants

Jodi A. Mindell^{1,2}, Erin S. Leichman¹, Katie Rotella³

¹ Saint Joseph's University, Department of Psychology, Philadelphia, USA

² The Children's Hospital of Philadelphia, Department of Child and Adolescent Psychiatry and Behavioral Sciences, Philadelphia, USA

³ Johnson & Johnson Consumer Inc., Research & Development, Skillman, USA

BACKGROUND

Sleep in infants affects family functioning and maternal well-being. However, little is known about perceptions of daytime sleep.

OBJECTIVES

The aims of this study were to determine maternal perceptions of naps, and how naps impact infant and maternal functioning.

METHODS

Mothers of 147 infants (4–12 mos; $M = 8.3$ mos) completed an online questionnaire about maternal nap perceptions.

RESULTS

Overall, 97% ($n = 142$) reported that their infant napped. The majority of mothers agreed that naps were important (97%). Over two-thirds (69%) wanted to change something about their infant's naps and 32% reported that naps are a problem. Furthermore, the majority believed that naps were an important part of their infant's day (95%), and that when they napped well their infant was in a better mood (98%) and more easy-going (94%). Few mothers reported that their infant's nap was frustrating (18%) or were more trouble than they were worth (2.1%). Just under half wished their infant fell asleep faster/easier for naps (42%), and napped longer (42%). Finally, almost all mothers believed that their infant's naps were an important part of their own day (94%), improved their own mood (87%) and made them feel calmer (92%). When their infant napped, mothers could nap themselves (54%), get more done in the house (93%), get more work done (89%), spend more time with others (77%), and spend more time doing things for themselves (73%).

CONCLUSIONS

Overall, almost all mothers believed that their infant's naps were important for their infant, as well as for themselves. However, one-third reported that their infant's nap was problematic, and almost two-thirds wanted to change something (e.g., that their infant fell asleep faster/more easily and napped longer).

KEY MESSAGE

Midwives can help families by assessing and developing management strategies for daytime sleep issues, as well as nighttime, to improve both infant and family functioning.

PA-085 - A rat-model study of the effects of neonatal foster mother types on the occurrence of corticotropin-releasing factor neurons

Niina Mika¹, Kawano Hitoshi²

¹ SHOWA University Koto Toyosu Hospital, Tokyo, Japan

² Saga University - Faculty of Medicine, Morphology and Function for Nursing, Saga, Japan

BACKGROUND

In Japan, issues regarding children, such as their insufficient self-control and tolerance and decreased athletic abilities, have been pointed out in recent years. Maternal-child relationships during the neonatal period are known to play an essential role in the development of the central nervous system. In rat studies, those raised in a neonatally separated state from mothers but grew up artificial milk showed higher anxiety. These observations suggest that changes in neural structure brought about by mother-child separation may underlie behavioral and learning disabilities. However, the effects of being raised by a surrogate mother on the central nervous system during mother-child separation has not been clarified.

OBJECTIVES

In this study, we compared the distribution of neurons containing corticotropin-releasing factor (CRF), a hormone involved in the regulation of endocrine stress response, in the hypothalamic paraventricular nucleus (PVN) in rats raised by two different foster mothers.

METHODS

One mother was lactating and feeding her first litter (FL group); the other had one previous experience of child-birth and nursing, but no current litter (FE group). Other rats were either raised by their biological mothers (OM group) or subjected to maternal separation (MS group). Maternal separation and leaving to fosters were applied for 180 minutes a day for 20 days until weaning. After weaning, normal breeding was carried out. We examined the distribution of CRF neurons in the PVNs of 6-week-old male rats.

RESULTS

Our results indicate that the occurrence of CRF neurons in the PVN is affected by the different types of mothers during the neonatal period.

CONCLUSIONS

Caregivers need to not only nourish the newborn but also have proper involvement.

KEY MESSAGE

Midwives first need to support and guide the mother, as well as the caregiver who plays the role of mother, so that children's growth can be healthily protected.

PA-086 - The effect of COVID-19 on women's experiences of pregnancy, birth and postpartum in Indonesia: a rapid online survey

*Linda McGowan*¹, *Andari Astuti*², *Firdaus Hafidz*³, *Cesa Pratiwi*², *Vinami Yulian*⁴, *Elizabeth Hughes*⁵, *Arum Pratiwi*⁴, *Indomo Emi Nurjasm*⁶, *Yu Fu*⁷

¹ University of Leeds, School of Healthcare, Leeds, United Kingdom

² Universitas Aisyiyah Yogyakarta, Midwifery Department, Yogyakarta, Indonesia

³ Universitas Gadjah Mada, Department of Health Policy and Management, Yogyakarta, Indonesia

⁴ Universitas Muhammadiyah Surakarta, School of Nursing, Surakarta, Indonesia

⁵ Edinburgh Napier University, School of Health and Social Care, Edinburgh, United Kingdom

⁶ Central Board of Indonesian Midwives Association, Central Board of Indonesian Midwives Association, Jakarta, Indonesia

⁷ Newcastle University, Population Health Sciences Institute, Newcastle, United Kingdom

BACKGROUND

The interrelationship of psychological and social factors in the current COVID-19 pandemic has mainly focused on the global north. The impact of COVID-19 and lockdowns can exacerbate psychological distress and affect access to services. However, there is limited evidence in low-to-middle income countries (LMICs).

OBJECTIVES

To capture the impact of COVID-19 on women's experiences of pregnancy, birth and postpartum in Indonesia.

METHODS

We conducted a rapid cross-sectional online survey of women across all 34 provinces in Indonesia to capture participants' experiences. Ethical approval was obtained in Indonesia and the UK. Data were collected in 2020 including demographics, effects on general and mental health and impact on service use. Data were analysed using descriptive statistics and thematic analysis.

RESULTS

Responses were obtained from 1137 women. The ease of access to ante-natal care (ANC) care varied with 84% of women reporting feeling fearful and anxious about attending visits, resulting in some women not attending or changing provider. A small number (13%) were denied the presence of a birth companion, with 28% of women reporting that their babies had been removed at birth due to protocols or baby's health. More than half (62%) reported feeling anxious/more anxious than usual. Lockdown measures led to tensions within personal and family relationships.

CONCLUSIONS

Women in Indonesia reported that the pandemic added an increased burden in pregnancy, birth and post-partum period: physically, psychologically, spiritually and financially. Maternity services were disrupted and health insurance cover lacked responsiveness, which either directly or indirectly impacted on women's choices, and equal access to care.

KEY MESSAGE

Given the longevity of the current pandemic there is a need to develop tailored supportive interventions for women and their families and develop bespoke training for midwives and other relevant health professionals.

PA-087 - Needs for preconception care for men and women of reproductive age in Japan

Yoshiko Matsunaga¹, Junko Watanabe²

¹ *The Jikei University, faculty of Nursing, Tokyo, Japan*

² *Shunan University, Preparation Room for Nursing Department, Faculty of Human Health Sciences, Yamaguchi, Japan*

BACKGROUND

Japan has problems with the declining birth rate and aging population. One of the factors contributing to the declining birth rate is the trend toward later marriages and later childbearing as women become more highly educated. Furthermore, one in 14 births in Japan is assisted reproduction. Therefore, both men and women need to prepare themselves physically and mentally for pregnancy. We are developing a model to provide preconception care in Drugstores that are easily accessible to the general public through interdisciplinary collaboration.

OBJECTIVES

This study will identify the needs for PCC in order to obtain basic data for building a model of preconception care in Drugstores using ICT and interdisciplinary collaboration.

METHODS

A web-based survey was conducted in February 2022 among men and women aged 16–49. The survey was about their needs for knowledge and consultation regarding PCC. It was conducted with the approval of the Ethics Review Committee of their institution (RE2021017).

RESULTS

A total of 553 respondents, 275 males and 278 females, responded to the survey. The mean age was 31.1 (SD 10.7) years, 140 (25.3%) were students, and 108 (19.5%) had children. The things they wanted to know/consult about PCC were fertility (29.7%/24.6%), menstruation (36.2%/32.0%), future daily health care for pregnancy (31.5%/28.4%), checkups and vaccinations needed for pregnancy (31.6%/30.6%), and knowledge not needed/consultation not needed (40.1%/42.9%). They wanted to receive them when they were students (43.2%) at school/hospital (32.5%/37.8%) directly from specialists/informational websites (40.7%/37.1%) and from doctors/nursing professionals (46.8%/28.8%).

CONCLUSIONS

The results suggest that knowledge and consultation about menstruation may lead to PCC. In addition, more than 40% of the respondents desired a consultation with a physician, suggesting the need to establish a system to connect Drugstore pharmacists to physicians, and since 40% of the respondents did not need knowledge or consultation, educational activities regarding PCC are necessary.

PA-088 - Identifying cultural and contextual factors prior to the implementation of antenatal and postnatal group care in Suriname

*Nele Martens*¹

¹ LUMC, Public health and primary care, Amsterdam, Netherlands

BACKGROUND

Implementation research seeks to bridge the gap between evidence-based intervention theory and the uptake of evidence-based interventions in practice, across (cultural) contexts. One crucial strategy to enable successful intervention implementation is intervention adaptation following rigorous assessment of context characteristics.

OBJECTIVES

This study, as part of the EU-funded project *GC_1000: Group Care in the first 1000 days*, aims to assess the contextual factors relevant to the implementation of antenatal and postnatal group care in Suriname's primary health care sector.

METHODS

In collaboration with local researchers a context analysis following the Rapid Qualitative Inquiry method was conducted between March 1st and March 24th 2021. 35 semi-structured interviews were conducted with policy-makers, health professionals, and women and their partners. Interview topic-lists and thematic analysis were grounded in the Consolidated Framework for Implementation Research.

RESULTS

Six preliminary themes were identified: (1) *accessibility and usage of antenatal and maternity care services*, (2) *Consequences and reasons of unintended pregnancies*, (3) *Relative advantages and Perceived success of Group Care*, (4) *Patient characteristics, needs, resources and health beliefs*, (5) *strengths and pitfalls of maternity care in Suriname*, (6) *Impact of the economic crises on maternity care*.

CONCLUSIONS

Findings of this context-analysis serve as a base for the GC_1000 process evaluation, adaptations to the groups care model and development of implementation strategies.

KEY MESSAGE

This study, as part of the EU-funded project *GC_1000: Group Care in the first 1000 days*, aims to assess the contextual factors relevant to the implementation of antenatal and postnatal group care in Suriname's primary health care sector. Prior to the implementation several contextual characteristics were identified and they serve as a base for adaptations to the groups care model and the development of implementation strategies.

PA-089 - How do midwives portray birth on Instagram? A content analysis of posts from the USA, UK, New Zealand and Australia

Anna Marsh¹, Vanora Hundley², Ann Luce³, Yana Richens⁴

¹ University College London Hospitals NHS Foundation Trust, Elizabeth Garrett Anderson and Obstetric Hospital, London, United Kingdom

² Bournemouth University, Faculty of Health & Social Sciences, Bournemouth, United Kingdom

³ Bournemouth University, Faculty of Media & Communication, Bournemouth, United Kingdom

⁴ Liverpool Womens NHS Foundation Trust, Maternity, Liverpool, United Kingdom

BACKGROUND

There is limited research into how midwives use social media worldwide. Small studies have explored its introduction into maternity practice or undergraduate teaching (Uppal et al. 2016; McCarthy et al. 2020), but there is little evidence around how midwives use social media professionally. Considering that 89% of pregnant women turn to social media for advice in pregnancy (Baker and Yang 2018), this content could be influencing their choices and feelings towards birth.

OBJECTIVES

To analyse how midwives from the UK, USA, Australia and New Zealand portray birth on Instagram.

METHODS

This research was an observational study using media content analysis methodology. Five 'Instagram influencers' were identified from each country by purposeful selection. All posts related to birth from 1/9/2020 to 31/08/2021 were identified and their details mined using the datascraping tool Phantombuster, including date, number of likes, captions and user details. A data extraction tool was trialled, and subsequently posts were categorised and coded to create a dynamic database of raw data.

RESULTS

917 posts were identified, containing 1216 images or videos, with the most coming from USA (n = 466), and then UK (n = 239), Australia (n = 205) and New Zealand (n = 7). Posts were categorised into 'Birth Positivity', 'Humour', 'Education', 'Birth Story' and 'Advertisement'. Midwives from each country posted an over-representation of vaginal deliveries, waterbirths and homebirths. The identified 'Midwifery influencers' were mainly midwives with private businesses (n = 17). Both the midwifery influencers and women portrayed in images were primarily white, demonstrating a disproportionate representation.

CONCLUSIONS

Midwives' portrayal of birth on Instagram is broadly un-medicalised. The motives behind their posts are unknown, but considering the majority had businesses, this may be their driver as opposed to public health promotion. Research is required to explore the effects of social media usage on pregnant women.

KEY MESSAGE

Midwives' presence on Instagram is limited, but could be affecting women's choices.

12.06.2023, 17:30-19:00

PS 2 POSTER SESSION 2 (GROUP A)

PA-090 - COVID-19 guidelines for home isolation

Sandhya Rani Katta¹, Jana Manasi²

¹ White Ribbon Alliance India, Centre for Catalyzing Change, New Delhi, India

² Medical College Hospital, obg, Kolkata, India

PURPOSE

Analysis of State Guidelines for Home quarantine COVID-19 Cases-Through Primary Health Care concept mode.

DISCUSSION

Major discussion was made on three different areas. Adequacy and relevance; accuracy and rationale; and, simplicity and feasibility.

EVIDENCE IF RELEVANT

Government of India Guidelines.

KEY MESSAGE

COVID-19 pandemic is a health emergency. Health is a vast subject So guidelines were reviewed in a systematic way.

PA-091 - The efficacy of an antenatal probiotic intervention to reduce residual group B streptococcus

Emily Malloy¹, Lisa Hanson²

¹ Marquette University, College of Nursing, Milwaukee, USA

² Marquette University, College of Nursing/Nurse-Midwifery, Milwaukee, USA

BACKGROUND

Early onset GBS disease (EOGBSD) prevention guidelines recommend universal GBS vaginal/rectal screening at 36 weeks gestation. Pregnant people colonized with GBS receive intravenous antibiotic prophylaxis (IAP). IAP has significantly reduced but not eliminated EOGBSD. In up to 80% of cases of EOGBSD in full term infants, the person screened negative for GBS. Cases of "residual GBS" may contribute to early or late onset GBS disease in infants.

OBJECTIVES

To explore the outcomes of antepartum exposure to probiotic or placebo on maternal and neonatal intrapartum residual Group B Streptococcus (GBS). The hypotheses are: (a) more intrapartum participants in the probiotics group will test negative for GBS on vaginal/rectal swabs compared to those in the placebo group; and (b) fewer neonates born of probiotic group participants will have GBS on post-birth nasal-oral pharynx cultures compared to those in the control group.

METHODS

Participants in a double-blind, randomized controlled trial of antenatal probiotics to reduce GBS received an additional vaginal/rectal GBS swab on admission for labor and birth, for the purpose of this sub-study. Neonatal nasal and oropharynx GBS swabs were performed within two hours of birth.

RESULTS

GBS vaginal/rectal cultures were collected upon labor admission. Neonatal oral to nasopharyngeal swabs were obtained within 2 hours of birth. Thirty intrapartum samples were collected, 28 with complete data. Intrapartum GBS findings were compared to 36-week GBS findings with a 13.3% rate of mismatch. One probiotics group participant converted from negative to positive. Logistic regression showed the SOC swabs significantly predicted intrapartum GBS results ($p = 0.005$). The probiotic did not reduce residual GBS in this sub-study. No GBS was recovered from neonatal swabs.

CONCLUSIONS

The current universal EOGBSD prevention strategy is the best available but may lead to over or under treatment of GBS.

KEY MESSAGE

Probiotics are a promising primary prevention strategy for GBS but more research is needed.

PA-092 - Social background of women giving birth that are unintended pregnancies and subsequent maternal and child outcomes in Japan

*Mizuno Maki*¹

¹ Komazawa Women's University, Nursing, Tokyo, Japan

BACKGROUND

In Japan, there have been few studies on unintended pregnancies, and there is no recent data showing how the social background and personal factors related to unintended pregnancies may influence the formation of maternal attachment and subsequent childbirth and childrearing.

OBJECTIVES

To understand how social background and personal factors behind unintended pregnancies impact women's attachment toward their fetuses and subsequent childbirth and childrearing.

METHODS

The subjects of this study were 260 pregnant women and 180 postpartum women, and this study used of the three local maternity facilities and included Self-reporting questionnaires that included questions concerning background of pregnancy, thoughts about pregnancy, pregnancy progress, and the support being provided. They also included the Rosenberg Self-esteem Scale, the Modified Parental Nurture Scale, the Perceived Stress Scale and the Maternal Attachment Inventory.

RESULTS

37 pregnant women (23.1%) and 27 postpartum women (23.7%) responded that their present/latest pregnancies were unintended. Among women who responded that their pregnancies were unintended, 8% used birth control. The results of the Maternal Attachment Inventory showed that women with unintended pregnancies experienced high risk of mother and fetus's health during pregnancy, such as anemia, premature birth, and had lower self-esteem and a significantly lower maternal attachment.

CONCLUSIONS

Unintended pregnancies occurred more often among women to be married and those women were receiving less support from their husbands and partners. While many women who had unintended pregnancies accepted their pregnancy with a positive attitude, they still formed less maternal attachment toward their infants than the women who had intended pregnancies.

KEY MESSAGE

It is suggested that it is necessary to understand in detail the thoughts of all pregnant women about their present pregnancies and support situation in early stages of pregnancy and provide them with continuous assistance.

PA-093 - Placental dysfunction in immigrant women in Norway

Karolina Mæland¹, Nils-Halvdan Morken^{2,3,4}, Erica Schytt^{1,5,6}, Vigdis Aasheim¹, Roy Miodini Nilsen⁷

¹ Western Norway University of Applied Sciences, Department of Health and Caring Sciences, Bergen, Norway

² University of Bergen, Department of Clinical Science, Bergen, Norway

³ Haukeland University Hospital, Department of Obstetrics and Gynecology, Bergen, Norway

⁴ Norwegian Institute of Public Health, Centre for Fertility and Health, Bergen, Norway

⁵ Karolinska Institute, Department of Women's and Children's Health, Solna, Sweden

⁶ Uppsala University, Centre for Clinical Research Dalarna, Uppsala, Sweden

⁷ Western Norway University of Applied Sciences, Department of Health and Functioning, Bergen, Norway

BACKGROUND

Immigrant women comprise a large and growing proportion of the childbearing women in many European countries. Previous studies further show that immigrant women from some subgroups receive suboptimal care during pregnancy and childbirth.

OBJECTIVES

To estimate the risk of placental dysfunction in immigrant women in Norway, by maternal country of birth, reason for immigration and length of residence.

METHODS

In this nationwide population-based study, we used data from the Medical Birth Registry of Norway and Statistics Norway (1990–2016). The total study population included 1,558,174 pregnancies: 245,887 to immigrant and 1,312,287 to non-immigrant women. Crude and adjusted odds ratios (OR) with 95% confidence intervals (CI) for placental abruption in immigrant women compared to non-immigrants were estimated by logistic regression with robust standard error estimations. Associations of preeclampsia in a first pregnancy and risk of preeclampsia in a second pregnancy were estimated by log-binomial regression models and reported as adjusted risk ratios (RR) with 95% CI using no preeclampsia in the first pregnancy as reference.

RESULTS

Compared to non-immigrant women, immigrant women from Ethiopia had an adjusted OR of placental abruption in pregnancy of 2.39 (95% CI 1.67–3.41). Compared with women without preeclampsia in the first pregnancy, those who developed the complication had substantially increased risk of preeclampsia in second pregnancy in both immigrant (13% vs 1.0%; adjusted RR 13.0 (95% CI 11.3, 15.0)) and non-immigrant women (15% vs 1.5%; adjusted RR 9.8 (95% CI 9.4, 10.2)).

CONCLUSIONS

Immigrant women from Ethiopia, had increased odds for placental abruption. Women with preeclampsia in a first pregnancy had a substantially increased risk of preeclampsia in a second pregnancy in both immigrant and non-immigrant women.

KEY MESSAGE

Information and medical recommendations for immigrant women should be provided, with specific and targeted information for immigrant women. Moreover, proper medical history of previous pregnancies is important in the follow-up of immigrant women.

PA-094 - Youth perspectives of maternal near-misses: a photovoice study of youth experiences of maternal near-misses in northwest Haiti

Tonya MacDonald¹, Olès Dorcely², Marie-Carmèle Charles³, Elizabeth K Darling⁴, Saara Greene⁵, Sandra Moll⁶, Lawrence Mbuagbaw⁷

¹ McMaster University, Health Research Methods, Evidence and Impact, Hamilton, Canada

² Centre Médical Béraca, Obstetrics and Gynecology, La Pointe-Port-de-Paix, Haiti

³ Centre Médical Béraca, Obstetrics and Gynecology, Anjou, Canada

⁴ McMaster University, Department of Obstetrics and Gynecology, Hamilton, Canada

⁵ McMaster University, School of Social Work, Hamilton, Canada

⁶ McMaster University, School of Rehabilitation Science, Hamilton, Canada

⁷ McMaster University, Health Research Methods, Evidence and Impact, and Anesthesia and Pediatrics, Hamilton, Canada

BACKGROUND

Globally, a shift is occurring to recognize the importance of young peoples' health and well-being, their unique health challenges, and the potential they hold as key drivers of change in their communities. In Haiti, one of the four leading causes of death for those 20–24 years old is pregnancy, childbirth, and the weeks after birth or at the end of a pregnancy. Important gaps remain in existing knowledge about youth perspectives of maternal health and well-being within their communities. Youth with lived experiences of maternal near-misses are well-positioned to contribute to the understanding of maternal health in their communities and their potential role in bringing about change.

OBJECTIVES

To explore and understand youth perspectives of maternal near-miss experiences that occurred in a local healthcare facility or at home in the community of rural Haiti.

METHODS

We will conduct a qualitative community-based participatory research study regarding maternal near-miss experiences to understand current challenges and identify solutions to improve community maternal health, specifically focused on youth maternal health. We will use Photovoice to seek an understanding of the direct, lived experiences of youth maternal near-miss survivor participants. Youth participants will be from La Pointe, a Haitian community in northwest Haiti served by their local healthcare facility. We will undertake purposeful sampling to recruit approximately 10 female youth, aged 15–24 years. Data will be generated through photos, individual interviews, and two small group discussions.

RESULTS

We anticipate beginning fieldwork in November 2022. Preliminary results are expected in early 2023.

CONCLUSIONS

This study will be completed by spring 2023.

KEY MESSAGE

The maternal health experiences of youth as seen through their eyes and heard through their voices is one step toward knowing more about maternal health and well-being. It is time to hear the voices of young people from Haiti. Hear them roar!

PA-095 - Connecting the pieces - a circle of birth experiences

Danielle Macdonald¹, Agnes Alsius¹, Melissa Helwig², Amanda Ross-White³, Kristen Bigelow-Talbert¹, Erna Snelgrove-Clarke¹

¹ Queen's University, School of Nursing, Kingston, Ontario, Canada

² Dalhousie University, W.K. Kellogg Health Sciences Library, Halifax, Nova Scotia, Canada

³ Queen's University, Queen's University Libraries, Kingston, Ontario, Canada

BACKGROUND

Positive pregnancy and birth experiences are integral for the health and well-being of women, birthing people, and families. Global birth research has historically focused on reducing mortality rates, with little attention paid to birth and birthing care experiences of women, birthing people, midwives, and nurses. We conducted three systematic reviews to explore qualitative evidence about experiences of 1) planned unassisted birth 2) living with obesity during the perinatal period, and 3) birthing care during Covid-19.

OBJECTIVES

To identify, appraise, and synthesize qualitative evidence about the birth and birthing care experiences of women, birthing people, midwives, and nurses.

METHODS

We used JBI methodology for three systematic reviews. Published protocols outlined the inclusion criteria and search strategies for each review. Searches were conducted between January and May 2022. We searched published and unpublished qualitative evidence. We completed screening, critical appraisal, data extraction and aggregation for each review separately.

RESULTS

A total of 46 studies were included throughout the three systematic reviews. Across the reviews, there were 25 categories of experiences. In this presentation we will present the findings from each of the reviews separately, and then identify shared experiences across the reviews. Together the findings of these reviews highlight circles of relations between persons, spaces, and systems that influence birth and birthing care experiences for everyone involved.

CONCLUSIONS

Together, the findings of the three reviews provide improved understandings of birthing experiences that can be used to support needed transformations of perinatal care services globally. A better understanding of birthing care experiences can inform strategies to support healthy family transitions, midwife and nurse retention, and positive birth experiences for all.

KEY MESSAGE

The experiences of all persons involved in birthing care matter. Understanding birthing experiences can facilitate much needed transformations of perinatal health care services to improve birthing care for everyone.

PA-096 - Virtual Reality as a distraction therapy to reduce labour pain and anxiety during first stage of labour

Ka Yan Ma¹, Ka Yi Siu¹, Macy Mo Ching Chau¹

¹ Prince of Wales Hospital, Obstetrics and Gynaecology Department, New Territories, Hong Kong

BACKGROUND

Non-pharmacological labour pain methods are highly recommended for them due to fewer lead complications (Maronge & Bogod, 2018). Many research studies suggest that Virtual Reality (VR) could be used as one of the labour pain relief methods in obstetric units for easing the pain and anxiety effectively (Baradwan et al., 2022).

OBJECTIVES

To identify the effects of VR on reducing labour pain and anxiety level of women during first stage of labour.

METHODS

Target included all the pregnant women at ≥ 34 weeks' gestation who have regular uterine contractions with pain score ≥ 2 .

A total of 55 patients were enrolled. The analog (0-10) pain scale was used to assess the pain score of pregnant women before and after the VR trial. The State-Trait Anxiety Inventory (STAI) was assessed before and after VR intervention to measure the anxiety level.

RESULTS

The average pain score before the use of VR was 3.0545, while it was 2.691 (p value < 0.01) after VR was used. There was 11.9% decrease in the pain score was 11.9% among the pregnant women after the VR trial. Around 36.4% of women reported there was decrease in the labour pain after the intervention.

For the anxiety level, the average mean score of STAI-S and STAI-T before the intervention were 37.82 and 36.64 respectively, the figures were reduced to 31.90 in STAI-S and 30.82 (p value < 0.01) in STAI-T after the intervention, revealing that there were around 15.9% and 14.6% decrease in the percentage change of the STAT-S and STAI-T scores.

CONCLUSIONS

VR can (i) reduce the perception of labour pain during the first stage of labour, and (ii) minimize women's anxiety level as well. VR does not induce any side effects when compared with other pharmacological pain relief methods commonly used during labour process.

KEY MESSAGE

VR is a labour pain relief method in obstetric units.

PA-097 - Complete penoscrotal transposition with multiple congenital malformations

Jafari Lutavi¹, Moses Mahugi², Daudi Kanyamala¹, Nicodem Komba³

¹ Muhimbili national hospital, Midwifery and reproductive health, Dar es salaam, Tanzania

² Muhimbili national hospital Mloganzila, Paediatric, Dar es salaam, Tanzania

³ Muhimbili national hospital Mloganzila, Midwifery and reproductive health, Dar es salaam, Tanzania

PURPOSE

The aim of this case report is to explore the possible cause of complete penoscrotal transposition and its incidence worldwide.

DISCUSSION

Penoscrotal transposition (PST) is a congenital urogenital anomaly described first in 1923 by Appleby. The embryological sequence responsible for this malformation remains unclear; however, it has been suggested that an abnormal positioning of the genital tubercle in relation to the scrotal swellings during the critical fourth to the fifth week of gestation could affect the migration of the scrotal swellings. In this case report, there is a complete exchange of position with the scrotum located superior to the penis, which is inferior to scrotum. Also, there presents a spiral and hypoplastic penis crooked toward the anal position. Ayamba et al reported the same findings whereby noticed complete transposition of the external genitalia with cryptorchidism, hypoplastic penis from the perineum just above the blind anal position, and caudal to the scrotum.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This case study will help midwives to identify maternal complications and any congenital anomalies during antenatal period and proper immediate care that are supposed to be provided to newborns in terms of helping baby breathe practice.

EVIDENCE IF RELEVANT

This rare case as based on different case studies presented world wide. many case studies shows CPST is frequently characterized by major and often life-threatening anomalies involving the urogenital, cardiovascular, gastrointestinal, and skeletal systems. But also a woman has placenta praevia which is also an placental complication that need a careful intervention.

KEY MESSAGE

1. Strengthening of antenatal care services in a primary health facility is a key for positive outcome of pregnancy.
2. Referring hospitals in low-income settings should be strengthened with well knowledgeable personnel (radiographers) and modern equipment.
3. There is a need of strengthening neonatal ICU by ensuring bedside radiological equipment's is available also other ICU equipment's are enough.

PA-099 - "A worse nightmare than expected" A Swedish qualitative study of women's experiences after obstetric anal sphincter muscle injury at childbirth

Maria Lindvist¹, Margareta Persson², Margareta Nilsson³, Eva Uustal⁴, Inger Lindberg²

¹ Umeå University, Department of Nursing & Department clinical sciences, obstetrics & gynecology, Umeå, Sweden

² Umeå University, Department of Nursing, Umeå, Sweden

³ Umeå University, Department clinical sciences, obstetrics & gynecology, Umeå, Sweden

⁴ Linköpings university, Department of Molecular and Clinical Medicine, Division of obstetrics and Gynaecology, Linköping, Sweden

BACKGROUND

Thousands of women in Sweden have obstetric anal sphincter injuries each year after vaginal childbirth. These injuries have extensive short- and long-term suffering and may be regarded as neglected health problems in research and clinical practice.

OBJECTIVES

To explore the women's experiences related to recovery after obstetric anal sphincter muscle injuries two months after the childbirth.

METHODS

This is a qualitative study based on written responses, by 1248 women about two months after childbirth where OASIS occurred. Data was obtained from a questionnaire distributed by the national Perineal Laceration Register (PLR) in Sweden. Inductive qualitative content analysis was applied for analysis.

RESULTS

The theme "A worse nightmare than expected" indicated that first period after OASIS was painful to settle and accept living with a changed and sometimes still wounded body. Many participants described problems related to a non-functional sexual life, physical and psychological problems which left them with feelings of being used and broken and increased worries for their future health and pregnancies. However, some women had settled with their situation, had moved on with their life and felt recovered and strong. Encountering a supportive and helpful health care professional was emphasized as vital for the recovery after OASIS.

CONCLUSIONS

This study provides important insights on how women experienced life after having had OASIS at childbirth where many women still struggled to settle with their damaged body. There is a need for clear pathways within the health care organization to appropriate health care; services that address both physical and psychological health problems of women with recovery after OASIS.

KEY MESSAGE

Pain and other challenges were revealed.

Some women had moved on or felt recovered.

Encountering a key person within healthcare was important.

Clear pathways and support in healthcare are called for.

PA-100 - The role of midwife in perinatal depression management: an integrative review

Sudjit Liblub¹

¹ Mahidol University, Division of Maternal Newborn Nursing and Midwifery, Ramathibodi School of Nursing- Faculty of Medicine Ramathibodi Hospital, Mahidol University, Bangkok, Thailand

BACKGROUND

Depression is the most common mental health problem arising during pregnancy around the world, with around 10% of the women experiencing depression in the antenatal period, and 15-20%, in the postnatal period. Despite the increased research interest in risk factors and health consequences of perinatal depression, depression management focusing on both antenatal and postnatal periods has not been comprehensively appraised. The midwife plays an essential role in assessing and supporting women at risk of experiencing emotional difficulties throughout the pregnancy period. A broad practice on this topic is vital in the formulation and development of empirically depression management, which will insight into how its related to midwifery practice.

OBJECTIVES

This integrative review aims to explore current evidence on the initial screening to the treatment of perinatal depression and identify the differences between antenatal and postnatal depression management to give recommendations for optimal depression management.

METHODS

The integrative review of the literature will be used. The search strategy will be using databased including CINAHL, Scopus, PsycInfo, and PubMed. Considering the inclusion criteria, published studies that are primary research and peer-reviewed related to perinatal mental health management. The exclusion criteria are pre-existing depression in pregnancy, and articles focusing on disorders other than maternal depression.

RESULTS

The integrative review results will report on perinatal mental health management. Results will include: whether or not the screening tools for antenatal and postnatal depression are relevant, barriers to screening, and the role of the midwife in the caring process in perinatal depression management.

CONCLUSIONS

Understanding initial screening to the treatment of perinatal depression in different contexts and the role of the midwife regarding perinatal management will inform current midwifery practice in perinatal mental health.

KEY MESSAGE

Integrative review can provide comprehensive current midwifery practice in the area of perinatal mental health and identify the gap for further research.

PA-101 - Workplace interventions to reduce sick leave among pregnant hospital employees - a quasi-randomised trial

*Jane Lauridsen*¹

¹ Aarhus University Hospital, Occupational Medicine, Aarhus, Denmark

BACKGROUND

Sick leave during pregnancy is frequent with studies reporting proportions of sick leave between 36–75%. The most frequent reasons for sick leave in early pregnancy are nausea, vomiting and dizziness whereas Braxton Hicks contractions, low back and pelvic girdle pain are more common in late pregnancy. Further, sick leave is strongly associated with working conditions and appropriate organization on individual work.

OBJECTIVES

This study evaluates the effect of preventive sessions between pregnant employee, her manager and a midwife with the main focus to adjust working environment and guide pregnant employees on how to handle discomfort.

METHODS

The study is a quasi randomized trial with participation of all departments at Aarhus University Hospital, Denmark. Half of the departments are randomized to the intervention and half of the departments are randomized to a reference group. All employees and managers are offered two preventive sessions and the opportunity to contact the midwife at any time for support or guidance.

RESULTS

The primary outcome is mean number of days on sick leave and secondary outcome are pregnant employees' ratings on own physical and mental health, work ability and work-life balance. Data is collected through hospital payment system and survey.

CONCLUSIONS

Data collection is in progress, thus conclusions cannot be presented in this abstract but will be presented at the conference.

KEY MESSAGE

Data collection is in progress, thus key messages cannot be presented in this abstract but will be presented at the conference.

PA-102 - Implementing the biopsychosocial model as a framework for provision of respectful maternity care in Zambia

Concepta Kwaleyela¹, Maimbolwa Margaret², Ursula Kafulafula³

¹ Mulungushi University, Nursing and Midwifery, Kabwe, Zambia

² University of Zambia, Midwifery and Women's Health, Lusaka, Zambia

³ University of Malawi, Midwifery, Blantyre, Malawi

BACKGROUND

The field of respectful care has continued to grow with increased focus on women during pregnancy and childbirth, including the need to understand the comprehensive socio-cultural and gender-based influences in clinical settings, health systems and ultimately, health outcomes. It is against this background that the Ministry of Health (MoH) in Zambia partnered with the Midwives Association of Zambia (MAZ), with support from numerous stakeholders embarked on developing Respectful Maternity Care (RMC) guidelines for improving quality of care for mothers and newborns in health facilities, with an increased focus on respect and preservation of dignity.

OBJECTIVES

To implement a Biopsychosocial model as a framework for provision of RMC in Zambia, with the potential to significantly reduce disrespectful and abusive care of women during pregnancy, labour and delivery in health facilities.

METHODS

A longitudinal qualitative study using the action research paradigm, in which a group of pregnant women attended to by midwives who had undergone training in RMC based on the Biopsychosocial model were followed from 28 weeks antenatal through to the immediate postpartum periods. The same women were interviewed during the antenatal and postnatal periods using the same data collection tool. The women were from a health facility selected using purposive sampling based on anecdotal reports regarding low utilisation of labour and delivery services pointing to issues of disrespectful and abusive care provision by midwives in the labour ward.

RESULTS

Participants noticed a change in the way they were attended to during the first encounter with the midwives at antenatal and the subsequent visits, during labour and childbirth up to the six weeks postnatal visit. The description of the change was termed by one participant as "from a mechanical to a genuine politeness."

CONCLUSIONS

Participants were satisfied with the maternity care provided.

KEY MESSAGE

Understanding the Biopsychosocial model made provision of RMC easier.

PA-103 - The experience of Taiwanese midwives in the termination of pregnancy: a qualitative study

*Su-Chen Kuo*¹

¹ National Taipei University of Nursing and Health Sciences, Department of Nurse-Midwifery and Women's Health, Taipei, Taiwan

BACKGROUND

Termination of pregnancy is unique as an area of practice in that midwives are unlikely to be able to separate their own experiences from the care that they provide. The controversy surrounding therapeutic abortion is unremitting with public opinion often polemic and unyielding. Understanding the potential impact of such care experience may help midwives better look after themselves and the women and families under their care.

OBJECTIVES

The objective of the study was to provide insight into the experiences of midwives working in the labor and delivery unit for caring the termination of pregnancy.

METHODS

Using snowball sampling, this study recruited 13 midwives who had at least three years working experience in labor and delivery unit. Oral history approach was used to capture the experience, emotion, coping and adaptation of caring the termination pregnant woman. Data were collected via tape-recorded open-ended interviews. Each interview took one to three hours. Participants were interviewed one to three times. Data were analyzed using narrative analysis.

RESULTS

Five main themes emerged from the analysis: (1) the frustration and helplessness of the care of pregnancy termination, (2) the anger of elective termination of pregnancy, unable expressing the pain of emotions, (3) disapproval of termination of pregnancy and leaving the delivery unit, (4) unable choosing not to take care of pregnancy termination, (5) ethical conflicts in the care of the newborn.

CONCLUSIONS

Midwives have many negative experiences in terminating pregnancy to be concerned about. This study about assisting with pregnancy termination in Taiwan may enable critical comparison with studies carried out in other countries.

KEY MESSAGE

This study pointed out several suggestions of clinical practice, education, and policy of caring woman on pregnancy termination. Furthermore, these suggestions could assist midwives' training courses and self-supportive system.

PA-104 - The association of women's health literacy with plan pregnancies and the use of infertility treatment among Japanese workers: a web-based nationwide survey

Kazumi Kubota¹, Yuko Imamura², Shu Suzuki², Anna Kubota³

¹ The University of Tokyo Hospital, Department of Healthcare Information Management, Tokyo, Japan

² Health and Global Policy Institute, Health Policy Unit, Tokyo, Japan

³ Keio University, Department of Health Policy and Management, School of Medicine, Tokyo, Japan

BACKGROUND

Health is an essential element for women to take charge of their own life plans, including when they become pregnant, when they raise children, where and how they work, and how they make contributions to society. However, social support for the improvement of knowledge and behaviors related to women's health, and the promotion of women's health, is still insufficient.

OBJECTIVES

To examine the association of health literacy (HL) around women's health with plan pregnancies and the use of infertility treatment among female workers in Japan.

METHODS

A web-based nationwide survey was conducted in February 2018 among registered monitors of a survey company. The questionnaire included women's HL, planning for pregnancies, infertility treatment using, and demographic characteristics (e.g., age and education). Overall, 2,596 monitors with age, and regional profile matching Japan's national demographic structure were randomly invited, and the survey included the first 2,000 monitors (average age 35.8 years, SD = 8.1). Logistic regression analysis was conducted to compare adjusted plan pregnancies and infertility treatment among women's HL groups (i.e., Low- and High-HL). Results were also adjusted for demographics.

RESULTS

More than half (53.3%) of the women in this study was reported that they felt unable to plan their pregnancies. Logistic regression show that the High-HL group had a significantly higher odds ratio (OR) for the planning their pregnancies (OR = 1.88, $p < 0.01$) compare with Low-HL group after adjusting for covariates. In addition, the High-HL group had a significantly higher odds ratio (OR) for the initiating infertility treatment (OR 1.78, $p < 0.01$) compare with Low-HL group after adjusting for covariates.

CONCLUSIONS

This study revealed that high HL was associated with being able to plan pregnancies and the use of infertility treatment.

KEY MESSAGE

Midwives are expected to provide appropriate information to expectant mothers on planned pregnancy and fertility treatment.

PA-105 - The background of Finnish rape victims and the progress of their criminal procedure

Jenni Krogell¹, Saara Asmundela², Yrjö Reenilä³, Riina Korjamo⁴

¹ University of Eastern Finland, Department of Nursing Science, Kuopio, Finland

² Police of Finland, Central Finland Police Department, Jyväskylä, Finland

³ National Prosecution Authority, Prosecution District of Southern Finland, Helsinki, Finland

⁴ Helsinki and Uusimaa Hospital District, Gynecology and Obstetrics, Seri Support Center for Victims of Sexual Assault, Helsinki, Finland

BACKGROUND

Several factors increase vulnerability for sexual violence. Only a small number of rape cases are reported to the police and the criminal procedures are long-lasting. In Finland, the support services for rape victims are being centralized into multidisciplinary Seri Support Centers (sexual assault center, SAC) in which midwives coordinates the services.

OBJECTIVES

The objective of our study was to examine associations between background information of sexual assault victims and progression in their criminal procedure. The approvals were obtained from the Hospital District of Helsinki and Uusimaa, National Police Board of Finland, The National Prosecution Authority and The Legal Register Centre.

METHODS

This was a retrospective register-based study of the clients that attended the Helsinki Seri Support Center between 1 June 2017 and 31 May 2019 and had experienced sexual assault within one month before the visit. The data was collected from the medical records and statistics of the Seri Support Center. Progress of the criminal procedure were collected from the registers of the police, crown prosecution and the court. The data was analyzed statistically.

RESULTS

During the study period 688 first visits were recorded. Out of them, 509 (74 %) were reported to the police before 31 May 2020 and charges were considered in 249 (36 %) of those cases. Cases were more likely to be reported if help had been sought quickly and the victim had sustained physical injuries. Median time from reporting to the end of pre-trial investigation was 159 days and from decision to bring charges 412 days. Results of convictions are available at the time of the conference.

CONCLUSIONS

More support and legal advice should be provided in cases that are less likely to be reported to the police.

KEY MESSAGE

Knowledge of the criminal procedure and its timetable will help midwives to correctly inform and support rape survivors.

PA-106 - Expectations to the upcoming birth - a survey of women's self-efficacy and birth positions

Louise Lilleøre Kjeldsen¹, Hannah G. Dahlen², Rikke D. Maimburg¹

¹ Aarhus University, Department of Clinical Medicine, Aarhus N, Denmark

² Western Sydney University, School of Nursing and Midwifery, Sydney, Australia

BACKGROUND

Adopting an upright sacrum flexible might facilitate physiological childbirth, which many pregnant women wish for. A positive association between women's choice on birthing position and birthing experience has been found.

OBJECTIVES

The aim of this study was to examine women's preferred birth position, self-efficacy at term and their actual birth position at time of birth.

METHODS

A survey of 554 pregnant women at gestational week 38. Data was collected using an online survey and information was retracted from the woman's medical record. Descriptive statistics and non-parametric tests were used and univariate and multivariate logistic regression models were used to analyse the association between SE and fulfilled wish of birth position.

RESULTS

The majority of women (>70%) wished to give birth in a sacrum flexible position but more than 80% gave birth in a non-flexible position. Less than 50% had their wish of birth position fulfilled. All women reported overall high self-efficacy (68.12 (12.28)). No difference in having wish for birth position fulfilled was found comparing women with high and low self-efficacy.

CONCLUSIONS

Most women wished for a sacrum flexible position but more than 80% gave birth in a sacrum flexible position and less than 50% had their wish for birth position fulfilled. Level of self-efficacy did not affect the likelihood of having wish of birth position fulfilled indicating that the culture at the birth setting and skills and attitudes among birth providers may have a considerable impact on women's choice of birth position.

KEY MESSAGE

Pregnant women at term wish to give birth in sacrum flexible birth position. However, the wish for birth position is to great extent unmet since less than half of the women get their wish for birth position fulfilled.

PA-107 - The effect of antenatal education regarding caesarean section on psychological outcomes

Kanako Fukushima¹, Suzuna Shiratori², Mayu Kawaguchi³, Honoka Kitano³, Yuko Tokita³, Marie Furuta³

¹ Yodogawa Christian Hospital, Women's and maternity center, Osaka, Japan

² University Hospital, Prefectural University of Medicine, Neonatal Intensive Care Unit, Kyoto, Japan

³ Kyoto University, Human Health Sciences, Graduate School of Medicine, Kyoto, Japan

BACKGROUND

Posttraumatic stress disorder (PTSD) triggered by birth trauma negatively affects mothers and babies. Compared to vaginal birth, caesarean birth is more likely to be perceived by women as traumatic, particularly if performed in an emergency, thereby increasing the risk of PTSD and anxiety in the postnatal period.

OBJECTIVES

The aim of this systematic review was to investigate whether antenatal education on caesarean section reduces the incidence or prevalence of PTSD symptoms and other psychological symptoms such as anxiety following childbirth.

METHODS

We searched electronic databases including MEDLINE and Embase using search strategies based on groups of terms referring to populations and interventions of interest, supplemented by hand-searching. We included randomised controlled trials (RCTs) and non-RCTs examining the effect of antenatal education on postnatal psychological outcomes. At least two reviewers independently screened search results, extracted data, and assessed the risk of bias. Meta-analysis was conducted where possible. We assessed the overall quality of evidence according to GRADE (<https://www.gradeworkinggroup.org/>).

RESULTS

We screened the titles and abstracts of 19,100 studies and retrieved 92 full texts. Of these, seven studies were included based on pre-specified inclusion/exclusion criteria. We found no data on PTSD or posttraumatic stress symptoms. Meta-analysis indicated that antenatal education on caesarean birth effectively reduced state anxiety (4 RCTs, n = 680, MD -4.84, 95% CI -7.69 to -1.98, I-squared = 69%), but a statistically significant difference was not observed for trait anxiety. For both types of anxieties, the quality of evidence was rated 'very low' based on GRADE.

CONCLUSIONS

Given the recent increase in cesarean births worldwide, preventing psychological disorders related to cesarean birth is critical. Further research is needed to obtain robust evidence on the effectiveness of antenatal education in preventing PTSD and anxiety after cesarean birth.

KEY MESSAGE

Antenatal education on caesarean birth can effectively reduce state anxiety, but no data were available for PTSD/PTSD symptoms, requiring further research.

PA-108 - Assessing engagement with patient-generated health data recording and its impact on health behavior changes in multicomponent interventions: supplementary analysis

Kaori Kinouchi¹, Kazutomo Ohashi²

¹ *Osaka University Graduate School of Medicine, Children's and Women's Health, Area of integrated Health and Nursing science, Osaka Suita, Japan*

² *Otemae University, Faculty of Global Nursing, Osaka, Japan*

BACKGROUND

Patient-generated health data (PGHD) use could support patients' decision-making on preventive care management, resulting in reduced medical expenses. However, sufficient evidence on the use and sharing of PGHD is lacking, and the impact of PGHD recording on patients' health behavior changes remains unclear.

OBJECTIVES

This study aimed to assess patients' engagement with PGHD recording and to examine the impact of PGHD recording on their health behavior changes.

METHODS

This supplementary analysis used the data of 47 postpartum women who had been assigned to the intervention group of our previous study for managing urinary incontinence. To assess the patients' engagement with PGHD recording during the intervention period (8 weeks), the fluctuation in the number of patients who record their PGHD (ie, PGHD recorders) was evaluated by an approximate curve. In addition, to assess adherence to the pelvic floor muscle training (PFMT), the weekly mean number of pelvic floor muscle contractions performed per day among 17 PGHD recorders was examined by latent class growth modeling (LCGM).

RESULTS

The fluctuation in the number of PGHD recorders was evaluated using the sigmoid curve formula ($R^2 = 0.91$). During the first week of the intervention, the percentage of PGHD recorders was around 64% (30/47) and then decreased rapidly from the second to the third week. After the fourth week, the percentage of PGHD recorders was 36% (17/47), which remained constant until the end of the intervention. PFMT adherence was categorized into 3 classes by LCGM: high (7/17, 41%), moderate (3/17, 18%), and low (7/17, 41%).

CONCLUSIONS

The number of PGHD recorders declined over time in a sigmoid curve. Patients' engagement with PGHD recording was low. In addition, more than half of the PGHD recorders (moderate- and low-level classes combined: 10/17, 59%) had poor PFMT adherence.

KEY MESSAGE

These results suggest that PGHD recording does not always promote health behavior changes.

PA-109 - Changes in sleep quality, chronic stress and depressive status among perinatal women in Japan

Kumiko Kido¹, Yuko Uemura¹

¹ *Kagawa Prefectural University of Health Sciences, Nursing, Takamatsu, Japan*

BACKGROUND

Predicting and preventing deteriorating mental health is an urgent issue for preventing suicides due to postnatal depression in mothers in Japan. Notably, depression is associated with poor sleep quality. The sleep status of women during the perinatal period is significantly affected by changes in lifestyle associated with parenting. Changes in sleep quality during the perinatal period may strongly affect mothers' mental health.

OBJECTIVES

This study aimed to examine whether poor perinatal sleep quality was associated with an increased incidence of chronic stress and depression during the perinatal period.

METHODS

Four pregnant women were followed between the third trimester of pregnancy and 4 months postpartum. This study was approved by the ethical review committee of the Kagawa Prefectural University of Health Sciences (No.350). Participants were required to complete the Japanese Pittsburgh Sleep Quality Index (JPSQI) on sleep quality and sleep diary, the Patient Health Questionnaire-9 (PHQ-9), and the Japanese version of EPDS (J-EPDS) as a depression scale. Urine samples were requested at the same time as the questionnaire submission to assay urine biopirin (UBP) levels. All data were statistically analyzed, with a significance level of 5%.

RESULTS

The JPSQI and PHQ-9 were higher in the third trimester of pregnancy than in the early postpartum period. Sleep quality was related to the PHQ-9 and J-EPDS scores. However, the correlation coefficient of the PHQ-9 was stronger with the JPSQI than with the J-EPDS in the third trimester of pregnancy than in the early postpartum period. The JPSQI correlated with PHQ-9 and J-EPDS, but there was no correlation between the PHQ-9, J-EPDS, JPSQI, and UBP.

CONCLUSIONS

Sleep quality deteriorates and depressive symptoms worsen in the third trimester of pregnancy. Predicting changes in sleep quality during gestation and providing interventions may aid in the prevention of postpartum depression.

KEY MESSAGE

Sleep quality during the perinatal period may affect mothers' mental health.

PA-110 - CONNECT - COmmunity based maternity care for women liviNg in areas of ethNc divErsity and soCial disadvanTage: an intersectional approach

Zahra Khan¹, Cristina Fernandes-Turienzo¹, Zoe Vowles¹, Hannah Rayment-Jones¹, Seeromanie Harding², Jane Sandall¹

¹ King's College London, Department of Women and Children's Health, London, United Kingdom

² King's College London, Department of Nutritional Science, London, United Kingdom

BACKGROUND

Lambeth Early Action Partnership (LEAP), one of five "A Better Start" National Lottery programmes, funds a community-based caseload midwifery team that provides midwifery-led model of continuity of care in an area of high ethnic diversity and social disadvantage, as these women are disproportionately experiencing health inequalities. Pregnant women are referred based on a defined eligibility criterion of "vulnerability", as defined by LEAP, or if they are local to the services. Vulnerability is divided into two groups: women who find services hard to access and women needing multi-agency services.

OBJECTIVES

To evaluate the impact of a community-based midwifery-led continuity of care model of maternity care in an area of ethnic diversity and social disadvantage.

METHODS

A qualitative longitudinal study will be conducted, using semi-structured interviews, with women who received maternity care from the LEAP caseload team. Twenty women will be recruited and interviewed at three different timepoints, firstly, in their third trimester, secondly at 0-3 months postpartum and then lastly at 9-12 months postpartum. There will be a total of 60 interviews. Women will be excluded if they transferred from other hospitals at any point during pregnancy and were not exposed to the LEAP caseload team.

RESULTS

Data on several topics will be captured including experiences in receiving maternity care, perceptions of safety, quality and trust, access, referral and coordination with support services, advocacy, and engagement with the local community including the children's centre where their care is based. Data will be analysed using a thematic framework.

CONCLUSIONS

Community-based midwifery care models provide women with health and social care support in a locally accessible centre. Dedicated and personalised care for vulnerable women is provided by a caseload team.

KEY MESSAGE

A community-based caseload team that provides a midwifery-led model of continuity of care can benefit women living in an area of high ethnic diversity and social disadvantage.

PA-111 - Postpartum blues in Bintara Community Health Centre in January 2021 – February 2022

Desny Dwi Khairunnisa¹

¹ *Bintara Health Community Center, Health Department of Bekasi, Bekasi, Indonesia*

BACKGROUND

Postpartum Blues is one of the psychological disorders suffer by women during childbirth. This disorder is often ignored, undetectable so it can't be treated properly. In many cases Postpartum Blues can be developed into postpartum depression and even worse developed into postpartum psychosis. Mental distress can cause significant morbidity for both mother and infant during prenatal period. WHO recommends that all women are offered a mental health assessment in order to receive appropriate support. Postpartum Blues can be detected using a questioner of the Edinburgh Postnatal Depression Scale (EPDS), the most common screening for depression related to childbearing. This instrument contains ten items that reflect the patient's experience over the past week. The EPDS has been validated extensively to be used in the postpartum period and during pregnancy.

OBJECTIVES

This study aims to determine how the prevalence and the factors influence postpartum blues.

METHODS

The study employs a descriptive analytical and the design used was cross sectional. The data used primary data obtained from questionnaires (EPDS) and secondary data obtained from medical records. The subjects were 32 of mothers who gave birth in Bintara Community Health Centre. The data analysis techniques used a Chi-Square test.

RESULTS

The prevalence of Postpartum Blues in Bintara Community Health Centre using the EPDS is 8 mothers (25%). Risk Factors obtained in this study are ; mothers with age less than 20 years old or more than 35 years old (60%), Highly Educated (42,5%), Working (87,5%), Unexpected Baby's gender (50%), Primiparous (60%), Labour with inductions (63,6%), Lack of support from husband(60%).

CONCLUSIONS

There are a relation between postpartum blues with age of mother, education of mother, work, expectations of Baby's gender, parity, mother who had a labour with inductions, and support from husband.

KEY MESSAGE

Postpartum Blues, work, education, expectations of baby's gender, parity, labour with inductions, and support from husband.

PA-112 - Links of love and grief - mothers, daughters and pregnancy outcome in a high maternal mortality setting

*Annica Kempe*¹

¹ Karolinska Institutet, Department of Women's and Children's Health/ Reproductive Health, Stockholm, Sweden

BACKGROUND

Mortality of women and children in connection with pregnancy and childbirth is still high in many low-income countries. Yemen is such a country with a high maternal, perinatal and neonatal mortality.

OBJECTIVES

The aim of the study is to explore the association of reproductive mortality and mental health within and across generations of women in a high maternal mortality country, Yemen.

METHODS

The study on reproductive mortality and maternal mental health is a multidisciplinary (midwifery, obstetrics/ gynecology, social anthropology) study of mothers and daughters in three generations, initiated in Sana'a, Yemen, in 1997. The mother-daughter study is a retrospective as well as a prospective matched-pair case-control study designed to: 1) investigate the association between maternal, perinatal and neonatal mortality/ other severe delivery complications across generations; and 2) explore the association of these complications with the mental and emotional health of women and girls. In addition; 3) the following variables are examined: Antenatal care, childbirth care (location and type of attendance), fear of childbirth, perceived childbirth and postpartum support from care-giver/ s and/ or husband/ family, fertility, family planning and own decision power. The study protocol was implemented for 108 women with childbirth experience in four sections of Sana'a city (capital) and administered by twelve professional midwives employed by the city's main governmental and maternity hospitals. Respondents were purposely selected from the individually kept birth registries of the twelve midwives and interviews conducted in the home of each woman and her mother. Questions about grandmother were put to her daughter. The completion of the study during 2022 will include analysis also of selected great-granddaughters of this cohort.

RESULTS

Not yet available.

CONCLUSIONS

Analysis of data from Yemen will provide unique information on the trans-generational effects of maternal, perinatal and postnatal mortality and maternal mental health on reproductive mortality and trauma in future generations.

PA-113 - The association between gestational weight gain, pregnancy, and birth outcomes in Japanese women

Tanabe Keiko¹, Takahashi Yuki², Tamakoshi Koji²

¹ *Ichinomiya Kenshin College of Nursing, Nursing, Ichinomiya, Japan*

² *Graduate School of Medicine, Nagoya University, Department of integrated Health Sciences, Nagoya, Aichi, Japan*

BACKGROUND

In Japan, one in five pregnancies is underweight (BMI < 18.5 kg/m²). Subsequently, due to strict weight control by medical personnel, the number of low birthweight infants (< 2500 g) did not decrease. In 2021, a recommended weight gain of 2-3 kg above the previous standard was announced.

OBJECTIVES

This study aimed to determine the association between pregnancy weight gain and maternal and neonatal outcomes.

METHODS

In this study, 137 pregnant women from delivery facilities in the Tokai and Tohoku regions with weight gain data from 2018 to 2019 were included. Pre-pregnancy BMI was classified into three groups (underweight, appropriate, and overweight) using the new standard recommended weight gain. Gestational and delivery outcomes and birthweight were compared for each BMI. This study was approved by the Ichinomiya Kenshin University Academic Research Ethics Committee and has no conflict of interest.

RESULTS

The BMI group consisted of 23 underweight, 95 normal weight, 14 first-degree obese, and five second-degree and greater obese. During the pregnancy and delivery process, gestational weeks and birthweight of the normal weight group showed significant differences between appropriate and underweight, with the underweight showing lower values ($p = 0.044$ and $p = 0.003$, respectively). Similarly, gestational weeks in the obese group between the appropriate and underweight were significantly different, with the underweight having the lower value ($p = 0.024$). Significant differences in weight gain during the second and third trimesters were noted, with the obese group gaining the least weight ($p = 0.006$ and $p = 0.005$, respectively).

CONCLUSIONS

Therefore, conventional weight control is pervasive. The favorable perinatal outcome in pregnant women whose gestational weight gain was within the recommended new standard range indicates that the previous standard must be revised.

KEY MESSAGE

Since the new standards have been presented, pregnancy weight control and attitude changes toward weight gain will be reviewed to avoid intergenerational health effects.

PA-114 - Glucose variability during labour and birth in pregnant women with normal glucose tolerance: a case series

Rinko Katsushima¹, Akiko Nishimura^{1,2}, Yoshitsugu Chigusa³, Mayumi Azuma^{1,4}, Shin-ichi Harashima^{1,5}, Marie Furuta¹

¹ *Kyoto University Graduate School of Medicine, Department of Human Health Sciences, Kyoto, Japan*

² *Kagawa University, Department of Nursing, Faculty of Medicine, Miki-cho, Japan*

³ *Kyoto University Graduate School of Medicine, Department of Gynecology and Obstetrics, Kyoto, Japan*

⁴ *Miyazaki Prefectural Miyazaki Hospital, Department of Internal medicine, Miyazaki, Japan*

⁵ *Kyoto Goshominami Harashima Clinic, Department of Internal Medicine and Diabetes, Kyoto, Japan*

BACKGROUND

Maternal hyperglycaemia promotes insulin production and causes hypoglycaemia in newborn babies. Although clinicians recognise the importance of glycaemic control during labour and birth, there is no consensus in guidelines regarding target blood glucose levels for women with disorders of glucose metabolism. This is partly due to the lack of reference glucose levels and lack of a means to monitor blood glucose variability during labour and birth.

OBJECTIVES

In this case series, we examined healthy women's glucose fluctuations during labour and birth using a recently developed continuous glucose monitoring device.

METHODS

After obtaining ethics approval from the Graduate School of Medicine, Kyoto University (R2013), we recruited pregnant women with normal glucose tolerance at a university hospital in Japan. Written informed consent was obtained from the participants. They were fitted with a continuous glucose meter (FreeStyle Librepro[®], Abbott) for two weeks, including the labour and birth period. We analysed glucose fluctuations with software, Librepro[®] and EasyGV.

RESULTS

We included six healthy pregnant women. Glucose levels increased in all women as they approached the second stage of labour (mean = 68.53 mg/dL, SD = 14.99), peaked at birth (mean = 104.41 mg/dL, SD = 39.91) and decreased immediately after birth (mean = 84.43 mg/dL, SD = 24.04). Glucose levels rose again from one to four hours postpartum. During the study period, the percentage of time above the threshold, considered hyperglycaemic, was approximately 10% above 100 mg/dL, and 5% above 120 mg/dL. There was no neonatal hypoglycaemia.

CONCLUSIONS

Glucose levels fluctuated in healthy pregnant women, temporarily exceeding the glucose level (100 mg/dL or 120 mg/dL) currently used as target cut-offs during labour and birth. Further studies with larger samples are needed to derive valid, clinically relevant reference values.

KEY MESSAGE

Identifying reference values from blood glucose fluctuations in healthy pregnant women is important to avoid excessive medical intervention and to manage blood glucose safely for women with disorders of glucose metabolism.

PA-115 - The effect of peer counselling on women who experience recurrent pregnancy loss: a quantitative evaluation of autonomic nerve activity before and after counselling

Kumie Kataoka¹, Ayumi Ida², Shoko Nukui³

¹ Okayama University, Graduate School of Health Sciences, Okayama, Japan

² Faculty of Nursing, Setsunan University, Nursing, Osaka, Japan

³ Faculty of Health and Medical Sciences, Kyoto University of Advanced Science, Nursing, Kyoto, Japan

BACKGROUND

Women who experience recurrent pregnancy loss with need psychological support because of the high incidence of depression and other disorders.

OBJECTIVES

To examine the effectiveness of peer counseling for women experiencing recurrent pregnancy loss.

METHODS

Subjects were women who participated in peer counseling held between 2017 and 2019, and agreed to heart rate variation (HRV) measurements and psychological index testing before and after the peer counseling. HRV was used as a marker for overall autonomic nerve activity (TP), parasympathetic nervous system activity (HF), and sympathetic nervous system activity (LF/HF). For testing psychological indicators, K6 and others were used.

RESULTS

There were 36 participants in the analysis. The mean age of the subjects was 40.8 ± 3.9 years, and the number of miscarriages/stillbirths was 2.8 ± 1.6 times. In terms of HRV markers (mean \pm SD), TP was 775.7 ± 595.1 ms² before counseling and 732.3 ± 538.0 ms² after counseling; HF was 198.5 ± 173.6 ms² before counseling and 178.1 ± 186.3 ms² after counseling; and LF/HF was 3.2 ± 0.6 before counseling and 3.4 ± 0.6 after counseling, revealing no significant difference. Furthermore, there was no significant difference in terms of psychological markers before and after counseling. However, many participants acknowledged the benefit of counseling by writing comments after counseling, such as "I was encouraged to know that I wasn't the only one who had suffered," and "I became more positive again about having a baby by listening to the experiences of others." They also mentioned that having different backgrounds made it difficult to discuss their experiences.

CONCLUSIONS

Our study suggests that women who have experienced miscarriages/stillbirths require ongoing mental health care and that peer counseling constitutes a helpful component of such care.

KEY MESSAGE

Midwives must assess the needs of such women in order to provide them with the appropriate level of care.

PA-116 - Integrating Butterfly iQ point-of-care ultrasound into midwives' scope of practice in Blantyre, Malawi: a feasibility and acceptability study

Yankho Kanise¹, Mary Kachonde Mwale², Modesta Mwagomba³, Chipiliro Payesa⁴, Linly Seyama⁴, Pempho Nyangulu⁵, Wanangwa Kumwenda⁵, Anne Hyre⁶, Lisa Noguchi⁷

¹ Jhpiego, Antenatal/Postnatal Research Collective, Blantyre, Malawi

² Ministry of Health, Reproductive Health Directorate, Lilongwe, Malawi

³ Ministry of Health, Blantyre District Health Office, Blantyre, Malawi

⁴ Johns Hopkins Research Project, Antenatal/Postnatal Research Collective, Blantyre, Malawi

⁵ Kamuzu University of Health Sciences, Obstetrics and Gynaecology, Blantyre, Malawi

⁶ Jhpiego, Global Solutions and Innovations Division, Antenatal/Postnatal Research Collective, Baltimore, USA

⁷ Jhpiego, Maternal and Newborn Health, Antenatal/Postnatal Research Collective, Baltimore, USA

BACKGROUND

Current WHO and Malawi antenatal care (ANC) guidelines recommend one ultrasound scan before 24 weeks of gestation. However, antenatal ultrasounds are not performed routinely in Malawi, due to lack of access to equipment and skilled providers, which may result in maternal and fetal complications being missed. In Malawi, most ANC is provided by midwives. Our ongoing study evaluates integration of midwife-led ultrasound at a health center level, using the Butterfly iQ portable scanning device.

OBJECTIVES

1) Describe the feasibility of integrating midwife-led Butterfly iQ scans into ANC at health centers; 2) evaluate the acceptability of integrating midwife-led Butterfly iQ into ANC at health centers; and 3) describe selected service delivery outcomes among ANC clients that receive a scan performed and interpreted by midwives.

METHODS

This study is a multi-phase, mixed methods, implementation research study in 10 non-hospital health facilities. Phase 1 trained 50 midwives on limited obstetric ultrasound using Butterfly iQ. Phase 2 involves an iterative approach to improving ANC service delivery, with enrollment of 1500 ANC clients; and Phase 3 will evaluate the program through stakeholder meetings and focus group discussions, including a sample of trained midwives and the clients they scanned.

RESULTS

Results will be available for the June 2023 conference. Primary outcomes include the proportion of midwives who find the intervention feasible; ultrasound examinations meeting quality standards; ANC visits meeting quality standards; Butterfly iQ systems functioning at end of study; and participating facilities with enabling environments for improving ANC.

CONCLUSIONS

Integration of ultrasound into midwives' scope of practice, through training and ongoing mentoring by experienced scanners, may result in increased access to ultrasound and improvement of maternal and newborn care outcomes.

KEY MESSAGE

Through implementation research, we can systematically assess if midwife-led scans are feasible and acceptable to providers and patients, as Malawi aims to achieve the recommended standard for ANC ultrasound.

PA-117 - Reducing primary caesareans: the impact of unit culture on low-risk caesareans in a state-wide quality collaborative in the United States

Lisa Kane Low¹, Charley Jiang², Katie Moore², Jill Brown², Emily White-VanGompel³

¹ University of Michigan, School of Nursing, Ann Arbor, USA

² University of Michigan, Department of Obstetrics and Gynecology, Ann Arbor, USA

³ Northshore University Health System, Research Institute, Evanston, USA

BACKGROUND

The Obstetrics Initiative (OBI) is a Michigan statewide quality collaborative initiative of 75 hospitals focused on implementing strategies to support vaginal birth to safely reduce unnecessary cesarean births. Maternity unit culture has been cited as a factor in promoting or disrupting strategies to promote vaginal birth.

OBJECTIVES

To assess the association of maternity unit culture on the nulliparous, term, singleton, vertex cesareans (NTSV-CB) at the hospital level.

METHODS

Providers at collaborative hospitals were invited to complete a validated Labor Culture Survey that includes 27 Likert-style items covering 7 subscales measuring individual attitudes, beliefs and perceptions of unit practices. Descriptive statistics and multivariate Poisson regression was conducted measuring association between hospital-level means on each subscale and hospital-level NTSV-CB rates in 2019.

RESULTS

3151 maternity care professionals across 57 hospitals participated including 1,869 nurses, 574 obstetricians/family physicians, 144 midwives, 239 residents and 325 other team members. After adjusting for potential confounders, for every 1 point increase in the hospital staffs' agreement that their unit culture supports vaginal birth, their NTSV CB rate decreased by 31% (CI -0.48, -0.13, P = 0.0005). For every one point increase in agreement by the hospital staff endorsing the elements of patient safety, there is a 17% decrease in NTSV CB Birth Rate (CI -0.29, -0.05 P = 0.006). For every 1 point increase in agreement with the need for oversight of physician's cesarean decisions, there is a 33% increase in NTSV CB rates (CI 0.10, 0.55 P = 0.0042).

CONCLUSIONS

Understanding unit culture is a critical first step in implementing strategies to promote vaginal birth and reduce NTSV CB rates. Using these findings the quality collaborative is able to combine education about methods to promote vaginal birth with strategies to improve unit culture, communication, and approaches to teambased care.

KEY MESSAGE

Labor unit culture is a significant contributor to low risk cesarean birth rates.

PA-118 - Skilled nursing care by expert nurses: helping women who are unsure about continuing their pregnancy

Takada Masayo¹, Rie Kaguchi²

¹ Kobe City College of Nursing, Professor, Kobe City, Japan

² Kobe City College of Nursing, Assistant Professor, Kobe City, Japan

BACKGROUND

Women who have doubts about continuing their pregnancies feel difficulty, anxiety, and loneliness in making the decision to give birth or not, and seek people and places where they can seek advice.

OBJECTIVES

To identify what kind of care nurses provided to women who had unexpected pregnancies and consequently made the choice to continue with their pregnancies.

METHODS

Facilities where nurses were involved in the decision to interrupt or continue a pregnancy were asked to cooperate in the study. Semi-constructive interviews were conducted with 11 skilled nurses who agreed to participate in study. The interviews were analyzed qualitatively and descriptively.

RESULTS

The results suggested that upon first contact with the pregnant women, the nurses evaluated their facial expressions, attitudes, words, and actions. From their first impressions of the women, the nurses instantly grasped the thoughts and needs of each woman which led to care. The nurses created situations where the women could talk about their feelings. They also tried to get close to the women's true feelings, which were not expressed in words. The nurses then used their accumulated experience to provide the women with information they thought the women needed to make decisions based on their situations, and took the time to help them reach a decision within the limit of when an abortion was possible.

CONCLUSIONS

The nurses' care was characterized by waiting, watching, and being involved. In waiting, the nurse did not let the woman make a decision right away, but waited until the deadline when abortion was legally permissible to make a decision. In see, the nurse took in the woman's thoughts and needs from the moment she met her. Then, in "getting involved," based on their experience, they attended to the woman's wavering feelings and tried to help her make a final decision based on her resolve.

PA-119 - Factors influencing the sustainability of human milk donation to milk banks: a mixed-methods systematic literature review

Christelle Kaech^{1,2}, Catherine Kilgour^{1,3}, Céline Fischer Fumeaux^{4,5}, Claire de Labrusse², Tracy Humphrey¹

¹ The University of Queensland, School of Nursing, Midwifery and Social Work, Brisbane, Australia

² HES-SO University of Applied Sciences and Arts Western Switzerland, HESAV School of Health Sciences, Lausanne, Switzerland

³ The Royal Brisbane and Women's Hospital, Queensland Health, Brisbane, Australia

⁴ Lausanne University Hospital, Department Mother-Woman-Child, Clinic of Neonatology, Lausanne, Switzerland

⁵ University of Lausanne, Faculty of Biology and Medicine, Lausanne, Switzerland

BACKGROUND

Donor human milk (DHM) is the recommended best alternative for feeding vulnerable, preterm or low-birth-weight infants when their mothers' own-milk is unavailable or the supply insufficient. Compared to artificial milk, DHM protects infants against serious complications including necrotizing enterocolitis. In many countries, DHM demand exceeds supply, creating a public health dilemma.

OBJECTIVES

To identify factors that impact the sustainability of DHM donation to milk banks.

METHODS

A systematic literature review was performed on eight databases to retrieve articles published by December 2021. Full search strategy is published and available via Prospero (study #CRD42021287087).

RESULTS

From 6'722 screened references, 10 eligible studies were included; eight quantitative and two qualitative studies totalling 7'053 participants from five countries. The assessed methodological quality of studies was rated good (n = five), moderate (n = 3) and weak (n = 2). Overall, 30 factors influenced sustainability of donations to human milk banks, which were categorised into three major areas: (1) Donors (socio-demographic characteristics, motivation, donation history and duration), (2) Donor's infant health (gestation, birth weight, growth), and (3) Milk bank factors and systems (support). Analysis of included studies suggested that larger volumes of donated milk are associated with early donation, previous milk donation, longer duration of donation and when donor's infant is of smaller gestational age and weight.

CONCLUSIONS

Encouraging and supporting early donation and recruitment of donors whose infants are low gestational age and weight may drive donations of larger volumes of DHM to support vulnerable infants. Further research is needed to explore issues related to milk banks and their system features that support human milk donation sustainability.

KEY MESSAGE

Donor characteristics, the health of donors' own infant, milk bank factors and systems all influence milk donation volume, duration or recurrence. Early engagement with donor mothers particularly those with preterm infants may help promote and support milk donation.

PA-121 - Applying the Edmonton Obesity Staging System to birth outcomes in British Columbia 2008-2018: a retrospective cohort study

Cecilia Jevitt¹, Kathrin Stoll¹, Shadan Ashrafi²

¹ University of British Columbia, Midwifery/Family Practice, Vancouver, Canada

² University of British Columbia, Faculty of Medicine, Vancouver, Canada

BACKGROUND

Medical guidelines apply broadly to individuals with obesity without regard to metabolic health and obesity-related disease.

OBJECTIVES

This retrospective record review sought to identify pregnant individuals with metabolically healthy obesity.

METHODS

Using provincial records linking maternal and newborn outcomes, this study stratified 317,958 pregnancies between 2008-2018 births in British Columbia by WHO body mass index categories, then further stratified using a perinatal adaptation of the Edmonton Obesity Staging System (EOSS). EOSS stage 0 has no co-morbid disease, stage 1 has subclinical symptoms such as hyperlipidemia. Stage 2 includes obesity-related co-morbidities such as hypertension or diabetes. Stage 3 has obesity-related end organ disease exemplified by heart disease. EOSS stage 4 has severe end organ disease such as renal failure. Relative risk and 95% confidence intervals were calculated comparing obesity classes and EOSS stages.

RESULTS

Sixty-two percent of individuals with obesity had no prepregnancy co-morbid disease. Compared to those in stages 0 or 1, individuals with a BMI > 30 and EOSS stage 2 or 3 were twice as likely to experience a preterm birth, 2.7 times more likely to have a low birth weight baby, 1.3 times more likely to have a baby with apgars > 7 at 5 minutes, and 20% less likely to have a spontaneous vaginal birth (SVB). Individuals in obesity classes III or IV and EOSS stage 0 were 21 % less likely to have a SVB, 33 % less likely to attempt VBAC and 19 % less likely to have a VBAC compared to those with normal BMI and EOSS stage 0.

CONCLUSIONS

Almost 2/3 of pregnant individuals with BMIs > 30 have no obesity-related disease and are at lower risk for poor outcomes than those with obesity-related disease.

KEY MESSAGE

Including BMI and co-morbid disease in assessment may reduce unnecessary perinatal treatments, improve labor and birth options, and reduce iatrogenic harm.

PA-122 - SmartMom - texting for prenatal education

Patti Janssen¹, Shaina Pennington², Alex Sharp²

¹ University of British Columbia, School of Population and Public Health, North Saanich, Canada

² University of British Columbia, School of Population and Public Health, Vancouver, Canada

BACKGROUND

SmartMom is a prenatal education program delivered by text messaging. Women receive three text messages per week, linked to their gestational age to ensure that the messages are timely and relevant. Each message has a link to online or local information, including links to videos, quizzes and other interactive modalities. Women may tailor the program to their own needs by opting in to message streams related to alcohol use, smoking cessation, domestic violence, depression, weight gain, pregnancy loss and new immigrant status.

OBJECTIVES

To determine if participation in SmartMom:

- a) increased knowledge about pregnancy and birth;
- b) decreased depression in pregnancy and fear of childbirth.

METHODS

Participants completed a 10-item knowledge quiz, the Fear of Childbirth Scale, a 40 item, standardized self-report measure, and the Edinburgh Postnatal Depression Scale (EPDS), a 10-item self-report screening tool. We compared responses at enrollment to those at 38 weeks using paired t-tests.

RESULTS

Among 3000 participants, 60.3% were nulliparous, 12.3% were single parents, 16% were of indigenous ancestry and 88% were under the age of 25. Approximately 26% had no post-secondary education. Forty one percent had a score of <7 out of 10 on the knowledge test at enrollment and scores improved 7% on average, $p < .001$, during the pregnancy. We observed statistically significant decreases on the Fear of Childbirth scale (28.3 + 6.5 to 26.4 + 7.8), $p = .04$. Scores on the EPDS decreased on average from 6.4 + 4.2 to 5.8 + 4.3), $p = .004$.

CONCLUSIONS

Participation in SmartMom significantly improved health literacy in pregnancy and improved mental health outcomes.

KEY MESSAGE

With 99% of the Canadian population within cellular coverage, a texting program is an effective means of reaching pregnant women. SmartMom has the potential to improve health literacy and decrease fear of childbirth and prenatal depression among parturient women.

PA-123 - Evaluation of nappy rash in infants

Kristina Janouskova¹, Katerina Ratislavova¹, Eva Hendrych Lorenzova¹

¹ *Univerzity of West Bohemia, Department of Nursing and Midwifery, Plzeň, Czech Republic*

BACKGROUND

At present there are no valid tools available in the Czech Republic that would map the incidence and severity of nappy rash in infants. Nappy rash are one of the most common skin problems in newborns and infants. The prevalence of nappy rash is between 7–35% (Wolf et al., 2000; Philipp et al. 1997; Adalat et al., 2007). Accurate rapid and effective identification of nappy rash can facilitate midwifery care in primary or community care.

OBJECTIVES

The aim was to determine the reliability and usability of the assessment tools Scoring System for Diaper Dermatitis scale.

METHODS

The Scoring System for Diaper Dermatitis scale (Buckley et al. 2016) was used to evaluate nappy rash, which evaluates the incidence and severity of nappy rash in four domains according to the attached photo documentation.

RESULTS

The Scoring System for Diaper Dermatitis Scale was an accurate simple and fast tool that evaluated the incidence and severity of nappy rash in a matter of minutes. The reliability of the evaluation tool was verified by three evaluators. The agreement of the evaluators was considerable ($\alpha = 0.9540$). The assessment tool is reliable.

CONCLUSIONS

Based on the survey, the usability of the evaluation tool in practice was verified. The use of an appropriate assessment tool can improve the quality and efficiency of midwifery care for infants.

KEY MESSAGE

Nappy rash, Infant, infant skin, Midwife, Assessment tools.

PA-125 - Psychological preparation for pregnancy and childbirth: literature review on preconception care

*Mei Iwabuchi*¹

¹ Kobe City College of Nursing, Women's Health Care Nursing Division, Kobe City, Hyogo, Japan

BACKGROUND

Preconception care has been attracting attention in Japan due to the recent increase in infertility and pregnancy and delivery complications associated with later marriages and later childbearing. In addition, the number of births in Japan has been declining year by year, which is assumed to be related to the fact that women do not feel realistic about childbirth and have little opportunity to think about it or have accurate knowledge about it.

OBJECTIVES

The purpose of this study is to identify trends and future issues in these studies based on previous research on the support that should be provided in the future to inexperienced pregnant women when they wish to become pregnant and on the psychological preparation of preconception women.

METHODS

We used the Web version of the medical journal to search and refine by "preconception care", "adolescent" OR "college student" AND "maternal awareness", "pregnancy" AND "childbirth" AND "lifestyle".

RESULTS

Twenty-seven papers on "preconception care," 39 papers on "lifestyle," and 32 papers on "maternal attitudes" were extracted, from which 17 were finally selected.

CONCLUSIONS

The studies on preconception care were mainly related to smoking, weight, and thinness. Studies on pregnancy, childbirth, and lifestyle revealed the impact and image of pregnancy and childbirth on one's life. Research on maternal attitudes revealed that there were significant differences in attitudes toward raising the next generation depending on the relationship with mothers during childhood and whether or not they had experienced contact with mothers and their children. In the future, it is necessary to actively promote both the implementation of preconception care at many educational institutions and companies and support for the psychological aspects of pregnancy, childbirth, and child rearing toward positive acceptance of pregnancy, childbirth, and child rearing.

KEY MESSAGE

Preconception care and preconception preparedness will be increasingly needed in Japan.

PA-126 - Acupuncture in breech presentation at thirty-two weeks of amenorrhea experience from Gabon

*Anita Devi Ikogou*¹

¹ Ikogou Anita, Estuary, Libreville, Gabon

PURPOSE

In Gabon, qualified personnel are not available in all regions to ensure safe delivery in breech presentation. The rate of scheduled or emergency caesarean section in case of breech presentation is increasing as well as the neonatal death rate in case of vaginal delivery in breech presentation. Among all the solutions that are proposed to help the fetus to put itself in the cephalic position, we have used acupuncture.

DISCUSSION

To all pregnant women following an ultrasound between 31 and 38 weeks of amenorrhea, in whom a non-cephalic presentation is discovered we have practice an acupuncture session which consists of puncturing the external nail angle of the little toe bilaterally and applying a source of heat to these points for 5 to 7 minutes. The presentation is checked by ultrasound one to two days later. The session is repeated two to three times if the result is not conclusive after the first session. Control is always carried out using ultrasound.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Out of 106 women received between 31 and 38 SA during the year 2021 and 2022- 48 fetuses went into cephalic presentation, i.e. 40 after the first session and 8 after 2 sessions (45%)- 6 fetuses did not return after 3 acupuncture sessions (6%)- 52 women did not show up after the first session for verification (49%).

EVIDENCE IF RELEVANT

It is a method that we intend to popularize on the national level so that a critical mass of midwives are trained and master the technique and thus reduce the rate of delivery in breech presentation and the rate of cesarean related to seat presentation.

PA-127 - Investigating pregnant women's information needs for decision support

Ayumi Ida¹, Shoko Nukui², Kumie Kataoka³

¹ *Sestunan University, Faculty of Nursing, Hirakata, Japan*

² *Kyoto University of Advanced Science, Department of Nursing-Faculty of Health and Medical, Kyoto, Japan*

³ *Okayama University, Graduate School of Health Sciences, Okayama, Japan*

BACKGROUND

With the recent evolution in Information and Communication Technology, social media has become one of the main information sources for decision making.

OBJECTIVES

The purpose of this study was to investigate the informational needs of pregnant women in order to obtain basic data for considering specific methods of decision making support by midwives.

METHODS

This study evaluated 14,359 comments made by pregnant women on Women's Park, one of the largest women-only review sites in Japan, which is managed by Benesse Corporation. Text Mining Studio 5.2 of NTT Data Mathematical Systems Corporation was used for the analysis. Approval was obtained from the research ethics review committee the author's institution (No.28-0502).

RESULTS

Pregnant women's information needs in the first trimester of pregnancy were related to morning sickness, hyperemesis gravidarum, and threatened preterm delivery. In the second trimester, they were related to abdominal tightness and minor trouble. Abdominal distention was also a common concern in the second trimester. Pregnant women were not sure whether it was a sign of impending preterm labor, before 37 weeks' gestation, or whether it was Braxton-Hicks contractions or the beginning of delivery when the due date was near.

CONCLUSIONS

Pregnant women need information to resolve their concerns and reduce their anxiety regarding what health care providers perceive to be a normal pregnancy.

KEY MESSAGE

Midwives need to support pregnant women in assessing the quality of information that pregnant women consume, while referring to the opinions of other women. Pregnant women should also be supported to enhance their health literacy for improved personal decision making.

PA-128 - Analysis of factors promoting and hindering healthy diet adherence in women with gestational diabetes: a systematic review

Ching Wen Huang¹, Chun-Yi Tai², Jimmy Te³, Mei-Zen Huang⁴

¹ National Taipei University of Nursing and Health Sciences- and Taipei City Hospital, Department of Nursing, Taipei, Taiwan

² National Taipei University of Nursing and Health Sciences, College of Nursing, Taipei, Taiwan

³ Saint Paul's Hospital, Department of Obstetrics and Gynecology, Taoyuan, Taiwan

⁴ National Tainan Junior College of Nursing, Department of Nursing, Tainan, Taiwan

BACKGROUND

Women with gestational diabetes have a 7-fold higher risk of developing type 2 diabetes than healthy women. Despite the benefits of a healthy diet found in the literature, many women do not adopt healthy diets after childbirth.

OBJECTIVES

This study explored the factors this population experiences in following healthy dietary recommendations.

METHODS

A systematic search of the CEPS, CINAHL, PubMed, Cochrane library, and Web of Science databases was conducted to identify factors in either promoting or hindering healthy diet adherence in women with gestational diabetes. Searches were limited to studies published in English and Chinese from 2002 to 2022. A total of 292 studies were found in the first search. After removing the duplicates and applying the inclusion and exclusion criteria, nine studies were included in this review.

RESULTS

We found the following factors that influence a healthy diet adherence in women with gestational diabetes were motherhood roles and priorities, support system, life needs, personal dietary preferences and experiences, perceptions of developing diabetes and health literacy, expenses and access to resources, cultural norms, and religious beliefs. Interestingly, diabetes prevention programs were not a major contributor to healthy diet adherence in this group.

CONCLUSIONS

Women with gestational diabetes have multiple roles in the family after childbirth. Lack of time and energy is the main obstacle to their healthy eating. Nurses may use the internet to deliver an intervention to increase their healthy diet adherence. Cultural beliefs are another major factor. So culturally-tailored interventions should be provided for this group of women to lower their risk of developing diabetes.

KEY MESSAGE

Knowledge of different cultural beliefs should be included in the training programs for clinical maternal nurses to provide appropriate and actionable healthy diet plans. Relevant stakeholders should provide accessible and affordable healthy food for women with gestational diabetes.

PA-129 - Childbirth experience in women participating in a continuity of midwifery care project in a rural area of Sweden

Ingegerd Hildingsson¹, Annika Karlström², Birgitta Larsson³

¹ Uppsala University, Women's and Children's health Ref. 464INU, Uppsala, Sweden

² Mid Sweden University, Department of Nursing, Sundsvall, Sweden

³ Sophiahemmet university college, Nursing, Stockholm, Sweden

BACKGROUND

Continuity models of care are rare in Sweden, despite the evidence of their benefit to women and babies. Previous studies have shown certain factors are associated with a positive birth experience, including continuity of midwifery care.

OBJECTIVES

The aim was to investigate women's childbirth experiences in relation to background data, birth outcome and continuity with a known midwife, in women living in a rural area of Sweden with long distance to hospital.

METHODS

After the closure of a local labour ward women have to travel long distance to hospital. In this study women were offered continuity of midwifery care by a group of four midwives, during pregnancy and birth. The Childbirth Experience Questionnaire was used to determine women's birth experiences.

RESULTS

A total of 226 women responded to the follow-up questionnaire. Not living with a partner, fear of giving birth, and a birth preference other than vaginal were associated with a less positive birth experience. Having had a vaginal birth with no epidural, no augmentation and no birth complication all yield a better birth experience. Women who had had a known midwife were more likely to have had a positive birth experience overall, predominantly in the domain *Professional support*.

CONCLUSIONS

The results of this study showed that women who received care from a known midwife in labour were more likely to have a positive birth experience. The results also pointed out the benefits of a less medicalized birth as important for a good birth experience, and that some women may need extra support to avoid a less positive birth experience.

KEY MESSAGE

Midwifery continuity models of care benefit women in rural areas and create security when having to travel long distance to give birth. However, there is a need to recruit more midwives in order to deliver the service around the clock.

PA-130 - Caring for non-vaccinating parents - what can midwives do?

*Catherine Helps*¹

¹ University of Sydney, School of Public Health, Lismore, Australia

BACKGROUND

Midwives may feel ill-equipped to manage clinical encounters with non-vaccinating parents.

OBJECTIVES

Pregnancy is a peak time in the formation of parents' vaccination views and intention. Midwives are central to maternity care in Australia and across the world. When midwives provide care to non-vaccinating parents they must feel equipped to communicate with them in a manner which fulfils their professional responsibilities, acknowledges parental autonomy and facilitates continued engagement. This study provides clinical midwives with greater insight into the communication skills required to manage encounters with non-vaccinating families.

METHODS

Our understanding came from in-depth interviews with 32 non-vaccinating parents, six key informant health professionals, and a focus group of six midwives. Data collection occurred in an Australian community where childhood vaccination rates are persistently lower than national averages.

RESULTS

This presentation will touch on four central themes. The first, *'hold on...I'm not sure about this'* providing insights into moments of doubt preceding parents' decisions not to vaccinate. The second *'Pregnancy: a decision-making focal point'* reinforces the importance of effective vaccination recommendations in the antenatal period. *'Manipulation and ambivalence'* examines why overzealous or unclear recommendations about vaccination are unhelpful, and the fourth theme *'engage, inform and encourage'* summarise recommendations from health professionals who are experienced in communicating with non-vaccinating families.

CONCLUSIONS

Insights from our research encourage practical strategies which can be adopted by midwives and maternity units to manage clinical encounters effectively and professionally with non-vaccinating parents.

KEY MESSAGE

Midwives are well positioned to provide clear recommendations to parents regarding childhood vaccination whilst maintaining engagement and meeting the goals of woman-centred care.

PA-131 - What are the incentives that retain midwives in rural and remote areas in Sub-Saharan Africa? The case of Benin, Burkina Faso and Senegal

Marie Hatem¹, Hana Halabi-Nassif²

¹ *Université de Montréal, Médecine Sociale et Préventive, Montréal, Canada*

² *Université Saint-Joseph Liban, Public Health Institute, Faculty of Medical sciences and nursing, Beirut, Lebanon*

BACKGROUND

Effective retention of the health workforce is part of the Agenda for Global Action strategies. Through the Muskoka French Funds Initiative², targeting the MDGs 4 and 5 in Francophone Sub-Saharan countries, the UNICEF launched an operational research program to strengthen the human resources for mother and child, particularly midwives. The study was conducted through this program.

OBJECTIVES

To identify the incentives (training, financial, regulatory, support) that help retain midwives in remote areas and contribute to their satisfaction and that of the women recipient of their healthcare in Benin, Burkina Faso and Senegal.

METHODS

The analysis builds on a database collected within a multiple case study covering central, intermediate, peripheral health systems levels. The data are collected (2015–16) using 1) questionnaires (individual and group interviews); 2) observation checklists (e.g. antenatal care). Different categories of participants were selected purposefully (e.g. health/training institutions managers, midwives). Ethical considerations are addressed.

RESULTS

The findings include: 1) a description of the midwifery profile according to the health facility/country; and, 2) a comparison of several outcomes (e.g. quality of care, job satisfaction) by midwives whether or not having benefited from a retention strategy. A cross sectional analysis allows to reveal the factors enabling/limiting the effect of these strategies. The results are discussed regarding the literature covering the retention of the health workforce, midwives specifically, in similar countries and in the global environment.

CONCLUSIONS

The absence of career planning for midwives is one of the main reasons that makes them leave their position in remote areas. A variety of strategies and interventions are required addressing the education (curricula), professional (practice) and sociocultural (regulations, college, etc.) systems.

KEY MESSAGE

Recommendations for improving the retention of midwives are suggested; the goal is to improve maternal and newborn healthcare in remote areas and draw lessons to countries facing similar challenges.

PA-132 - The experience of pregnant women being offered influenza vaccination by a midwife

Suzanne Hardacre^{1,2}, Judith Carrier², Lucie Warren², Billie Hunter²

¹ Cwm Taf Morgannwg University Health Board, Women and Children, Corporate Nursing & Midwifery, Abercynon, United Kingdom

² Cardiff University, School of Healthcare Sciences, Cardiff, United Kingdom

BACKGROUND

The study explored pregnant women's experience of being offered influenza vaccination by their midwife and whether this affected women's decision to accept or decline the vaccine.

OBJECTIVES

- 1 To investigate factors which when drawn from women's experience of being offered the seasonal influenza vaccination, influence their decision to accept or decline the vaccine.
- 2 To explore whether women's experience of the antenatal environment in which the midwife / woman discussion takes place has any influence on the decision to accept or decline the vaccine.
- 3 To identify whether women's experience differs according to their geographical location.

METHODS

The study was carried out within a large University Health Board in South East Wales. Semi-structured interviews were held with twelve pregnant women. A qualitative descriptive approach was used and data were analysed thematically. The theoretical framework of 'reproductive citizenship' was used for interpretation of the study findings.

RESULTS

Participants believed they were not at risk of influenza yet had the vaccination regardless. Wanting to be a good mother and doing the right thing were evident, despite many competing priorities of pregnancy. The environment was not of concern and they displayed a quiescent approach to the influenza vaccination within the context of their antenatal care. Women placed trust in the midwife, relying on advice without question.

CONCLUSIONS

Fatalism, passive acceptance and influence of the healthcare professional was apparent. Participants spoke warmly of the 'good midwife'. Superstition explained perception of risk. Fate, luck, perceived lack of control over life events framed women's views. Women trusted the midwife taking comfort that she was making the right decision 'for them' displaying traits of quiescent reproductive citizenship.

KEY MESSAGE

Vaccination and disease were perceived to be low down amongst many competing priorities of pregnancy. Participants did not believe that they were at risk of influenza disease shifting responsibility and trusting the midwife.

PA-133 - Work engagement and nursing autonomy of Japanese nurses and midwives

Michiyo Harada¹, Noguch Makiko²

¹ Tokyo Medical University, School of Nursing, Tokyo, Japan

² Japanese Red Cross College of Nursing, Faculty of Nursing, Tokyo, Japan

BACKGROUND

While research has focused on the negative aspects of the working conditions of nurses, such as stress and burnout, recent years have seen a focus on work engagement, the concept of working with vitality and vigor. It is not clear about the work engagement of Japanese nurses, midwives and managers.

OBJECTIVES

The purpose of this study was to identify the work engagement of nurses, midwives, and nursing managers.

METHODS

A self-administered questionnaire survey was administered to nurses and midwives working in Japanese hospitals, using work engagement, self-efficacy, and autonomy scales. The study was approved by the Research Ethics Review Committee of the School of Nursing and Medical Care at Keio University.

RESULTS

Data were collected in 2018 and 329 were analyzed. 78.1% of the respondents "felt" that their jobs were worthwhile. Satisfaction with work-life balance was "not satisfied" at 55.4%. Work Engagement was found to be significantly related to "existence of people to consult" and "existence of lively coworkers. The presence of people to whom one can turn for advice was significantly related to Work Engagement. There were significant positive correlations between Work Engagement and GSES standardized scores, and between all variables in the Nurses' Autonomy Scale. All Pearson correlation coefficients were greater than or equal to 0.3, with the exception of the ability to make autonomous judgments on the Nursing Professions Autonomy Scale, which had a correlation coefficient with Work Engagement, and the ability to practice on the Nursing Professions Autonomy Scale.

CONCLUSIONS

It is necessary to improve the working environment for nurses and midwives, including improving their satisfaction with work-life balance.

KEY MESSAGE

It is necessary to emphasize the human, social, economic, and environmental factors that are ICM strategic priorities for seamless engagement, to create a system to support the professional connections of nurses and midwives, and to enhance their autonomy, as professionals.

PA-134 - Women's experiences of recurrent pregnancy loss in Japan: a qualitative descriptive study

Kumiko Hada¹, Mitsuko Ohira²

¹ Himeji University, Faculty of Nursing, Oshio, Himeji, Hyogo, Japan

² Hiroshima University, Graduate School of Biomedical and Health Sciences Midwifery and Maternal Child Nursing, Hiroshima, Japan

BACKGROUND

Women with recurrent pregnancy loss (RPL) are more depressed and anxious than men, and poor marital relationships are associated with women's psychological adjustment disorders. Supportive relationships are important for RPL couples.

OBJECTIVES

We clarify the characteristics of the female experience of RPL couples and the support for couples based on the results.

METHODS

Semi-structured interviews were conducted with 13 women examined at the outpatient department of a hospital specializing in treating RPL, after permission from the ethics review committee. The results were analyzed using a qualitative descriptive approach. There is no COI for this study.

RESULTS

The women's experiences were divided into nine categories, describing the chronological process during RPL. The woman experienced (i) "feeling unstable due to repeated miscarriage;" and she experienced (ii) "anxiety and emotional suppression during subsequent pregnancy" (after the miscarriage). A third miscarriage caused the woman to be (iii) "frightened by RPL" and (iv) feel "confined by the desire to have children." The miscarried child was regarded as (v) "our child who is invisible," and while experiencing various emotions toward the husband, subjects were (vi) "rebuilding the marital relationship" and hoping for (vii) "supervision from the family." For medical support, subjects requested (viii) "use of affective and loving care and efforts for early RPL treatment," and for social support, the women requested (ix) "an improved environment, providing accurate information and consultation."

CONCLUSIONS

Based on the experiences of women with RPL, priorities include providing appropriate nursing support through gentle care and creating an environment where emotions can be expressed, because the grief process after miscarriage progresses physiologically. It is important to understand RPL's psychological characteristics and provide sensitive care during pregnancy.

KEY MESSAGE

The comfort that women desire from their husbands requires providing social support to each couple, disseminating knowledge about RPL, and establishing a consultation desk.

PA-135 - The development and psychometric testing of a non-invasive labor progress evaluation tool

Meei-Ling Gau¹, Wan Lim Pan², Li-Li Chen²

¹ National Taipei University of Nursing and Health Sciences, Graduate Institute of Nurse-Midwifery, Taipei, Taiwan

² National Taipei University of Nursing and Health Sciences, School of Nursing, Taipei, Taiwan

BACKGROUND

Vaginal examinations (VEs) are the most common method for assessing labor progression. Most clinicians agree that this method is quick, simple, and straightforward, but they do not consider the discomfort and awkwardness that expectant mothers experience during a VE.

OBJECTIVES

To develop a non invasive labor progress evaluation tool (NILP) and test the reliability and validity.

METHODS

The study was to test the reliability and validity of the scale for nursing staff who have worked in the delivery ward for at least 1 year; 50 participants are enrolled for each stage of labor, resulting in a total of 150 respondents. To assess content and expert validity and the consistency reliability among the raters, reliability and validity tests are conducted by analyzing the intragroup correlation coefficients and concurrent validity with VE, and purple line.

RESULTS

The results showed the assessment instrument included uterine contraction, body appearances, breathe pattern, expression, responses, verbal /non verbal, and tone. The ICC correlation between item categories were 0.72. The inter-rater reliability was 0.85. There were a positive correlation between the purple line and VE. The sensitivity of the instrument was 0.72.

CONCLUSIONS

The NILP is a reliable and valid instrument to assess labor progress.

KEY MESSAGE

The NILP can also be used as an auxiliary tool to assess labor progress and may result in a more mother-friendly maternity care environment that better meets the needs of pregnant women.

PA-136 - How do Australian midwives conceptualise intrapartum risk?

Laura Gabriel¹, Rachel Reed², Marc Broadbent²

¹ Griffith University, School of Nursing and Midwifery, Meadowbrook, Australia

² University of the Sunshine Coast, School of Nursing, Midwifery & Paramedicine, Sippy Downs, Australia

BACKGROUND

Midwifery care is increasingly viewed as an inherently risky area and organisational risk management and clinical governance has a significant impact on contemporary midwifery practice. However, increasing the focus on risk management does not necessarily facilitate the safety of the woman and her baby. The International Confederation of Midwives, state that midwives have a role in advocating for non-intervention in normal child-birth, however midwives require considerable emotional input to facilitate this.

OBJECTIVES

To identify the qualitatively different ways that Australian midwives conceptualise intrapartum risk.

METHODS

Using a phenomenographic methodology, 13 Australian midwives participated in in-depth interviews.

RESULTS

The findings identified that midwives conceptualise risk as the industrial nature of maternity care and that they are trying to facilitate physiology while working in a biomedical context. This is evidenced by increasing surveillance, technology and intervention which is used to mitigate litigation and scrutiny from the trans-disciplinary milieu. The birthing woman herself is understood as a risk due to risk labelling or by the relationship between the woman and the midwife. Emotional-social and cultural risk were also a significant conceptualisation, with midwives describing that current birthing practices increased emotional risk and for women and policies relating to care for First Nations women posed a significant risk. Findings from this study reinforce that for many women, care by a known midwife helps to mitigate intrapartum risk.

CONCLUSIONS

Midwives' conceptualisation of intrapartum risk is multi-faceted, the complexities of which impacts the way in which midwives care for women in this time.

KEY MESSAGE

Whilst supporting intrapartum physiology is paramount for most midwives, this is being eroded by risk management strategies which amplify iatrogenic risk. This is negatively impacting midwives' efficacy and ability to collaborate and advocate for the woman they care for.

PA-137 - A qualitative study of the changing needs of women and the role of the independent midwife

Wakako Fujita¹, Karin Ohmura², Mizuki Niki³, Chiharu Fukushima⁴, Saki Nakahira⁵

¹ Nagasaki University, Institute of Biomedical Sciences, Nagasaki, Japan

² Osaka City General Hospital, Department of Nursing, Osaka, Japan

³ Wakayama Medical University Hospital, General Perinatal Center, Wakayama, Japan

⁴ Wakayama Rousai Hospital, Department of Nursing, Wakayama, Japan

⁵ Wakayama Medical University Hospital, NICU Unit, Wakayama, Japan

BACKGROUND

In Japan, medical law grants midwives commencement of practice. The number of births at midwife-led birth centers has continued to decline, from 137,292 (8.5%) in 1960, 59,925 (3.8%) in 1980, 11,353 (1.0%) in 2000, and 4,238 (0.5%) in 2019. In Wakayama Prefecture, 74 of the 5,868 annual deliveries (1.5%) in 2019 were at midwife-led birth centers, which was higher than the national average.

OBJECTIVES

This study aimed to clarify the perceptions of independent midwives regarding the changing needs of pregnant and postpartum mothers and examine the future role of midwife-led birth centers.

METHODS

From the list, we recruited independent midwives who run midwife-led birth centers in Wakayama prefecture. We visited seven facilities with consent in September and October 2019 for five days. We conducted semi-structured interviews with an interview guide for one hour to seven midwives. Using the qualitative content analysis method, we created a transcript and extracted codes and categories along with research questions.

RESULTS

The following six categories were extracted: "Unchanged essential role in supporting natural birth," "Increased role in childcare support," "Enhanced postpartum care," "Assistance in family formation," "Emotional support to women," and "Ensuring a perinatal health care system that works with the community." They recognized the growing need for childcare and provided emotional support to mothers through frequent consultation. It is one of the strengths of independent midwives, who can build ongoing relationships in the community. They also focused on building a secure medical care system cooperating with the district.

CONCLUSIONS

Independent midwives' strength is to provide continuous care to women in the community. While maintaining their essential role in supporting natural vaginal births, they provide various care that meets the needs of today's Japanese women.

KEY MESSAGE

With Japan's declining birthrate, independent midwives have both an unchanging and a new role to play in meeting the changing needs of women.

PA-138 - Research on body image and desire to lose weight among young women

Rio Fujii¹, Izumi Fujioka², Yukari Morisue²

¹ *Kobe City College of Nursing, Women's Health Care Nursing Division, Kobe City, Hyogo, Japan*

² *Kagawa Prefectural University Of Health Sciences, Nursing, Takamatsu city-Kagawa, Japan*

BACKGROUND

Young women in Japan generally have an extreme desire to be thin and a distorted body image (BI), such as "wanting to be thin" or "wanting to lose weight," even though they have a standard body shape (or thin body shape) compared to men of the same age group. The body image (BI) is distorted. It has been shown that those who have a false BI of being fatter than their actual body shape are at high risk of excessive dieting, which also causes health problems.

OBJECTIVES

To examine the distortion of BI in young women and factors related to it, what problems exist behind the desire to be thin, and lifestyle habits (diet, exercise, and sleep) depending on whether or not BI is distorted.

METHODS

An online (Google Forms), self-administered, anonymous questionnaire survey was conducted on 180 third- and fourth-year university students at Kagawa Prefectural University of Health Sciences who gave their consent. The collected data were statistically analyzed using SPSS Ver. 24.0.

RESULTS

The subjects were 78 women and 12 men whose questionnaires were collected. 49 (63%) of the women were in the group without BI distortion, and 29 (37%) were in the group with BI distortion. About 80% of both the group with BI distortion and the group without BI distortion had lost weight. The most common reason for wanting to lose weight was "Thinner is more beautiful" for both the group without BI distortion and the group with BI distortion.

CONCLUSIONS

1. The group with BI distortion may have been dieting more diligently than the group without BI distortion in an attempt to get closer to their ideal weight.
2. "Thinner is more beautiful" was the most common reason for wanting to lose weight in both the no-body distortion and body shape distortion groups.

PA-139 - Changes in breastfeeding self-efficacy after a brief motivational intervention

Cristina Franco Antonio¹, Esperanza Santano-Mogena¹, Sergio Cordovilla-Guardia¹

¹ University of Extremadura, Nursing, Caceres, Spain

BACKGROUND

Breastfeeding self-efficacy (BSE), women's confidence in their ability to breastfeed, is an important determinant of BF duration.

Brief Motivational Intervention (bMI), based on motivational interviewing, is a therapeutic approach that encourages self-efficacy and may have a positive effect on BSE.

OBJECTIVES

- (a) explore the effect on BSE of a bMI applied in the immediate postpartum period and reinforced by telephone calls,
- (b) analyze the role of general self-efficacy in this relationship, and
- (c) explore which components of BSE were modified by the bMI intervention.

METHODS

A randomized, parallel-group clinical trial was carried out. 88 women were randomly allocated in an intervention group (who received a bMI in the immediate postpartum) or in a control group (who received an educational session on breastfeeding). Changes in BSE and its dimensions and the interaction and mediation/moderation of general self-efficacy were analyzed.

RESULTS

The intervention group had higher scores at each follow-up time point with a 3.9-point difference at the first month (95% CI: 0.2-7.7; $p = 0.049$), a 4.1-point difference (95% CI: 0.8-7.5; $p = 0.015$) at the third month, and a 4-point difference (95% CI: 0.9-7.1; $p = 0.013$) at the sixth month.

General self-efficacy exerted a moderating effect on the association of bMI with BSE change. The effect of bMI was no longer significant when the general self-efficacy score was above 84.

The bMI group was found to have higher scores than the control group in the "technique" dimension at 1 and 3 months and in the "intrapersonal thoughts" dimension at 3 and 6 months.

CONCLUSIONS

bMI is effective increasing BSE. The bMI resulted in greater increases in BSE in women with lower baseline general self-efficacy. bMI was most effective in producing improvements related to motivation, satisfaction, and coping with breastfeeding.

KEY MESSAGE

bMI is an effective approach to increase BSE.

The General self-efficacy conditions the intervention efficacy, being more effective in women with lower general self-efficacy.

PA-141 - 2YoungLives: a mentoring scheme to save lives of adolescent girls and their babies in Sierra Leone

Cristina Fernandez Turienzo¹, Margaret Kamara², Lucy November¹, Prince T Williams³, Philemon Kamara³, Suzanne Thomas², Paul Seed¹, Andrew Shennan H¹, Jane Sandall¹

¹ King's College London, Department of Women and Children's Health, London, United Kingdom

² Welbodi Partnership, Welbodi Partnership, Freetown, Sierra Leone

³ Lifeline Nemeniah Projects, Lifeline Nemeniah Projects, Sierra Leone, Sierra Leone

BACKGROUND

In 2017, a mentoring scheme (2YoungLives, 2YL) was developed as an upstream solution to maternal and perinatal mortality for adolescent girls and babies in Freetown, Sierra Leone (SL). Pregnant girls are supported by mentors to: attend antenatal care and deliver at facilities; re-establish family connections; have practical advice about childbirth, parenting, health-seeking behaviour, contraception; support for small business start-up; re-engage with school or start vocational learning. After a small-scale pilot across 4 districts, 2YLs has mentored over 200 girls with no maternal deaths and 8% perinatal loss. Girls report close loving relationships with mentors, and a sense of agency/wellbeing from the educational, socio-economic elements of the scheme.

OBJECTIVES

2YL is one of the main workstreams of a new NIHR multidisciplinary global health research group that aims to develop and evaluate innovative, scalable interventions to reduce maternal and perinatal mortality in SL. We aim to formally evaluate the feasibility and implementation of 2YL and inform procedures for a larger national scale up programme.

METHODS

A cluster randomised controlled pilot trial is ongoing in 12 communities covering facilities in both rural + urban areas. Primary outcome: composite of maternal and neonatal mortality. A mixed methods process evaluation is also exploring implementation outcomes, mechanisms of impact, and experiences of care, health and wellbeing. Trial registration: ISRCTN32414369.

RESULTS

We will share preliminary findings at the ICM 2023 Conference.

CONCLUSIONS

We believe 2YLs directly addresses key government priorities with a community-run, sustainable intervention which complements statutory services (i.e. free maternity care, free secondary education). Pilot data is promising and 2YL has been included in the 2022 UNFPA State of the World Population Report and a BBC World Service 'People fixing the World' program.

KEY MESSAGE

2YL has the potential to become one of the most impactful interventions to save lives and promote wellbeing of adolescent girls and their babies in SL.

PA-142 - Perinatal outcomes of socially disadvantaged women in Victoria, Australia: a population-based retrospective cohort study of 1,188,872 singleton births 1999–2016

Fiona Faulks¹, Touran Shafie², Helen McLachlan², Edvardsson Kristina³, Della Forster², Ingrid Mogren⁴, Copnell Beverley⁵

¹ La Trobe Rural Health School, Department of Health Sciences, Strathdale, Australia

² La Trobe University, Judith Lumley Centre, Melbourne, Australia

³ La Trobe University, School of Nursing & Midwifery/Judith Lumley Centre, Melbourne, Australia

⁴ Umea University, Department of Clinical Sciences, Umea, Sweden

⁵ La Trobe University, School of Nursing & Midwifery, Melbourne, Australia

BACKGROUND

Disadvantaged women are consistently overrepresented in the data for adverse maternal and neonatal outcomes. Deprivation, stress, and low engagement with pregnancy care contribute to these outcomes. Social determinants of health also contribute to poorer maternal and neonatal outcomes. The authors are not aware of any studies that have analysed population-based data exploring multiple key social determinants *and* associated perinatal outcomes that demonstrate the impact of disadvantage not only for the mother but also for the fetus or neonate.

OBJECTIVES

To examine the perinatal outcomes of women who experience social disadvantage using population-based perinatal data collected between 1999 and 2016.

METHODS

Cohort study using routinely collected perinatal data. Multiple logistic regression was performed to determine associations between social disadvantage and adverse maternal and neonatal outcomes with confidence limits set at 99%. Time trend analysis for perinatal outcomes was performed in relation to area level disadvantage measures.

RESULTS

Social disadvantage was associated with higher odds of adverse perinatal outcomes. Disadvantaged women were more likely to be admitted to ICU, have a PPH or experience perinatal mortality (stillbirth or neonatal death) and their neonates more likely to be admitted to SCN/NICU, be born preterm and be LBW. A persistent social gradient existed across time for the most disadvantaged women for all outcomes except caesarean section.

CONCLUSIONS

Social disadvantage has a marked negative impact on perinatal outcomes. Strategies that improve access to, and reduce fragmentation in, maternity care in addition to initiatives that address the social determinants of health may contribute to improving perinatal outcomes for socially disadvantaged women.

KEY MESSAGE

System wide reform is required to address the social determinants of health impacting on disadvantaged women and their newborns is to mediate the impact of social disadvantage.

PA-143 - Establishment the clinical guidelines for preventing postpartum urinary retention after vaginal birth

*Yueh Yin Fang*¹

¹ Cheng Hsin General Hospital, Department of Obstetrics and Gynecology, Cheng Hsin General Hospital, Taipei, Taiwan

BACKGROUND

The incidence of postpartum urinary retention in Taiwan is 7.78%, much higher than western countries. It may cause irreversible damage to the bladder in their future life.

OBJECTIVES

the objective of this study was to establish the clinical guideline of preventing postpartum urinary retention of vagina delivery.

METHODS

The first stage was to establish the clinical guideline draft through systematic review method. Second, we conducted the expert validity by Modified Delphi method. Third, we constructed a clinical feasibility study by questionnaire through northern, middle and eastern Taiwan totally 61 clinical delivery room staff within medical centers and regional hospitals.

RESULTS

we established the clinical guideline draft contained four dimensions, including comprehensive review 4 items,- clinical assessment 10 items, 23 items prevention and nursing interventions, and medical treatment 4 items totally 40 items. In the second stage, there was additional one item suggested by experts. After discussion, we accepted this suggestion. With total 41 items, most of the items feasibility meets 90% present agree, one item only 70%, thorough i discussion, we decided downgrade the recommendations.

CONCLUSIONS

The postpartum urinary retention problem requires all medical colleagues pay attention by early prevention to avoid long-term urinary problems of women. We set up a promoting team to be responsible for the clinical application and education of the guideline, and we establish a high-risk screening for urinary retention in the nursing information system within a Northern medical center in Taiwan. The guidelines provide a labor care reference for clinical professionals.

KEY MESSAGE

Vagina delivery, postpartum urinary retention, Risk factor, Assessment, Prevention, Intervention.

PA-144 - Stakeholders' views of the Baby Friendly Initiative implementation and impact: a mixed methods study

Frankie Fair¹, Hora Soltani¹, Alison Morison¹

¹ *Sheffield Hallam University, College of Health, Wellbeing and Life Sciences, Sheffield, United Kingdom*

BACKGROUND

Breastfeeding is beneficial for mothers and babies however breastfeeding rates remain sub-optimal globally. The Baby Friendly Initiative (BFI) was established in 1991 as an intervention to support healthy infant feeding practices, but its global coverage remains low at around 10%.

OBJECTIVES

To explore stakeholders' views of the BFI programme, the barriers and facilitators to accreditation and the BFI's perceived impact.

METHODS

A mixed methods approach was used including an online survey distributed through professional networks and individual semi-structured interviews. Survey data was analysed using descriptive statistics and simple content analysis. Interview data was analysed using inductive thematic analysis. Ethical approvals were obtained.

RESULTS

The survey was completed by 322 respondents, who were from varied professional backgrounds and currently worked in different roles including direct care of women and their families, public health, commissioning, and education. Fifteen key stakeholders and two maternity service users undertook interviews. Three overall themes were identified. Firstly, BFI was seen as an agent for change. Most perceived the need to implement the whole package, but views were mixed regarding its impact and the accreditation process. Secondly, BFI was regarded as one part of a bigger jigsaw, with no single intervention viewed as adequate to address the complex cultural context and social and health inequalities that impact upon breastfeeding. Finally, provision of breastfeeding education and cultural change was viewed as essential for women, staff and society.

CONCLUSIONS

BFI was not viewed as a magic bullet intervention. To create a supportive breastfeeding environment within society a holistic approach is required, that includes social and cultural changes such as education at school, positive messaging around breastfeeding within the media, and fully banning advertising of breastmilk substitutes.

KEY MESSAGE

To fully support breastfeeding multiple interventions are required to address current health inequalities and the cultural and social aspects of infant feeding.

PA-145 - Remotely delivered interventions to support women with symptoms of anxiety in pregnancy: mixed methods systematic review and meta-analysis

*Kerry Evans*¹

¹ University of Nottingham, School of Health Sciences, Nottingham, United Kingdom

BACKGROUND

Symptoms of anxiety are common in pregnancy, with severe symptoms associated with negative outcomes for women and babies. Remotely delivered interventions have been suggested to improve access to treatment and provide a cost-effective, flexible, and timely solution.

OBJECTIVES

To identify and evaluate remotely delivered, digital, or web-based interventions to support women with symptoms of anxiety during pregnancy.

METHODS

This mixed methods systematic review followed a convergent segregated approach to synthesise qualitative and quantitative data.

RESULTS

Three qualitative and 14 quantitative studies were included. Populations included a general antenatal population and pregnant women having anxiety and depression, fear of childbirth, insomnia, and preterm labour. Interventions included cognitive behavioural therapy, problem solving, mindfulness, and educational designs. A meta-analysis found internet-based cognitive behavioural therapy and facilitated interventions showed beneficial effect in relation to the reduction of anxiety scores. Due to limitations in the amount of data and study quality, findings should be interpreted with caution. Synthesised findings found some evidence that interventions are more effective when women maintain regular participation which may be enhanced by providing contact with therapists or peer support, appropriate targeting of interventions involving components of relaxation and cognitive-based skills.

CONCLUSIONS

There is limited evidence to suggest that pregnant women may benefit from remotely delivered interventions. Intervention components that may improve effectiveness and acceptability included web-based contact with a therapist, healthcare professional, or peer community. Women may be more motivated to complete interventions that are perceived as relevant to their needs. Remote interventions may provide greater anonymity to help women feel more confident in disclosing symptoms.

KEY MESSAGE

For some women, remotely delivered interventions provided a timely and flexible approach and useful coping strategies. Research is required to tailor interventions to meet the needs of diverse populations and maximize the potential for maternity care professionals to provide support, and motivation, enhancing the digital therapeutic approach.

PA-147 - Induction of labour: more than a date of birth

Christine East¹, Brooke Owen²

¹ Mercy Health and La Trobe University, Nursing and Midwifery, Bundoora, Australia

² Mercy Health, Women's and Children's Program, Melbourne, Australia

BACKGROUND

High level evidence suggests that a woman's mode of birth does not differ whether her labour occurs spontaneously or is induced. At the maternity service level, however, the data may reflect a range of practices and outcomes.

OBJECTIVES

To explore clinical outcomes following expectant management or induction of labour in two Australian maternity services.

METHODS

Routinely collected maternity data from 2010-2019 were abstracted to explore clinical outcomes following expectant management and induction of labour in women having their first baby and not planning caesarean birth. The study was conducted at two maternity services in Melbourne, Australia: Hospital A provides maternity care for approximately 3,800 women/year at a secondary level (with onsite theatres and special care nursery) while Hospital B is a tertiary facility with around 5,600 births/year. Multivariate models provided adjusted odds ratios and their 95% confidence intervals (CI) for clinical outcomes.

RESULTS

The adjusted odds ratios (95% confidence intervals) of a caesarean birth were:

39-40 weeks Hospital A : 2.1 (1.87 - 2.34) and B: 2.1 (1.92 - 2.27)

≥ 41 weeks Hospital A: 1.7 (1.33 - 2.08) and B: 2.1 (1.80 - 2.40)

The adjusted odds ratios (95% confidence intervals) of Blood loss ≥ 1500 mL were:

39-40 weeks Hospital A : 1.2 (0.88 - 1.54) and B: 1.3 (1.04 - 1.56)

≥ 41 weeks Hospital A: 1.8 (0.98 - 3.32) and B: 1.5 (1.04 - 2.12)

CONCLUSIONS

Women undergoing induction of labour were more likely than those expectantly managed to give birth by caesarean section at each of the two hospitals. This difference was less pronounced by 41 weeks at one maternity service and equivalent for both 39-40 and at or beyond 41 weeks at the other, suggesting that differences existed in clinical practice.

KEY MESSAGE

An understanding of the local practices with associated outcomes can be helpful in conversations with women about the timing of birth.

PA-148 - Conceptualizing risk for pregnant Indigenous peoples accessing maternity care in Canada: a critical interpretive synthesis

Sarah Durant¹, Arthi Jeyamohan¹, Erika Campbell², Karen Lawford¹

¹ Queen's University, Gender's Studies, Kingston, Canada

² McMaster University, Health Sciences, Hamilton, Canada

BACKGROUND

Indigenous midwives have provided a continuum of care to their families and communities since time before time. With the aggressive colonization of Turtle Island, the Canadian genocide of Indigenous peoples, and the introduction of the European bio-medical model and their healthcare providers, Indigenous midwives were marginalized and isolated from their own people.

OBJECTIVES

- 1) Investigate how Indigenous Peoples who are pregnant conceptualize pregnancy related health and risk and how this informs their navigation of public health measures.
- 2) Document the strategies employed by Indigenous Peoples to maintain their spiritual, emotional, physical, and mental health and wellness when facing evacuation for birth.
- 3) Explore the effects of the COVID-19 restrictions in relation to evacuation for birth and their impacts on the cultural webbing of Indigenous communities in Ontario and how this affects children, families, and communities during pregnancy/postpartum.

METHODS

We will use qualitative interviewing to ask open-ended questions to understand how Indigenous Peoples in Ontario conceptualize health and risk. Our goal is to have 50 semi-structured interviews with Indigenous peoples who have been pregnant or their immediate family members.

RESULTS

Our findings will bring to light the complexity of factors informing risk assessment Indigenous Peoples undertake when accessing maternal health systems in Ontario during pregnancy and early postpartum, and the impacts on their decision-making process related to health, family, and kinship cohesion.

CONCLUSIONS

We are beginning to analyze the data through thematic analysis and will have a more robust sense of the results by October 2022.

KEY MESSAGE

In Canada, Indigenous Peoples outside southern locations are evacuated for birth, which does not consider risk in a wholistic manner and overemphasizes biomedical risks. To understand risk wholistically, we conducted a critical interpretative synthesis and generated three concepts of risk: colonialism, racism, and leaving community.

PA-149 - COVID, continuity and connections: lessons learned from the use of telehealth in midwifery practice during lockdown in New Zealand

Lorna Davies¹, Melanie Welfare²

¹ Otago Polytechnic, Midwifery College of Health, Canterbury, New Zealand

² Ara Institution of Canterbury, Department of Health Practice, Christchurch, New Zealand

BACKGROUND

Telehealth has emerged as a key strategy internationally for healthcare delivery during the Covid-19 pandemic, and has become a part of the “new normal” in healthcare. The findings presented here are a small part of a larger qualitative study that explored the experiences and reflections of health practitioners around their use of Telehealth during a period of Covid 19 lockdown in New Zealand. Our focus for this presentation is specifically on data elicited from midwives.

OBJECTIVES

To document the experiences of clinicians from diverse backgrounds who used telehealth during lockdown.
To consider the validity of telehealth as a modality for practitioners from a range of healthcare professions.

METHODS

Working collaboratively a multidisciplinary team of researchers including midwives, doctors, nurses and speech therapists developed a semi-structured interview schedule. Each researcher identified up to 4 participants from their own field of practice to interview. The midwifery researchers interviewed 7 midwives, 2 of whom were lactation consultants. The interviews were audio recorded with consent. Thematic analysis was employed to identify common themes across the professions involved in the study.

RESULTS

Themes were identified highlighting barriers and enablers to using telehealth as a viable modality in practice. These included inequities, connection, information and decision making, clinician choice, setting boundaries, and clinicians and telehealth. During the analysis it was determined that midwives experiences were distinct from other professional groups interviewed, and these differences often hinged around relationality with women.

CONCLUSIONS

Telehealth works effectively for many health disciplines, however in the continuity midwifery model, the relationship developed between woman and practitioner is more reliant on face-to-face contact.

KEY MESSAGE

If we are to adopt the use of telehealth in midwifery, we need to mindfully consider using it in ways that complements the traditional face to face delivery of care.

PA-150 - Early breastfeeding outcomes following postpartum haemorrhage in Victoria, Australia

Mary-Ann Davey¹, Susan McDonald², Wendy Pollock³, Fiona Cullinane⁴, Margaret Flood²

¹ Monash University, Obstetrics and Gynaecology, Clayton, Australia

² La Trobe University, Nursing and Midwifery, Melbourne, Australia

³ Monash University, Nursing and Midwifery, Frankston, Australia

⁴ Royal Women's Hospital, Maternity Care, Parkville, Australia

BACKGROUND

Primary postpartum haemorrhage (PPH) is increasing in incidence and severity and is a leading cause of maternal morbidity with potential negative effects on breastfeeding. Breastfeeding initiation in Australia is high, but many women do not successfully establish breastfeeding or discontinue sooner than they intended. Only 25% of babies are exclusively breastfed until 6 months of age. Identifying women who need additional support to establish breastfeeding has the potential to increase breastfeeding duration.

OBJECTIVES

To examine the relationship between PPH and contemporary early breastfeeding outcomes in Victoria, Australia.

METHODS

Retrospective cohort study including all term, singleton livebirths in Victoria, Australia between January 2009 and December 2013. Descriptive statistics and univariable and multivariable logistic regression were used to examine the relationship between PPH (≥ 500 mL blood loss) and severe PPH ($\geq 1,500$ mL blood loss) and early breastfeeding outcomes: exclusively breastfeeding on discharge and use of formula for breastfed babies in hospital.

Analyses were adjusted for important confounders including parity.

Project was approved by the Ethics in Human Research Committee, La Trobe University, Australia.

RESULTS

95% of the 339,854 included women initiated breastfeeding. Of these 79% exclusively breastfed on discharge, and 26% of their babies were given formula in hospital. 21% experienced a PPH and 1.3% experienced a severe PPH. After adjusting for confounders, women who experienced PPH and severe PPH were less likely than others to exclusively breastfeed at discharge (adjusted Odds Ratio (aOR) 0.87(95% CI 0.85, 0.88) and aOR 0.55(95%CI 0.52, 0.59) respectively). Their babies were more likely than those not experiencing PPH to be given infant formula in hospital (aOR 1.24(95%CI 1.21,1.26) and aOR 2.34(95% CI 2.20,2.50) for PPH and severe PPH respectively).

CONCLUSIONS

Women who experience PPH or severe PPH have increased risk of early breastfeeding problems.

KEY MESSAGE

Provision of additional breastfeeding support following PPH may improve breastfeeding outcomes.

PA-151 - Understanding the experiences of weight stigma on pregnant women with a raised body mass index (BMI ≥ 30 m/kg²) in maternity care through conducting a meta-ethnographic review

Jenny Cunningham¹, Melanie Calestani¹, Coxon Kirstie¹

¹ Kingston University, Department of Midwifery, Kingston, United Kingdom

BACKGROUND

There is increasing evidence that weight stigma can have adverse consequences in the non-pregnant population, but weight stigma in pregnancy is a less explored phenomenon. Whilst weight stigma is a finding studies about higher weight and pregnancy, there is not as yet a synthesis of the data as a whole. Weight stigma can be defined as prejudice and discrimination due to weight or body size. It includes experiences of being stigmatised by others, internalised weight (self) stigma, and anticipated or expectation of stigma – all of which have been linked to negative health outcomes and potentially life-limiting disparities of experience.

OBJECTIVES

To undertake a meta-ethnography to discover the experiences of weight stigma on pregnant women with a raised body mass index (BMI ≥ 30 m/kg²) in maternity care.

METHODS

The meta-ethnography uses the seven-stage process developed by Noblit and Hare (1988). This approach is suitable for a review into weight stigma and pregnancy as it will enable an inductive and interpretive approach to develop concepts and bring new insights to this field. The final number of papers included in the review is 33, consisting of qualitative papers and theses.

RESULTS

Weight stigma exists in maternity care for women of a higher weight.

- Women carry an extra burden of having a higher weight in pregnancy, by anticipating stigma and needing to advocate for their care.
- Healthcare professionals make value judgments and preconceptions on women's health and knowledge.
- There are protective factors, such as individualised care and having a collaborative relationship with midwives.
- Intersectionality affects weight stigma in areas such as ethnicity, sexuality and poverty.

CONCLUSIONS

More research needs to be done to ensure women's voices are heard and their maternity care is free from weight stigma.

KEY MESSAGE

Weight stigma is a phenomenon in maternity care and negatively affects women of a higher weight.

PA-152 - Women's knowledge and perception of fetal movements in late pregnancy: findings from an Aotearoa New Zealand survey

Robin Cronin^{1,2}, Billie Bradford³, Chris Mckinlay⁴, Nimisha Waller⁵, Annabel Johns⁶, Likhit Dukkipati⁷, John Thompson⁴, Lorna Bowles², Lesley McCowan⁸

¹ University of Auckland, Department of Obstetrics & Gynaecology, Auckland, New Zealand

² Counties Manukau Health, Division of Women's Health, Auckland, New Zealand

³ University of Auckland, Department of Obstetrics and Gynaecology, Lower Hutt, New Zealand

⁴ University of Auckland, Department of Paediatrics, Auckland, New Zealand

⁵ Auckland University of Technology, Midwifery, Auckland, New Zealand

⁶ Counties Manukau Health, Division of Women's Health and Maori Health, Auckland, New Zealand

⁷ University of Auckland, Medical and Health Sciences, Auckland, New Zealand

⁸ University of Auckland, Department of Obstetrics and Gynaecology, Auckland, New Zealand

BACKGROUND

Consensus-based guidelines encourage maternity care providers to inform women about normal fetal movements and when to report concerns but there is limited information to guide clinical practice.

OBJECTIVES

To describe perception and knowledge of fetal movements in late pregnancy, including current information sharing practice in Aotearoa New Zealand in 2022.

METHODS

National survey, online or face-to-face, of women with singleton pregnancies from 28 weeks' gestation.

RESULTS

1640 eligible participants completed the survey, 266 (16.2%) Māori, 119 (7.3%) Pacific, 1042 (63.5%) European, 80 (4.9%) Indian, 80 (4.9%) Asian non-Indian, and 35 (2.1%) Other ethnicity. Few (66, 4.0%) reported that it was not easy to feel fetal movements. Fetal movements were stronger in the evening (6 pm to midnight) (1168, 71.2%) and 'busy times' were also more common (1095, 66.8%) in the evening. In the past week, many (1317, 80.3%) reported ≥ 1 episode of 'wild-crazy' fetal movements and 1030 (62.8%) felt fetal hiccups. Over half (1030, 62.8%) had received information about what fetal movements to expect and 964 (58.8%) would have liked more information. The most trusted source of information was a midwife (1187, 72.4%). Most women (1366, 83.3%) had been concerned about fetal movements this pregnancy and 721 (44.0%) reported the first person they discussed their concerns with was their partner.

CONCLUSIONS

Many pregnant women report not receiving information about what fetal movements to expect and would like more information, with midwives being the most trusted source. This information could include diurnal pattern and other common characteristics of normal fetal movements.

KEY MESSAGE

The majority of pregnant women wished for more information to be provided face-to-face by their maternity care provider, about what fetal movements to expect and what to do if they have concerns about their baby's movements.

PA-153 - Making decisions meaningful in maternity care: understanding what it means for women to be truly informed

*Megan Cooper*¹, *Liz McNeill*¹, *Fiona Dillon*¹, *Claire Feeley*², *Paula Medway*³, *Annette Briley*¹

¹ Flinders University, College of Nursing and Health Sciences, Adelaide, Australia

² University of Central Lancashire, School of Community Health and Midwifery, Lancashire, United Kingdom

³ Deakin University, School of Nursing and Midwifery, Faculty of Health, Burwood, Australia

BACKGROUND

Increased rates of medical interventions in pregnancy and childbirth, whilst driven under the auspices of improving safety in maternity care, have not always been paralleled with apparent benefits for women and their babies. Whilst the importance of gaining consent for a medical intervention is acknowledged, it is often apparent that women have not received adequate information to make an informed choice. Informed decision-making and consent are discussed as mainstays of respectful maternity care however, the concept and understandings of being *informed* from the perspective of both women and clinicians have not been well explored.

OBJECTIVES

To (1) develop consensus surrounding the definition of, and processes for, facilitating informed decision-making for maternity care procedures or interventions and (2) identify the current understanding of informed decision-making and consent from the perspective of women and healthcare professionals.

METHODS

Phase one explored the definitions of informed decision-making and consent using a concept analysis. Phase two employed a systematic meta-thematic synthesis to explore the understandings of informed decision-making and consent from the perspective of women and clinicians.

RESULTS

Preliminary results suggest that there are varied understandings of what it means for clinicians to facilitate, and women to exercise, informed decision-making. As such, what it means for women to be *informed* is arguably not well understood. The literature suggests that this may be contributing to women feeling excluded from key decisions which contributes to pregnancy and birth-related trauma. Full results will be presented.

CONCLUSIONS

The provision of humanised, respectful maternity care is hinged on women being informed. The findings of this concept analysis and meta-synthesis will shed light on what it truly means for women to exercise informed decision-making and will underpin an international Delphi study.

KEY MESSAGE

Understanding how legal, ethical, and morally appropriate informed decision-making is best operationalised will inform respectful maternity care.

PA-157 - Birth choices after caesarean in Taiwan: a mixed methods pilot study of a decision aid for shared decision making

Shu Wen Chen¹, Shorten Allison²

¹ National Taipei University of Nursing and Health Science, School of Nursing, Taipei, Taiwan

² University of Alabama, School of Nursing, Birmingham, USA

PURPOSE

Taiwan has a high national caesarean rate coupled with a low vaginal birth after caesarean rate. This study aimed to test the feasibility of a birth choices decision aid in shared decision making (SDM) about birth after cesarean.

DISCUSSION

A two-phase mixed methods was conducted in a regional hospital in northern Taiwan. Phase I involved a randomized pre-test and post-test experimental design. Participants with one previous caesarean were recruited at 14–24 weeks. A total of 65 women completed a baseline survey and were randomly allocated to either the intervention (birth choice decision aid booklet) or usual care (general maternal health booklet) group. A follow up survey at 37–38 weeks measured change in decisional conflict, knowledge, and birth mode preference. Birth outcomes and satisfaction were assessed one month after birth. Phase II consisted of postnatal interviews with women at one month after birth, to explore women's decision making experiences, using a constant comparative analytic technique.

Decisional conflict was relatively low at baseline for all women. Although there were reductions in decisional conflict at follow up, differences between groups were not statistically significant. Women's early preferences regarding mode of birth influenced their knowledge-seeking behaviors and expectations or intention for engaging in SDM during pregnancy. Improvements in knowledge for the decision aid group were larger than for the usual care group, although differences between groups were not statistically significant. Four themes related to key factors in decision making were clarity, safety and risk, consistency, and support.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwife-led continuity of care models may also be beneficial in empowering women to actively share decisions and achieve the birth that is best for them.

EVIDENCE IF RELEVANT

A cultural shift is needed to align expectations and relationships towards SDM for birth in Taiwan.

KEY MESSAGE

Simulation-based strategies and tailored communication skills should be explored to enhance skills in decision coaching for providers.

PA-158 - The effects of a massage intervention on expectant fathers' companionship self-efficacy and mothers' support during the labour and birth period

Pi Hui Chen¹, Chien Huei Kao², Su Chen Gua²

¹ *Ditmanson Medical Foundation Chiayi Christian Hospital, Nursing Department, Chiayi City, Taiwan*

² *National Taipei University of Nursing and Health Sciences, Nursing and Health Sciences, Taipei, Taiwan*

BACKGROUND

It is useful for expectant fathers to receive prenatal education in massage techniques before birth to reduce women's labor pains, labor time, and unnecessary medical interventions.

OBJECTIVES

This study investigated the effects of a massage regimen during the first stage of labor, including differences in labor pain, labor time, support and control during labor, and paternal companionship self-efficacy between the intervention and control groups.

METHODS

A convenience sample of 100 primiparous women with low-risk and singleton pregnancies and their spouses were recruited in this quasi-experimental study design. 50 couples received routine obstetric care. Fifty couples in the intervention group received massage training after 32 weeks of pregnancy. Intervention couples received routine care and massage after admission. Structured questionnaires, including the Paternal Companionship Self-efficacy Scale, the Pain Visual Analog Scale (VAS), and the Delivery Process Support and Control Measures Scale, were completed before the intervention and 3 days after birth.

RESULTS

There were significant differences between those who received the tuina procedure and the control group, including latency VAS ($p < .001$) and labor time in the first phase of 11.21 ± 5.25 hours ($p < .001$). By Pearson correlation analysis, paternal self-efficacy in postpartum companionship, maternal labor pain, labor experience, birth control (including internal control, external control, and fertility support), labor experience ($r = .206$, $p < .01$) and internal at delivery Overall efficiency of control was positively correlated ($r = .202$, $p < .001$).

CONCLUSIONS

Through prenatal information skills education, labor pain intensity, labor experience, labor control, and first stage support were improved. In addition, the intervention group worked 5.18 hours less than the control group. As for the companionship of expectant fathers, the effect was not significant, but it was still positively correlated with labor experience in internal control of childbirth.

PA-160 - A qualitative focus group study concerning perceptions and experiences of Nigerian mothers on stillbirths

Rebecca Milton¹, Fatima Modibbo², Julia Sanders³, Fatima Alkali⁴, Kenneth Iregbu⁵, Kerry Hood¹, Aisha Mukaddas⁶, Aisha Kassim⁶, Bethan Pell⁷, Sue Channon¹

¹ Cardiff University, Centre for Trials Research, Cardiff, United Kingdom

² Murtala Mohammad Specialist Hospital, Maternity, Kano, Nigeria

³ Cardiff University, School of Healthcare Sciences, Cardiff, United Kingdom

⁴ Bayero University, Biochemistry, Kano, Nigeria

⁵ National Hospital Abuja, Medical Microbiology, Abuja, Nigeria

⁶ Bayero University, Biological Sciences, Kano, Nigeria

⁷ Cardiff University, Decipher, Cardiff, United Kingdom

BACKGROUND

The unmet needs of mothers following stillbirth is well researched; many of the findings can also be applied to perceptions of stillbirth. Within communities it is common that women seeking support through community and family are often met with stigma, resulting in self-blame, isolation and ostracisation, making them unable to grieve for the death of their baby.

OBJECTIVES

To explore the experiences and perceptions of stillbirth among mothers from a tertiary hospital in Northern Nigeria.

METHODS

Semi-structured Focus Group Discussions. Mothers who had given birth to a liveborn baby at the Murtala Mohammad Specialist Hospital in the previous six months were invited to participate in focus group discussions.

RESULTS

31 mothers participated across three semi-structured focus groups, of whom 16 had given birth to a stillborn baby following a previous pregnancy. Four themes were identified; access to resources and clinical care, role within the family, responsibility and self-care and judgement and blame. The findings detail that this is a resource-poor tertiary facility serving an ever-growing population, complicating the dynamics and increasing strain on the hospital. The mothers' role within the family is directly linked to ability or permissions to accessing healthcare and appropriate treatment. Mothers have the knowledge on how to look after themselves, but other societal factors prevented that from being their priority. Judgement and blame is a complex theme entwined with traditions, superstitions and the pressure to procreate.

CONCLUSIONS

As access to healthcare becomes more available certain traditions, family and social dynamics and beliefs can conflict with scientific knowledge and act as a major barrier to uptake of services.

KEY MESSAGE

These findings highlight the need for investment in maternity care, appropriate health education and public enlightenment; to help inform appropriate interventions aimed at reducing stigma around stillbirth and aide in educating mothers about the importance of appropriate health seeking behaviour.

PA-161 - The design, implementation and evaluation of the “MaisPaisMaisBebés” parental intervention programme

Julia Maria Carvalho¹, Maria Filomena Gaspar², Alexandrina Maria Cardoso³

¹ Nursing School of Coimbra, Scientific pedagogical unit Maternal Health, Obstetric and Gynecological Nursing, Coimbra, Portugal

² University of Coimbra, Faculty of Psychology and Education Sciences, Coimbra, Portugal

³ University of Porto, Nursing School of Porto, Porto, Portugal

BACKGROUND

The finding that parents today face serious difficulties in adequately responding to parental tasks, are the basis for the development of parental intervention programs that favor the healthy development of their children. The program “MaisPaisMaisBebés” emerges as a group intervention, designed for primiparous parents, their difficulties and needs in dealing with parental tasks in the first months of the baby's life.

OBJECTIVES

Design a parental intervention program for Parents of infants up to 6 months.

METHODS

The conceptual model that supports this program integrates different elements of the reflective, behavioural and Adlerian model. The design of the program was based on the collaborative model of intervention in order to privilege parents as sources of active participation and information about difficulties and parental needs. Also, the time of each session was adjusted in order to respond to the contents and Parental needs.

RESULTS

The Program includes twelve weekly sessions, lasting \pm 120 minutes in 3 moments. We started with the “Briefing of the Week”, where parents talk about how your week was held, where they share anxieties and concerns. In the second moment the theme of the session is developed with spaces of interaction, demonstrations, simulations and other active methodologies. The session ends with the physical recovery exercises performed by the mothers, with their babies. It exposes topics related to the baby as, sleep/rest, food, safety and accident prevention and related to Parents, such as positive parenting and sharing of tasks, sexuality and breastfeeding.

CONCLUSIONS

This program aims to be a one parental support function tool, helping parents to develop appropriate strategies for the healthy development of parenting, while strengthening conjugality. Thus contribute to the challenges of parenting are seen positively facilitating the empowerment of parents.

KEY MESSAGE

This program aims to provide parents with a space where they feel safe and valued in relation to their parental responsibilities.

PA-162 - The risk of preterm birth and the association with COVID-19: a retrospective cohort study in the largest maternity in Chile

María Begoña Carroza Escobar¹, Loreto Villanueva¹, Nicole Silva²

¹ Universidad de Chile. Facultad de Medicina, Departamento de Promoción de la Salud de la Mujer y el Recién nacido, Santiago, Chile

² Complejo Hospitalario San José, Servicio de Ginecología y Obstetricia, Santiago, Chile

BACKGROUND

Chile is in the fourth stage of the obstetric transition, with good maternal and child indicators. However, in the last two decades, preterm births (PB) increased 29%. The effect of COVID-19 in PB, remains unknown and could affect the most vulnerable population.

OBJECTIVES

To determine the association between COVID-19 and PB in women who gave birth between march 2020 and august 2021, in a cohort at the Hospital San José's Maternity.

METHODS

A retrospective cohort study was conducted with 10,166 births occurring between March 2020 and August 2021. Demographic, obstetric, newborn, and COVID-19 diagnosis information were registered. The strength of association was estimated using relative risk (RR), Chi2 and Fisher's exact tests (p-value < 0.05). Stata v.17.0.

RESULTS

710 women were diagnosed with COVID-19 at any stage of their pregnancy (6.9%). Younger and immigrant women had less incidence of COVID-19. The incidence of PB was 16.3% in pregnant women with COVID-19, compared to 10.5% of women without COVID-19 (p < 0.05; RR = 1.55; 95%CI:1.31-1.86). COVID-19 was associated with an elevated risk of moderate PB (RR = 1.46, 33-36 weeks) and extreme PB (RR = 1.89; <32 weeks). In addition, COVID-19 increased the risk of having a low birth weight newborn (RR = 2.29) and having an APGAR score less than 4 (RR = 1.95; p < 0.05), compared to pregnant women without COVID-19. COVID-19 increased the incidence of having a caesarean section (9.3%), but this incidence is higher for emergency caesarean section (9.8%) (p < 0,001).

CONCLUSIONS

COVID-19 increased the risk of PB, low birth weight, and APGAR depression. Therefore, the role of the midwife in the clinical management of COVID-19 is essential to increase healthy births.

KEY MESSAGE

This study provides insight of the increased risk of maternal and newborn due to COVID-19 before the vaccine availability (in august 2021). The opportune clinical management plan should be reviewed and actualized to keep healthy women and newborns.

PA-163 - A mixed methods study examining midwives as second victims: what experiences do midwives have as a second victim after making an error in clinical practice?

Natasha Carr¹

¹ Birmingham City University, Midwifery, Birmingham, United Kingdom

BACKGROUND

One stratum of a layered approach to risk management and safety governance is to examine mitigation and this has received little attention in the literature. Mitigation is the action of reducing the severity, of some event and includes the second victim phenomenon. Existing literature does not relate to midwives. A transparent NHS safety culture will only be achieved if the second victim phenomenon is recognised and addressed (Edrees and Federico 2015). This PhD research establishes for the first time that a midwife may be a second victim, following a personal error in practice.

OBJECTIVES

To explore, describe and understand midwives' experiences after making an error in clinical practice.

To describe midwives' experiences following making an error in clinical practice,

Classifying and critically evaluating the experiences of midwives.

Make evidence based recommendations to maximise the recovery of midwives following an error in clinical practice which may impact on safety.

METHODS

A mixed methods study, an exploratory sequential design, which has a pragmatic philosophical underpinning. A purposeful sample of midwives was used who had made an error in practice across three maternity units in England. Ethical approval was gained from Birmingham City University and the Health Research Authority. Using semi-structured interviews 15 midwives shared experiences of errors in practice. An interview schedule (modified pre validated schedule was utilised with permission).

RESULTS

Following verbatim transcription using thematic analysis. The key themes (with sub themes) determined by the research were:

- Emotional response.
- Physical reactions.
- Blame· Coping· Learning.

CONCLUSIONS

This research, the first part of a mixed methods study using sequential timing, establishes for the first time that a midwife may suffer, as a second victim, following a personal error in practice, distinct from adverse events. The second phase is currently collecting quantitative data to triangulate and generalise.

KEY MESSAGE

Presents a concept analysis for both error experience and support required.

PA-165 - Reproductive health research strengthening programmes in low- and middle-income countries

Julie Buser¹, Ella August², Rachel Gray¹, Faelan Jacobson-Davies¹, Tamrat Endale¹, Yolanda Smith¹

¹ University of Michigan, Center for International Reproductive Health Training, Ann Arbor, USA

² University of Michigan, School of Public Health, Ann Arbor, USA

BACKGROUND

Reproductive health (RH) research capacity strengthening (RCS) programs in low- and middle-income countries (LMICs) are needed to foster the discovery of context-specific solutions by midwives to improve patient outcomes and population health. There remains a limited understanding of the effectiveness of sexual and reproductive health (SRH) research strengthening programs to raise skill sets, publications, and infrastructure and to ultimately influence health policy and patient outcomes in LMICs. More information is needed to understand how SRH research is sustained after program completion.

OBJECTIVES

To inform efforts to successfully implement current and future programs that strengthen SRH research and foster sustainability, we conducted a scoping review of the literature to identify and synthesize effective strategies used in SRH research strengthening programs in LMICs.

METHODS

A literature search of nine scholarly databases was conducted. We synthesized data extracted from included articles and presented results to highlight the format, duration, and topics covered of program interventions to strengthen SRH research in LMICs. We organized information about primary outcomes into themes and summarized how SRH research capacity was sustained after program completion.

RESULTS

Eighteen articles were included in the scoping review. The articles generally focused on outcomes within the themes of advocacy/capacity, education, policy, project life cycle, and writing/publication. Few articles reported metrics or other evidence of long-term program sustainability of SRH research capacity strengthening projects in LMICs.

CONCLUSIONS

More energy needs to be directed towards correcting power imbalances in capacity strengthening initiatives. To address additional gaps, future directions for research include an exploration of RH research mentorship, the cost of RH RCS interventions, and how to foster institutional support.

KEY MESSAGE

Results from this scoping review can be used to strengthen SRH research programs in LMICs for midwives and other providers.

PA-167 - Induction of labour: results of an audit in 2020 and repeated in 2021

Annette Briley¹, Bastian Lyn², Campbell Linda², Hobbs Meredith², Megan Cooper¹

¹ Flinders University, Caring Futures Institute, Adelaide, Australia

² North Adelaide Local Health Network, Women's and Children's Services, Elizabeth, Australia

BACKGROUND

In Australia 34% of women have labour induced. The contribution of increased medical indications is substantial, with no significant reductions in stillbirths and neonatal deaths. One study reported women with non-medically indicated IOL incurred increased Odds Ratios for instrumental vaginal birth, Caesarean section, episiotomy, vaginal repair and PPH.

OBJECTIVES

We aimed to address concerns over rising IOL and caesarean rates in a metropolitan referral centre and compare practice with regional guidelines.

METHODS

Appropriate approvals were granted. Clinical staff completed proformas indicating reasons, processes and outcomes of IOL. The audit was replicated a year later.

RESULTS

Overall the induction rates were 29.3% and 34.3% in 2020 and 2021, respectively. Omitting prelabour CS, the rates were 34.6% and 38.5% respectively. Mean gestational age at IOL was similar in both years (38.9 versus 38.8 weeks). Correct documentation occurred in 9.5% and 13% of cases, 19.1% and 21.7% received written information. Reasons for induction adhered to guidelines, except for 'spurious labour', 'IVF pregnancy'. One woman was induced for maternal request (2021). Overall spontaneous birth rates were 66.6% and 63% respectively: for primiparous women this was 50% and 14.3%. Overall emergency CS rates were 33.3% and 27%, but of these, each year, 83.3% were primiparous.

CONCLUSIONS

: IOL is a common intervention with defined procedures, yet these are poorly followed. Midwives must ensure women have information to make decisions, but most had no written or verbal explanations about this process. The high rates of caesarean section in primiparous women following IOL, the majority occurring in late labour, needs addressing if the cumulative impact of repeat CS is to be avoided, but also in consideration of future reproductive health.

KEY MESSAGE

IOL is associated with higher intervention rates, especially in primigravidae. Midwives must ensure women are aware of the risks and benefits of this common intervention.

PA-168 - Midwives: the panacea to global sexual and reproductive health inequity

Zoe Bradfield^{1,2}, Kirsty Officer², Courtney Barnes², Emily Mignacca², Janice Butt², Yvonne Hauck¹

¹ Curtin University, Midwifery, Perth, Australia

² King Edward Memorial Hospital, Department of Nursing and Midwifery Education and Research, Perth, Australia

BACKGROUND

The State of the World's Midwifery Report 2021 catalogues compelling evidence of midwives' expertise in sexual and reproductive health (SRH). There is minimal evidence of the prioritisation of profiling of SRH practices within midwives' roles in Australia.

OBJECTIVES

The aim of this study was to explore midwives' confidence and practices regarding education to women on three key areas of sexual and reproductive health: 1) contraception and family planning, ii) sexual activity; and iii) sexual health.

METHODS

A cross-sectional exploratory design enabled survey responses from 164 midwives (43% response rate) working in the largest public tertiary maternity hospital in Western Australia. Survey items measured confidence; method and frequency of practice. Free-text fields captured qualitative data. Data analysis was conducted using descriptive statistics for quantitative data and content analysis for qualitative data.

RESULTS

Midwives' age, work setting ($p = 0.032$) and years of clinical experience ($p = 0.001$) were all significantly associated with confidence to provide education on sexual activity. Most midwives wanted further education with a preference for online learning. Lack of time, knowledge and language barriers were key factors in preventing education.

CONCLUSIONS

Midwives' provision of SRH care is crucial for improving health outcomes for women and their families; while addressing gender-based inequities. Findings of this benchmarking research emphasise the importance of including SRH in entry-to-registration courses and enabling access to continued professional development for midwives; offering utility for leaders and educators in midwifery to equip workforce for this important public health role.

SRH care provided by midwives, advised by **midwifery philosophy** that harnesses the role of **education** to address **midwifery competencies** and **enabling environments** is essential to address global **gender equality, justice, diversity and inclusion** goals.

KEY MESSAGE

To ensure women receive timely SRH education and care; and to enable midwives to fulfil their professional scope, further education and systemic support that enables development for midwives is needed.

PA-169 - Women's experiences of physical features in a birthing room designed to be adaptable to personal wishes and needs during labour and birth

Lisa Björnson Skogström¹, Emma Vithal², Göran Lindahl¹, Helle Wijk³, Marie Berg³

¹ Chalmers University of Technology, Centre for Health Care Architecture, Gothenburg, Sweden

² Sahlgrenska University Hospital, Department of Obstetrics and Gynecology, Gothenburg, Sweden

³ University of Gothenburg, Sahlgrenska Academy, Institute of Health and Care Sciences, Gothenburg, Sweden

BACKGROUND

Healthcare environments can affect women's childbirth experience. Birthing environments perceived as private and safe can contribute to release of endogenous oxytocin which is beneficial during labor and promotes contractions and well-being.

OBJECTIVES

To explore women's experiences of physical features in a birthing room designed to be adaptable to personal wishes and needs during labor and birth.

METHODS

As part of the research project Room4Birth, approved by the Swedish regional ethical board (No.478-18), a mixed-methods study was conducted in Sweden. A birthing room was designed with special physical features e.g., bathtub, projection of nature scenery with sound, dimmable lighting and drapery for privacy. Medico-technical devices were hidden, and the room should promote a familiar and calm environment. This sub-study includes participants in a Randomized Controlled Trial, randomized to this birthing room. Questionnaires were completed by 202 women postpartum, 19 of them were further interviewed.

RESULTS

Physical features in the birthing room were experienced as meaningful to a high or very high extent (in 93.6%). The room was experienced as welcoming and strengthening, it offered a familiar environment, gave a positive impression and exceeded women's expectations. Further, the room evoked feelings of safety and calmness, contributed to a positive state of mind, maintained integrity, and offered a comfortable place for companions. The entire birthing room appeared more important than physical features one-by-one.

CONCLUSIONS

This study provides knowledge on how a specially designed birthing room was experienced by women during labor and birth. When designing birthing rooms, the physical environment should be considered an important factor.

KEY MESSAGE

The design of hospital based birthing rooms have an impact on women's birth experience. The overall impression of the birthing room is more important than single physical features. Birthing rooms should be designed to be perceived as safe and calm. This knowledge can be used when planning and designing birthing rooms.

PA-170 - m-SEP: Investigation of maternal immunity and testing of physiological and immune-metabolic blood markers for maternal sepsis, to find a new blood test for sepsis

Claire Bertorelli¹, Simran Sharma¹, Summia Zaher¹, Peter Ghazal¹, Sarah Bell¹, Rachel Collis¹, Angela Strang¹, Luke Davies¹, Patricia Rodrigues¹

¹ Cardiff and Vale NHS Trust, University Hospital of Wales, Cardiff CF14 4XW, Obstetrics and Gynaecology, Cardiff, United Kingdom

BACKGROUND

m-SEP is a study that is in the recruitment phase at Cardiff University and University Hospital of Wales. Maternal Sepsis is a life-threatening condition defined as organ dysfunction resulting from infection during pregnancy, childbirth, post-abortion, or the post-partum period.

The altered physiology of pregnancy makes the signs and symptoms of sepsis less distinctive in the pregnant population. This can lead to both over treatment and late identification of sepsis. A review of the literature shows that half of the fatal cases could have been prevented with early detection. The unmet need is therefore a diagnostic bedside tool that can be performed quickly and accurately on women, to diagnose sepsis.

OBJECTIVES

The objectives of our study are to evaluate the effectiveness of physiological parameters in predicting maternal sepsis and the effectiveness of alternative biomarkers in diagnosing maternal sepsis, including a genomic sepsis-test. We will also be investigating the systemic immune health of women undergoing an uncomplicated pregnancy and labour.

METHODS

Our methods are to complete a collection of bloods, studying physiological parameters and pregnancy outcomes in our pilot study, their pregnancy journey and women identified on the maternal sepsis pathway.

RESULTS

Our preliminary data collection has shown a trend with physiological parameters and confirmed histopathological chorioamnionitis. The main triggers on the maternal sepsis pathway that correspond with a positive microbiological finding seems to be fetal heart rate changes. The addition of fetal heart rate as a parameter is a recent change on the local sepsis pathway and is not universal practice throughout the UK. This study can lead to changes in practice and service development.

CONCLUSIONS

These preliminary findings show that further research and education is paramount. Proposed study days are in place for further development of the sepsis proforma based on these findings and dissemination of table top learning to all staff members.

PA-171 - The impact of a shorter hospital stay on the maternal and neonatal readmission rates in a University Hospital in Brussels: the importance of a qualitative preparation

Katrien Beeckman¹, Amber Stas¹, An Spinnoy¹, L. Geerinck¹, R. Breughelmans², Gilles Faron², Leonardo Gucciardo¹, Luka Van Leugenhaege³

¹ Vrije Universiteit Brussel, Uz Brussel, Nursing and Midwifery Research, Jette, Belgium

² Vrije Universiteit Brussel, Uz Brussel, Perinataal Centrum, Jette, Belgium

³ AP University of Applied Sciences and Arts, Midwifery, Antwerpen, Belgium

BACKGROUND

The Belgium government implemented projects to shorten postnatal hospital stay. Literature showed both advantages and disadvantages following the reduction in length of stay. Evaluating the impact of new care programs on quality of care is important.

OBJECTIVES

This study compares the impact of the KOZI&Home program (short hospital stay) on maternal and neonatal readmissions.

METHODS

This observational study compared readmission rates up to 16 weeks between the KOZI&Home group (= 2 days for vaginal delivery and = 4 days for caesarean section) and the non KOZI&Home group. The KOZI&Home program prepared mothers for discharge by implementing two antenatal consultations with a hospital midwife and organizing continuity of care: arranging home care by an independent midwife, use of a checklist for discharge and transmural referral letter.

RESULTS

The maternal readmission rate was 3,3%(n = 292) for the KOZI&Home group and 4,8%(n = 214) for the non KOZI&Home group (Chi² p = 0,396). For the neonates, readmission rates were 15,9% and 7,2% respectively (Chi² p = 0,002). After controlling for influencing factors in a multivariate model, the differences in neonatal readmission rates disappeared (p = 0,430). This was explained by the impact of the dismissal period and the educational level of the mothers. Between October-January the neonatal readmission was higher (OR 3,22) compared to the other periods of the year. Also neonates from mothers with a lower education level were at higher risk of readmission (OR 3,44).

CONCLUSIONS

A shorter hospital stay in the KOZI&Home program does not affect maternal nor neonatal readmission rates.

KEY MESSAGE

Although KOZI&Home included a qualitative preparation for the postpartum, midwives should systematically provide antenatal information about the length of stay postpartum, this might further reduce maternal readmissions. During October-January extra attention should be paid to the prevention and recognition of neonatal infections. This information provision should be tailored to the health literacy of the mother in order to reduce neonatal readmissions.

PA-172 - Development and psychometric testing of the Pregnancy Specific Anxiety Scale (PSAS)

Hamideh Bayrampour¹, Ric Hohn², Sukhpreet Tamana³, Rick Sawatzky⁴, Patti Janssen⁵, Jeffrey Bone⁶, Nichole Fairbrother¹, Lee Saxell⁷, Ks Joseph⁶

¹ University of British Columbia, Family Practice, Vancouver, Canada

² SFU, Psychology, Vancouver, Canada

³ UBC, Family Practice, Vancouver, Canada

⁴ Trinity Western University, Nursing, Langely, Canada

⁵ University of British Columbia, School of Population and Public Health, Vancouver, Canada

⁶ University of British Columbia, Obstetrics and Gynaecology, Vancouver, Canada

⁷ South Community Birth Program, South Community Birth Program, Vancouver, Canada

BACKGROUND

Pregnancy-Specific Anxiety (PSA) is a distinct construct from general anxiety and depression.

OBJECTIVES

The purpose of this study was to develop and evaluate a valid and reliable tool, the Pregnancy Specific Anxiety Scale (PSAS), to measure PSA and its severity.

METHODS

This study had two stages. Stage 1 involved item development and content and face validation. Stage 2 included psychometric evaluation to examine the PSAS item distributions and correlational structure, its implied dimensionality, internal consistency, stability and association with criterion validation measures using two separate samples (initial sample N = 494; validation sample N = 325).

RESULTS

Eighty-two items were evaluated for face validity and 41 items were considered in Stage 2 based on feedback from participants and experts. Model fit from Exploratory Factor Analysis and patterns of item-factor loadings suggested a six-factor model with 33 items pertaining to health and well-being of the baby, the pregnant person's well-being, labour, postpartum, support, career and finance issues as well as indicators of severity. Confirmatory Factor Analysis carried out using the initial sample showed excellent fit with the validation sample. A similar pattern and distribution of item-factor loadings was also observed. The PSAS showed a high degree of internal consistency, test-retest reliability and construct and convergent validity. The Area Under the Curve using PSAS for the diagnosis of Adjustment Disorders (AD) was 0.73 (95% CI 0.67–0.79) and for AD/any anxiety disorders was 0.80 (95% CI 0.75–0.85).

CONCLUSIONS

The PSAS is a useful, clinically validated tool for screening and monitoring of PSA. Further research is needed for the refining the PSAS, the development of a shorter version, as well as for the establishing criteria for the clinical diagnosis for PSA.

KEY MESSAGE

The Pregnancy Specific Anxiety Scale is a useful, clinically validated tool for screening and monitoring of PSA.

PA-173 - The effects of individualized information and emotional support education on midwifery students' anxiety during the COVID-19 pandemic

Zehra Baykal Akmeşe¹, Birsen Karaca Saydam¹, Güzin Kardeş¹

¹ Ege University, Midwifery, Izmir, Turkey

PURPOSE

In this study aimed to determine the effects of Individualized Information and Emotional Support Education (IESE) on midwifery students' state anxiety levels during the COVID-19 pandemic.

DISCUSSION

The IESE positively affected the students' state anxiety levels. Even just showing interest can make people feel cared for and valued, and people are sensitive to their needs. After this study, 30 students with high anxiety levels were sent for consultation with an expert and have been followed up by the researchers.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The individualized IESE provided to midwifery students during the COVID-19 pandemic effectively reduced their state anxiety levels. In this study, an imbalance of income and expenses and not having family members with mental disorders were the main determinants of the students' state anxiety levels. Anxiety due to the COVID-19 pandemic can be addressed through care and education. During the writing of the study, the researchers found that 4 of the 30 students with high levels of anxiety after the IESE started receiving appropriate treatment. The other 26 students were continuing interviews with the psychologist. The researchers are still in contact with the students.

EVIDENCE IF RELEVANT

Statistically significant differences were found between the students' SAS scores before and after the IESE ($t = 8.756$, $p = 0.000$). Before the IESE, 65.8% of the students had high anxiety levels about COVID-19-related disease or death and the possibility of losing loved ones. After the education, this rate fell by 17.1% to 48.7%, and this difference was significant ($c2 = 5.077$, $p = 0.024$).

KEY MESSAGE

This is an experimental study with two stages. In the first stage, the researchers determined the state anxiety levels of 268 students. In the second stage, 76 students with high levels of anxiety were provided with IESE. The students' state anxiety levels were measured again one week after the IESE.

PA-174 - Online antenatal education programme content, format and birth style: findings and recommendations from an Australian mixed methods study

Sara Bayes¹, Heather Wallace¹, Kate Dawson¹, Cindy Davenport², Melissa Grant²

¹ Australian Catholic University, School of Nursing, Midwifery and Paramedicine, Melbourne, Australia

² Ternity Group P/L, Executive Office, Melbourne, Australia

BACKGROUND

In Australia, the majority of expectant parents undertake an antenatal education program. In its 2019 publication 'Woman-centred care: Strategic directions for Australian maternity services', the Council of Australian Governments (COAG) Health Council stated its expectation that antenatal education should include "evidence-based information about options, outcomes and implications of choices made regarding prenatal screening and models of care for antenatal, birthing and postnatal care". This is because "structured antenatal education that is suited to the individual can help women to be informed about pregnancy, birth and parenting" (p. 12). Despite this, there is extreme variety in antenatal education curricula across the country.

OBJECTIVES

The objective of this study was to add to the evidence for antenatal education by capturing and reporting the views and opinions of new parents in Australia about what information was or would have been helpful to have in readiness for their baby's birth and for the early days and weeks with a newborn, and how that information should be delivered.

METHODS

Past participants in an online antenatal education program were invited to provide their antenatal education program content and delivery suggestions. Data were collected through an online survey, and then thematically analysed using a three step coding and categorising process.

RESULTS

Responses were received from 294 respondents whose data were collated into eight 'content' and three 'delivery' categories; five content categories represent cross-cutting suggestions, and the remaining three focus on antenatal, intrapartum and postpartum-related information. All but one category included a number of sub-categories.

CONCLUSIONS

This study represents the antenatal education needs and program format preferences of contemporary Australian parents-to-be. The findings will be of interest to those who develop and facilitate antenatal education.

KEY MESSAGE

To be effective and relevant, education for expectant parents about giving birth and newborn care must reflect the information requirements of consumers who have recently become parents.

PA-175 - Perinatal outcomes and level of labour difficulty in deliveries with right and left fetal position – a preliminary study

Magdalena Witkiewicz¹, Barbara Baranowska², Maria Węgrzynowska², Urszula Tataj-Puzyna²

¹ Medical University of Warsaw, Department of Gynecologic and Obstetrical Didactics, Warsaw, Poland

² Centre of Postgraduate Medical Education, Department of Midwifery, Warsaw, Poland

BACKGROUND

Many studies have shown the negative influence of the foetus's occiput posterior position during childbirth on the final perinatal and neonatal outcome compared to the occiput anterior position. Less is known on the impact the left or right occiput position has on the course of labour and the perinatal outcomes.

OBJECTIVES

This study aims to add to the discussion on the impact of foetus positioning on the course of labour by comparing the perinatal and neonatal outcomes and subjective assessment of the level of labour difficulty by women and midwives in deliveries with right and left foetal positions.

METHODS

This cross-sectional study is based on the observation of 152 deliveries in low-risk women. 71 had left and 81 had right foetal positioning. The study took place from February 1, 2020 – to September 30, 2021, and consisted of filling out observation forms designed for the purpose of the study and the subjective assessment by the midwives and women of the level of labour difficulty.

RESULTS

When compared to left foetal positioning, deliveries in which foetus was in the right position were longer and more frequently failed to progress 11.3% vs 37.5%. During these deliveries epidural was more frequently administered 30.4% vs 52.7% and discoordination of contractions was more frequently observed 14.1% vs 25.6%. This deliveries more frequently ended in instrumental or caesarean birth 7% vs 24.7% and higher rates of perineal tears 10.4% vs 25.4% and greater blood loss 19.7% vs 36.4% was detected. Both, women and midwives subjectively evaluated this deliveries as more difficult.

CONCLUSIONS

The right positioning of the foetus was related to greater labour difficulty and worse perinatal outcomes.

KEY MESSAGE

The position of the foetus' head in relation to the pelvis should be considered as the indicator of the labour difficulty and support plan for the woman should be offered accordingly.

PA-176 - International Survey of Childbirth-Related Trauma (INTERSECT): the Australian INTERSECT study

Kathleen Baird¹, Julie Jomeen², Elaine Jefford³, Annette Briley⁴, Deborah Fox¹, Annabel Sheehy¹, Rachael Woodworth¹, Julia Caldwell²

¹ University of Technology Sydney, Faculty of Health, Sydney, Australia

² Southern Cross University, Faculty of Health, Gold Coast, Australia

³ University of South Australia, Clinical & Health Sciences, Adelaide, Australia

⁴ Flinders University, College of Nursing & Health Sciences, Adelaide, Australia

BACKGROUND

Birth trauma is experienced by 14–45% of Australian women during childbirth, of which 3–6% develop clinically significant posttraumatic stress disorder. This negative subjective experience of birth (birth trauma) and resultant PTSD is highly comorbid with adverse postpartum outcomes, such as postnatal depression, fear of subsequent births (tokophobia), reduced breastfeeding, and poorer child development. The Australian INTERSECT (International Survey of Childbirth-Related Trauma) study is a bespoke arm of the global (41 countries) INTERSECT study, led by Professor Ayers (City University, UK) exploring global childbirth PTSD.

OBJECTIVES

The Australian INTERSECT study aims to add new knowledge to the limited research in childbirth PTSD in the Australian context, while contributing to global knowledge of childbirth PTSD.

METHODS

A minimum of 250–300 Australian women will be recruited from participating maternity service providers in three States (New South Wales, Queensland and South Australia). Consistent with the 41 other countries, the participating women will complete an online survey at 6–12 weeks postpartum. The Australian cross-sectional survey will include INTERSECT (previous trauma, obstetric details, birth satisfaction, birth trauma, PTSD, and depression) and Australian considerations (fear of birth, tokophobia, domestic violence, and discrimination experiences) in birth trauma. Data will be analysed using multivariate statistics.

RESULTS

Four Australian universities – UTS, SCU, Flinders University, and UniSA – are collaborating to undertake the Australian leg of INTERSECT. Data collection will occur throughout 2022. Anticipated results are expected in early 2023, and will be presented at the ICM conference.

CONCLUSIONS

Unlike other postpartum psychological difficulties, there is potential to reduce birth trauma and resultant PTSD. Results of INTERSECT study will help to define Australian prevalence rates, enable comparison with other global rates, and inform further research on intervention for birth trauma and PTSD.

KEY MESSAGE

Birth trauma and childbirth PTSD are deleterious outcomes.

Prevalence rates are not yet known.

INTERSECT findings will help inform further interventions pathways.

PA-177 - A qualitative exploration of sleep and dreaming during late pregnancy

Sally Baddock¹, Suzanne Miller¹, Emma Bilous¹, Jean Patterson¹

¹ Otago Polytechnic, Midwifery, Dunedin, New Zealand

BACKGROUND

Sleep is commonly disrupted during late pregnancy and research identifies more frequent and often vivid and disturbing dreams. Quantitative research has correlated dreams during late pregnancy with emotional state. There is a need for in depth qualitative exploration to better understand the content and impacts of pregnancy dreams.

OBJECTIVES

The aim of this study was to explore dreaming experiences during late pregnancy.

METHODS

As part of a qualitative study describing the experiences and perceptions of sleep in late pregnancy, the content and impact of dreams were explored. Ethics approval was gained (Otago Polytechnic Research Ethics Committee #823). Purposive sampling was used to recruit ten pregnant people (32-39 weeks gestation) without diagnosis of a sleep disorder. Following informed consent, semi-structured interviews were conducted face-to-face or via videoconference. Interviews were audio-recorded, transcribed, and underwent thematic analysis to identify key themes - one of which was pregnancy dreams.

RESULTS

Participants were of New Zealand European (8) and European (2) ethnicity. Whilst not all participants noticed a change in dream content or frequency in late pregnancy, several reported more frequent, often intense and impacting dreams, typically about the baby, or birth. These dreams were often disturbing or anxiety provoking and sometimes led to ongoing stressful thoughts the next day.

CONCLUSIONS

Dreams during late pregnancy tend to be more frequent and graphic, and may represent underlying anxieties or may impact on emotional wellbeing. Whilst for some, intense dreams may be seen as a normal part of pregnancy, for others dreams may reflect or generate ongoing daytime anxieties. By addressing and discussing anxiety-provoking pregnancy dreams, and the feelings/fears related to them, midwives may help resolve underlying concerns and improve wellbeing.

KEY MESSAGE

Dreams in pregnancy can be intense and impactful and warrant discussion and exploration with midwives to potentially resolve anxieties around pregnancy and birth.

PA-178 - The analysis of sensory playbooks on mother's knowledge and perspectives on child development: a qualitative study

Rufidah Maulina¹, Nurhidayati Siti¹, Nabila Khairunisa Azzahra¹

¹ Universitas Sebelas Maret UNS, Midwifery, Surakarta, Indonesia

PURPOSE

Social restrictions that occurred during the pandemic resulted in much early childhood being exposed to gadgets or smartphones thereby reducing the stimulation of children's growth and development. Researchers consisting of lecturers and students of midwifery, medical faculty, Universitas Sebelas Maret (UNS) have made a sensory playbook that contains the ways to use sensory games that can help mothers or parents to stimulate gross and fine motor skills in children. The purpose of this study was to analyze the mother's knowledge and perspective of the sensory stimulation behavior of children aged 6 - 36 months using Sensory Play in Ngawen District, Gunung Kidul Regency.

DISCUSSION

This research is a descriptive study using a qualitative approach, which was conducted in Ngawen District, Gunung Kidul Regency. This study uses the in-depth interview method with 36 mothers at the Sadewa Posyandu in October 2021. Based on the results of the study, it was found that the mother's knowledge and perspective increased the sensory behavior of children aged 6-36 months who had to be stimulated using Sensory Play compared to before being given the 30 Days Sensory Play Ideas Book. Most mothers feel that they need to encourage their children more with a variety of toys that enhance their children's development.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwives or health workers can recommend mothers or parents to use the sensory playbooks while playing with their children at home.

EVIDENCE IF RELEVANT

Proper stimulation is required as the foundation for children's learning throughout their lives in order to provide children with enough nutrition and affection, as well as to maximize their growth and development.

KEY MESSAGE

Sensory playbook can increase the knowledge of mothers on a variety of games that has a benefit to their children's growth and development.

PA-179 - Australian and Aotearoa New Zealand women's experiences of navigating infant feeding during COVID-19: a blessing in disguise or an additional challenge

Marjorie Atchan¹, Kristen Graham², Nicki Hartney³, Ruth Martis⁴, Lauren Kearney⁵, Kym Davey⁶, Rea Daellenbach⁷, Helen Hall⁸, Linda Sweet⁹

¹ University of Canberra, School of Nursing, Midwifery and Public Health, Canberra, Australia

² Flinders University, College of Nursing and Health Sciences, Bedford Park, Australia

³ Deakin University, School of Nursing and Midwifery, Geelong, Australia

⁴ The University of Auckland, Liggins Institute, Auckland, New Zealand

⁵ University of Queensland, School of Nursing, Midwifery and Social Work, Brisbane, Australia

⁶ Monash University, School of Nursing and Midwifery, Frankston, Australia

⁷ Ara Institute of Canterbury, Department of Health Practice, Wellington, New Zealand

⁸ Federation University, Institute of Health and Wellbeing, Mt Helen, Australia

⁹ Deakin University, Centre for Quality and Patient Safety Research, Geelong, Australia

BACKGROUND

Establishing infant feeding can be challenging at the best of times. The COVID-19 pandemic affected the delivery of maternity health care with a profound impact on new mothers' access to social and professional supports. Little research focusses on the postpartum feeding experience.

OBJECTIVES

To examine and better understand the early infant feeding experiences of Australian and Aotearoa New Zealand mothers in the context of a pandemic.

METHODS

A collaborative Australian and Aotearoa New Zealand project used a mixed methods design. Following a cross-national survey, 27 semi-structured in-depth Zoom interviews were conducted. Both countries were represented, participants chosen to maximise variability of restriction experiences. This presentation reports the outcomes of the interpretive qualitative component that examined initiating and maintaining breastfeeding during the pandemic.

RESULTS

Australian and Aotearoa New Zealand women reported similar varied and contextual experiences. Restrictions and requirements impacted favourably and unfavourably. Many women expressed their appreciation of this time alone in their family circle to peacefully establish breastfeeding. Others stated the reduced access to face to face professional and social supports was isolating and stressful, resulting in late recognition and treatment of complexity in some instances. There were varying experiences with accessing support and advice online. Care was repeatedly described as fragmented. Health care needs were often unmet, impacting infant feeding decision making and practices and maternal mental health.

CONCLUSIONS

Access to timely and appropriate midwifery help is an important factor in establishing breastfeeding and increasing parental confidence. Maternal self-efficacy influenced the impact of structural healthcare support changes caused by public health restrictions. Some women found the isolation a benefit however, where challenges were experienced, support was lacking.

KEY MESSAGE

Health policy and practice should prioritise childbearing families and consider the potential for similar events.

PA-180 - The relationship between mothers' understanding of their physical condition during pregnancy and their mental health

Rika Arimoto¹, Hiroya Matuo²

¹ *Kansai University of International Studies, Nursing, Miki, Japan*

² *Osaka Shin-Ai Gakuin University, Nursing, Osaka, Japan*

PURPOSE

Since maternal anxiety during pregnancy is related to postpartum depression, it is important to reduce maternal anxiety. Pregnant women's understanding of their physical condition and fetal condition may reduce anxiety. However, it is not known whether understanding the body during pregnancy reduces anxiety. The purpose of this study was to clarify the relationship between mothers' understanding of their physical condition and fetal condition and maternal anxiety during pregnancy.

DISCUSSION

This is a cross-sectional study. The participants were 76 first-time mothers with a gestational age of at least 36 weeks. The study period is from December 2019 to October 2020. Data on participants' demographics and their understanding of physical condition and fetal condition (20 items; these items were created based on a previous study) were collected, and maternal mental health was assessed using the Edinburgh Postnatal Depression Scale, State-Trait Anxiety Inventory-Form JYZ, and Prenatal Attachment Inventory. The association between mothers' understanding of their physical condition and fetal condition and their mental health was analyzed using the Student's t-test. The study protocol was approved by the Ethics Committee of Kobe University Graduate School of Health Sciences (Approval number 871). The results revealed that women who understood their physical condition, changes in mental health, better lifestyle, safe childbirth, and fetal growth were less likely to experience anxiety than those who did not. The understanding of fetal growth, safe childbirth, and life with an infant after birth were also associated with a significantly increased fetal attachment ($p = 0.023$, $p = 0.025$, and $p = 0.000$, respectively).

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The understanding of mothers' physical condition and fetal condition might be necessary for promoting fetal attachment and reducing anxiety during pregnancy. Therefore, the midwife must sufficiently explain such information to pregnant women.

EVIDENCE IF RELEVANT

Maternal anxiety during pregnancy is related to maternal mental health.

KEY MESSAGE

Midwife should adequately promote the understanding of maternal and fetal conditions.

PA-181 - Multi-level stakeholder and care provider engagement on strategic interventions for nursing and midwifery CPD improvement in Ghana: a BF-APEA framework

Mary Ani-Amponsah¹, Elizabeth Acheampong², Frances Ganges³, Felix Nyante⁴, Caroline Brazill⁵, Christine Wakefield⁶, Pearl Nanka-Bruce⁷

Additional presenter: Eugenia Mensah (Ghana)

¹ University of Ghana, Maternal and Child health, Accra, Ghana

² MOMENTUM Country and Global Leadership, Maternal and Newborn Health, Accra, Ghana

³ JHPIEGO, Maternal and Newborn Health, Washington, USA

⁴ Nursing and Midwifery Council - Ghana, Nursing and Midwifery, Accra, Ghana

⁵ Pact World, Governance, Washington, USA

⁶ MOMENTUM Country and Global Leadership, Maternal and Newborn Health, Washington, USA

⁷ JHPIEGO, Maternal and Newborn Health, Accra, Ghana

BACKGROUND

Continuous professional development (CPD) in midwifery is a critical capacity building intervention for delivering quality care across the spectrum of health service. The constantly high global demand for competent midwifery professionals is tied to the burden of diseases with its inherent complexities in case management, emerging health issues, and technological advances in healthcare. However, very few midwives in low-and-middle-income countries have sustainable opportunities to engage in CPDs although maternal and newborn morbidity and mortality rates are still high in these contexts which subsequently pose threats to achieving SDG 3.

OBJECTIVES

The aim of this project was to generate context-specific evidence-driven interventions to improve CPDs in Ghana using multi-level approaches.

METHODS

An exploratory research approach was used to purposively sample 40 stakeholders and 37 nurse/midwives from the northern, mid-belt southern belts of Ghana for an initial one-day stakeholder meeting on CPD improvement strategies guided by the Behaviourally-Focused Applied Political Economy Analysis (BF-APEA) framework. The Nursing and Midwifery Council of Ghana, Momentum Country and Global Leadership, nurse/midwifery Associations partnered in this USAID-supported action project. Of the 37 nurse/midwives, 15 were interviewed and 22 engaged in focus group discussions via zoom between May – June, 2022 after ethics approval was obtained. Data were content analysed.

RESULTS

Six major themes and 12 subthemes emerged. Adequate online and on-site access to relevant CPDs, sustained internet connectivity, leaders' mentoring and supervision practices, instructor expertise on subject matter, fairness and equity, establishing onsite skills training sessions within a supportive learning environment are needed.

CONCLUSIONS

Utilizing midwifery leadership skills and team approach to leverage resources increase CPD uptake and create significant changes in midwifery practice.

KEY MESSAGE

Adopting reflective practice and innovative approaches to continuous in-service learning, fostering clinical reasoning, and integrating research evidence into midwifery practice offer opportunities for skill development and transforming care to positively impact women and families.

PA-182 - Midwives' experiences of interventions to improve breast expression following preterm birth: a qualitative study

Loretta Anderson¹, Sue Kildea², Kathryn Kynoch³, Yu Gao⁴, Nigel Lee¹

¹ University of Queensland, School of Nursing- Midwifery and Social Work, St Lucia, Australia

² Charles Darwin University, Molly Wardaguga Research Centre, College of Nursing and Midwifery, Alice Springs, Australia

³ Mater Health, Centre for Evidence Based Nursing and Midwifery: A JBI Centre of Excellence, South Brisbane, Australia

⁴ Charles Darwin University, Molly Wardaguga Research Centre, College of Nursing and Midwifery, Brisbane, Australia

BACKGROUND

Preterm birth impacts approximately 10% of women globally. Midwives are often the first point of care after the birth of a preterm infant providing mothers with information and support for breast expression. However, despite guidelines that suggest expressing within the first hour of birth, most first expressions occur much later.

OBJECTIVES

The purpose of this study was to seek an understanding of midwives' experiences of assisting mothers of pre-term infants with the first expression, including the barriers and facilitators that midwives may face.

METHODS

A qualitative study of Australian midwives working in a tertiary hospital birth suite was undertaken. Data was collected via two focus groups and analysed using thematic analysis to identify relevant themes. Ethical approval was granted by the hospital research ethics committee. No conflicts of interest were identified.

RESULTS

A total of twelve midwives participated in the focus groups. Two major themes were derived from the data, the first was change in expectation of infant feeding, illustrating the need for a mindset shift, from breastfeeding to expressing. The second theme was the midwife's sense of responsibility versus expectation, highlighting the competing pressures midwives face working within a tertiary birth suite.

CONCLUSIONS

Whilst individual midwife philosophies on the benefits of human milk were positive, expressing in the birth suite was dictated by essential clinical tasks and other competing priorities. Clear objectives to undertake expressing within the first hour, need to be included in policy and supported by management and team leaders, to increase early expressing rates. The results of this study align with the ICM framework, midwifery philosophy, emphasising the importance of partnering with women and personalising care, especially during a vulnerable time.

KEY MESSAGE

Midwives are the first point of care to help women express following a preterm birth. Support for early expressing from policy and managers, may increase early expressing rates.

PA-183 - The effectiveness of psychosocial interventions for treating premenstrual syndrome and premenstrual dysphoric mood disorder: a systematic review and meta-analysis

Nana Ogoshi¹, Shiho Itai², Ebina Izumi³, Rika Sato⁴, Chisaki Akiyama⁵, Marie Furuta⁵

¹ Shonan Kamakura General Hospital, Birth Centre, Kamakura, Japan

² Kobe City Medical Center, Birth Center, Kobe, Japan

³ Tokushima Prefecture Eastern Health and Welfare Bureau, Tokushima Health Center, Tokushima, Japan

⁴ Tearless Group, Sales Dept., Kyoto, Japan

⁵ Kyoto University, Human Health Sciences, Graduate School of Medicine, Kyoto, Japan

BACKGROUND

Premenstrual syndrome (PMS) is an unpleasant physical and mental condition that occurs before menstruation. Premenstrual dysphoric mood disorder (PMDD) is a severe form of PMS that is mainly associated with psychological symptoms. The prevalence of PMS and PMDD in reproductive-aged women is 30%–40% and 2%–8%, respectively. Given the growing body of research examining the effectiveness of psychosocial interventions for PMS/PMDD, we synthesised these studies to promote evidence-based healthcare for women with PMS/PMDD.

OBJECTIVES

To evaluate the effectiveness of psychosocial intervention for women with PMS/PMDD.

METHODS

We conducted a systematic review of randomized controlled trials (RCTs) and searched MEDLINE and EMBASE using predetermined search strategies. We assessed the risk of bias in included studies using the revised Cochrane risk-of-bias tool for randomized trials (RoB2). We conducted a meta-analysis using a random-effects model with RevMan 5. The overall quality of evidence was assessed according to GRADE.

RESULTS


After screening 12,254 studies, we included 16 RCTs involving 1,363 women with PMS/PMDD from various countries, including Iran, Turkey, the UK, the USA, Australia and Germany. Meta-analysis showed that psychosocial interventions, including CBT and educational interventions, were effective for reducing PMS/PMDD symptoms in immediately after intervention (<1 month post-intervention [SMD -0.72, 95%CI -0.90 to -0.54, I-squared 61%]), short term (2–4 months post-intervention [SMD -0.79, 95%CI -0.98 to -0.61, I-squared 82%]), and long term (>5 months post-intervention [SMD -0.82, 95%CI -1.11 to -0.52, I-squared 86%]). The overall quality of evidence was rated 'very low' based on the GRADE. There was no robust evidence of whether psychosocial intervention can reduce the incidence of PMS/PMDD.

CONCLUSIONS

Further studies are needed to establish which, if any, psychosocial interventions can prevent and treat PMS/PMDD.

KEY MESSAGE

Psychosocial interventions appear effective for reducing PMS/PMDD symptoms, but no evidence was found as to whether they can reduce the incidence of PMS/PMDD.



Midwifery leadership

PA-184 – PA-190

PA-184 - The Midwife Tribe: building midwifery leadership with a cross-cultural online community

Arijanti Susana Ulnang¹, Helen Hall², Yohana Lumu Ladjar¹, Deb Patrick³, Gusman Lalangpuling⁴, Jan Jones⁵, Mery Kalau⁶, Susan Holland⁷

¹ Universitas Citra Bangsa, Midwifery Department, Kupang- East Nusa Tenggara, Indonesia

² Federation University, Institute of Health & Wellbeing, Ballarat, Australia

³ Core of Life, Youth and family education, Bateau Bay, Australia

⁴ Primary D Class General Hospital, Health Department of Alor Regency, Kalabahi, Indonesia

⁵ Federation University, Institute of Health & Wellbeing, Gippsland, Australia

⁶ Uabau Primary Health Centre, Department of Health of Malaka Regency, Uabau, Malaka, East Nusa Tenggara, Indonesia

⁷ Peninsula Health, Womens Services, Frankston, Australia

PURPOSE

This presentation describes the experiences and outcomes of a cross-cultural, online peer support group; *The Midwife Tribe* (TMT).

DISCUSSION

TMT is a small online community that emerged from a connection between midwives in East Nusa Tenggara (Indonesia) and Australia. The aim of the group was to provide peer support, share information and foster leadership skills, particularly during the pandemic. TMT is underpinned by a strength-based approach that focuses on midwives' abilities and potential, rather than the problems and resource deficits. In 2020, six midwives from each country began monthly online meetings. All midwives volunteered their time and agreed to engage for at least 12 months. Prior to committing, midwives received an induction book developed by members from both countries, that outlined the aims and expectations of participation.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

There were some challenges to online collaboration including time restraints, language difficulties and technological barriers. Despite the barrier, TMT provided an enabling environment that supported midwifery leadership and progressed numerous activities. Outcomes from the group include the production of a bilingual video promoting midwifery, sharing of information and resources via Facebook, funding application for midwifery students to visit ENT, submission of a research paper, donation of masks from Australia, assistance with curricular development for a new *Bachelor of Midwifery* in Indonesia and translation of health promotion resources for adolescents.

EVIDENCE IF RELEVANT

Developing midwifery is fundamental to meeting the 2030 Sustainable Development Goals for maternal mortality targets (1). Cross cultural midwifery programs have been found to be a successful and cost-effective approach to building midwifery profession (2–7).

KEY MESSAGE

With careful planning and clear expectations, online collaboration across countries can benefit individual midwives and strengthen the profession. TMT is an example of a respectful and collaborative approach to building midwifery leadership capacity.

PA-185 - Evaluation of the midwifery lead implementation of the Birmingham Symptom-specific Obstetric Triage System (BSOTS) in an Australian maternity service

Linda Sweet¹, Vidanka Vasilevski¹, Denise Ryan²

¹ Deakin University, School of Nursing and Midwifery, Burwood, Australia

² Western Health, Midwifery education, Melbourne, Australia

BACKGROUND

Obstetric triage is usually undertaken by a midwife and involves identifying the woman's presenting problem and conducting physiological and vital signs assessment. Triage of a pregnant woman poses challenges, as the physiological changes associated with pregnancy do not match the general parameters of standard emergency department triage measures. For these reasons, the Birmingham Symptom-specific Obstetric Triage System (BSOTS) was developed to standardise triage within maternity care. The BSOTS is currently being rolled out in all National Health Service maternity hospitals in the United Kingdom, however, our site is the first in Australia to trial this approach.

OBJECTIVES

The aim of the study was to evaluate the implementation of the BSOTS in an Australian tertiary maternity service.

METHODS

A mixed-methods approach including surveys, focus groups, and retrospective data audit was undertaken. Participants included midwives and doctors who worked in the Maternity Assessment Centre (MAC) and women who had attended the MAC. Key outcome measures included:

- knowledge and confidence in using BSOTS following the pre-implementation education.
- time to triage and time to treatment for women in accordance with the BSOTS prioritisation of care.
- staff experiences and satisfaction with the BSOTS implementation.
- women's satisfaction with triage following the BSOTS implementation.

RESULTS

The findings showed that staff valued the BSOTS standardised approach to maternity triage. The clinical audit showed that women's time to triage and treatment times were generally being achieved within auditable standards. Almost all women were satisfied with their experience of triage. Lack of knowledge amongst staff (especially medical staff) regarding the approach was perceived to be a barrier to effective implementation.

CONCLUSIONS

The implementation of the BSOTS demonstrates an innovative midwife-led practice change. The BSOTS is applicable to the Australian context, benefiting women, midwives, and the maternity service.

KEY MESSAGE

BSOTS improves midwifery triage in a Maternity Assessment Centre, improving care and experiences.

PA-187 - A maternity and neonatal vision for Wales - re-focus and learning following the COVID-19 pandemic

Karen Jewell¹

¹ Welsh Government, CNO office 4th floor South, Cardiff, United Kingdom

PURPOSE

The purpose of the paper is to describe how the covid pandemic and recent reviews of maternity care in the UK have led to a refocus bringing together maternity and neonatal services and developing a future vision. The national vision will refocus the aims of the Maternity Vision published in 2019 and include the learning from the pandemic and changes in working practices and use of technology.

DISCUSSION

The new Vision brings together maternity and neonatal services acknowledging that this is one journey that families take and that we must have a joined up approach. The paper describes the many programmes in progress including the initiation of a national maternity information system to join with the neonatal system providing data which gives information to inform us of outcomes and the impact of our care. The discussion will present the actions that were initiated following a diagnostic phase of all services and the improvement journey of the Maternity and Neonatal Safety Support programme. This funded programme was initiated following several reviews of maternity services across the UK and identified failings in service provision with subsequent recommendations. The programme funded by the Welsh government had several key aims: to identify key safety issues across maternity and neonatal services and develop solutions, to address equality of care in conjunction with the Anti-Racist Wales action plan, to develop a system which listens to families and staff ensuring quality feedback, to support and develop future leaders and a clear national assurance mechanism.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The paper sets out how policy in Wales has been developed utilising current evidence, wide multi-professional collaboration and service user engagement. It sets out the policy direction and vision for future midwifery practice in Wales.

EVIDENCE IF RELEVANT

Evidence into policy.

KEY MESSAGE

National policy must be grown through learning and wide engagement to enable ownership and clear direction.

PA-188 - Birthvillage the natural birthing centre – pioneering lessons in midwifery entrepreneurship and innovative maternity care in India

*Priyanka Idicula*¹

¹ Birthvillage natural birthing center, midwifery, Cochin, India

PURPOSE

The presentation aims to see the evolution of a free-standing birth centre in India with a midwifery practice of over a decade into a successful collaborative model of care through midwifery experiential knowledge, appropriate use of technology and right maternal choice. Birthvillage currently stands as an international example of midwifery entrepreneurship as we examine a complete green midwifery-led unit constructed from scratch with a strong emphasis on a healing environment replete with emergency infrastructure, including access to obstetric and neonatal services on site.

DISCUSSION

Our reflective findings show the challenges faced over twelve years in establishing autonomous midwifery practice, myths about professional midwives, misconceptions, and lack of communication and isolation faced by midwives. We shall also examine 360-degree changes when midwives function as clinical leaders in successful collaborative maternity care, commanding awareness of evidence-based design, birth-environment, social theory, midwifery, obstetrics and policy documents.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This presentation will examine how midwives in top hierarchical roles can lead maternity care from the ground level with the best interests of women kept at the heart of the practice. It will also emphasise a collaborative midwifery model that designs solutions that answer to the diversity in developing nations.

EVIDENCE IF RELEVANT

We shall contrast birth outcomes and draw conclusions from the pure midwifery model and the collaborative model of care. We shall also present mothers experiences in the form of birth stories, and feedback from the community and from the medical fraternity.

KEY MESSAGE

It is essential to critically evaluate successful midwifery models as the challenges in each country vary vastly. The inter-professional midwifery collaborative work, public administration, comprehensiveness, universality, and accessibility are crucial to improving access for women in maternity care. In addition, midwives are the key drivers in increasing awareness of the global knowledge of sustainable solutions in maternal healthcare.

PA-189 - Being a midwife is a calling that comes with a great responsibility to care for the rights of women and communities

Adriana Fabian Miguel¹, Mariana Montaña Sosa¹

¹ *Partners In Health Mexico, Maternal health, Angel Albino Corzo, Mexico*

PURPOSE

Since working as a midwife within a public institution, I have received questioning about the loss of my autonomy and the incompatibility that exists between the midwifery model and the institution. My goal is to raise awareness of the role of a midwife and the contributions we can make to protect women's sexual and reproductive rights.

DISCUSSION

I currently work in a birthing center and a hospital in Chiapas, Mexico. There is still a lack of recognition of midwifery in the Mexican health system. There are no public spaces where midwives can work with full autonomy exercising our model.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

In my institution I am the only midwife hired, I have the responsibility to exercise leadership that advocates for changes in care in favor of women's rights on a personal and structural level.

EVIDENCE IF RELEVANT

In spite of the resistance, I have carried out activities to share the midwifery philosophy: I have offered workshops that allow women to have more information, I transmit the goodness of traditional medicine, I seek to share spaces and exchange knowledge with traditional midwives, I emphasize the importance of home visits to give continuity of care. I share a different paradigm of care, so that the power of women to give birth and the importance of closeness with women for better care is recognized.

KEY MESSAGE

Despite the challenges, I have decided to continue to identify allies who are interested in the midwifery model. I continue to see women and babies as top priorities and recognize that multidisciplinary teams of different models are possible and necessary for the best care of all women. Just as a seed can be planted, the midwifery model within the system is possible as long as there is fertile soil and constant care, but only if midwives get the resources, recognition and support we deserve.

PA-190 - Midwifery is leadership: reflecting on ways in which psychometric profiling can support this assertion

Bernie Divall¹

¹ University of Birmingham, Health Services Management Centre, Newark on Trent, United Kingdom

PURPOSE

To reflect on learning from midwives' participation in leadership workshops framed by Insights Discovery, a psychometric profiling tool which offers a holistic approach to personal, team and leadership development.

DISCUSSION

Having completed doctoral research exploring identity construction among midwives moving from clinical to formal leadership roles, I have applied the complex themes of personal, role and social identity to leadership development workshops. In establishing a midwifery-focused approach to leadership development, Insights Discovery has been used to apply a highly responsive and contextualised approach in development workshops. I have been able to explore leadership at the individual and collective level, as well as developing understanding of how personal assumptions about leadership in relation to self and others might be impacting on midwives' future career ambitions.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This reflective presentation relates to the Professional Framework theme of leadership, at three levels of analysis:

- Midwifery as leadership: understanding how taking ownership of a leader identity might support midwives' practice, whatever their role;
- Building a collective leadership voice: celebrating the diversity and cohesiveness of the midwifery identity;
- Midwives in formal leadership roles: exploring understandings of and responses to leadership roles supports midwives to see the potential diversity of contemporary leadership as it might apply to their own career.

EVIDENCE IF RELEVANT

The presentation will include a summary of Insights Discovery profiles seen among midwives to date, highlighting the importance of celebrating diversity within the midwifery professional identity and exploring how this diversity might be applied to leadership roles.

KEY MESSAGE

Leadership development must include attention to behavioural preferences in order to understand key strengths and challenges in formal leadership roles. If midwifery is leadership, then all midwives need to be supported to explore what leadership means for them.

**Commitment to gender equality
and justice, equity, diversity
and inclusion
PA-191 – PA-204**

PA-191 - A melanated midwife's experience with racism while doing Black maternal health anti-racism work

*Karie Stewart*¹

¹ University of Illinois Health Systems, Obstetrics & Gynecology, Chicago, USA

PURPOSE

To describe racism endured as a practicing Black midwife and engendered by healthcare systems that voice commitment to Black maternal health equity.

DISCUSSION

Melanated Group Midwifery Care (MGMC) is an innovative midwife-led continuity of care model that centers the voices of Black mothers, who consistently request racially concordant care to attenuate experiences of racism. As a co-developer of MGMC and a practicing Black midwife serving my community, I describe structural and interpersonal racism while implementing MGMC in an academic medical setting. Initially, there was enthusiasm and full institutional support for MGMC from healthcare leadership. Once funded, I experienced pervasive racism as gaslighting, discrimination, antagonism, exclusion, and micro-aggressive behavior from leadership. Barriers were created to exclude me from decision making processes over the project. For example, my lack of a doctoral degree was repeatedly highlighted to discredit my role as the lead midwife. Leadership outside of the project conducted meetings in my absence and made project decisions without my input. I was overpowered, dismissed, and disrespected. When I brought these experiences through the appropriate leadership channels, I was disregarded and ignored. As these racist experiences took a toll on my physical, mental, and emotional health, I resigned from leadership and transitioned MGMC to another institution that provided a supportive enabling environment for this anti-racist work.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Making radical changes to improve Black maternal healthcare in the US begins by "calling-in" enacted institutional racism toward Black midwives. Black midwives' willingness to take on leadership roles in healthcare are diminished by superficial commitments from leadership, lack of support and inclusivity, and the maneuvering of health system politics.

EVIDENCE IF RELEVANT

N/A Key message.

Black midwives doing anti-racist work on behalf of Black mothers need protection from healthcare leadership who embrace the social justice rhetoric without self-reflection or action.

PA-192 - An exploration of the lived experience of student midwives at Sheffield Hallam University in relation to their ethnic identity

Victoria Scholfield¹, Catherine Burke¹, Sally Freeman¹, Jane Stephenson¹

¹ Sheffield Hallam University, Nursing and Midwifery, Sheffield, United Kingdom

BACKGROUND

Higher Education Institutions have a pivotal role in the provision of inclusive educational methods which facilitate the learning and development of diverse healthcare student populations (Mountford, Jones, & Tucker, 2006). Once in healthcare education, student experiences including attainment and mental wellbeing, differ by protected characteristics (NMC, 2020).

OBJECTIVES

The aim of this qualitative study was to explore the student midwives' lived experiences during their pre-registration course to understand potentially contributing factors for variations in attainment and wellbeing. This could then support and inform strategies that will attempt to bridge the attainment gap.

METHODS

This qualitative study enabled collection and exploration of information from student midwives about their experiences of both university and placement. The study consisted of anonymous questionnaires sent to all students on the Sheffield Hallam University (SHU) BSc Midwifery programme, enabling self-identification of ethnicity. Data collection and analysis was managed by a 3rd party; paid MSc students recruited from SHU. The use of independent student researchers was essential in enabling student disclosure. Results were transcribed and thematic analysis applied to identify key areas.

RESULTS

13 responses (6%) were received. Three themes were identified;

- Minority Spaces – virtual or real spaces for students who identify as minoritised to gather.
- Midwifery team diversity – a lack of diversity amongst the lecturing team.
- Diversity in placement – a lack of midwives from the global majority in the workplace.

CONCLUSIONS

The study results have identified areas for development which are transferable across all health & social care courses. There is a need for further research to provide greater in-depth understanding regarding attainment and barriers to learning.

KEY MESSAGE

There is a fundamental requirement to research ethnically diverse student midwives' experiences of Higher Education to provide culturally appropriate, inclusive midwifery education.

PA-193 - Gynaecology consultation for lesbians and/or trans people in Parisian community health centres: experiences and feedback

Celine Puill¹, Axelle Romby², Gaucher Laurent³

¹ *Independant midwives, ile de france, Fontenay Sous Bois, France*

² *Pôle universitaire de santé sexuelle- Université Paris Cité, Centre de santé sexuelle de l'Hôtel Dieu, Paris, France*

³ *HES-SO University of Applied Sciences and Arts, Geneva School of Health Sciences, Geneva, Switzerland*

BACKGROUND

Access to gynaecological care for lesbians and trans people is a public health issue.

OBJECTIVES

A free consultation has been experimented for this population in a community approach.

METHODS

Feedback from the midwife responsible for this consultation through analysis of data from medical records and administrative reports.

RESULTS

100 consultations were conducted over the 30 months of the experiment. These consultations were for the benefit of lesbian women in 76 cases and trans men in 17 cases. These consultations offered a time for attentive listening, anamnesis, clinical examination, screening tests, preventive treatment and orientation. Their duration varied from 50 minutes to 1.5 hours. Thirty-eight percent of the people received said they had been victims of violence.

CONCLUSIONS

Adjusting the consultation process could facilitate access to gynaecological care for lesbians and trans men. An institutional period of training, reflection and networking with the professionals and communities concerned seems essential to the success of this type of care.

KEY MESSAGE

Access to care for sexual and gender minorities is a public health issue
Midwife's posture helps to promote the use of primary care by sexual and gender minorities.

PA-194 - Maternal mortality in the United States: strategies for improvement and midwifery involvement in maternal mortality reviews

*Katrina Nardini*¹

¹ University of New Mexico, Obstetrics & Gynecology, Albuquerque, USA

PURPOSE

This session provides an overview of maternal mortality in the United States (U.S.) and highlights the disparities that exist. It also focuses on U.S. strategies for improvement as well as how midwives can and are playing a role in the maternal mortality review process and prevention efforts.

DISCUSSION

About 700 women die each year in the U.S. The ratio of pregnancy-related deaths (death of a woman during pregnancy, childbirth, or the year postpartum) in the U.S. is increasing and is higher than other developed nations. In addition, the disparity in deaths by race/ethnicity is widening. The Centers for Disease Control and Prevention (CDC) has responded to this crisis by supporting state-level maternal mortality review committees. Maternal mortality reviews serve as a means of identifying underlying causes of maternal death and disparity to inform prevention strategies. Through examining data collected through the review process, it is estimated that 3 out of 5 deaths can be prevented. Midwives are integral to the maternal mortality review process. This session will focus on U.S. efforts to decrease deaths through maternal mortality review committees and the role of midwives on these committees.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwives can and should get involved in the maternal mortality review processes. Currently, midwives throughout the U.S. serve as board members, abstractors, and leaders on maternal mortality review committees. Midwives from around the world can compare national strategies for decreasing maternal mortality.

EVIDENCE IF RELEVANT

There are numerous studies and reports produced by the CDC as well as by individual state maternal mortality review committees that examine factors such as risk factors and disparities in maternal deaths, preventability, underlying causes of deaths, and recommendations for action.

KEY MESSAGE

The U.S. is working to improve the rate of maternal mortality. Midwives are integral to helping find solutions to prevent maternal deaths in the U.S. through the maternal mortality review process.

PA-195 - Migrant and refugee women's perceptions and experiences of perinatal mental health in Australia: a qualitative evidence synthesis

Majedeh Meghdadi¹, Catherine Kilgour¹, Glenda Hawley¹

¹ University of Queensland, School of Nursing, Midwifery and Social Work, Brisbane, Australia

BACKGROUND

Migrant and Refugee Women's Perceptions & Experiences of Perinatal Mental Health in Australia: A Qualitative Evidence Synthesis Background Around one third of women giving birth in Australia are women born in countries outside Australia. Migrant and refugee women are mostly from low and middle-income countries, facing multiple challenges with migration. These women may therefore be more susceptible to mental health disorders such as depression and anxiety during pregnancy and after childbirth.

OBJECTIVES

This Qualitative Evidence Synthesis is important to explore migrant and refugee women's perceptions and experiences of Perinatal Mental Health (PMH) in Australia and identify the factors that influence their perceptions and experiences.

METHODS

The Cochrane Effective Practice and Organisation of Care process was used to undertake this research. Databases CINAHL, EMBASE, MEDLINE, PubMed, PsycINFO and SCOPUS provided qualitative primary studies published in English, reporting qualitative data on PMH of migrant and refugee women in Australia from 2011 to 2021. This thematic synthesis used the Critical Appraisal Skills Program checklist to assess methodological limitations of the included studies and the GRADE-CERQual to assess confidence in the qualitative findings.

RESULTS

The results showed that migrant and refugee women in Australia expressed feeling lonely, isolated and unsupported, having emotional difficulties such as depression, anxiety, fear and emotional strain during the perinatal period. These feelings were exacerbated by factors such as lack of social support, socio-cultural expectations, gender roles, poor communication with care providers, and lack of culturally sensitive health care.

CONCLUSIONS

This research showed the need for further education for health professionals to best support migrant and refugee women's perinatal mental health (PMH) in Australia.

KEY MESSAGE

Within the ICM Professional Framework of Midwifery, health care professionals including midwives are enabled to understand cultural competencies which is essential for equity, diversity and inclusion for women, as the Australian population becomes more diverse.

PA-196 - “What do our mob think?” Satisfaction with maternity care amongst First Nations Australian women after the introduction of a culturally responsive caseload midwifery model

Pamela Mccalman^{1,2}, Helen McLachlan^{1,2}, Della Forster^{1,3}, Michelle Newton^{1,2}, Fiona McLardie-Hore^{1,3}, Tanisha Springall¹

¹ La Trobe University, Judith Lumley Centre, Melbourne, Australia

² La Trobe University, School of Nursing and Midwifery, Melbourne, Australia

³ The Royal Women’s Hospital, Midwifery and Maternity Services Research, Melbourne, Australia

BACKGROUND

First Nations Australian mothers and babies experience inequitable perinatal outcomes and often face barriers to accessing culturally responsive maternity care. A recent research translation study demonstrated the ability of three major metropolitan maternity services located in Victoria, Australia, to implement new culturally responsive caseload midwifery models.

OBJECTIVES

To explore ratings of satisfaction with care among women having a First Nations baby, following the introduction of culturally responsive caseload midwifery models at the three study sites.

METHODS

The study methodology was developed with the Victorian Aboriginal Community Controlled Health Organisation, an Aboriginal Advisory Committee and the three maternity services. Eligible women were invited to participate in a study that included a survey at recruitment (usually face-to-face in pregnancy) and a follow up survey at three months postpartum (by telephone).

RESULTS

Data collection was from 2017 to 2021. Of the 343 women who completed the initial recruitment survey, 213 (62%) completed the follow up survey. Most women felt supported culturally (77%) and rated their pregnancy, birth, and domiciliary postnatal care very positively (80%, 81%, 87% respectively). Women reported feeling physically and emotionally cared for, that they were informed, had an active say in decision making, and that their concerns were taken seriously. Women were most critical of their in-hospital postnatal care, with less women rating this episode of care positively (62%).

CONCLUSIONS

The implementation of culturally responsive caseload midwifery models for women having a First Nations baby led to high levels of maternal satisfaction, where women felt informed, culturally supported, and cared for by their midwives.

KEY MESSAGE

High levels of maternal satisfaction as a result of the implementation of culturally responsive caseload models will likely increase engagement with maternity services, leading to improved outcomes. Further scale-up of these models should be prioritised.

PA-197 - If I could change one thing about my care during childbirth: a qualitative content analysis of 2742 participant's voices from Canada

Kaveri Mayra¹, Saraswathi Vedam¹

¹ University of British Columbia, Birth Place Lab, Faculty of Medicine, Vancouver, Canada

BACKGROUND

Poor access to respectful care has emerged as a critical factor associated with adverse health outcomes globally. People with embodied experiences of care are the “experts” best positioned to inform quality improvement. Service users with diverse identities, circumstances and backgrounds and clinicians, researchers, and community health workers conducted the research study, RESPCCT, across Canada.

OBJECTIVES

Guided by intersectionality, we conducted a qualitative content analysis of responses to: ‘If you could change one thing about the care you received what would that be?’.

METHODS

The cross sectional survey included open-ended questions. Inductive coding generated 139 codes that lead to generation of the main themes and patterns. NVivo-12 aided in data analysis.

RESULTS

Participants represented all Canadian provinces and territories, and over a third self-identified as Indigenous, racialized, living with disabilities, 2SLGBTQIA+, immigrant/refugee status, housing instability, incarceration, high BMI and/or socioeconomic disadvantage. Emerging themes elevate the importance to service users of: 1) better communication and more information; 2) access to midwifery care; 3) exercising self-agency; 4) addressing over-medicalization; 5) expanded provision of mental health; 6) addressing disrespect and abuse. Unique insightful comments came from those who 1) acknowledged their privilege may have led to good care; 2) lamented lack of culture-matched care, 3) experienced loss and sought trauma informed care 4) recognized conflict between care providers and models of care led to negative experiences. Midwifery clients responded ‘change nothing’ as a result of a positive experience of childbirth. Respondents also reported discrimination based on age, sexuality, gender, physical appearance, HIV status, disability, nationality and race.

CONCLUSIONS

Health care system responsiveness in Canada, and globally, is linked to quality and safety. Service users identify critical needs for models of care to improve trauma-informed care, bodily autonomy, anti-oppression and respect during childbirth.

KEY MESSAGE

It is essential to listen to women and people who give birth, to ensure respectful care.

PA-198 - Individual champions: a foundation of radical change to entrenched health care systems

Kylea Liese¹, Karie Stewart², Stacie Geller², Pamela Pearson¹, Saria Lofton¹, Tayo Mbande³, Jo Ann Allen¹, Crystal Patil¹

¹ University of Illinois Chicago, Human Development Nursing Science, Chicago, USA

² University of Illinois Chicago, Obstetrics and Gynecology, Chicago, USA

³ Chicago Birthworks Collective, Chicago, Chicago, USA

BACKGROUND

No single intervention has successfully reduced maternal disparities; this is especially true for US populations. The complexity of maternal morbidity and mortality needs a multi-faceted model of maternity care inclusive of broad structural changes that holds health care systems accountable to birthing people. No such models exist. Melanated Group Midwifery Care (MGMC) is the midwife-led continuity of care model that fills this gap. MGMC bundles four evidence based interventions: racial concordance, group prenatal care, maternal nurse navigation and a year of in-home postpartum doula support.

OBJECTIVES

To use the Exploration, Preparation, Implementation, Sustainment (EPIS) Framework to describe inner and outer contexts and bridging innovation factors related to launching MGMC, a revolutionary, multi-component maternity care model.

METHODS

A qualitative approach was used to document barriers, facilitators, and solutions during meetings with health systems (n = > 50), community partners (n = 6), and policy decision-makers (n = 4).

RESULTS

All four components of MGMC were threatened by structural barriers. Black midwife leaders encountered racism at the highest administrative levels when implementing racially concordant midwifery-led care. Group prenatal care required addressing past failures with the model, obstetric turf wars and moving a practice of Black midwives from one institution to another. Black mothers with complex medical and social needs were burdened to effectively navigate an uncoordinated health care system. Legislative gaps left Black postpartum doulas without mechanisms for certification and reimbursement. Individual champions were critical to navigating and overcoming these barriers, ultimately launching MGMC. All four individuals were recognized leaders in their fields who made choices to center equity and justice in their professional roles, intersecting community and health care systems.

CONCLUSIONS

Individual champions are characterized as factors that compromise sustainability in the implementation process. However, charismatic leaders are crucial to change entrenched systems.

KEY MESSAGE

Leadership is crucial to the research and implementation of innovative midwife-led continuity of care models that advance equity.

PA-199 - Leaving no mother or newborn behind: applying an evidence-based approach to increase safe births among ethnic Hmong women in northern Laos

Helen Catton¹, Davone Lee²

¹ World Renew, Community Development, Phonthong, Lao People's Democratic Republic

² Phonthong District Hospital, Midwifery/Nursing, Phonthong, Lao People's Democratic Republic

PURPOSE

To reduce morbidity and mortality among ethnic Hmong mothers and newborns, by applying a barrier analysis methodology to inform a community-led design of an intervention, to increase the uptake of births with a skilled birth attendant (SBA). The critical success factors, challenges and lessons learned will inform policy and practice in similar contexts. The aim is to reach mothers experiencing intersecting inequalities that impact their health and well-being.

DISCUSSION

National data indicates 45% of Hmong mothers birth with a SBA (LSIS 2017), compared to only 26% in the project communities. This poses a high risk for maternal and newborn mortality and morbidity. To explore this issue a barrier analysis was piloted with village health volunteers. The questions were refined and will be asked to mothers and their husbands in two pilot Hmong communities. The findings will be shared with the community using an appreciative inquiry approach, to facilitate a community led design of an intervention to increase births with a SBA.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The process was led by a Hmong district midwife and health center staff who developed new skills in using evidence to design interventions that are context appropriate and community owned.

EVIDENCE IF RELEVANT

A barrier analysis was developed and piloted with village health volunteers. Preliminary findings found that access to a SBA was a common barrier, as well as fear of "cutting", feeling shy and a lack of trust in health services. The motivator to birth at home was the belief that "nothing would happen", having a familiar environment and avoiding the opportunity costs of seeking services.

KEY MESSAGE

To achieve sustainable impact, interventions need to be informed by locally produced evidence and be community-led. Using a barrier analysis ensures interventions are contextualised and feasible. Solutions can be trialed and modified in an iterative approach.

PA-200 - Exploring dimensions of racial discrimination within midwifery care in Germany: a qualitative analysis of expert interviews with German midwives

*Lisa Keil-Reppmann*¹

¹ Charité Universitätsmedizin Berlin, Institut of Applied Midwifery Sciences, Berlin, Germany

BACKGROUND

Racial discrimination can have a negative impact on the health of those discriminated against at various levels. There is evidence in the international literature that racism in the obstetric setting leads to worsened maternal and neonatal outcomes with respect to diverse parameters. In Germany, there are no systematic studies dealing with racial discrimination and racist attitudes among medical personnel.

OBJECTIVES

The study aims to provide a first insight into the problem of racial discrimination in midwifery care in Germany. The goal was to explore how and which racial stereotypes and racism were reproduced within midwifery care in Germany and to find out what racist structures midwives perceive in their working environment. Finally, first indications of how this affects midwives in their professional attitude and their care of women are elicited.

METHODS

The study design followed a qualitative approach. Based on national and international literature reviews, a semi structured expert interview guide was constructed. Via purposive sampling, 5 midwives from different areas in Germany with different levels of clinical experience were recruited. Data was analysed using structured content analysis according to Gläser&Laudel. The extracted data and developed categories were then discussed and analysed based on the background.

RESULTS

Racism in midwifery care was perceived by all interviewed midwives and connects to historical and current racist discourses. Anti-Black-Racism, anti-Muslim Racism, anti-Romanism, and anti-Asian racism were reported. Racism could be found at interactional, institutional, and structural levels. Racism affected midwifery care and resulted in qualitativ and quantitativ worse care for racialized groups.

CONCLUSIONS

Racism seems to be a problem in German midwifery care and needs to be adressed urgently. The results of this research highlight that racism might lead to inequality in midwifery care.

KEY MESSAGE

Racism might affect quality of midwifery care in Germany. Research addressing this topic is urgently needed to address this inequality.

PA-201 - Factors contributing to women's experiences of birth trauma and obstetric violence in Australia: The Birth Experience Study (BESt)

Hazel Keedle¹, Warren Keedle¹, Hannah Dahlen¹

¹ *Western Sydney University, School of Nursing and Midwifery, Penrith, Australia*

BACKGROUND

In Australia it is estimated around a third of women experience a traumatic birth and 1:10 women experience obstetric violence. The UN identified obstetric violence (OV) as a form of gendered violence resulting in physical, sexual, or psychological harm and including threats of coercion. The ongoing impact of OV can lead to mental health issues such as post-traumatic stress disorder (PTSD), depression and anxiety and bonding issues. In 2021 The Birth Experience Study (BESt) surveyed women who had birthed in Australia in the previous 5 years to explore factors contributing to childbearing experiences, including what women would choose if they were to have another pregnancy.

OBJECTIVES

The aim of this study is to explore the factors contributing to birth trauma and OV in Australia.

METHODS

A qualitative content analysis was undertaken on the open text responses to birth trauma and OV questions. Logistic regression was undertaken to determine factors contributing to birth trauma and OV (analysis ongoing).

RESULTS

From 8,804 completed responses, a third of survey participants indicated they experienced birth trauma and 1:10 experienced OV in their last birth. Three categories for birth trauma focused on the absence of respectful maternity care and two categories on the impact of interventions and the unwell baby. For OV three categories included: 'I felt dehumanised', 'I felt violated' and 'I felt powerless'. The quantitative analysis is currently being undertaken and will be presented at the conference alongside the qualitative findings.

CONCLUSIONS

Health care professionals, policy makers and health authorities need understand the factors that contribute to women experiences of birth trauma and OV to ensure maternity services promote respectful maternity care.

KEY MESSAGE

Globally women experience disrespect and abuse in maternity care settings. This study highlights how obstetric violence and birth trauma is experienced by women in Australia.

PA-202 - Usage of bilingual maternal and child handheld records to care for Spanish speakers living in Japan

Lourdes Rosario Herrera Cadillo¹, Elena Campomanes Pelaez², Calvin De los Reyes³, Yasuhide Nakamura⁴

¹ *Konan Women's University, Faculty of Nursing and Rehabilitation, Kobe city, Japan*

² *Universidad de San Martin de Porres, Facultad de Obstetricia y Enfermeria, Lima, Peru*

³ *University of the Ryukyus, Global Health, Okinawa, Japan*

⁴ *National College of Nursing, Faculty of Nursing, Tokyo, Japan*

BACKGROUND

Maternal and child health handbooks are available in Japan since 1947. Multilingual versions of the book have been developed since year 2000 targeting foreign mothers and families living in Japan. The Spanish version of the Maternal and Child Health Handbook (MCHH) has been updated following the national version of the MCHH, however there is few information regarding its usage among Spanish speakers living in Japan.

OBJECTIVES

1) To explore the situation of usage of MCHH among Spanish speakers living in Japan, 2) To determine the factors that promote or hinder the usage of the Spanish version of MCHH, 3) To learn about the health care experience of Spanish speaking mothers living in Japan.

METHODS

An online survey was designed in Spanish using Google forms to obtain information about the usage situation of the MCHH in Japan. Participants were recruited through NPOs supporting foreign residents. Consent was obtained directly from participants prior to the survey.

RESULTS

Thirty percent of respondents obtained a MCHH from the municipal office and keeping them to date. However, 12% of respondents referred that they could not obtain Spanish version of the MCHH and were offered MCHH in English or Portuguese. Participants valued their experience of using a bilingual MCHH and appreciated the possibility of bringing pregnancy records and vaccination information in both Spanish and Japanese when travelling. MCHH was seen as time consuming by some health care providers in Japan.

CONCLUSIONS

- 1) The Spanish version of the MCHH in Japan did not reach all targeted mothers.
- 2) Migrant mothers prefer bilingual MCHH.
- 3) Health care providers are sometimes reluctant to use bilingual MCHH.

KEY MESSAGE

Midwives and other health professionals in Japan need to encourage usage of bilingual tools such as MCHH when caring for mothers who do not speak Japanese. Bilingual tools improve communication between provider and user, improving satisfaction with health care.

PA-203 - Exploring disability identification processes within Australian public maternity services

Charlie Benzie^{1,2}, Michelle Newton^{1,2}, Della Forster^{2,3}, Helen McLachlan^{1,2}

¹ La Trobe University, School of Nursing & Midwifery, Melbourne, Australia

² La Trobe University, Judith Lumley Centre, Melbourne, Australia

³ The Royal Women's Hospital, Midwifery and Maternity Services Research Unit, Parkville, Australia

BACKGROUND

It is estimated that globally 15% of people are living with a disability. Women with disabilities have poorer perinatal outcomes, however there is a lack of accurate data about the prevalence of women with a disability accessing maternity services, the types of disabilities, how women are identified and what services are available.

OBJECTIVES

Explore disability identification processes within public maternity services in Australia and examine the availability of specialised services for women with a disability.

METHODS

In June 2021 an invitation with a link to an online survey was sent to maternity managers of all public hospitals in Australia who offered maternity care. Descriptive analysis was used for quantitative data and content analysis for open-ended questions.

RESULTS

Thirty-six percent (70/193) of eligible hospitals responded, representing all states and territories. Overall, 71% routinely asked women about disability status, however there was wide variation in how this was asked. Two thirds (63%) did not have standardised documentation processes and 65% were unable to estimate the number of women with a disability seen at their hospital. Only 13% of services had specialised training for staff in disability identification, documentation and referral pathways. The majority (68%) did not offer specialised services and only 26% felt that there were adequate services for women with a disability within their health service.

CONCLUSIONS

There is large variation in disability identification processes within maternity services in Australia. Ensuring the routine collection of disability identification data will mean women with a disability are more likely to be accurately identified and subsequent care tailored to their needs.

KEY MESSAGE

Data should be routinely collected in a consistent manner to allow for population-level surveillance, clinical care planning and provision, and to inform research on the link between disability status and maternal and neonatal outcomes.

PA-204 - Mistreatment and coercion in care for pregnancy and birth after caesarean

Bridget Basile Ibrahim¹, Holly Kennedy¹

¹ Yale University, School of Nursing, Orange, CT, USA

BACKGROUND

High-quality, respectful maternity care has been identified as an important birth process and outcome. In a previous study, we found that women marginalized by race/ethnicity and/or socioeconomic status were more likely to experience lower quality of care in a pregnancy and birth after cesarean and sought to describe these experiences in more detail.

OBJECTIVES

This study describes in-depth experiences of mistreatment and coercion and their sequelae for women seeking a vaginal birth after cesarean (VBAC) in the U.S.

METHODS

Participants had a history of cesarean and a subsequent pregnancy and childbirth within 5 years prior to the study. Interpretive description was used to analyze qualitative data from an open-ended survey (May – Oct 2018). Narrative analysis was used to analyze semi-structured interviews (November 2018 – March 2019). Interview participants were recruited from the online survey.

RESULTS

Participants described their primary cesarean births as traumatic and disempowering and coercion and fear-mongering by care providers. Black, Indigenous, People of Color participants were more likely to describe overt mistreatment by their healthcare team. Participants who had a midwife and/or a home birth after cesarean were more likely to have an empowering and positive birth after cesarean than those who had a hospital birth and/or a physician provider. Women who had negative experiences during pregnancy and birth were more likely to describe distrust of the healthcare system and to report hesitancy in seeking postpartum or future reproductive care.

CONCLUSIONS

Findings highlight inequities in quality of care received by those with marginalized identities. Increasing access to midwifery care may reduce inequalities in care and associated health outcomes.

KEY MESSAGE

- Interactions during the perinatal period have a profound effect on women's health and healthcare decision-making for years afterward.
- Midwives are well-positioned to provide high-quality maternity care and improve health inequities experienced by marginalized women.



**COVID-19 pandemic and its impact
on midwives, midwifery services
and women
PB-001 – PB-016**

PB-001 - Survey on pregnant women's partners' access to health services related to pregnancy and childbirth in Japan during the COVID-19 pandemic

Sanae Yamaguchi¹, Megumi Fujita², Yumiko Endoh³

¹ Fukushima Medical University, School of Nursing, Fukushima, Japan

² Yamagata University, Faculty of Medicine School of Nursing, Yamagata, Japan

³ University of the Ryukyus, School of Health Sciences Faculty of Medicine, Okinawa, Japan

BACKGROUND

In 2020, the COVID-19 global pandemic began. In Japan, this had a negative impact on the health care services received by pregnant women, some of whose partners were not allowed to attend the birth or visit the hospital.

OBJECTIVES

The purpose of this study was to clarify the extent to which pregnant women's partners have had access to health care services related to pregnancy and childbirth in Japan during the COVID-19 pandemic.

METHODS

An internet-based survey was conducted in December 2020, the subjects of which were 258 men who lived with children aged 0-11 months. The data were analyzed by descriptive statistics. This study was conducted with approval from the Institutional Review Board of Yamagata University School of Medicine.

RESULTS

The average age of the subjects was 37.8 ± 7.9 years. One hundred sixty-five (65.1%) subjects answered that they had attended a maternity health checkup with their partner at least once. The number of subjects who answered that they had attended their child's birth was 145 (56.2%). Similarly, 123 (47.7%) subjects answered that they had participated in classes for new parents. Monthly participation rates ranged from 26.7% to 69.6%. The access rate of the subjects was inversely proportional to the increase / decrease in the number of new COVID-19 cases.

CONCLUSIONS

The rate of subjects' access to pregnant women's health services was lower than that before the start of the COVID-19 pandemic. The results of this study suggest that, due to the influence of the COVID-19 pandemic, pregnancy and childbirth health services may not be adequately provided to women's partners. Infection prevention measures and non-face-to-face access methods have recently been developed, and midwives must make the most of these methods in order to provide services that include pregnant women's partners.

KEY MESSAGE

Midwives must provide stable health services to pregnant women's partners, even during the COVID-19 pandemic.

PB-002 - Maternal COVID care in Dili, Timor-Leste

Sara Maria Filomena Xavier¹

¹ *Guido Valadares National Hospital, Quality Control Department, Dili, Timor-Leste*

BACKGROUND

Covid-19 pandemic has caused uncertainties in health, all health centers had to make unprecedented decisions, change policies and procedures as it all unfolded.

The main referral and national hospital in Timor Leste, with assistance from the Ministry of Health and development partners re-purposed the Vera Cruz Community Health Centre to become the Covid-19 health facility for Covid positive patients including expectant mothers. Maternity patients were transferred the isolation centre via a triage system.

Lack of facilities installed in the isolation centers forced the maternity patients to be transferred to HNGV, where there were also not yet feasible to care for Covid-19 positive mothers, and the inadequate protection for staffs also put them in a high risk. In addition, no ambulance available to transport such patients.

OBJECTIVES

To describe changes in policies regarding patient referral, IPC and management of staff shift that improved intrapartum care for women and neonates, while protecting the staff from Covid-19.

METHODS

A retrospective review of health facilities (HNGV and Vera Cruz) reports including mortality and morbidity data was done in order to determine whether the changes in policy effected improvements, in patient referral, patient outcomes, Covid transmission to staff and among patients.

RESULTS

The outcome can be seen by reduced cases of delays, accessible transportations and smooth maternal and neonatal care. Statistic shows there are only 3 mortalities out of 305 mothers in the isolation centers. The risk of infection to medical staff and among other patients also low.

CONCLUSIONS

Uncertainty caused delays in mother and newborn care, including lack of facilities and transportation, inadequate protection for staff and other patients. Change of policy and improved facilities aimed to provide better care while reduce the spread. The results can be seen by numbers reduction of delays, mortality and infections.

KEY MESSAGE

Qualified policy and staff protection ensures smooth delivery and care during pandemic.

PB-003 - Implementation of virtual skills and simulation in maternal and newborn care during the COVID-19 pandemic in the selected tertiary hospitals of Nepal

Unisha Shrestha¹, Asmita Acharya¹, Gv Rashmi², Chahana Singh³, Deepak Jha⁴, Jamun Prasad Singh⁵

¹ *Laerdal Global Health, Impact and Implementation, Kathmandu, Nepal*

² *Laerdal Global Health, Impact and Implementation, Mumbai, India*

³ *Unicef-Nepal, Health, Kathmandu, Nepal*

⁴ *Department of Health Services, Ministry of Health and Population, Family Welfare Division, Kathmandu, Nepal*

⁵ *Janakpur Provincial Hospital, Pediatrics, Janakpur, Nepal*

BACKGROUND

A program designed to enhance the capacity of health workforce in Maternal and Newborn Care (MNC) for selected hospitals of Province-2 was implemented virtually during the COVID-19 pandemic with support from local mentors and remote facilitators.

OBJECTIVES

To explore the implementation of virtual skills and simulation sessions in MNC in selected tertiary hospitals of Nepal.

METHODS

A mixed-method study was conducted with 78 doctors and nurses. Pretest-Posttest using standard Objective Structured Clinical Examination (OSCE) for each skill was conducted. 12 In-Depth Interviews and 3 Focus Group Discussions were conducted with hospital officials. For hospital-level indicators, records review and observation checklists were used. Three simulation corners were established in the hospitals where 33 virtual skills and simulation sessions (18 for maternal and 15 for newborn care) were conducted from August 2020 – January 2021.

RESULTS

Statistically significant difference was found between clinical competency scores across baseline and midline in all the areas of skills assessment ($U = 196.4$, $p < 0.001$). It brought remarkable changes in the MNC and system-related indicators.

CONCLUSIONS

Virtual in-situ low-dose high-frequency skills and simulation sessions have been able to create significant impact in the health system with limited impact on the service delivery.

KEY MESSAGE

A blended approach with integration of virtual skills and simulation could be considered as an effective strategy especially in the remote and resource limited settings of Nepal.

PB-004 - No voice of women, no voice of midwives: what medicalization of maternity care during COVID-19 in Japan is teaching us

Junko Ozawa^{1,2}, Chiaki Shirai^{2,3}, Naoko Nishikawa², Yumiko Teramoto², Sakae Kikuchi^{2,4}

¹ Imperial College Healthcare NHS Trust, Queen Charlotte's and Chelsea Hospital, London, United Kingdom

² Repro Research Committee, Repro Research Committee, Tokyo, Japan

³ Shizuoka, Sociology gender and family, Shizuoka, Japan

⁴ Rikkyo University, Sociology Social Design Studies, Tokyo, Japan

PURPOSE

This presentation explores experience of maternity care in Japan, and the role of midwives in its increasing medicalisation during the COVID-19 pandemic.

DISCUSSION

High percentage of medical interventions such as caesarean section on women with COVID-19 has been reported in Japan. Japanese national guideline by Department of Health and Labour in fact supports the use of those interventions on COVID-19 positive women to minimize risk of spread of COVID-19, even no other indications. Mother and baby separation and restricting birth partners were also reported. Overwhelming number of women reported significant anxiety however did not demand changes or express frustration to our survey. Strikingly, they blame themselves and suffer silently for a long time. Three midwifery associations (Japanese Midwives Association, Japan Academy of Midwifery and Japanese Nursing Association) are official members of ICM. However, they have ignored ICM official statement "Women's Rights in Childbirth Must be Upheld During the Coronavirus Pandemic" and made no attempt to influence the national guideline nor explore/advocate women's experience. So far, disempowered midwifery associations have failed to take leadership in stopping unnecessary medicalization

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwifery association.

COVID-19 Pandemic and its impact on midwives midwifery services and women.

KEY MESSAGE

Japan is proud to be one of the countries with advanced obstetric medicine with the lowest maternal and neonatal death rates. Because of this, the real issues around women and babies birth experience is not well known to international community. Exploring the unique issues Japanese midwifery profession are facing can give insights into the importance of strengthening midwifery associations and its partnership with women. The midwifery profession was once strong and respected in Japan, but has been disempowered, leading to reduced confidence and autonomy. We would like to come "together again" re-build strong midwifery practices, to promote and protect women's right and birth.

PB-005 - The struggle private midwifery services to survive during the COVID-19 pandemic

*Mumtihanna Muchlis*¹

¹ Puskesmas Iwoimendaa, Delivery Department, Yogyakarta, Indonesia

PURPOSE

To describe how Private Midwifery Services (*Praktik Mandiri Bidan/PMB*) in Yogyakarta has dealt with women and newborn babies based on the Covid-19 pandemic chronological times in the Indonesian context by giving some cases as examples.

DISCUSSION

Four phases have been identified chronologically during the pandemic. Every step has a specific situation with various problems, and PMB was challenged to survive. Four themes describe the conditions:

- 1) The early phase: from calm to tense;
- 2) Entering Pandemics: valid information and data were required;
- 3) The New Normal Phase: trying to be friends with Covid-19;
- 4) The Second Wave: referral system is still a problem.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

PMB held several strategies in dealing with the pandemic in each phase, such as rearranging health facilities and infrastructure; managing health workers' shifts to ensure they did not have an excessive/long schedule for maintaining their fitness; modifying Personal Protective Equipment (PPE); limiting the number of visitors; postponing complementary healthcare such as mother pregnancy class, and using social media for consultation.

KEY MESSAGE

PMB in Indonesia faces several challenges during the various phases of the Covid-19 pandemic. The persistent problem is generally related to referral issues; midwives had difficulty referring from the early pandemic to the second phase. Biological disaster preparedness and mitigation in primary health care such as PMB are required to respond to a pandemic in the future, such as 1) preparing trained health workers; 2) updating standard procedures and socializing them rapidly; 3) ensuring the available, adequate, and equally infrastructure particularly PPE; 4) providing health information system; 5) establishing an effective referral system.

PB-006 - Mother-child interaction and parenting anxiety during COVID-19: an examination of mother-child interaction in play situations at 18 months

*Chinatsu Mizuno*¹

¹ Daito Bunka University, Department of Nursing, Higashimatsuyama-shi, Saitama, Japan

BACKGROUND

In recent Japan, isolation in child raising has become a pressing issue, and the societal changes brought about by Covid-19 has made that trend more severe.

OBJECTIVES

This study purpose to clarifying the relationship between the interaction with children by their mothers under the behavioral restrictions to prevent Covid-19 infection and the anxiety of mothers.

METHODS

The study involved 30 pairs of mothers and children who visited A hospital during the period of June through August 2020 for the child's 1 year 6 month health checkup. Behavioral observation of mother-child interaction is while the mothers played with their children alone in a room in which puzzle boxes, books, and building blocks were made available, video was recorded for a period of 20 minutes starting 10 minutes after the pair entered the room during which the observer rated the mother and child. AMIS Scale was used as an indicator to evaluate the characteristics of the childcare environment and the content of mother-child intercommunication.

RESULTS

Specifically, mothers with high parental anxiety showed active participation in play but less caring participation, more direct control in parenting behavior, less caring for the child (indirect control and guidance), and less praise and encouragement.

CONCLUSIONS

While mothers with high parental anxiety, much of verbal behavior involved direct control, this phenomenon suggesting that as the conflict increased in mother-child intercommunication, the sense that the mother lacked control in parenting was strengthened and further strengthening parental anxiety.

The hope is that these observations can be applied during parenting support in a way that leads to 1) self reflection by mothers on their own behavior, 2) devising strategies that align with the adaptability of the mother, and 3) modifying the interactions between mother and child to be more appropriate.

KEY MESSAGE

Even under behavioral restrictions, Let's continue to think of Best ways together!

PB-007 - Women's experience of perinatal support in a high migrant Australian population during the COVID-19 pandemic: a mixed methods study

Sarah Melov^{1,2}, Nelma Galas³, Julie Swain³, Thushari I. Alahakoon^{1,4}, Vincent Lee^{4,5}, N Wah Cheung^{2,6,7}, Terry McGee^{3,4}, Dharmindra Pasupathy^{1,2}, Justin McNab^{2,4,8}

¹ Westmead Hospital, Westmead Institute for Maternal & Fetal Medicine, Women's & Newborn Health, Westmead, Australia

² The University of Sydney, Reproduction and Perinatal Centre, Faculty of Medicine and Health, Sydney, Australia

³ Westmead Hospital, Women's and Newborn Health, Westmead, Australia

⁴ The University of Sydney, Faculty of Medicine and Health, Sydney, Australia

⁵ Westmead Hospital, Department of Renal Medicine, Westmead, Australia

⁶ Westmead Hospital, Department of Diabetes & Endocrinology, Westmead, Australia

⁷ University of Sydney, Westmead Applied Research Centre, Faculty of Medicine and Health, Sydney, Australia

⁸ The University of Sydney, Charles Perkins Centre, The University of Sydney, Sydney, Australia

BACKGROUND

High quality social support can be a buffer against stress and improve health. As a COVID-19 risk mitigation measure, Australia closed its international borders for two years with significant social and economic disruption, including impacting approximately 30% of the Australian population who are migrants.

OBJECTIVES

Explore women's experience of peripartum social support during the COVID-19 pandemic.

METHODS

Mixed methods study with semi-structured interviews and surveys in the high-migrant (58%) maternity population of Western Sydney Australia. Interviews were conducted October 2020-April 2021 during a very low-prevalence period of COVID-19 disease. Thematic approach was utilised for analysis.

RESULTS

A total of 40 interviews were conducted antenatally (22 interviews) and postnatally (18 interviews) with 14 migrant and 10 Australian-born women. Themes included 'Significant disruption and loss of peripartum support during the COVID-19 pandemic and ongoing impact for migrant women'; 'Husbands/partners filling the support gap' and 'Holding on by a virtual thread'. Half of all women felt unsupported during the antenatal period, this dissipated for only the Australian-born women postnatally. Migrant women expressed gratitude partners were stepping into traditional roles and duties of their absent mothers and mothers-in-law and appreciated the opportunity for family bonding and contribution of partners to domestic work.

CONCLUSIONS

Midwives should be aware of ongoing disruption to support for migrant women and the impact on health. Care providers should be mindful of assumptions and changing gender roles regarding domestic work for migrant families. Midwives should consider leveraging the high use of virtual support for family counselling and education.

KEY MESSAGE

High quality social support leads to improved health outcomes and clinicians need to facilitate support for women in their care, particularly vulnerable populations. Loss of overseas social support for migrant families during the pandemic is ongoing but has revealed some benefits including greater gender equity for unpaid domestic work and childcare in the immediate postpartum period.

PB-008 - Evaluation of online versus face-to-face education in maternity nursing exercises during the COVID-19 pandemic

Ai Makishima¹, Mayumi Yamauchi¹

¹ *Asahikawa Medical University, Nursing Course of the School of Medicine, Asahikawa, Japan*

BACKGROUND

In Japan, the COVID-19 epidemic began in December 2019. Since the conventional training method in formal education has changed promptly to the online approach with infection prevention measures, each method should be evaluated.

OBJECTIVES

This study evaluated the techniques and satisfaction of the students who have taken online exercises (January–February 2021) and face-to-face training (March – July 2021).

METHODS

This quantitative study evaluated the skill acquisition level of the online students' written test scores, Objective Structured Clinical Examination (OSCE) score of the face-to-face students, and the satisfaction level with the exercise planning in the student of maternity nursing practice. The study was approved by Asahikawa Medical University Ethics Committee (approval number: 20097).

RESULTS

The study included 12 out of 24 online students (50.0%) and 17 out of 37 face-to-face students (45.9%) who consented to the study. The mean score of the written test was 76.9 points, and that of the OSCE was 74.8 points. Regarding the satisfaction level, 76.9% online students and 53.9% face-to-face students were satisfied. The degree of learning task discovery was 92.3% for online students and 53.9% for face-to-face students.

CONCLUSIONS

Although the written and OSCE scores were difficult to compare, their mean scores were similar, suggesting that both methods can be used for education effectively. Despite devising ways to concentrate on online learning, the students themselves stimulated their willingness to learn and expressed as a satisfying learning method.

KEY MESSAGE

An educational effect can be evaluated by devising a learning plan with infection prevention measures.

PB-010 - Midwifery students' reflections on maternity care during COVID-19 pandemic

Chu-Yi Chou¹, Wan Lee¹, Yu Lin Liu¹, Meei-Ling Gau¹

¹ National Taipei University of Nursing and Health Sciences, Department of Nurse-Midwife and Women Health, Taipei City, Taiwan

PURPOSE

Since the beginning of October 2019, Taiwan has been attacked by the COVID-19 pandemics. During our midwifery internship practice, we found that medical facilities have made many changes in maternity care in response to the COVID-19 pandemics. The proportion of birthing interventions (i.e., induction, emergency CS) was higher than previously reported, as were uncertainties related to the birth, and poor communication, leading to increased feelings of anxiety and high levels of negative emotions. This triggering our reflection on the maternity care practices in medical facilities.

DISCUSSION

We found that medical facilities are worried that the PCR results have not yet come out as well as the overloaded of the medical personnel, they scheduled women for inpatient labor induction when the labor is not onset. The scheduled procedures thus increased preterm infants, epidural analgesic, and caesarean section rates. Furthermore, laboring women stayed time in the labor unit also increased, which may induced nosocomial transmission.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

In addition, under the pandemics situation, the limit of childbirth attendants has been changed to one support person, which the siblings and doula was restricted to the unit even they were not suspected of infection. The facilities also prohibited immediate skin-to-skin contact, rooming-in, and chest-feeding or restrictions being imposed on birthing options (e.g., no water births), which has a great impact on the childbirth experience to the mothers, babies and families.

EVIDENCE IF RELEVANT

Through the evidence-based empirical research, many international guidelines emphasize that medical staffs should discuss the most appropriate way of childbirth with pregnant women, rather than unilaterally proposed by medical facilities routinely standard procedures and universal absolute isolation. In order to reduce women feel vulnerable, the healthcare services should support the implementation of best evidence practice throughout the pandemic. Engaging women and family make aware decision, which helps them have a positive childbirth experience.

PB-011 - Digital postpartum conversations: here to stay?

Annelen Henriksen¹, Skoge Ingrid Helene¹

¹ NTNU Trondheim, IKOM - Institutt for klinisk og molekylær medisin, Trondheim, Norway

BACKGROUND

Research thesis: What experiences does midwives have with the digital postpartum conversation during the covid-19 pandemic?

OBJECTIVES

Research thesis: What experiences does midwives have with the digital postpartum conversation during the covid-19 pandemic?

METHODS

Method: We have used qualitative design with semi structured individual interviews. The selection consisted of 10 midwives that have experience with applying digital postpartum conversations during the Covid-19 pandemic. Qualitative data were analyzed through systematic text condensation.

RESULTS

Result: The midwives in this study describes multiple positive experiences with the digital postpartum conversation. They thought the postpartum conversation was easier to apply after the digitalizing and noticed they were able to reach more women. They expressed an advantage to applying the postpartum conversation with women they assisted during birth. There was also an agreement amongst the midwives that the best time for the postpartum conversation is after the woman had gone home. Despite this there was a technical barrier with using this digital tool. The midwives expressed that it was harder to discern the woman's body language through the use of this digital tool and there were other challenges like lack of time and resources as well in the execution of it.

CONCLUSIONS

Conclusion: The midwives preferred the physical postpartum conversation but recognize that the digital postpartum conversation is a good alternative. It gave the midwives the opportunity to go through with the postpartum conversations in a time where social distancing were recommended to avoid the spread of the virus.

PB-012 - Lifestyles and anxiety level among pregnant women with obesity during the COVID-19 pandemic lockdown in Barcelona

Elena Gonzalez Plaza^{1,2}, Jordi Bellart², Leila Luján-Barroso³, Esther Crespo-Mirasol², Gloria Seguranyes⁴

¹ *Associació Catalana de Llevadores, Midwife, Hopitalet de Llobregat, Spain*

² *Hospital Clinic of Barcelona, Maternal-Fetal Medicine Department at BCNatal, Barcelona, Spain*

³ *Catalan Institute of Oncology, Unit of Nutrition and Cancer, Cancer Epidemiology Research Programme, Barcelona, Spain*

⁴ *University of Barcelona, Faculty of Medicine and Health Sciences, School of Nursing, Barcelona, Spain*

BACKGROUND

The impact of COVID-19 pandemic lockdown on the lifestyles of pregnant women with obesity is unknown.

OBJECTIVES

To determine the level of physical activity (PA), eating habits (EH) and the state of anxiety among pregnant women during COVID-19 pandemic lockdown.

METHODS

A cross-sectional study was conducted among pregnant women with obesity. All pregnant women who participated in the Pas and Pes study (clinical trial NCT03706872) during the COVID-19 pandemic lockdown from April 1 to May 31, 2020 were invited to take part in the study. Pregnant women with a gestational age greater than 35 weeks were excluded. The level of PA was measured using the "International physical activity questionnaire, short version", EH using the "Eating habits questionnaire for overweight and obese patients", and the level of anxiety was measured using the questionnaire "State-trait inventory". The questionnaires were administered by telephone interview. The data was analysed using descriptive statistics. The tests were two-sided with the level of significance set at $p < 0.05$. Statistical package SPSS version 25 was used. The study was approved by Ethics Committee of the Hospital Clinic of Barcelona (HCB0637-2020).

RESULTS

A total of 24 women (80%; 24/30) were included. The median of PA was 1,195 (Q1 = 420-Q3 = 1,386) METS-min/week and the 66.7% (n = 16) of women were in category II or moderate PA. The mean score for EH was 3.34 ± 0.41 points (1 to 5 points); and the mean state anxiety score was 18.12 ± 14.60 points and 15.83 ± 13.21 points for trait anxiety (1-60 points). Two (18.2%) positive COVID-19 pregnant women were detected by PCR.

CONCLUSIONS

Pregnant women performed moderate physical activity, complied with healthy eating habits. Low levels of anxiety appeared during first wave of COVID-19 lockdown.

KEY MESSAGE

Midwives should promote healthy eating, physical activity and mental well-being during and after the lockdown period in pregnant women with obesity.

PB-013 - Educational activity about COVID-19 with low-literacy lay midwives in the remote Peten, Guatemala

*Kimberly Garcia*¹

¹ University of Utah, College of Nursing, Millcreek, USA

BACKGROUND

Guatemalan lay midwives attend most births at home in a country that cannot meet needs related to birth and COVID-19. Thus, lay midwives are in an optimal position to help pregnant women during the global pandemic. Warning that COVID-19 represents a serious risk to pregnant women in Latin America and the Caribbean, the Pan American Health Organization stated disruptions in maternal services have occurred in 40% of countries in the region. In Guatemala, rural and indigenous Mayan populations are at greater risk. The Peten is among the most remote regions in Guatemala. Nearly 62 percent of residents live in poverty, 13% live in extreme poverty, and 60 to 70% lack access to basic health care. This educational activity, in partnership with the Ministry of Health, and a U.S. non-profit organization, aimed to inform low-literacy lay midwives in the Peten about COVID-19.

OBJECTIVES

The objective was to evaluate the effect of evidence-based educational activities, presented orally in the native language of participants, on knowledge among lay midwives, about COVID-19.

METHODS

Two hundred ten lay midwives participated in 11 different educational sessions. A 14-question pretest and posttest were used to evaluate a change in knowledge about COVID-19 among participants. Demographic data also was collected. The program of study relied on frequencies and measures of central tendency to analyze data.

RESULTS

Preliminary results indicate a significant change in knowledge about COVID-19 among participants. The two most critical findings were before the educational activities, most participants did not know COVID-19 does not pass through breast milk, and pregnant patients with COVID-19 should take a baby aspirin daily.

CONCLUSIONS

The educational activities cleared up critical misinformation about COVID-19 among the birth providers of choice in Guatemala.

KEY MESSAGE

Future educational activities with low-literacy providers should be presented orally in the native language of participants, particularly about critical topics, such as COVID-19.

PB-014 - Continuity of online maternity classes organised by midwives during the COVID-19 pandemic

Megumi Fujita¹, Yasuko Nemoto², Fumiko Musya³, Yumiko Sato⁴, Yuko Imoto⁵

¹ Yamagata University, Faculty of Medicine, Yamagata, Japan

² Maternity hospital, Andante, Sendai, Japan

³ Maternity hospital, mamma house, Sendai, Japan

⁴ Maternity hospital, community midwife, Sendai, Japan

⁵ Community midwife, community midwife, Sendai, Japan

BACKGROUND

Maternity classes (MCs), one of the Japanese government's maternal and child health services, were discontinued in April 2020 due to the COVID-19 pandemic. However, in May 2020, a group of volunteer midwives (M-MOT) created an online MC for pregnant women unable to access in-person MCs. Objective To assess online MCs and examine their format post the COVID-19 pandemic.

METHODS

Between May 2020 and June 2022, 775 mothers participated in the online MC held by M-MOT. We used Google Forms and collected their descriptive data. We conducted analysis through text mining. The Institutional Review Board of Yamagata University, Japan, approved this study.

RESULTS

The online MCs were held twice a month, on weekends, for 90 min per session, free of charge. During the MCs, pregnancy, childbirth, childcare, and health literacy were discussed using visual models and interactive activities. Among the respondents, 65.9% said they were "delighted" with the online MCs. Word frequency analysis of the descriptive data showed that "thank you" was the most frequent word, and "anxiety" was high on the list. The co-occurring words were categorized as follows: "relief and gratitude for being able to participate in a maternity class," "participate in the seminar with a partner," "knowledge about childbirth, postpartum, breastfeeding, and bathing," and "detailed explanations using audiovisual material."

DISCUSSION

Pregnant women were very anxious about not being able to participate in regular MCs. However, the free online MC sufficiently addressed their needs. Pregnant women reported satisfaction with the interactive online MC, which used visual instruction models. These results suggest that online MCs are worth continuing even after COVID-19.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Application to midwifery practice.

KEY MESSAGE

The online maternity class by midwives should continue after COVID-19.

PB-015 - A mobile-based ambulance service programme to increase vaccination uptake among children under 5 in Yogyakarta Indonesia

Sutarni Djufri¹, Cesa Septiana Pratiwi²

¹ *Ikatan Bidan Indonesia Cabang Bantul, Pengurus Daerah IBI DI Yogyakarta, Bantul Yogyakarta, Indonesia*

² *'Aisyiyah University of Yogyakarta, Midwifery, Yogyakarta, Indonesia*

PURPOSE

During Covid-19 pandemic, people were afraid of visiting healthcare centers which also contributed to the declining of healthcare services utilization, including reduce rate of vaccination for children under 5 in Yogyakarta Indonesia. In 2020, in 5 Southern village in Yogyakarta, almost 20% children under 5 had their vaccination schedule delayed which potentially increase the incidence of other preventable infectious disease such as Measles, Rubella, Diphtheria and Polio. Consequently, this will cause a double burden for the community and the country in the midst of the ongoing Covid-19 pandemic. A mobile-based ambulance service program was then created to increase vaccination rate among children under 5. This program was initiated by the midwives in district healthcare center and involved 10 midwives and 2 physicians to provide services in 5 spots in 5 villages as a vaccination service center every week in a regular basis. This program aims to bring immunization services closer to the area of residence while reducing the anxiety of parents going to health facilities.

DISCUSSION

In total, 90% of target population can be served in this program. Whilst the rest had vaccination at the clinic after being informed about the importance of immunization during pandemic. At the end of 2020 the achievement of Complete Basic Immunization for children under 5 has successfully reached 99.2%. The innovation has successfully changed the perspective and behavior of community towards infant and child's immunization during Covid-19 pandemic.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This program innovation has highlighted the midwives' crucial role in preventing neonatal and child death through vaccination program.

EVIDENCE IF RELEVANT

This program has been published in several local medias. Evidence and documentations will be presented.

KEY MESSAGE

Despite having additional responsibilities and obligations in their practice during Covid-19 pandemic, however, midwives should be responsive and adaptive towards the most current situation when providing maternal and child healthcare services.

PB-016 - The experiences and expectations of postpartum mothers for mental health services during the COVID-19 pandemic in Indonesia: a qualitative descriptive study

Wahyul Anis¹, Rize Budi Amalia¹, Erni Rosita Dewi¹

¹ Universitas Airlangga, School of Midwifery, Surabaya, Indonesia

BACKGROUND

Postpartum mothers are prone to experiencing physical and psychological problems due to hormonal changes due to pregnancy and childbirth. The Covid-19 pandemic has significantly impacted changes in health services, one of which is health services for postpartum mothers. Postpartum maternal health services have undergone many changes that can increase maternal anxiety and decrease support, especially from health workers, which can increase the risk of mental health problems in postpartum women.

OBJECTIVES

The study aimed to explore the experiences and expectations of postpartum mothers after receiving postpartum services during the COVID-19 Pandemic.

METHODS

The study used a qualitative method, namely by dept interview on 14 postpartum mothers selected by purposive sampling technique and with inclusion criteria, namely not having a history of psychological problems before pregnancy.

RESULTS

Postpartum mothers do not get complete postpartum services because they do not know the importance of postpartum visits, and virtual visits are not optimal. Hence, it has caused some postpartum mothers to experience psychological problems because of the lack of support, and the postpartum services they receive are still primarily focused on physical examinations. The study's results also found three postpartum mothers who had felt sad, cried for no apparent reason and had feelings of death. In addition, postpartum visits also seem rushed with a speedy time to reduce the risk of exposure of postpartum mothers to Covid-19 transmission. Much information about postpartum mothers' mental health was not conveyed to health workers.

CONCLUSIONS

The conclusion is that some elements of postpartum services, particularly in mental health aspects received by postpartum mothers, are under expectations, but many service realities still do not meet expectations due to healthcare restrictions during the COVID-19 pandemic.

KEY MESSAGE

Support from families, communities, and health workers, especially the mental health of postpartum mothers, is a critical service that must be implemented during the Covid-19 pandemic.



Enabling environment

PB-018 – PB-038

PB-018 - From BLiING to BLISS: research translation embedding a novel antenatal lactation assessment tool and support pathway into usual care

Lisa White¹, Lynne Henry², Michelle Simmons², Rachel Jones², Sarah J Melov^{3,4}

¹ Blacktown Hospital, Maternity, Sydney, Australia

² Westmead Hospital, Women's and Newborn Health, Sydney, Australia

³ The University of Sydney, Reproduction and Perinatal Centre- Faculty of Medicine and Health, Sydney, Australia

⁴ Westmead Hospital, Westmead Institute for Maternal and Fetal Medicine, Sydney, Australia

PURPOSE

The BLiING Study¹ conducted in Western Sydney, Australia highlighted the need for granular local data to inform service delivery and improve care. The BLISS[®] check (Breastfeeding Length Intensity Scoring System) was developed to identify women who have had previous breastfeeding challenges. Following the study an antenatal lactation intervention was introduced to increase breastfeeding confidence and exclusivity. We aimed to embed an antenatal lactation assessment/referral system into usual care in our three district hospitals and ensure local contemporaneous breastfeeding information is available.

DISCUSSION

In 2020 Westmead Hospital commenced piloting the novel BLISS tool in routine electronic maternity data collection completed at booking. Women are assessed by the BLISS check and clinical judgment, if they score under 14 then a referral pathway is triggered. Information on reasons they stopped breastfeeding and total lifetime breastfeeding is included in data collection, providing local population data. Uptake of the BLISS check was difficult due to many barriers including the pandemic but with a recent grant this has improved.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This local policy supported program has provided detailed breastfeeding information and referral pathway option for over 6000 women since commencing in 2020. The introduction of a program manager in 2021 has improved BLISS checks completion: Westmead 70%–88%; Blacktown 26%–68%; Auburn 10%–82%.

EVIDENCE IF RELEVANT

Previous breastfeeding history data demonstrates a significant difference between ethnicity for mean intensity score ($p < 0.01$) and length of breastfeeding ($p < 0.01$). South Asian women scored highest for intensity and length of breastfeeding (mean 13.6 months; SD 8.9). Consumer feedback survey-link was introduced for all referred women to the service with positive feedback: "Great advice and wonderful staff".

KEY MESSAGE

Initial results of the program provide evidence that embedding the BLISS tool into routine care is feasible and acceptable but requires adequate funding for implementation. Incorporating routine collection of breastfeeding history provides an opportunity to delivery targeted support underpinned by accurate data.

PB-019 - The “Midwives’ Voices, Midwives’ Demands” India Campaign reveals emerging priorities and aspirations of professional midwives in India

Chaitanya Tupaki¹, Aseema Mahunta¹, Ahsan Mohammad²

¹ Centre for Catalyzing Change, Reproductive Health and Rights, New Delhi, India

² Centre for Catalyzing Change, Reproductive Health and Rights RHR, New Delhi, India

BACKGROUND

White Ribbon Alliance India, in collaboration with ICM and Society of Midwives India led a nation-wide campaign in India to understand from the midwives themselves on what they need to serve women in their care and themselves as midwives better.

OBJECTIVES

The GoI introduced the professional cadre of Nurse Practitioners in Midwifery in 2018 and is taking steps to integrating this cadre in the health system.

For the advancement of midwifery in India, it is essential to create an enabling environment with supportive policies and investment by listening to the voices of midwives.

METHODS

Midwives from across India were surveyed on one key open-ended question – “*What do you want most in your role as a midwife?*” using digital survey tools.

RESULTS

Better Facilities and Supplies

Safe, well-equipped, fully functional facilities is the top priority of midwives for a conducive working environment.

More Staffing and Better Remuneration

More and better supported midwives with better pay and supportive HR policies is the second top request.

General Health and Health Services

Better provisioning of accessible, affordable and available healthcare services for last-mile delivery that meet the needs of every woman is in the third place.

Respect, Dignity and Non-Discrimination

Empowerment to practice to the full scope and better recognition of the role of midwives within the interdisciplinary healthcare team comes in the fourth place.

Power, Autonomy and Improved Gender Norms Midwives have demanded for clearer policies that position them as autonomous professionals.

CONCLUSIONS

As the midwifery roll-out in India gains momentum, this is an opportune time for strengthening health systems by paying heed to the needs of the midwives themselves so that they can perform to their fullest potential for improved QoC to all women.

KEY MESSAGE

The lived experiences of midwives in India will give policymakers evidence into where action is needed for improving the stature of midwifery in India.

PB-020 - Physiological breech birth: a scoping review of facilitators and barriers to practice uptake

Akane Sugimoto Storey^{1,2}, Andrew Symon³

¹ *University of Dundee, School of Health Sciences, Dundee, United Kingdom*

² *Luna Maya Chiapas, Midwifery, San Cristobal de las Casas, Mexico*

³ *University of Dundee, Mother and Infant Research Unit, School of Health Sciences, Dundee, United Kingdom*

BACKGROUND

Reducing harm from over- and under- intervention in childbirth is a global priority. Physiological breech birth (PBB) is a promising way to optimise practice by promoting safe childbearing person-centred care and lowering high rates of caesarean section. However, routine obstetric management for term breech pregnancy in most settings leans heavily towards scheduling a routine caesarean. Despite a growing and encouraging evidence base, PBB remains a specialised practice area with limited uptake.

OBJECTIVES

Systematically scope published research regarding facilitators and barriers to PBB practice to inform scaling approaches.

METHODS

Scoping review of primary research articles in English or Spanish published since 2010 which addressed PBB access from a practice perspective. Medline, CINAHL Plus, Maternity and Infant Care and PubMed searches were supplemented with Google Scholar and citation searches and expert consultation. The initial search identified 324 records, of which 11 studies were eligible and included in the final review.

RESULTS

All studies were small-scale (n = 11), originating from the UK (n = 6), Australia (n = 3), Belgium (n = 1) and Germany (n = 1). Eight were qualitative. Four facilitators (individualized interdisciplinary collaboration; calm facilitative risk acceptance; passionate leaders committed to upskilling others; and trust) and four barriers (power distance; non-evidence-based protocols, policies & guidelines; impenetrable viewpoints leading to non-collaboration; and habits from lost skills and inexperience) were identified.

CONCLUSIONS

Findings and evidence gaps highlight social phenomena linked to systems issues affecting global maternal health, notwithstanding diversity in PBB skills, provider types, and types of birthplace.

KEY MESSAGE

Scaling PBB practice will require an expanded knowledge base and interdisciplinary approaches to create conducive and enabling environments.

PB-021 - Hypnotic music for relaxation in puerperium

Lok Lam Shek¹, Ka Wai Lai¹, Kit Yee Lam¹, Mo Ching Macy Chau¹

¹ Prince of Wales Hospital, O&G ward 8EF, Hong Kong, Hong Kong

PURPOSE

A relaxing environment can promote rest for the postnatal mothers and newborns during the daytime in the postnatal ward, thus reducing their stress and facilitating breastfeeding.

DISCUSSION

Childbirth was a significant life experience for the new mother and her family. It is full of happiness and blessing. However, the mothers may also experience stress from perineal or wound pain, inadequate rest, and worry about their babies' health. The stressor may affect the mothers' psychological health, hormonal functions and breast milk supply. Therefore, we arranged a nap time for the mothers in the postnatal ward to promote relaxation.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The nap time started at 15:00 to 17:00. During this period, we minimized the ward activities and visits. The ward lighting was dimmed and broadcast hypnotic theta wave music. The mothers also encouraged to switch off their mobile phones. A self-designed questionnaire was used to collect mothers' comments and review their experience in breastfeeding.

EVIDENCE IF RELEVANT

There were 398 mothers had returned the questionnaires in four months. 100% of the respondents agreed that the hypnotic environment is relaxing. 90.4% of them reflected that they felt refresh after the hypnotic music nap time. 64.7% reflected that they could have a nap with their babies. 80.8% of mothers commented that their babies showed more content in breastfeeding, which increased their confidence. Mothers who separated from their babies also reported an increase in their expressed colostrum. In some cases, even up to 30ml within two days after delivery.

KEY MESSAGE

Creating a calm and relaxing environment with hypnotic music can facilitate the mothers to rest, reducing their stress, and increasing their confidence in breastfeeding and child care.

PB-022 - The perfect blend: virtual and in-person PFP training designed with empathy for users unlocks efficiency, engagement and results

Yosephine Ryana¹, Lukmanul Hakim², Zailani Ahmad²

¹ Jhpiego, Information, Communication and Technology, Jakarta, Indonesia

² Jhpiego, MACP Project, Jakarta, Indonesia

PURPOSE

Designing a blended-learning method for postpartum family planning training in Indonesia for higher engagement, efficiency and knowledge management.

DISCUSSION

With the pandemic-related restrictions and a variety of midwives' experience in technology, the question was: how to sustain and leverage the quality in PFP services?

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The project worked hand-in-hand with the District Health Offices and District General Hospitals in 12 districts to re-arrange the training format and divide the schedule, material packages and human resources into two delivery methods: virtual and classical. The virtual mode was held in the first 3 days to accommodate theoretical, case-base analysis and data processing, while the next 5 days were held in classical mode for practical PFP method exercises. The project evaluated that blended learning approach to conduct PFP training during pandemic has not only enabled the continuity of PFP capacity building, but also added significant value in data-based monitoring and evaluation to measure impact.

EVIDENCE IF RELEVANT

The rate of participants engagement continues at 97.82% (n = 135), starting from registration on day 0 to the closing remarks on day 8. The average result of pre-test achieved was 66.71% while the average of post-test result was 92.80% (n = 135), and the improvement rate ranged between 2.86% to 60%. By using Cohen's d as a quantitative evaluation method, the project found that the effect size of blended learning approach in PFP training reached the overall index 2.9 with virtual mode index 1.1 and classical mode index 1.8. Having both classified as large-scaled effect size (threshold: 0.8 and above), the approach can be interpreted as effective and significant for knowledge improvement.

KEY MESSAGE

Despite the doubts over disengagement caused by limited face-to-face sessions, the satisfaction rate towards the overall training design was 88.2% with 90.7% allocated to good engagement between facilitators and participants and 88.6% to usability of blended learning platform.

PB-023 - The challenge of establishing Cambodia's first mother class

Sreyleak Phen¹, Chanlin Sun¹, Sokneam Chhern¹, Manin Chheang¹, Shoko Numaguchi^{1,2}

¹ Sunrise Japan hospital, Midwife, Phnom Penh, Cambodia

² Kitahara Medical Strategies International Co.-Ltd., Tokyo, Japan

PURPOSE

To introduce the first mother class to Cambodia, blending of cultures of Japan and Cambodia.

DISCUSSION

Midwives' education for pregnant women in Cambodia is still not well accepted by patients, and there are no textbooks or guidelines for midwives which show how to educate mothers. Although all the four midwives in the team had been to Japan for training, it is still challenging to start education for mother by midwives. The midwives' team of Sunrise Japan Hospital has begun a mother class for our staff and staff families from January 2020. Although we had to change the way of providing the classes due to the Covid-19 situation, we have been challenging to provide mother classes to Cambodian mothers integrating ideas from both Cambodian and Japanese cultures.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwives' consultations started with doctors' consultations after the obstetrics department opened in February 2021. Routine education was provided to pregnant women, but lacking medical and daily basic knowledge were found soon. Therefore, in addition to the midwives' consultations, we have started mother classes that combine Cambodian and Japanese cultures. This first trial of Mother class includes how a fetus grows, risk during pregnancy, nutrition, exercise including yoga, self-preparation, breastfeeding, and baby care.

EVIDENCE IF RELEVANT

The data (60 pregnant women who joined our mother classes) was collected from February 2021 to May 2022 in Sunrise Japan Hospital. From the feedback, 100% of our customers chose "satisfactory" for the education from the mother class, and all of them would like to introduce their friends or relatives to have an experience of our mother class.

KEY MESSAGE

Although the cultures are different between the two countries, the first mother class is successfully introduced to Cambodia by cultural fusion.

PB-024 - HER workshops for midwives with midwives: enabling research and respect (UK and Uganda)

*Alison Perry*¹

¹ Women's Health Research Centre, Imperial College, London, United Kingdom

PURPOSE

HER Workshops for Midwives with Midwives are the product of a global twinning project with UK and Uganda midwives. Workshop programme was co-created to build research awareness among midwives in both settings and explore the concept of *respect*. Within a wider project to build research capacity, UK and Ugandan midwives identified priorities and developed a workshop programme. Priority areas for training include: the leading cause of maternal death; **haemorrhage**, **evidence-based care**, **resuscitation (neonatal)**, **respect** and **research**.

DISCUSSION

Workshops in midwifery practice are a common format for professional development, but they are not consistently a feature of professional midwifery in many settings. The Women's Health Research Centre (Imperial College, London)- Women's Health Research Institute (Makerere University, Kampala) global twinning partnership, however has created the opportunity to enable professional development within a two-day workshop curriculum that fosters meaningful peer engagement and shared-learning. Workshop format combines scenario-based learning from **Liverpool School of Hygiene and Tropical Medicine** materials with concepts from the **International Confederation of Midwives Respectful Care** toolkit. A key element of the workshops is also to enable the voices of midwives through storytelling.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Co-facilitation of *HER Workshops* contributes to ongoing learning and education of midwives. 'Respect' in midwifery and maternity is a global topic of concern, however 'respect' is not easily taught. Respect is a behaviour that is strongest when modelled and glaring when absent. Providing a safe forum to explore what 'respect' means to midwives has been evaluated well. Midwives perceive research as a mechanism to elevate and change midwifery practice. Led by a Ugandan midwifery research champion, *HER Workshops* inspire and motivate midwives to identify research questions. From this we will develop a Research Interest Group for midwives in both settings.

KEY MESSAGE

Professional development and learning in an enabling and respectful environment are key to both midwifery and women's health.

PB-025 - Factors related to the outcome of pregnancy and childbirth among Japanese fathers residing in the UK

Motomi Otsuka¹, Hiroya Matsuo²

¹ *Sanyo Gakuen University, Graduate Course of Midwifery, Okayama, Japan*

² *Osaka Shin-Ai Gakuen University, School of Nursing, Osaka, Japan*

BACKGROUND

The number of the Japanese residents abroad has increased year by year with the globalization of society such as working abroad and international marriage. Hence, it is also predicted that Japanese women's partner who were born in Japan but become pregnant will increase and deliver broad including U.K. Japanese residents in U.K. are the sixth in the world.

OBJECTIVES

To explore the medical care and health services during pregnancy and childbirth which were provided to Japanese fathers residing in U.K., and whether they affect the outcome or satisfaction on pregnancy and childbirth.

METHODS

The participants were introduced by Japanese U.K. childrearing group, which had agreed to co-operate in this study. The participants were 12 Japanese fathers who had experienced from antenatal to postpartum care within 5 years after childbirth in U.K. The questionnaire asked the men had experienced from pregnancy to childbirth in the U.K.

RESULTS

They could understand general English, but they felt difficulty about medical English. Regarding their partner's pregnancy and childbirth in UK., fathers utilized NHS, and they were selected on their own initiative about mode of childbirth. They consulted to their Japanese friends in UK. and their wife/partner, in addition their source of information were Japanese internet and Japanese friends with the childbirth experience in UK. Approximately 80% of Japanese fathers were satisfied with maternity check-up and childbirth in UK. They were satisfied with attending their childbirth with midwife and home visiting after discharge from hospital. Their satisfaction of childbirth in UK. were revealed that trust to medical staff, cross-cultural understanding and understanding of the medical system.

CONCLUSIONS

This research will be helpful for Japanese fathers to understand and accept UK's medical care and health service; the environment and provision of perinatal care.

KEY MESSAGE

We would like to improve the outcome of pregnancy and childbirth among Japanese fathers residing in U.K.

PB-026 - The challenge of establishing obstetrics and gynaecology departments using Japanese standards in Cambodia

Shoko Numaguchi^{1,2}, Chanlin Sun¹, Sokneam Chhearn¹, Manin Chheang¹, Sreyleak Phen¹

¹ Sunrise Japan Hospital, Midwife, Phnom Pehn, Cambodia

² Kitahara Medical Strategies International Co.-Ltd., Tokyo, Japan

PURPOSE

To share our challenges to establish the environment with midwifery philosophy at the obstetrics and gynecological (OBGYN) department in Sunrise Japan Hospital in Cambodia.

DISCUSSION

Before starting up the department, we aimed to introduce the OBGYN practice with Japanese standards in Cambodia. However, in creating an environment and services that the local people would appreciate, we realized that it was not just copying and applying everything from Japan, but we needed to emerge both cultures or even innovate something new to create such an environment.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION

We have created several things as the first attempt in Cambodia to establish the environment. First, the Patient Interview Room is a private room with scales where midwives conduct patient interviews. Second, the Gynecological Examination Room was designed in Japanese to keep privacy. Third, a unique skirt (open at the back side, with rubber bands) called a "sarong" mimicking the traditional Khmer skirt was created and provided for each patient. Forth, original disease explanation sheets were made in English, Japanese, Khmer, and Chinese to help the patients to understand their diseases. Fifth, an original booklet explaining what the basal body temperature is and how to measure it is published by our team. In addition, basal thermometers were imported from Japan to record them accurately.

EVIDENCE IF RELEVANT

More and more patients have been visiting the OBGYN department of the Sunrise Japan Hospital. Since our opening in October 2020, 1,815 patients visited in the first six months and 2,022 patients in the next six months, and there have been 2,686 patients until the end of March 2022.

KEY MESSAGE

The OBGYN environment that blended the cultures of Japan and Cambodia by combining ideas from both countries was successfully established in the Sunrise Japan Hospital. And the process of creating the environment for customers provided education and a good environment for midwives.

PB-027 - Perinatal, paternal and child mental health (PPCMH) to promote sound mental health and well-being across the life course

*Linos Muvhu*¹

¹ Health, Harare, Zimbabwe

PURPOSE

Maternal mental health is an emerging area of interest as a rapidly growing body of evidence reveals both the significance and global burden of common perinatal mental health challenges and the direct and indirect links between mental health issues and maternal and child morbidity and mortality, warranting a whole family based approach to care. There are huge economic and human costs attached to a global failure to take action (Global Alliance for Maternal Mental Health, 2018).

DISCUSSION

Aim/Purpose All mothers, fathers and children across Zimbabwe to have equitable access to comprehensive, high-quality PPCMH care.

Methods/Innovation SPANS is proud to be working with the Ministry of health and child care (MoHCC) through training of Family Mental Health Therapists. This abstract comes into force to address; An Intervention Deficit: This is a result of lack of trained Family Mental Health Therapists at primary health care facilities to conduct the early identification, follow-up or home visits, referral and link between services providers through a multidisciplinary team. The starting point for identifying possible PPCMH issues is through identification.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Findings/Impact PPCMH Program aims to address undiagnosed and untreated Perinatal, Paternal and Child Mental Health problems which are a silent public health issue, a national health issue, human rights issue and is not a luxury, all women needs sound mental health to contribute productive to their community and family, deserving national recognition and action to save lives and improve the health and wellbeing of Zimbabwean mothers, babies, fathers and the at large community.

EVIDENCE IF RELEVANT

In maternity care there is a missing cadre to deal emotional, psychological issues that has a long term impact on the mother, child and the whole family. Trained family mental health therapist will complement the midwives and other key healthcare professionals in maternity care.

PB-028 - Global warming and threats to maternal child health: implications and strategies for leading the future midwifery workforce

*Kathleen Moriarty*¹

¹ Frontier Nursing University, Midwifery and Women's Health, Novi, USA

PURPOSE

Climate change represents one of the largest global health threats with both immediate and long-term consequences. Global warming, due to increasing levels of greenhouse gases, results in extremes of weather. Environmental consequences include increased temperature, more frequent extreme weather events, excess precipitation in some areas and drought in others, rising wildfires, air pollution, changes in ecology. Climate change can threaten human health. Most women/people have healthy pregnancies; however, global warming and the impacts on the environment can threaten and add health risks to the individual and their newborns. They are increasingly being recognized as a vulnerable population and are often already marginalized in many countries.

DISCUSSION

The effects of climate change can be direct and indirect with both immediate and long-term health consequences. Influences can range from food insecurity, impacts on water quality and availability, poor sanitation, lack of shelter and population migration, changing disease patterns and morbidity, mental health, public health issues along with impacts to economic infrastructure.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwives have a unique opportunity to lead with raising awareness, educating and advocating for mitigation strategies, preparation and care during disasters, and policy development geared at change and global cooperation.

EVIDENCE IF RELEVANT

Women, especially pregnant women have special physical and psychosocial needs. It is important to understand what climate change is, why it matters, evidence regarding health risks, and the role of the midwife in leadership.

KEY MESSAGE

Climate change is a public health issue but it is also a social justice and human rights issue with economic, gender and political ramifications. Climate change poses health risks to reproductive health, pregnant people and their fetuses and newborns. Midwives are in a prime position to lead and partner with broad coalitions of researchers and providers with addressing this current crisis, advocating for societal solutions, policy development, and global cooperation.

PB-029 - Creating positive perception and acceptance for the newly established cadre of midwives (nurse practitioners in midwifery) in India

Aseema Mahunta¹, Chaitanya Tupaki¹, Mohammad Ahsan¹

¹ *White Ribbon Alliance of India/C3, Reproductive Health Rights, New Delhi, India*

BACKGROUND

Evidences suggest that strengthening the health systems by scaling up midwifery led care/services impact overall maternal and child health outcomes. In this direction the White Ribbon Alliance for Safe Motherhood, India with support from government of India is working towards generating demand for women-centered midwifery led care by creating a positive perception in the community. WRAI is advocating for setting the NPM cadre as a qualified and specialized role with clear career prospects and pathway amongst potential aspirants, chiefly nurses and improving self-perception in existing NPMs. Apart from this other aspects which WRAI is working towards is developing clear and tailored messaging to position the value attributes and benefit proposition among key stakeholder/audience groups.

OBJECTIVES

To create a branding and positioning strategy for the midwifery initiative in order to position Nurse Practitioners in Midwifery within the healthcare system and within the general public.

Develop communication collaterals from the core messaging of the brand to drive demand from key audiences and create positive perception and acceptance.

METHODS

The process started with desk review and analysis, followed by user research which included 50 in depth interviews, including new mothers, NPMs/midwives, nurses, ob-gyns, and experts across 8 states, virtual group discussions to understand the brand essence, including collateral development.

RESULTS

The user research and early message testing brought out 3 core elements which were the key constituents of the brand, which included specialised care, women-centric care and compassionate care. Based on the same WRAI developed focused collaterals for end-users and the healthcare system, which include Series of vertical posters, FAQ-style Brochure, Ad film and other brand identity elements.

CONCLUSIONS

The collaterals were vetted by ministry of health and family welfare and disseminated across various States.

KEY MESSAGE

Support in creating acceptance and shifting public perception for midwifery-led care in communities as the first choice of mothers to receive women-centric care.

PB-030 - Implications of purposeful labour ward and team designs towards respectful maternity care

Rachel Macleod¹, Ruth Chingagwe²

¹ *Baylor College of Medicine, global health, Houston, USA*

² *MOH Malawi, maternity, Lilongwe, Malawi*

PURPOSE

Malawi is a poor country in Africa. Half of its population lives below the poverty line and a quarter in extreme poverty. Whilst free maternity care is provided Malawi's health system is affected by severe lack of physical, financial, and human resources and high dependency on donor funds. Insufficient Health Care facilities are poorly designed, badly maintained and allow little chance of reliable, respectful maternity care. Area 25 Community Hospital is a government-based facility with a vision to provide excellent woman-centred care. A space must be provided that allows this and a dedicated team of health care workers committed to its realisation.

DISCUSSION

We reviewed the WHO Guidelines to identify the key components of high-quality, compassionate, respectful intrapartum care. To this, we added our experiences both in local labour ward designs and personnel structuring to intentionally shape our services. Midwifery teams were then created to strengthen communication, engender leadership, balance skill sets, and ensure continuity of care.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Quality of care models highlight that while care provision is a fundamental aspect of quality – how women *experience* care is also significant, affecting current and future decision making. Our Labour Ward design is pleasant for both clients and staff, conducive to promoting physiological labour and ideal outcomes as well as boosting moral and showing respect to both. Our higher-quality care and management, demonstrates improved results and greater client satisfaction.

EVIDENCE IF RELEVANT

A feedback questionnaire has been completed by midwives and is available.

KEY MESSAGE

The move over the past years, within Malawi, to bring all births into health care facilities, attended by skilled birth attendants aims to reduce maternal and neonatal mortality. This requires that special consideration is given to creating an enabling environment. Positive experiences foster future health care decisions towards seeking facility-based care, which is associated with improved maternal and neonatal outcomes.

PB-031 - Scale out and scale up of Birthing on Country maternity services with First Nations communities in Australia: identifying and dismantling structural barriers

Sue Kildea¹, Penny Haora^{2,3}, Melanie Briggs^{2,3}, Liz Wilkes^{2,4}, Lesley Barclay^{2,5}, Juanita Sherwood², Sue Kruske¹, Roianne West^{2,6}, Yvette Roe⁷

¹ Charles Darwin University, Molly Wardaguga Research Centre, Alice Springs, Australia

² Charles Darwin University, Molly Wardaguga Research Centre, Brisbane, Australia

³ Waminda South Coast Women's Health & Welfare Aboriginal Corporation, Birthing on Country, Nowra, Australia

⁴ My Midwives, Director, Brisbane, Australia

⁵ University of Sydney, Health, Sydney, Australia

⁶ Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, CATSINaM, Canberra, Australia

⁷ Charles Darwin University, Molly Wardaguga Research Centre, Darwin, Australia

BACKGROUND

Australian national maternity policy recommends that culturally safe, evidence-based maternity services be implemented for First Nations communities using the 'Birthing on Country' service model and evaluation framework. We partnered to establish an urban service and found significant impact including reduced preterm births. Translation into practice takes many years.

OBJECTIVES

To adapt and replicate in multiple locations (urban, rural, remote, very remote) with two modifications to the service model (i) First Nations organisations employ midwives and (ii) establishment of birth centres.

METHODS

Embedded within a participatory action research approach, a barriers and facilitators assessment revealed key structural changes required for ensuring a suitable implementation context.

RESULTS

Important structural barriers were identified at both national and jurisdictional levels. These included (i) no appropriate insurance product available covering intrapartum care provided by midwives employed by First Nations organisations; (ii) inadequate and inappropriate funding streams for primary maternity services despite national recommendations to address the shortfall; (iii) non-evidenced based birth centre guidelines, incongruent with national guidelines. We found that the political and policy advocacy necessary to remove the identified barriers is resource intensive and requires frequent funding applications. High turnover of government policy advisors and ministerial staff required regular briefings updates and the opportunity costs were substantial. This compromised implementation efforts of best practice models.

CONCLUSIONS

Implementation of Birthing on Country services requires an enabling context. Structural barriers disproportionately and systematically hinder First Nations health services, and limit midwives' scope of practice, perpetuating entrenched inequities and compromising feasibility, viability and sustainability.

KEY MESSAGE

First Nations Birthing on Country services aim to implement policy recommendations and evidence-based practice to ensure the best start for First Nations families. System reform and political will are needed to remove barriers and create an enabling environment. Ethics approval obtained, no conflict of interest.

PB-032 - Humanised birthing in two worlds: personal and professional reflections of research and its applications to homebirth in Australia and Indonesia

*Kai Hodgkin*¹

¹ University of Canberra, Discipline of Midwifery, Australian Capital Territory, Australia

PURPOSE

Sharing my personal and professional experience with homebirth in contrasting contexts will illuminate the collective challenges of enabling spaces for humanised birth within systems which see hospital birth as a moral imperative.

DISCUSSION

My first baby was born at home in Australia, during my midwifery degree and at a time when homebirth was taboo, and therefore difficult to access and uninsured, despite growing evidence of its safety and benefits for low-risk women.

My second baby was born at home in Indonesia where homebirth was also discouraged or illegal. The available evidence was not sufficiently nuanced to illuminate the safety of midwife attended homebirth for low-risk women with access to emergency obstetric care in Indonesia or any low/middle income countries.

The reflection ends with my experience in research and writing a PhD thesis addressing this exact gap in the literature. The most interesting parts of my research to others have always been the human element: me and my homebirths. In this presentation I will share my emotive and thought-provoking challenges from finding my own matched blood donor to the surprisingly diverse cultural norms of touch at birth.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This presentation responds to the ICM framework outlining the importance of enabling environments for midwives to practice supporting safe, humanised birth. I reflect that homebirth is a crucial birth option, yet it is tightly regulated and under-supported in policy.

EVIDENCE IF RELEVANT

A systematic review and meta-analysis of homebirth from high income countries finds no decrease in safety when compared to hospital birth (Hutton et al. 2019 – level 1 evidence). PhD to be submitted end of 2022.

KEY MESSAGE

Researching, midwifing and birthing across two worlds with very different cultures, laws and practices around maternity care is complex, illuminating and challenging. Homebirth remains an important enabling environment to promote humanised birth, yet it consistently sits on the fringes.

PB-033 - Regaining control in the birth room: an interview study at a designated clinic in the Netherlands for women who decline recommended care

Floor Opdam¹, Marene Dimmendaal², Jeroen van Dillen¹, Marieke de Vries², Martine Hollander¹

¹ Radboud University Medical Centre, Department of Obstetrics and Gynaecology, Nijmegen, Netherlands

² Radboud University, Institution for Computing and Information Sciences, Nijmegen, Netherlands

BACKGROUND

Woman-centred care, where the woman's wishes and needs are prioritized, is recognised as a fundamental concept in midwifery. However, women still experience a lack of choice and informed consent during childbirth. They can face opposition when they decline care recommendations. Some women fear unnecessary interventions. Other women have had a traumatic birth experience in the past, where they experienced a lack of choice and control. In the Netherlands, a designated clinic was set up to guide parents in their journey to regain control over their process.

OBJECTIVES

The objective of this study was to elucidate the experiences of women and their partners with the outpatient clinic for maternity care in Nijmegen, the Netherlands.

METHODS

This research was conducted in Nijmegen, the Netherlands. A total of eight semi-structured interviews were held between May 2019 and August 2019 to obtain insight in the participants' journey.

RESULTS

After grounded theory analysis of 8 transcripts, four major themes emerged: "Unexpected positive experience", "Doing it by myself", "Mutual effort and flexibility" and "My voice matters". We identified one overarching theme: "A Need For Control".

CONCLUSIONS

This study exposes the themes that are important for women and their partners when they decline recommended care. All themes are related to the urge to gain control over their birthing process.

KEY MESSAGE

The participants in our study declined care recommendations because they experienced loss of control during a previous birth. Therefore, they strived for a new birth experience where they could make autonomous choices and feel empowered. To ensure a positive new experience, participants stated it is important to have clear communication between care provider and themselves, to take preferences from parents seriously and to have continuity of carer. If the care provider supports parents in these themes, women will feel empowered during their journey.

PB-034 - Exploring health care professionals' perceptions of barriers and facilitators to implement woman-centred care in a Swiss university hospital

Claire de Labrusse¹, Lucia Floris¹, Benedicte Michoud¹, Begoña Martinez de Tejada², Sara de Oliveira², Riccardo Pfister², Stephanie Parguey²

¹ HESAV, Midwifery department, Lausanne, Switzerland

² HUG/UNIGE, Department of Pediatrics, Gynecology, and Obstetrics, Geneva University Hospitals and University of Geneva Faculty of Medicine, Geneva, Switzerland

BACKGROUND

Women centred care (WCC) is known for its positive impacts on women and newborns' health by reducing unnecessary interventions and fostering women's satisfaction. Despite its inclusion into the Institute of Medicine's criteria for quality care, large hospital institutions face strong challenges to implement WCC in practice.

OBJECTIVES

Explore healthcare providers' (HCP) perceptions of the main barriers and facilitators to implement a WCC model.

METHODS

Using a mixed-methods approach, all HCP working in a university hospital in French-speaking part of Switzerland (midwives, paediatric nurses, obstetricians, paediatricians, anaesthetists) received a self-administered questionnaire about WCC including questions on barriers and facilitators identified from the literature and from practice. Semi-structured interviews were realized using a purposive sample of 15 HCP.

RESULTS

N = 318 questionnaires were complete and 80% of the HCP responded to barriers and facilitators' questions. The main obstacles perceived were: language barriers (58,6%) mainly for midwives and nurses, emergency situations (49,4%) for obstetricians, focus on biomedical practice (43,3%) described by midwives and high workload (41,8%) from all the HCP. The facilitators to implement the WCC model were: recognizing women's expertise in decision making (87,8%) mainly by midwives, have a shared understanding of WCC model (83%) and its specific aspects mainly identified by obstetricians (82,6%). Interviews with the HCP added testimonials on the importance of long-life learning, personal versus institutional attitude, and the need for a care charter.

CONCLUSIONS

Several barriers were identified on personal, professional and organisational levels. Facilitators such as respect of women's autonomy in decision making, individual and shared understanding from HCP on the model of care should be considered as potential leverages to change practice.

KEY MESSAGE

WCC is a key model of practice for worldwide HCP in maternity, as it improves women and newborns' health. HCP's identified barriers and facilitators to WCC need to be taken into account to successfully implement such model.

PB-035 - Birth environment interventions and outcomes: a scoping review

Li-Li Chen¹, Meei-Ling Gau²

¹ National Taipei University of Nursing and Health Sciences, School of Nursing, Taipei, Taiwan

² National Taipei University of Nursing and Health Sciences, Department of Nurse-Midwifery and Women Health, Taipei, Taiwan

BACKGROUND

The physical environment in which a woman gives birth can fulfill the birthing woman's physiological needs and provide them with psychological support. Most studies on the labor and delivery processes have focused on mitigating pain and providing psychological support. Few have explored the influence of the physical birth environment.

OBJECTIVES

In this study, we performed a scoping review to compile and examine qualitative and quantitative studies related to the characteristics of positive physical birth environments and their effects on labor outcomes.

METHODS

We searched the PubMed, CINAHL, Cochrane, Web of Science, and MEDLINE databases from inception to May 2022. Two reviewers screened the titles and full-text articles and extracted data from the included studies.

We used summary statistics, tables, and a narrative summary to describe the study characteristics, intervention implementation guidelines, intervention selection and tailoring rationale, and intervention effects.

RESULTS

A total of 13 studies were included. We identified five main themes in the included studies: hominess, comfortable space for activity, demedicalization of the birth environment, accommodations for birth partners, and providing women with a sense of control over their birth environments. Positive birth environments provide physical and psychological support to birthing women and may therefore improve outcomes related to satisfaction and pain alleviation.

CONCLUSIONS

Birth environments should be designed in accordance with Florence Nightingale's environmental theory and conform to the principles of midwifery philosophy, both of which stipulate that woman-oriented birth environments are key to effectively inducing natural labor.

PB-036 - Group clinical supervision for midwives in Sydney

*Christine Catling*¹

¹ University of Technology Sydney, School of Nursing and Midwifery, Faculty of Health, Sydney, Australia

BACKGROUND

Midwives are essential to the reduction of maternal and neonatal morbidity and mortality. New South Wales (Australia) faces a predicted shortfall of more than 8000 registered nurses and midwives by 2030. Reports of staff shortages causing workload stress and burnout are rife. There is a need to investigate how to support midwives i to improve job satisfaction, maintain quality of care and retain them in the workforce. One possible way of doing this is through the implementation of Group Clinical Supervision (GCS). GCS gives midwives the space to reflect on their care-giving practices and to receive support which can ultimately enhance and maintain quality and safety.

OBJECTIVES

The objectives for this study were: to identify the levels of work-related burnout in midwives; the efficacy of GCS sessions for midwives; identify midwives' intention to stay in their profession and rates of actual turnover and sick leave; and midwives' perceptions of their workplace culture.

METHODS

The study is a cluster randomised controlled trial comprising 12 maternity sites in Sydney, Australia. The data collection is May 2022 - November 2024. Surveys are completed by midwives twice a year with tools: Copenhagen Burnout Inventory, the Australian Midwifery Workplace Culture tool, and the Clinical Supervision Evaluation Questionnaire. The six intervention sites will have GCS sessions every month until November 2024. Analysis will be through simple descriptive statistics and qualitative data will be analysed thematically.

RESULTS

Results from the first year of the study will be given.

CONCLUSIONS

Regular GCS may improve midwives' perceptions of their workplace culture, lower levels of work-related burnout and may assist in retention of the workforce.

KEY MESSAGE

Support strategies for midwives are vital to help improve retention and wellness in the workforce. Clinical Supervision is one strategy that may help.

PB-037 - Supporting and respecting midwives providing abortion services, a global survey on the experiences of stigma and attitudes of healthcare professionals working in abortion care

*Suzanna Bright*¹

¹ Royal College of Obstetricians and Gynaecologists, Centre for Women's Global Health, London, United Kingdom

BACKGROUND

The legal status and manifestations of abortion-related stigma can profoundly affect healthcare professionals (HCPs) providing abortion care, threatening their wellbeing, the sustainability of the workforce and ultimately the accessibility of sexual and reproductive healthcare services. This study is the first global research of its scale to investigate abortion-related stigma experiences and the attitudes of healthcare providers working in abortion care.

OBJECTIVES

To map the experiences of abortion related stigma towards HCPs and identify solutions to address the issue of stigma towards HCPs working in abortion or post-abortion care (PAC).

METHODS

An online survey of 1,674 HCPs, including 805 midwives, working in abortion care, from across 77 countries was conducted. Statistical analysis explored the relationship between demographic variables and a validated outcome measure of stigma experience, attitudes towards abortion and work-place burnout. In-depth interviews were then conducted with healthcare professionals from Rwanda, Sierra Leone and Nigeria to explore survey findings and provide further understanding of the presentation of stigma in these contexts.

RESULTS

There was no significant association between age, job title or duration working and reported levels of stigma; males reported experiencing more stigma than females and providers of 1st, or 1st and 2nd, trimester abortions reported experiencing more stigma than those offering only PAC; conversely, living in a country where abortion is "broadly legal" was associated with lower reports of stigma. There was a strong positive correlation between levels of stigma experienced and work-place burnout.

CONCLUSIONS

Stigma is universally experienced by HCPs working in abortion provision and is strongly correlated with measures of burnout. Following this work the RCOG is developing a roadmap on supporting HCPs affected by stigma and reducing abortion-related stigma in the workplace.

KEY MESSAGE

Professional societies and those employing HCPs working in abortion care have a responsibility to help tackle abortion-related stigma and provide adequate support to these vital healthcare workers.

PB-038 - How clean birth kits create an enabling environment for safe birth, education and skills transfer in low resource settings

Carol Allan¹, Sara David¹, Laraine Hood¹

¹ *Living Child Inc, Midwifery, Bentley, Australia*

PURPOSE

Adequate resources are essential to an enabling environment. Clean birth kits (CBKs) contain the basic equipment for a safe birth in low resource settings (LRS). This presentation will show how CBKs not only reduce morbidity in mothers and babies in such settings but also support education and skill transfer from the midwife to the community with emphasis on Papua New Guinea (PNG).

DISCUSSION

Volunteer midwives from Living Child Inc have worked in PNG for over 10 years, initially providing education and CBKs for traditional birth attendants (TBAs) and women in remote settings, however CBKs are now also being used in district hospitals and health centres by midwives with reduced resources.

Research results indicate that CBKs provide significant results in reducing sepsis, tetanus, mortality and morbidity. With this resource and knowledge comes dignity, empowerment and increased safety for mother, baby and midwife or health worker.

The relationship between midwives, TBAs and mothers will also be discussed together with the aspects of geographical remoteness, access to health services, education of health workers and the women themselves, local customs, and the importance of men.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

CBKs enable midwives and other health workers in low resource settings to provide quality care and promote good relationships within their communities. The presentation will be relevant to midwives working in LRS where similar challenges and gaps exist in providing quality health care.

EVIDENCE IF RELEVANT

The presentation will include established evidence-based research from areas with equivalent economic conditions in Nigeria, Zambia and Uganda, and current anecdotal testimony of TBAs, midwives and other health professionals in PNG (where there is little published research) based on focus groups, interviews and questionnaires undertaken in the past 7 years in East Sepik Province.

KEY MESSAGE

Clean birth kits are an essential resource for midwives and other health workers contributing to safe birth, education and skills transfer in low resource settings.



**Essential competencies
for midwifery practice
PB-039 – PB-095**

PB-039 - The effect of an Islamic-based parenting class on parenting in Padangpanjang

*Yulizawati Yulizawati*¹

¹ Universitas Andalas, Undergraduate Midwifery Program Faculty of Medicine, Padang, Indonesia

BACKGROUND

The position of the family as the smallest unit of society has a role and responsibility first and foremost to maintain the growth and development of children. As parents not only meet the needs of the child outwardly but also very important to keep up with the needs bathiniah. All religions on earth teach goodness in the act, speak, and act. Islam as the majority religion adhered to the Indonesian people has a reference pattern consisting of children's education parenting principle, the cornerstone of thinking and acting, as well as stages in childcare.

OBJECTIVES

The model of the Islamic-based parenting class is one tool that can be utilized in improving the quality of parents since the child was in the womb. Therefore, it is crucial to do research.

METHODS

The method used in this study is a mixed-methods. The design of this research is the sequential explanatory. The quantitative design approach will wear Quasi Experiment with a control group pretest post-test design. In this study, taking the entire population is numbered 120 people. The research instrument used was a questionnaire and interview sheet. The main tool in this study is an instrument that is standardly used in assessing parenting parents that parenting style Questionnaire (PSQ).

RESULTS

The calculation result showed that the median value of the post-test has Nili higher at 73.87 compared to the median in the pretest is 58.11, with a range of at post-test 55.86 to 86.94 and pretest range is 43.24 to 70.27. Statistical test results using the Wilcoxon test showed an increase in Parenting towards significantly better than before given the Islamic-based parenting class and awarded after the treatment, with a p-value of 0.000.

CONCLUSIONS

Based on these results, we concluded, "there is the influence of the Islamic-based parenting class parenting parents.

PB-040 - Nursing staff's motherhood experiences with high-risk newborns

Chin Lan Yang^{1,2}

¹ National Taipei University of Nursing and Health Sciences- NTUNHS, Department of Nursing, Taipei City, Taiwan

² Department of Nursing, Hsin Sheng Junior College of Medical Care and Management, Department of Nursing., Taoyuan City, Taiwan

BACKGROUND

After giving birth to the high-risk neonates, although the nursing staffs have professional nursing knowledge, they are still worried about the children's illness in the face of the changing role of motherhood and its impact.

OBJECTIVES

This study explored nursing staffs' experiences of motherhood with high-risk newborns.

METHODS

This research conducts by a phenomenological method. The research objective is to interview three nurses who gave birth to high-risk neonates. The semi-structured interview uses as the guide and the data collection tool. The interview data transcribe into the text that analyzes and summarizes the data by Colaizzi's (1976) Theory and evaluates the information by the Lincoln and Guba's (1985) trust criteria: authenticity, transferability, reliability, and verifiability.

RESULTS

Results show six dimensions including adverse emotional reactions, inability to understand newborn emergencies, quick returning to daily life, seeking support from the support systems, accepting the newborns' conditions, and having confidence in a mother role. Due to the separation of mothers and babies, although they are nurses, they cannot still handle the status of high-risk newborns. Despite these difficulties, they used their professional nursing knowledge with the help of caregivers to deal with them quickly and on time. Besides, the caregivers provided emotional support and information to help the mothers adjust to their roles.

CONCLUSIONS

Nursing staff mothers with high-risk newborns have both positive and adverse reactions. This research serves as an essential reference for assisting nursing staff in dealing with the multiple roles of motherhood in high-risk neonates.

KEY MESSAGE

Therefore, these nurses should be educated on their abilities to enhance more effective care.

PB-041 - Effects of simulation education programmes during labour using a one group, pre-test and post-test design

Mayumi Yamauchi¹, Keiko Nakamura², Ai Makishima¹

¹ *Asahikawa Medical University, School of Medicine, Asahikawa, Japan*

² *Former Sapporo City University, School of Nursing, Sapporo, Japan*

BACKGROUND

Continuing education for midwives is often planned in conjunction with nurses, but it is necessary to plan within the scope of midwifery work.

OBJECTIVES

The purpose of this research was to examine the effect of a simulation education program developed to improve midwifery competencies during labor.

METHODS

Twenty-one midwives who had more than 1 year of midwifery experience participated in the program. The survey period was from October 2016 to September 2020. The educational goal of the program was to learn to judge and respond appropriately to bleeding that occurs after placental delivery. The learning method consisted of simulation learning in one group of seven participants. All members switched roles (midwives, obstetricians, wives, husbands) and learned how to respond to the situation. The learning opportunities lasted for 3 days: 2 days included technical exercises, and 3 days consisted of OSCE. A debriefing session was held every time. Expensive medical equipment used actual photographs as learning materials. The survey items included the following: (1) self-evaluation points of midwifery competencies during labor, (2) self-efficacy scale, (3) the Japanese version of the Self-Directed Learning Readiness Scale, (4) technical points, and (5) satisfaction with participation. This research was approved by the Ethics Review Board of the Graduate School of Nursing, Sapporo City University (No. 26).

RESULTS

Nineteen participants completed the study. The self-evaluation scores of midwifery competencies during labor increased from 149.8 points to 164.9 points ($p < .001$), and scores on the Japanese version of Self-Directed Learning Readiness Scale increased from 199.4 points to 205.7 points ($p < .05$). Satisfaction with participant (with a maximum of 5 points) ranged from 4.6 to 4.9.

CONCLUSIONS

Because the scores of midwifery competencies and the ability to self-determine learning increased significantly, achievement of the learning effect was confirmed.

KEY MESSAGE

This program can contribute to improving midwifery competencies during childbirth and lifelong learning skills.

PB-042 - A study on satisfactory care based on birthing review of bedsick women

*Mayu Yamashita*¹

¹ Kobe City College of Nursing, Women's Health Care Nursing Division, Kobe City, Hyogo, Japan

BACKGROUND

The percentage of women in Japan who are satisfied with their pregnancy and childbirth is 82.8% in 2017. The goal of Japan's national health movement, "Healthy Parents and Children 21," is 85.0% of expectant mothers being satisfied with their pregnancy and delivery. Therefore, midwives should help more expectant mothers to feel satisfied.

OBJECTIVES

Based on a birth review of three cases, this study aimed to identify the care that midwives should provide based on the care that maternity women felt satisfied with.

METHODS

The method was a qualitative analysis of the content obtained from the care given to three vaginal birth mothers received during the training at University A.

RESULTS

From the birth reviews of the three cases, it was found that the midwives [gave care according to their wishes], [empowered the mothers], [provided continuous care throughout the pregnancy], [taught them what they did not know], [taught them how to being there for you," "always caring," and "bequeathing the birth to your family," were identified as the care that the three respondents felt satisfied with.

CONCLUSIONS

Since these were similar to the conventional satisfactory care proposed by WHO, we believe that providing these to the birth mothers will make them feel satisfied with the birth. In addition, considering the impact of the outbreak of new coronavirus infection, we believe that providing remote births to family members will allow them to be there mentally and give the birth mothers the satisfaction of knowing that they were supported by their families.

PB-043 - Regulating midwives in a pandemic

Jacqui Williams¹

¹ *Nursing and Midwifery Council, Education and Standards Directorate, London, United Kingdom*

PURPOSE

The NMC introduced a temporary register for nurses and midwives to be able to return to practice in early 2020. This was to support the health and social care workforce and was part of the UK Government's response to the global pandemic. We also introduced a number of emergency education standards to support approved education institution to support students and practice learning partners.

DISCUSSION

The key principle was that the education of healthcare professionals should continue as normal wherever possible. Additionally, we asked for midwifery students to undertake theory only on their first year of study. Evidence if relevant Not relevant Key messages As the regulator we had an important role to play to support the midwives on our register and midwifery students during challenging, unprecedented years.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

To support the midwifery workforce at the beginning of the pandemic, students did extended, paid placements without the requirement to be supernumerary. As the professional regulator, we kept in regular contact with our Lead Midwives for Education (LMEs) in the universities so they were clear about the temporary changes and about what it meant for the midwifery programmes.

KEY MESSAGE

As the regulator we have an important role to play to support the midwifery profession during a pandemic.

PB-044 - “Congratulations, I am sorry for your loss” A qualitative study to help midwives find words when a baby dies

Liesbeth Van Kelst¹, Jozefiene Jansens¹

¹ Karel de Grote University College, Healthcare, Antwerp, Belgium

BACKGROUND

All midwives are at some point confronted with the care for parents who (will) lose or have lost a baby. Obtaining the correct attitude and communication during these difficult moments are aspects many midwives continue to struggle with. Parents still encounter well-intentioned but inappropriate communication from healthcare providers, including midwives.

OBJECTIVES

To study how communication, both verbal and non-verbal, around the death of a baby during pregnancy, birth or in the first ten days postnatal was experienced by parents and midwives and other healthcare providers.

METHODS

A qualitative study using grounded theory principles was conducted in 2021. Ethics committee approval was obtained by the Ethical Advisory Committee of Social and Human Sciences (EA SHW) before the start of the study. Data were collected through 22 individual face-to-face in depth interviews with bereaved parents (n = 12) and intramural caregivers, namely midwives, nurses, gynecologists and neonatologists (n = 10). In the first phase, data were analyzed within each group separately (parents and healthcare providers), in the second phase findings from both groups were compared and analyzed according to meta-synthesis principles.

RESULTS

The themes that emerged from the data demonstrated congruent findings between the parents and the health care providers. Important themes were ‘seeing and touching the baby’, ‘treating parents as parents’, ‘offering options and participation to parents’, ‘time’, and ‘authenticity, openness and honesty of healthcare providers’.

CONCLUSIONS

Both bereaved parents and health care providers find appropriate communication around perinatal loss important. Midwives and other healthcare providers may benefit from a communication tool such as a website to consult when caring for bereaved parents.

KEY MESSAGE

Appropriate communication when caring for bereaved parents is a very important and essential competency for midwives. This study helps midwives find the right words and attitude in this difficult period.

PB-045 - Changes in health care promotion role and collaboration of midwives in primary health care settings in Estonia

Kathlin Vahtel¹, Anneli Rätsep², Mari Katarina Kangasniemi²

¹ Lääne-Tallinna Keskhaigla, Naistekliinik, Tallinn, Estonia

² Tartu Ülikool, Arstiteaduskond, Tartu, Estonia

BACKGROUND

Midwives boast excellent professional skills and knowledge in areas of sexual, reproductive, maternal and newborns health. Traditionally, midwives have been employed in hospital care, focusing on labour and newborns as well as supporting families in their first few days in the hospital setting, but based on recent international studies, increased attention has been paid to their role in the primary health care setting.

OBJECTIVES

The ultimate aim is to help women and their families and to provide knowledge in order to systematically develop midwifery services within the full scope of their expertise in all primary care settings and to pinpoint the factors influencing the role and collaboration of midwives.

METHODS

The study contains three sub-studies. Firstly, a systematic review was conducted. Secondly, semi-structured interviews will be conducted to describe and clarify the main challenges that midwives face when working in primary care settings regarding their experiences and comparing these with the framework. Finally, a cross-sectional study will be conducted so as to gain greater knowledge of the factors influencing the collaboration of midwives in primary care practices in comparison with midwives working in hospitals.

RESULTS

Despite the need of women and their families for midwifery services they remain only moderately used in primary health care settings. The services have been proven to be cost-effective in all fields of midwifery. The specialty needs to have a clear aim in regard to the need for (extra) training so as to be able to provide midwifery services autonomously.

CONCLUSIONS

The study presents evidence of the strengths and limitations of the current maternity care system in terms of the quality, organisation and accessibility of primary care midwifery, providing an insight into areas for improvement.

KEY MESSAGE

The outcome of the study was to identify the future needs of clients/patients' for the risk management and continuity of care in midwifery services.

PB-046 - In-situ newborn resuscitation simulation-based skill-training and changes in clinical performance and perinatal outcomes: clinical observational study of 10,481 births

May Sissel Vadla¹, Robert Moshiro², Paschal Mdoe³, Joar Eilevstjønn⁴, Jan Terje Kvaløy^{5,6}, Barikiel Hhando Hhoki⁷, Hege Ersdal^{1,8}

¹ University of Stavanger, Faculty of Health Sciences, Stavanger, Norway

² Muhimbili National Hospital, Paediatrics, Dar es Salaam, Tanzania

³ Haydom Lutheran Hospital, Hospital manager, Haydom, Tanzania

⁴ Laerdal Medical, Stavanger, Stavanger, Norway

⁵ University of Stavanger, Department of Mathematics and Physics, Stavanger, Norway

⁶ Stavanger University Hospital, Department of research, Stavanger, Norway

⁷ Haydom Lutheran Hospital, Labour ward, Haydom, Tanzania

⁸ Stavanger University Hospital, Department of Anaesthesia, Stavanger, Norway

BACKGROUND

Annually, 0.7 million newborns die due to intrapartum-related events. The majority of these deaths are preventable with skilled resuscitation at birth. The Helping Babies Breathe (HBB) program improves knowledge and simulated skills in newborn resuscitation. However, the translation of improved training-skills into clinical practice remains a challenge.

OBJECTIVES

The objectives of the study were to describe changes in clinical resuscitation performance and perinatal outcomes, before and after the introduction of a novel simulator (September 2016) and then local motivators (October 2017) to facilitate in-situ simulation-based skill-training at a rural hospital in Tanzania.

METHODS

The study design was a prospective before/after 3-phase clinical observational study. All mothers and delivered newborns from September 1, 2015, through August 31, 2018, were included. The study setting was a low-resourced referral hospital with 3500–4000 deliveries annually and 18–22 midwives in addition to physicians. Trained research assistants, working 24/7, observed and recorded demographics, events, and resuscitation interventions on data collection forms.

RESULTS

10 481 births, including 135 fresh stillbirths, were included. Median time from birth to first ventilation decreased from 118 to 101s and time-pauses during ventilation from 28–16%. Midwives performed an increasing proportion of resuscitations, from 66–83% of the cases, and reported an increase in self-guided simulation-training from 34–71%. Over time, the study showed a weak tendency for increased use of ventilation from 7.0–8.5% ($p = 0.056$). Ventilations initiated within 60 seconds did not change significantly, 13%–16%. The proportion of high-risk deliveries increased during the study period.

CONCLUSIONS

We found improved clinical skills in newborn resuscitation after frequent simulation-based skill-training. The low number of newborns receiving ventilation within the first minute of life demonstrates a need for further improvements in newborn resuscitation through targeted training focusing on timely ventilation.

KEY MESSAGE

Skills in bag-mask ventilation attained through simulation-based training can be successfully translated into improved clinical practice in newborn resuscitation.

PB-048 - Elementary school students' learning and insights from sex education on menstruation and penetration learning and awareness

Asuka Tsuneyama¹, Rie Inoue¹

¹ *Kobe City College of Nursing, Women's Health Care Nursing Division, Kobe city, Hyogo, Japan*

BACKGROUND

In preconception care, which is health care for a healthy future pregnancy, sex education also plays an important role, especially the education on secondary sexual characteristics, menstruation, and penetration received in elementary school, which is one of the most important foundational content of sex education.

OBJECTIVES

Analyze elementary school students' written impressions immediately following their participation in menstruation and familiarity education to determine what lessons and insights the elementary school students learned and gained.

METHODS

The research design was a qualitative descriptive study. The study subjects were 28 boys and 32 girls, a total of 60 4th grade A elementary school students, who had attended sex education by midwifery and nursing students. The analysis method was text mining using KHcoder (Version 3).

RESULTS

Analysis of word-to-word associations revealed strong associations between words such as "understand" and "teach" and the words "boys," "girls," "people," "body," "menstruation," and "napkin. The word "scary" was seen by both men and women, but was used in written comments that included such statements as "My fear of menstruation was reduced through the class" and "I was afraid of menstruation when I heard that I would bleed.

CONCLUSIONS

It could be assumed that the elementary school students who attended the lecture were able to learn about the growth and development of each gender during puberty. Some of them showed a decrease in fear of menstruation and a positive attitude toward menstruation, while others showed a negative image of menstruation, suggesting the need for improvement of the class.

PB-049 - The assessment of anxiety and depression among pregnant women attending antenatal out patient department (OPD) in Dhulikhel Hospital

*Alina Tamrakar*¹

¹ Kathmandu University School of Medical Sciences, Nursing and Midwifery, Dhulikhel, Nepal

BACKGROUND

Pregnancy brings enormous physical, psychological and social transformations which may create a challenge to women thus leading to anxiety and depression and subsequently harmful effects on mother and fetus. However, anxiety and depression are under researched during pregnancy, especially in low income countries.

OBJECTIVES

To assess the prevalence of anxiety and depression among pregnant women and the associated factors.

METHODS

Descriptive cross sectional study using systematic random sampling method was conducted in antenatal outpatient department of Dhulikhel Hospital. Face-to-face structured interview method was used for data collection. Hospital Anxiety and Depression Scale (HADS) was used to detect anxiety and depression and modified Medical Outcomes Study Social Support Survey (mMOS-SS) was used to assess variables related to social support.

RESULTS

Anxiety and depression was found to be in 39.9% and 23.7% of pregnant women respectively. Multivariate analysis from logistic regression showed that anxiety was significantly associated with husband's occupation, women's physical health problem, worry about sex of baby and social support. Likewise, depression was significantly associated with family history of depression, health decision maker and social support.

CONCLUSIONS

There is high prevalence of anxiety and depression among pregnant women. Mental health screening and understanding its associated factors with its occurrence allows for elaborating preventive measures in antenatal care.

KEY MESSAGE

Appropriate measures must be enacted by the health workers working in antenatal clinics during routine antenatal care to prevent anxiety and depression.

PB-050 - Survey on advanced midwifery activities in Japan

Masayo Takada¹, Hisako Okayama², Yasue Suzuki³, Kazama Hitomi⁴, Tokumatsu Natsuki⁵, Hayashi Keiko⁶

¹ Kobe City College of Nursing, Midwifery practice course, Kobe, Japan

² University of Tsukuba, Faculty of Medicine, Nursing Science and Engineering Women's Health Nursing and Midwifery, Tsukuba, Ibaraki, Japan

³ Tottori University, Faculty of Medicine - Major in Nursing, Yonago-tottori, Japan

⁴ Tokyo KITA-Medical Center, Obstetrics and gynecology ward, Tokyo, Japan

⁵ Aiiku Hospital, nicu/gcu, Tokyo, Japan

⁶ Kyorin University Hospital, Department of Nursing, Mitaka-city-Tokyo, Japan

BACKGROUND

In Japan, the "advanced midwife" certification system was started in 2015. As of 2022, 8237 advanced midwives are active. In Japan, expectations for advanced midwives are rising, as task shifts and task sharing are becoming more important for promoting team medical care. Therefore, the actual activities of all advanced midwives were conducted with the aim of using them as basic materials for future studies of this system.

OBJECTIVES

Therefore, the actual activities of all "advanced midwife" were conducted with the aim of using them as basic materials for future studies of this system.

METHODS

The survey was conducted on the Web in May 2022, targeting "advanced midwife" nationwide. The survey items are 9 items of basic information and 81 items of midwifery practice contents. Prior to the investigation, it was approved by the Institutional Review Board.

RESULTS

As a result, there were 2,533 respondents. Regarding midwifery practice, 80% of the Advanced Midwife working in hospitals and clinics were autonomous in conducting antenatal health examinations and health guidance, and 40% were providing midwife-led delivery care. More than 70% of the Advanced Midwife provided care for high-risk pregnant women, indicating that many the Advanced Midwife were involved in this area. Breastfeeding support, care for breastfeeding problems, and implementation and deciphering of the Postpartum Depression Scale (EPDS) were implemented by more than 80% of the midwives. the Advanced Midwife in midwifery centers were involved in women's health care, including preconception care and sexuality education, as well as maternal care. Ninety percent of the Advanced Midwife were active in self-improvement, and 80% were interested in policy.

CONCLUSIONS

the Advanced Midwife tended to care for a wide range of low-risk to high-risk pregnant women and had the four "core competencies of midwives" as defined by Japan.

PB-051 - Maternal mental health intervention with holistic care approach to maternal readiness psychically facing pregnancy and childbirth

Jumrah Pahrival¹, Suriani Beddu², Muhammad Syafar³, Elizabet Catherine Jusuf⁴, Saidah Syamsuddin⁵, Rahayu Eryanti K¹, Sumarni Marwang¹

¹ Megarezky University, Department of Midwifery, Makassar, Indonesia

² Poltekkes Kemenkes Makassar, Department of Midwifery, Makassar, Indonesia

³ Hasanuddin University, Department of Public Health, Makassar, Indonesia

⁴ Hasanuddin University, Department of Obstetrics and Gynecology, Makassar, Indonesia

⁵ Hasanuddin University, Department of Psychiatry, Makassar, Indonesia

BACKGROUND

The prevalence of maternal prenatal depression has been observed to be slightly higher than 25% in low- and middle-income countries.

OBJECTIVES

The objectives of the study analyzed the role of Maternal Mental Health interventions with a holistic care approach towards self-efficacy, stress of pregnant women, maternal cortisol levels, and adaptation pain of childbirth.

METHODS

Research using *quasi-experimental* design. The study sample was 80 respondents who met the criteria for gravida native mothers with a gestational age of 26–28 weeks to maternity (39 interventions and 41 controls). The study was conducted in 2020–2021. The control group was educated with the maternal and child health book (Antenatal care standard).

RESULTS

The results showed an increase in respondents who had high self-efficacy as many as 36 respondents (92.3%). After the intervention was carried out in the treatment group, the most in the category of mild stress was 16 respondents (41.1%). In the intervention group, mild pain was obtained by 9 respondents (23.1%) and moderate pain as many as 28 respondents (71.8%). The average difference in maternal cortisol levels in the control and intervention group was 80.78 ± 14.69 nmol/L and 96.76 ± 30.96 nmol/L. Analysis found that there was an influence of maternal mental health education with maternal self-efficacy of the mother ($p = 0.000$.) there was an influence on the stress of pregnant women ($p = 0.016$), there was an influence on the adaptation of labor pain during I ($p = 0.000$). Meanwhile, cortisol levels showed a meaningful difference between the intervention and control groups with a p value of 0.004.

CONCLUSIONS

The importance of intervention by paying attention to the mental health of pregnant women to be able to prepare pregnant women, especially primigravida, to undergo pregnancy and readiness to face childbirth.

PB-052 - The role of the midwife in the clinical and administrative care of pregnant women with COVID-19 treated in the largest maternity hospital in Chile

María Begoña Carroza Escobar¹, Nicole Silva², Loreto Villanueva¹

¹ Universidad de Chile. Facultad de Medicina, Departamento de Promoción de la Salud de la Mujer y el Recién nacido, Santiago, Chile

² Complejo Hospitalario San José, Servicio de Ginecología y Obstetricia, Santiago, Chile

PURPOSE

Describe the midwife's clinical and administrative management in pregnant women and dyads with COVID-19, in the San José Hospital, Santiago de Chile, during the beginning of the pandemic.

DISCUSSION

In March 2020, with the report of the first pregnant women infected with SARS-CoV-2 virus in Chile, the Gynecology and Obstetrics Service of the San José hospital immediately developed a clinical adaptation of a care model for pregnant women and dyads that presented COVID-19. This was the greatest challenge for midwives, be responsible and compromised to attend and manage in a timely manner inpatients who presented the serious condition of the disease.

Within the clinical management of midwifery includes:

- 1) Preparation of protocols, information flow and database.
- 2) Implementation of isolation rooms and follow up rooms.
- 3) The management of supplies, equipment and human resources.
- 4) Follow-up of a user hospitalized in the Critical Patient Unit.
- 5) Home visit and residence management for social cases.

First year of the pandemic maternal-infant indicators were:

413 deliveries of pregnant women with COVID-19 out of 6,446 of total deliveries.

Maternal deaths: 1 patient with COVID-19.

Stillbirths: 5 stillbirths.

Preterm deliveries (< 37 weeks): 63.

Neonatal asphyxia (apgar < 3-6): 11.

Caesarean sections: 211.

Newborns with positive PCR: 9.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

In this experience:

Guide the development of new programmes or the restructuring of existing programmes where midwives are needed.

EVIDENCE IF RELEVANT

The study published by Haye M. et al., where they reported One maternal death occurred at 49-days postpartum. Severe presentation, infection above 24 weeks, and comorbidities were associated with an adverse maternal outcome. Of total deliveries, 16.5% (36/217) were < 37 weeks. Perinatal mortality was 6/226 (2.7%), mostly due to the fetal component.

KEY MESSAGE

The pandemic challenged the skills of professional midwives who were overwhelmed by the excess of COVID-19 cases. Midwives were responsible for changes in management adapting to the crisis while maintaining the quality of care for women.

PB-053 - The effectiveness of multiple creative teaching strategies in improving the early neonatal assessment for new midwives

Kao Shu-Jung^{1,2}, Huang Ting-Chia^{2,3}, Chen Hsiao-Wei^{2,3}

¹ National Taipei University of Nursing and Health Sciences, Department of Nurse-Midwifery and Women Health, Taipei City, Taiwan

² Taipei City Hospital, Heping-Fuyou Branch, Department of Nursing, Taipei City, Taiwan

³ National Taipei University of Nursing and Health Sciences, Department of Allied Health Education and Digital Learning, Taipei City, Taiwan

PURPOSE

To evaluate the multiple creative teaching strategies to improve the competency of early neonatal assessment and management for new midwives.

DISCUSSION

The competency of immediate assessment and management of newborns after birth was related to the safety of newborns, and it was an important professional skill for midwives. Newly recruited midwives were found not to be competent enough to perform these skills. Therefore, the project was designed to develop interactive game teaching aids and a cloud audio-visual information system. The realistic clinical situations were designed to improve assessment and management skills. Used DOPS (Direct Observation of Procedural Skills) assessment and cloud real-time feedback system to evaluate the learning outcomes. The results of this project for the new midwives were: the average knowledge score of performing the early neonatal assessment increased from 68 to 98; the DOPS evaluation increased from less than 3 to 5, and the teaching satisfaction increased from 61.71% to 96.00%.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This project fits the essential competencies for midwifery 2 Provide care to a healthy newborn infant. The essential competencies for midwifery are one element of the ICM's Professional Framework for Midwifery.

EVIDENCE IF RELEVANT

Applying the multiple creativity teaching strategies could significantly improve the competency to perform the appropriate and correct early neonatal assessment and management. This project has been used in the emergency room and delivery room for the midwives and used for nursing students. Application to the elements of the ICM's Professional Framework for Midwifery.

KEY MESSAGE

Through the games and the integration of clinical situation simulation teaching, it stimulated midwives to identify problems and provide care activities. Apply cloud feedback software, which could instantly evaluate the learning outcomes.

PB-054 - Effects of individual explanations by midwives about the process of birth, using 3D animation software, on parturient females' understanding of and satisfaction with birth

Ayako Sasaki¹, Akemi Take¹

¹ *Osaka Medical and Pharmaceutical University, Faculty of Nursing, Osaka, Japan*

BACKGROUND

A satisfying childbirth experience is important for the mothers and husbands.

OBJECTIVES

To clarify the effects on the delivery experience of midwives giving parturient females individual explanations about how the course of delivery, using 3D animation software.

METHODS

1. Subjects: Women admitted to Institution A for delivery; 70 in the intervention group (34 primipara, 36 multipara), and 79 (41 primipara, 38 multipara) in the control group. 2. Data collection method: Intervention group On postpartum day 1, the collaborative-researcher midwives distributed anonymous, self-administered questionnaires to the postpartum women. 2) During phases 1 and 2 of delivery, the course of delivery was explained using existing methods, and anonymous, self-administered questionnaires were distributed on postpartum day 1. 3. The intervention group and control group were compared using descriptive and inferential statistics, organized into primipara and multipara.

RESULTS

For "understood baby's rotation" ($p < .01$) and "understood progress through delivery" ($p < .05$). In multipara, the intervention group scored significantly higher for "understood baby's rotation" ($p < .01$). In the anonymous self-evaluation, primipara in the intervention group scored significantly higher in "midwife I could trust was by my side" ($p < .01$). Opinions on the Delivery Animation were classified into 7 categories. In their evaluations of the Delivery Animation, 89.0% of primipara and 92.0% of multipara said it helped them understand the course of labor, and 85.0% of primipara and 86.0% of multipara said it helped them communicate with the doctor/ midwife.

CONCLUSIONS

The significant differences in understanding of the course of delivery seen between the intervention and control groups, the satisfaction scores on the "Self-evaluation scale for experience of delivery (abridged version)" questionnaire, opinions about and evaluation of the Delivery Animation all show that a personal explanation of the course of childbirth has a positive effect on the understanding and satisfaction of parturient women.

PB-055 - The local wisdom model of empowering community by “jogo tonggo five ng” cadre during the pandemic to maintain the psychological health of pregnant women

Runjati Runjati¹, Sri wahyuni¹, Budi Astyandini¹

¹ Poltekkes kemenkes semarang/Semarang Health Polytechnic, Kebidanan/Midwifery, Semarang, Indonesia

BACKGROUND

During pandemics, pregnant mother more tends to have psychological problems rather than before. Pregnant mothers also have difficulty contacting health services because of the pandemic.

OBJECTIVES

This study of community services is to develop community empowerment by community health volunteers (Cadre) named “Jogo tonggo” (guardians of the neighborhood) with the program five NG “Jateng Gayeng Nginceng Wong Meteng” (Central Java is eager to monitor pregnant women’s programs) related to the health psychology of pregnant women during a pandemic.

METHODS

The study was community services involving 30 cadres rom the Ngaliyan Public Health Center. The stages of this activity included training of cadres by providing educational materials contained in the module “Pregnant Mother Health Promotion through Maternity Classes Plus Coping Skills and Psychological Health Detection for 4 times in four weeks. Then selected cadres (12 cadres) accompanied pregnant women by applying the results of the training and using the module and MCH book for 4 weeks. One cadre accompanied two pregnant women for 4 times in four weeks. The Cadres were measured knowledge before and after training and pregnant women also measured health psychology before and after accompanying .

RESULTS

The results of the knowledge of cadres showed an increase of knowledge of cadres from 70% to 100%. ,the results from the pretest and post-test for pregnant women showed that the psychological health of the mother also showed an increase which were a decreasing score of stress (18.21 to 16.79), and an anxiety (51.79 to 50.54), an increasing score of coping skills (117 to 119) and childbirth self efficacy (47.67 to 49.13).

CONCLUSIONS

The results of Community Services activities with the community empowering model of cadres “Jogo Tonggo can improve and facilitate the psychological health of pregnant women during pandemic.

KEY MESSAGE

Local wisdom “Jogo tonggo” Guardians of the neighborhood, Health psychology, pregnant women, community empowering.

PB-056 - Breastfeeding flash cards: innovation to increase exclusive breastfeeding coverage in Indonesia

Hanifatur Rosyidah¹

¹ Sultan Agung Islamic University, Midwifery, Semarang, Indonesia

PURPOSE

The overall purpose of this project is to increase the coverage of exclusive breastfeeding through improving capacity of midwives with innovation counselling media using breastfeeding flash cards. The specific purposes are: (1) Increased knowledge of midwives regarding breastfeeding; (2) Increased skill of midwives in breastfeeding counselling; (3) Increased mothers' breastfeeding satisfaction; (4) Increased mothers' attitude towards breastfeeding; (5) Increased breastfeeding self-efficacy among mothers; (6) Increased support for midwives' capacity in breastfeeding counselling.

DISCUSSION

The proposed interventions will be implemented through 4 main components: Raising Awareness Strategy, Capacity Building Strategy, Service Delivery Strategy, and Advocacy Strategy. We will recruit 10 midwives working in hospital and public health centers in Kendal district, Indonesia. Then, build their capacity for two-days training. The participants after receiving training are assigned to provide breastfeeding counselling for pregnant women and mothers. Evaluation will be done through questionnaire and interview with the participants (midwives and client).

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This project will bring impact to midwifery practice, education and policy. Midwives will be able to promote and support breastfeeding, as well as provide accurate information to women regarding breastfeeding. The innovation of Breastfeeding Flash Cards (BFC) can be implemented in midwifery school. The WHO code on the marketing of breast milk substitutes should be emphasize among midwives.

EVIDENCE IF RELEVANT

WHO (2017) *Protecting, Promoting and Supporting Breastfeeding in Facilities Providing Maternity and Newborn Services*, World Health Organisation. Available at: <https://apps.who.int/iris/bitstream/handle/10665/259386/9789241550086-eng.pdf>.

ICM. ICM Position Statement on Breastfeeding, 2017. Available at: <https://www.internationalmidwives.org/assets/files/statement-files/2018/04/breastfeeding--v2017-eng-breastfeeding.pdf>.

KEY MESSAGE

Training midwives with breastfeeding counselling skill using BFC (Breastfeeding Flash Cards), will empower them to promote and support breastfeeding in community. Rising awareness on WHO code on the marketing of breast milk substitutes will limit breast milk substitutes use among mother. By increasing exclusive breastfeeding coverage, we can prevent any illness, such as heart disease, obesity and diabetes.

PB-057 - The correlation between knowledge and anxiety among climacteric women in Semarang District

*Friska Realita*¹

¹ *Universities islam sultan agung semarang, health reproduction, Demak, Indonesia*

BACKGROUND

Menopause is the marks the cessation of women's fertility or reproductive period and can be interpreted as the end of a woman's menstrual monthly cycles. According to medical science, a person is said to be menopause if a woman has gone 12 months without a menstrual period (Krishna, 2015). Various symptoms felt during menopause based on Greene's Menopause Rating Scale (MRS), known as the Greene Climacteric Scale, can be grouped as psychological symptoms such as palpitations, etc.

OBJECTIVES

Analyzing the Relationship between the Level of Women's Knowledge and Anxiety in Dealing with the Climacterium in Semarang.

METHODS

The research method used in this research is quantitative research with a survey method using a cross sectional approach. Participate in the study by filling out the consent form, which were 55 participants.

RESULTS

From 40 respondents shows that respondents with less level of knowledge mostly experienced moderate anxiety as many as 6 respondents (15.0%), most respondents with sufficient level of knowledge experienced mild anxiety as many as 8 respondents (20.00%), and respondents with good level of knowledge experienced no anxiety as many as 7 people (17.5%). it shows the probability value of 0.002 which is greater than the value of $\alpha = 0.05$. Therefore, it can be concluded that H_0 is accepted, which means that there is no significant relationship between the level of knowledge and the level of anxiety in women in dealing with menopause.

CONCLUSIONS

The results showed that women's knowledge about menopause was sufficient and less. The result of statistical tests shows that there is no relationship between the level of women's knowledge and anxiety in dealing with menopause.

PB-058 - Embedding a structure of professional midwifery leadership from local to national level across England, from Head of Midwifery to Chief Midwifery Officer

Jessica Read¹, Jacqueline Dunkley Bent²

¹ NHS England, Wellington House, London, United Kingdom

² NHS England, Chief Midwifery Officer Office, London, United Kingdom

PURPOSE

To describe the background and context to; and also the skills and strategies used to build a national professional midwifery leadership structure across England, resulting in the appointment of the first national Chief Midwifery Officer, seven regional chief midwives and the roll out of the Director of Midwifery role within hospital trusts.

DISCUSSION

The past decade has seen significant statutory changes to the midwifery profession in the UK. The publication of the Kirkup Morecambe Bay Investigation report prompted a review by the Kings Fund of Midwifery Regulation, and in 2017 Statutory Supervision of Midwives was removed from Statute following consensus from the Nursing and Midwifery Council (NMC), which left a vacuum of Professional Midwifery Leadership across the Country at Regional and National level. The Department of Health and the NMC agreed to ensure that midwifery leadership would be maintained nationally and through strategic and political influence a debate was held in the House of Lords stating the need for a 'Chief Midwife' for England. In April 2019 the first Chief Midwifery Officer to NHS England was appointed.

"Can my noble friend consider having a chief midwifery officer at the national level, with directors of midwifery within the NHS England regional teams? We need that leadership" (Baroness Julia Cumberlege House of Lords debate 28th February 2017).

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Leadership is a key element of ICMs professional framework for midwifery, Midwifery leaders are needed at all levels and all areas of practice; within midwifery services, education, research, policy makers and ministries of health.

EVIDENCE IF RELEVANT

28th Feb 2017 Nursing and Midwifery (Amendment) Order 2017 Hansard

Read J (2019) The profile of professional midwifery leadership in England, British Journal of Midwifery, Vol 27, No 2.

KEY MESSAGE

It takes courage, political discernment and a strong sense of purpose to make change happen, but it can be done and this example demonstrates that.

PB-059 - Developing clinical and social competencies in midwife-nurse students to provide low-risk obstetric care in rural Chiapas, Mexico

Mariana Montano Sosa¹, Cecilia Ponce Maldonado¹, Oscar Mejia¹

¹ *Partners In Health Mexico, Sexual and reproductive health, Angel Albino Corzo, Mexico*

PURPOSE

PIH Mexico has worked in collaboration with the Ministry of Health of Chiapas, to strengthen a rural birthing center since 2017. This birthing center is characterized by providing delivery care through supervised midwife-nurse students during their social service year through dignified, evidence-based practices with a human rights perspective. Midwife-nurse students acquire clinical, social competencies and global health training through a one-year curriculum that combines theoretical sessions, case discussions, and supervised hands-on experience.

DISCUSSION

In Mexico and other parts of the world, the training of personnel with midwifery competencies is still very limited due to the lack of clinical spaces where the midwifery model is carried out.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

In Chiapas and other low-resource settings, there is a need to increase the number of competent health professionals to improve the quality of care that pregnant women receive. Our program is an example of how innovative human resource capacity building interventions can be successful in strengthening the first level of care in marginalized settings.

EVIDENCE IF RELEVANT

Since 2017, a total of 39 midwife-nurse students from six generations have graduated, while 11 students are currently enrolled. Among the main competencies students have acquired after the year-long program are: preconception and prenatal care, delivery care, puerperium and newborn care, stabilization and initial management of perinatal emergencies, abortion care, and counseling on sexual and reproductive care, all within a framework of structural competency. On average, each student attended a total of 60 deliveries and completed 220 hours of lectures during the year. The success of the program is reflected through the three knowledge assessments that participants take throughout the year, in which they obtain a gradually higher score that reflects their learning process.

KEY MESSAGE

Students can develop competencies in rural environments with proper support and mentoring, while they contribute to guaranteeing the rights of the most vulnerable women.

PB-060 - A mobile health mindfulness programme for pregnant women with high-risk depression: a preliminary evaluation study

Wan-Lin Pan¹, Meei-Ling Gau²

¹ National Taipei University of Nursing and Health Sciences, School of Nursing, Taipei, Taiwan

² National Taipei University of Nursing and Health Sciences, Department of Nurse-Midwifery and Women Health, Taipei, Taiwan

BACKGROUND

Perinatal depression women are common, with 10% to 20% of women during pregnancy, during the postpartum period, or both. However, about 50% of women with depressive disorders have anxiety symptoms. Mental health problems can negatively impact the woman herself, in addition to adversely affecting childbirth outcomes, newborn health, postpartum mother-child interactions, and child development. Therefore, the development of online interventions that reduce pregnancy depression during the COVID-19 epidemic is very important.

OBJECTIVES

This study was designed to evaluate the efficacy of the mobile health mindfulness program in improving psychological health during the perinatal period.

METHODS

A randomized study was conducted to explore differences between control and active participants to take online mindfulness effects. This course was provided for pregnant women who were aged > 20 years, were at 13–28 weeks gestation with a singleton pregnancy, and had Edinburgh Postnatal Depression Scale scores > 9 (mild-to-severe depressive symptoms). The online mindfulness program is available at <http://www.mindful-birthing.com.tw/index.html>. This study adds a mood markers app that helped remind participants to get back on track with mindfulness practices every day. All women in the intervention group joined the Line interactive group to share experiences, discuss barriers to practicing mindfulness, and interact with other participants and researchers at any time. Baseline and post-intervention surveys captured data on women's reported outcomes (stress, anxiety and depression symptoms, and mindfulness).

RESULTS

38 mothers were recruited and randomized to the online course (n = 17) or a control (n = 17), 71% (27/38) completed the study. Results showed that the participants in the experimental group earned lower scores for stress, anxiety, and depression than the control group in the post-test.

CONCLUSIONS

Online mindfulness interventions are feasible and acceptable in perinatal women with high-risk depressive symptoms and have the validity to reduce stress, anxiety, and depression, and longer further efficacy trials are warranted.

PB-061 - Primary care midwives' experiences in response to the COVID-19 pandemic in Latin America and the Caribbean: learnings to advance good midwifery practices in humanitarian crises

Jovita Ortiz¹, Jael Quiroz¹, Marcela Díaz¹, Patricia Elgueta¹, Rodrigo Neira²

¹ University of Chile. Fac. Medicine, School of Midwifery, Santiago, Chile

² Chilean Ministry of Public Health, Women's Health Program, Santiago de Chile, Chile

BACKGROUND

COVID-19 pandemic had an impact on sexual and reproductive health in Chile and the world, which was not considered a priority due to the hospital containment of that. This led primary care midwives to respond in adverse contexts, testing their professionalism in favor of sexual and reproductive health and rights.

OBJECTIVES

To Identify and to systematize primary care midwives' experiences in response to COVID-19 pandemic in Chile, in order to understand and learn from what has been done to improve future responses, based on good practices.

METHODS

Systematization' study of experiences approved by ethics committee, collected through an instrument sent in electronic format to the 29 health services of Chile, which were deepened through interviews to primary care midwives, between June 2020 and November 2021. Subsequently, they were characterized and systematized through discourse analysis, according to good practices criteria.

RESULTS

40 experiences led by midwives from 18 health services, mainly from urban areas, were collected. The main focus was reproductive health and reorganization of care to maintain care coverage. The midwives' experiences had, mostly criteria of good practices, being pertinent, aligned to their objectives, with use of innovative strategies and technologies. However, they were not evaluated and lacked cultural pertinence. Main lessons learned were the need to evaluate midwifery's practices in crisis, relevance of the role with the community and care of their own physical and mental health. The perceived success experiences was related to their motivation, leadership, and ability to adapt to change.

CONCLUSIONS

The experiences and learnings of midwives during the pandemic invite us to consider their own post-pandemic health, their relationship with the community, the challenge of the use of technologies in care and the evaluation of practices, considering women's satisfaction and transversal approaches, to carry good practices and the midwifery's relevance in the face to new crises.

PB-062 - Contraceptive practice and perceived measures to improve contraceptive practice among postpartum women in Abuja

Ejura Ochala¹, Syed Ali Gulab Jan², Samsiah Mat³

¹ Federal Medical Centre Abuja, Midwifery, Abuja, Nigeria

² M.N.R College of Nursing, Narsapur Road, Fasalwadi, Sangareddy, Telengana - 502294, India, College of Nursing, Telengana, India

³ University College MAIWP International, Faculty of Nursing, Kuala Lumpur, Malaysia

BACKGROUND

Despite high contraceptive knowledge, Nigeria has a shortfall of 19% from the 36% target contraceptive prevalence. The postpartum period provides a chance to scale-up contraceptive practice through focused midwifery services.

OBJECTIVES

This cross-sectional study aims to determine the contraceptive practice and identify perceived factors that can improve contraceptive use among postpartum women

METHODS

With ethical approval given for the study, 220 women who consented were recruited. Data analysis was by descriptive statistics and inferential analysis done using SPSS software version 25. Descriptive analysis included frequencies and percentages; the inferential statistics were by binary logistic regression technique. The p-value is set at 5% level, thus $p < 0.05$ is termed significant.

RESULTS

200 properly filled questionnaires were analyzed; the respondents had a mean age of 31; most had tertiary level education. 53% were within 3 months postpartum, most (94%) had between one and four children and over two-thirds desired to have three children while over a quarter desired five to six children. The commonly used methods are the condom, IUD, pills, and implant. Less than half (48%) currently use contraceptives of which 47% of the mothers had good contraceptive practice. Ever use was associated with practice level ($r = .606$, $df = 198$, $p < 0.05$) and current use ($r = .475$, $df = 198$, $p < 0.05$). The analysis showed the health education and health system measures had a sectional mean of 4.10 and 4.20, and logistic regression between contraceptive practice and perceived measures was significant ($X^2 = 4.712$, $df = 3$, $p < 0.014$)

CONCLUSIONS

Contraceptive practice level of respondents is less than average and was determined by a history of previous use, the mothers strongly perceive that instituting health education and health system measures could impact positively on contraceptive use. Therefore, providing more education, ensuring method safety/assurances, methods available, accessible, and affordable as well as increasing midwives/provider knowledge and training can contribute to increased contraceptive use.

KEY MESSAGE

Midwives can save more women's lives.

PB-063 - Knowledge about postpartum haemorrhage among midwives in Windhoek, Namibia

*Helena Nuumbosho Nuumbosho*¹

¹ *Independent Midwives Association of Namibia, Member, Windhoek, Namibia*

BACKGROUND

Postpartum haemorrhage (PPH) remains the leading direct cause of maternal morbidity and mortality world-wide, with the high number of maternal deaths occurring in developing countries. Namibia is not an exception, PPH is the leading direct cause of maternal deaths, accounting for more than 25% of all maternal deaths in Namibia. The presence of a midwife with sufficient knowledge about PPH at every birth, is one of the highly proposed solutions to alleviate high maternal deaths caused by PPH.

OBJECTIVES

The objectives of this study was to determine if midwives working in the maternity departments of Windhoek Central and Katutura state hospitals in Namibia have knowledge about assessing, diagnosing, preventing and managing PPH. Additional to the objectives, the study wanted to determine associations between the bibliographical data of the registered and enrolled midwives and their knowledge scores.

METHODS

A quantitative descriptive study was applied in the study. A self-administered validated questionnaire was developed and used in the study to collect the data. Ninety-three participants participated and completed the questionnaires in the researcher's presence because competence was tested.

RESULTS

For the purpose of this study competence was based on a knowledge score of $\geq 80\%$. The study found 82% participants incompetent about PPH by obtaining a knowledge score $< 80\%$. Only 2% of the 93 participants obtained a knowledge score of $\geq 80\%$ in all four PPH main domains (assessing, diagnosing, preventing and managing PPH).

CONCLUSIONS

The study found the majority of participants (82%) incompetent about PPH, thus the study concluded that the high number of maternal deaths are also attributed by lack of knowledge among midwives.

KEY MESSAGE

The burden of high PPH maternal morbidity and mortality can be associated with lack of knowledge among maternity care providers. Authorities must ensure that maternity care providers have sufficient knowledge about PPH to optimize better outcomes in the event of PPH.

PB-064 - Examining the experiences of pregnant women and their partners in prenatal screening and their attachment to the foetus

Shoko Nukui¹, Mikiya Nakatsuka², Kumie Kataoka², Ayumi Ida³

¹ *Kyoto University of Advanced Science, Faculty of Health and Medical Sciences, Kyoto, Japan*

² *Okayama University, Graduate School of Health Sciences, Okayama, Japan*

³ *Setsuman University, Faculty of Nursing, Osaka, Japan*

BACKGROUND

In Japan, interest in prenatal screening is growing, but care for pregnant women who have undergone testing and their partners is insufficient.

OBJECTIVES

This study aimed to examine the relationship between the experiences of pregnant women and their partners in prenatal screening and their attachment to the foetus.

METHODS

Data were collected between September 2016 and June 2017 using a self-administered questionnaire. The study sample was 191 pairs of pregnant women and their partners (62 pairs with previous prenatal screening experience and 129 pairs without such experience) from 22 weeks gestation onwards. Approval was obtained from the research ethics review committee of the affiliated institution. There are no conflicts of interest.

RESULTS

There was no significant difference in the proportion of partners who reported having experienced prenatal screening (86.9%) and those without such experience (88.7%). Meanwhile, the proportion of partners who reported attending parents' classes was significantly higher in the group with prenatal screening experience (77.4%) than in the non-experienced group (55.8%) ($p < 0.05$). Foetal attachment scores (10–50 points) of pregnant women were not significantly different between the group with prenatal screening experience (41.0 ± 5.5 , mean \pm SD) and the non-experienced group (40.1 ± 6.4). Partners with prenatal screening experience had significantly lower attachment (39.5 ± 6.1) than the non-experienced group (40.5 ± 4.4) ($p < 0.05$).

CONCLUSIONS

Partners with prenatal screening experience exhibited higher rates of participation in motherhood classes, but did not present higher foetal attachment scores.

KEY MESSAGE

Midwives should provide extensive support to partners who have experienced prenatal screening, in addition to prenatal screening and motherhood classes, to encourage the formation of foetal attachment from the time of conception.

PB-065 - Challenges utilizing artificial intelligence in nipple trauma evaluation

Maya Nakamura¹, Yoko Asaka², Yoshiko Kondo¹, Yasuhiko Ebina¹

¹ Hokkaido University, Faculty of Health Sciences, Sapporo, Japan

² Mie University, Department of maternal and child nursing/midwifery, Course of nursing science- Graduate school of medicine, Tsu, Japan

BACKGROUND

Nipple trauma from breastfeeding is the primary reasons women abandon breastfeeding. Midwives observe and assess nipple trauma macroscopically. However, each observer evaluates differently to the same situation according to each criterion. To reveal objective criteria of nipple condition is indispensable.

OBJECTIVES

This study aimed to introduce an artificial intelligence-based image analysis technology to evaluate the nipple trauma and to provide the fundamental data to establish an objective and reliable method for nipple evaluation.

METHODS

An artificial intelligence (AI) model of image classification which was developed using the Lobe Version 0.10.1130.5 (Microsoft) was asked to evaluate the signs of the 20 images, and the results were compared with those of the 8 midwives' judgment. In the deep learning, the 770 images that were collected in a previous study were used as a training data, and 5 labels were assigned to each image as follows: erythema, swelling, scabbing, blistering, and no injury. The study protocol was approved by the Ethics Review Committee of the Graduate School of Health Sciences, Hokkaido University (approval number:16-82, 17-45).

RESULTS

The accuracy of the created model was 86% in total. The artificial intelligence model and the midwives' judgment were consistent in the 10 images (50.0%), with the following signs: 3 images of no injury and erythema, 2 images of swelling, and 1 image of scabbing and blistering.

CONCLUSIONS

Simple image classification by AI technique succeeded to determine signs similar to the midwives' judgment to a certain degree. However, its performance was not sufficient to support the midwives' diagnosis. It is expected to improve the judgment accuracy when multiple signs coexist in one nipple.

KEY MESSAGE

An artificial intelligence could be used to assess nipple trauma if multiple signs can be determined simultaneously.

PB-066 - Periodontal disease symptoms and consultation behaviour of pregnant women in Japan

Nakashima Michiko¹, Kazuko Ishida², Junko Ishida³

¹ *Kansai University of International Studies, Graduate School of Nursing Science, School of Health Sciences, Nursing, Miki, Japan*

² *Niigata College of Nursing, Jouetu City, Japan*

³ *Takasaki University of Health and Welfare, Takasaki-shi, Japan*

PURPOSE

Grasping the dental consultation behavior of pregnant women.

DISCUSSION

The world is changing our lives in various ways due to the coronavirus. In Japan, the same is true for pregnant women. In order to protect the health of mothers and their newborn children, there is a system that allows them to receive free dental examinations and guidance during pregnancy. In dental examinations, due to the rapid increase in female hormones due to pregnancy, periodontal pathogenic bacteria called *Prevotella intermedia* are more likely to multiply, the permeability of blood vessels is increased, the viscosity of saliva increases, and the self-purification of the oral cavity decreases, which makes it easy for gum inflammation and bleeding to occur. In addition, it is reported that the risk of premature birth and the birth of a premature baby is increased by about 2-4 times, and it is characterized by being difficult to notice from oneself the early symptoms of periodontal disease. It is necessary to complete the necessary dental treatment in the second trimester of pregnancy when the physical condition is relatively stable.

The status of dental consultations of pregnant women and the accompanying anxiety were grasped by a questionnaire survey of 160 people.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Pregnant women are anxious about

- (1) corona infection,
- (2) effects of X-rays on the fetus,
- (3) use of anesthesia during dental treatment,
- (4) taking drugs, which are factors that make it difficult to consult a doctor.

Midwives must take action to protect the health of mothers and children. It is necessary to explain the impact of infection prevention measures and treatment on children and link them to consultation behavior.

EVIDENCE IF RELEVANT

The recovery rate was 98% and descriptive statistics were performed. The pregnant woman herself wrote it in the questionnaire and collected it anonymously, and ethical considerations were made.

PB-067 - The effectiveness of presence of birth companion for intrapartum women on maternal wellbeing and informative communication in selected government hospitals in West Bengal

Jana Manasi¹

¹ Kolkata, Family Health and Welfare Department, Kolkata, India

BACKGROUND

For giving spontaneous natural birth, women had to across the stage of painful labour, like 1st stage of labour which is very lengthy, painful, and mother was anxious about expect outcome of labour. Then it was thought that if mother had come hospital with female relative considered as a birth companion and allowed her to stay with mother continuously thereby mother's wellness will improve in the presence of family member.

OBJECTIVES

1. To assess informative communication for intranatal women in labour room.
2. To measure comfort level of intranatal woman with and without presence of birth companion.
3. To assess maternal wellbeing with and without presence of birth companion.

METHODS

Descriptive evaluative research design was adopted to collect data from intranatal women with and without birth companion at Observation room of Labour room complex Balurghat District Hospital and Gangarampur Subdivision Hospital, Dakshin Dinajpur, West Bengal. 64 (with birth companion – 32, without birth companion – 32) Intranatal women received in observation room of Labour Room complex with active labour and os dilated 4 cm to 6 cm were selected through Non-probability purposive sampling technique.

RESULTS

Comfort level of intranatal women with birth companion was higher than the intranatal women without birth companion. Hence it can be concluded that comfort measures in the presence of birth companion is effective in providing comfort to the intranatal women.

CONCLUSIONS

Intranatal women with birth companion who received comfort measures for their wellbeing from active labour with os dilatation 4cm to 6cm until full dilatation of cervical os feeling more comfort compared to intranatal women without birth companion.it was pointed out that nurses were the major source of providing information for both groups.

KEY MESSAGE

The ANM health workers can teach and counsel the antenatal women and selected birth companion in subcentre during third trimester ANC visit.

PB-068 - Factors which contribute to the incorrect interpretation of the intrapartum cardiotocograph by midwives: an integrative review

Sanele Lukhele¹, Mulaudzi Mavis¹, Rafiat Anokwuru¹

¹ *University of Pretoria, Nursing, Pretoria, South Africa*

BACKGROUND

The purpose of intrapartum cardiotocograph interpretation is to identify fetuses who are at risk of hypoxia and subsequent brain injury. The rise of intrapartum induced neonatal brain injury has called into question midwives ability to interpret the intrapartum cardiotocograph.

OBJECTIVES

The objectives of the literature review were to:

- a) Determine the factors which contribute to midwives' inability to interpret the intrapartum cardiotocograph correctly.
- b) To describe the consequences of incorrect intrapartum cardiotocograph interpretation by midwives.

METHODS

An integrative literature search was conducted. The following electronic databases were searched: Cumulative Index of Nursing and Allied Health Literature, Academic search complete, Africa wide information, EBSCO host, Health Source: Nursing/ Academic Edition, Humanities Source, MEDLINE, Family and society studies worldwide, SCOPUS, Science Direct and. An internet search was also carried out using Google and Google Scholar search engines. The following search terms were identified: Training or education or curriculum or teaching AND Midwives or midwife or midwifery AND Intrapartum or labour or childbirth AND Cardiotocograph or cardiotocogram or CTG AND Interpretation AND Outcomes or benefits or effects or impact or effectiveness or consequences. The reviewed literature comprised research conducted globally between 2012 and 2022. From the 684 titles, 59 abstracts were examined, resulting in 28 articles. The 28 full-text articles were examined to verify whether they addressed the scope of the literature review, of them, 08 addressed factors which contribute to midwives' inability to interpret the intrapartum cardiotocograph and the consequences thereof.

RESULTS

Three themes emerged during data analysis: Lack of basic knowledge on cardiotocograph interpretation, adverse intrapartum outcomes and increased medical malpractice claims.

CONCLUSIONS

The strengthening of intrapartum cardiotocograph interpretation training programs is essential in improving midwives' competence in the skill of cardiotocograph interpretation. This will improve maternal and neonatal outcomes.

KEY MESSAGE

Midwives have a knowledge deficit regarding intrapartum cardiotocograph interpretation. This leads to adverse maternal and neonatal outcomes.

PB-069 - Support for tongue tie babies with breastfeeding difficulties

Ka Wai Lai¹, Kit Yee Lam¹, Mo Ching Macy Chau¹

¹ Prince of Wales Hospital, Obstetrics and Gynaecology, Hong Kong, Hong Kong

PURPOSE

Tongue tie may make breastfeeding challenging in some babies since tongue movements can be affected to varying degrees. In order to improve breastfeeding, apart from individual coaching on positioning and attachment, surgical release of tongue tie or Frenotomy is also currently recommended if breastfeeding difficulties are encountered.

DISCUSSION

If the tongue tie restricts the tongue's range of movements, the breastfeeding mother may experience baby's poor latching, ineffective sucking, nipple pain, and sore nipple. These breastfeeding difficulties may affect the mother's confidence in breastfeeding. Frenotomy is safe, simple, and effective to improve tongue mobility while individual lactation support after Frenotomy is helpful for breastfeeding improvement.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

A fast tract service of Frenotomy is provided to tongue tie babies under multidisciplinary team approach in Prince of Wales Hospital. For babies who received surgical tongue tie release, breastfeeding assessment by lactation consultant will be offered immediately after the procedure to evaluate for any improvement in breastfeeding as well as providing coaching on positioning and attachment.

EVIDENCE IF RELEVANT

46 babies underwent Frenotomy was studied in a 26-month period. Before surgical release, 61% mother complained of poor latching. 37% of mothers suffered from sore nipple and 31% of babies showed ineffective sucking or slow feeding. After receiving Frenotomy, all mothers (100%) reported improvement of symptoms immediately after the procedure. No complication was found after the procedure as well with the median follow up period of 8 days. During postoperative follow up after discharge, 87% of cases continued with direct breastfeeding. The mean score on the scale of breastfeeding improvement (rated 0-10) by mothers was 8.7.

KEY MESSAGE

Through breastfeeding support by Frenotomy together with individual breastfeeding coaching by lactation consultant, breastfeeding difficulties of tongue tie babies can be resolved effectively. Challenges of breastfeeding can be reduced promptly and breastfeeding can be kept ongoing for these mothers.

PB-072 - The concern for advanced maternal age: a retrospective cohort study of pregnancy complications at a tertiary hospital in Japan

Yoriko Kotoku¹, Asuka Miyazaki¹, Wakako Fujita¹, Hiromi Eto¹

¹ *Nagasaki University, Institute of Biomedical Science, Reproductive Health, Nagasaki, Japan*

BACKGROUND

Maternal complications are increasing in Japan. Advanced maternal age has been reported to be associated with various maternal complications.

OBJECTIVES

To clarify the related factors of age and perinatal outcomes from medical records of a tertiary level maternity facility.

METHODS

This retrospective study considered all the delivery cases in a tertiary level maternity facility between 2011 and 2018, 2543 women. The data were collected from their medical records using the opt-out standard. The participants were categorized into five groups every five years old, from 15 to 49. Multivariate linear regression, bivariate and multivariate logistic regression analysis were used to identify the association of the following factors with maternal age: hemorrhage, gestational diabetes, hypertensive disorders, fetal growth, pH level in umbilical arterial blood, and Apgar score.

RESULTS

The group aged 40–49 was associated with hypertensive disorders (aOR=2.51, 95%CI 1.13–5.55) and hemorrhage in vaginal delivery (aOR = 3.48, 95%CI 1.63–7.44). Both groups aged 35–39 and 40–49 were associated with cesarean section (aOR = 2.35, 95%CI 1.12–4.95; aOR = 4.02, 95%CI 1.81–8.92) and gestational diabetes (aOR = 2.12, 95% CI 1.15–3.89; aOR = 2.14, 95%CI 1.09–4.21). Impeded fetal growth was significantly associated with younger ages 15–24 (aOR = 1.81, 95% CI 1.14–2.90). No association was found between maternal aging and the baby's condition at birth.

CONCLUSIONS

Advanced maternal age increases the risk of hypertensive disorders, hemorrhage, cesarean section, and gestational diabetes. This study's outcomes help healthcare providers better understand and properly manage the complications encountered in advanced maternal age.

KEY MESSAGE

Advanced maternal age increased the risk of pregnancy and parturient outcome, but not fetal growth. Our results will enable perinatal care providers to provide evidence-based information to women and support their reproductive choice.

PB-073 - Labour pain management

*Nahid Khodakarami*¹

¹ Iran Scientific Association of Midwifery, Midwifery, Tehran, Iran

BACKGROUND

Over the past decade pregnancy and childbirth have become increasingly influenced by medical technology and medicalization. Women without obstetric complications are encouraged to have electronic fetal monitoring, epidural analgesia and caesarian section. Over-medicalization is most evident in the 56% C-section rates. While no specific C-section rate is determined as optimal for all situations, the WHO has stated that higher than 15% is generally considered an increased risk of maternal and fetal harm. Fear of labor pain is one of the main reasons for women leaning toward elective CS.

OBJECTIVES

The aim of this systematic review was to explore 30 years efforts of in non-pharmacological labor pain management trials in Iran to examine the evidence concerning the comparative benefits of non-pharmacological techniques for labor pain management and birthing women's satisfaction through a mixed-methods systematic review.

METHODS

A standard search strategy was used in the review of national guidelines, labor pain management protocols, and literature published from 1990-2020.

RESULTS

For 30 years midwives and policymakers try to produce sufficient pieces of evidence for pain management effect on decreasing the unnecessary intervention and caesarian section rates.

Most complementary medicine such as massage therapy, Acupressure, and prenatal education classes, were trials and reported to have more satisfaction, pleasing, and coping with labor pain effect.

CONCLUSIONS

Although developing effective strategies to reduce cesarean section rates is a complex issue, because of the multi-factorial effort, in this study, we found that midwifery-led care, as well as sufficient non-pharmacological labor pain management, would be an efficient scheme to achieve strategies that in the context of Iran could work.

PB-074 - Child-rearing anxiety and its factors up to one month postpartum among multiparous women at university hospital A

Sumako Kawasaki¹, Masuyo Morimoto²

¹ *Saga University Hospital, Nursing, Saga, Japan*

² *Nishi-Kyushu University, Faculty of Nursing, Department of Nursing, Saga, Japan*

BACKGROUND

Mothers who deliver at university hospitals may face various issues. Understanding maternal anxiety regarding child-rearing and the factors associated with this anxiety is the first step toward providing tailored support.

OBJECTIVES

To clarify child-rearing anxiety and associated factors up to one month postpartum among multiparous women at university hospital A.

METHODS

An anonymous self-administered questionnaire survey was conducted at one month postpartum on 391 mothers who gave birth at University Hospital A. The survey was conducted from January 2018 to November 2020. Logistic regression analysis was conducted on the intensity of child-rearing anxiety. This study was approved by the Institutional Review Board.

RESULTS

Responses were collected from 254 mothers (Recovery rate: 65.0%). There were 140 multiparous women, and the average age was 33.7 ± 4.1 years. Common child-rearing anxiety reported were identifying abnormalities in the child after discharge, guidance for breastfeeding frequency and interval, and night-time infant crying after discharge. Factors associated with high child-rearing anxiety were lower number of births, a high score on the Edinburgh Postnatal Depression Scale, problematic economic conditions, no treatment for postpartum anemia, and midwives / obstetrics nurse counseling.

CONCLUSIONS

Child-rearing anxiety among multiparous women was mainly about managing the child after discharge and how to proceed with breastfeeding. This anxiety occurred even when mothers had previous childcare experience, as it takes time to adapt childcare behavior for each child. There are physical, mental, and social factors in child-rearing anxiety up to one month postpartum among multiparous women. Therefore, the medical team needs to provide continuous tailored support beyond the gestational period so that women can manage childcare after discharge.

PB-075 - The effect of nursing audit and competency based education regarding infection control practices during the intrapartum period on practices of nursing personnel working in labour rooms

Manisha Kadam¹

¹ Sadhu Vaswani College of Nursing, obstetric and gynecological nursing, Pune, India

BACKGROUND

Maternal mortality is widely acknowledged as a general indicator of the overall health and status of women in society, and functioning of the health system. SRS & WHO report supports stated: puerperal sepsis IInd major cause of MMR (13.2%) after Post partum hemorrhage.

OBJECTIVES

To assess the existing facilities, resources, protocols, information dissemination regarding infection control practices in selected Public Health Facilities at the beginning and after 12 month of intervention

To compare the practices among nursing personnel in relation to selected Infection control practices during intranatal period in labour room before and after competency based education.

METHODS

Quasi experimental one group pretest post test design.

Population – Nursing personnel.

Simple random method, stratified Sampling technique – 230 nursing personnel survey design – assess audit on infection control of 40 labour rooms.

Structured observation checklist to assess competency.

RESULTS

18% primary health centre's had showed facility of elbow operating taps for hand washing.

Only 28% Health facilities 28% had availability of 2% Hypochloride solution.

Standard practices toward sharp were reported in 85% of labour room. All the needles were collected in closed container which was filled with 2% Hypochloride solution.

37% had availability of sharp injury record and PEP as per biomedical waste management.

51.74% nursing personnel received formal training on infection control practices.

20% nursing personnel had exposure to needle stick injury in last 12 months service period, 2(0.86%) received prophylaxis for same.

Significant difference observed in decontamination, segregation of needles and cleaning items in pretest to post test I and post test II at p 0.001.

CONCLUSIONS

Policy and procedure regarding infection control should be established at all health centers. Nurses must be educated in the basic principles of infection control. Formulation of regulations on infection control practices should be effectively performed to take appropriate measures.

KEY MESSAGE

Appropriate competency based education will help to up skilling of midwives.

PB-076 - “Listen to the women, listen to their hearts, what is ultimately right for them” Midwives’ decision-making on homebirth for women with contraindications: a phenomenological study

Kristín Hálfðánardóttir¹, Steinunn H Blöndal², Berglind Halfdansdóttir¹

¹ University of Iceland, School of Health Sciences - Faculty of Nursing and Midwifery - Midwifery studies, Reykjavik, Iceland

² National University Hospital of Iceland, Labour and Delivery unit, Reykjavík, Iceland

BACKGROUND

Home birth rates in Iceland have increased since the turn of the century and in 2009–2019 the rate was 1,7%–2,2%. Clinical guidelines issued by the Directorate of Health in 2007 cite several contraindications for home birth. Some contraindication occurs in 8% of planned home births in Iceland.

OBJECTIVES

The aim of the study was to examine the phenomenon “midwives’ decision making process on attending contraindicated home birth” and answer the research question: “What affects whether a midwife chooses to attend to a woman who requests a home birth with contraindications?”

METHODS

A qualitative study. In depth interviews were performed and analysed in 2021 using the Vancouver-school of phenomenology. Six midwives shared their experience with deciding whether to attend to women seeking home births with contraindications.

RESULTS

Comprehensive analysis was made of the phenomenon, based on the interviews with midwives. The main emerging theme was “Listen to the women,” reflecting the importance of women’s right to choose and know what is best for them. Two sub-themes were seen as a base for the midwives’ decisions: “Informed decision of the woman” and “Law and autonomy outweighs clinical guidelines”. Other six sub-themes were: “The woman’s background”, “Midwife-woman relationship”, “Midwife’s instinct”, “A difficult decision”, “Attitudes and views of other healthcare personnel”, and “Safety first”.

CONCLUSIONS

Icelandic midwives want to prevent unattended home births with contraindications. They experience prejudiced criticism from other healthcare workers for attending these home births. The results of this study indicate that constructive and professional discussion where all parties can speak and be listened to should be recommended.

KEY MESSAGE

Icelandic home birth midwives want to listen to women and prevent unattended home births in the presence of contraindications. Constructive and professional discussion is needed on midwives’ responses to women’s requests for home birth with contraindications.

PB-077 - Midwives' management of pre-eclampsia in low- and middle-income countries: a socio-ecological view of the influencing factors in a Ghanaian tertiary hospital

Isabella Garti¹, Michelle Gray², Angela Bromley¹, Jing-Yu Benjamin Tan¹, Veronica Millicent Dzomeku³

¹ Charles Darwin University, Midwifery, Darwin, Australia

² Edith Cowan University, Midwifery, Joondalup, Australia

³ Kwame Nkrumah University of Science and Technology, Midwifery, Kumasi, Ghana

DESCRIPTION OF RESEARCH OR INNOVATION

In low- and middle-income countries like Ghana, a high burden of pre-eclampsia threatens the lives of many mothers and babies. As frontline maternity service providers, midwives in poorly resourced settings are optimally placed to provide lifesaving treatment for pregnancy-related complications like pre-eclampsia within local and international practice regulations.

To date, there is little research work that addresses midwives' roles and essential competencies for high-quality pre-eclampsia and eclampsia care in Ghana and similar contexts. We do not know the contextual factors that exist and how these factors influence the management of pre-eclampsia by midwives.

This Ph.D. study utilized the socio-ecological model (SEM) as a conceptual framework and analytical lens to explore the perceived structural and individual midwife factors influencing the midwife's ability to provide comprehensive care for women with pre-eclampsia. A multiphased convergent parallel, mixed-method, study was carried out in Ghana's biggest tertiary hospital from 2020–2022.

The study collected data from multiple sources to explore the factors influencing pre-eclampsia management by midwives across multi-levels which included individual midwives' knowledge and training needs, the health institution context and midwifery professional regulations, standards, and national policy. Preliminary results show that there are intertwined factors that facilitate midwives' involvement in pre-eclampsia care and others that act as barriers to midwives' clinical decisions and competencies for effective pre-eclampsia management.

SIGNIFICANCE TO MIDWIFERY

Midwives are uniquely positioned as they are often the first point of contact for most pregnant women experiencing complications, especially in low-to-middle income countries. Hence, the ability of a midwife to recognise and offer appropriate treatment is a cornerstone for improved outcomes in all settings, with the potential to ultimately save over 80% of mothers and babies. Within a social-ecological framework, the study will provide the evidence needed for developing context-specific strategies to improve the quality of care provided by midwives to women with pre-eclampsia.

PB-078 - Home waterbirth during COVID-19 pandemic

Dianne Garland¹

¹ Dartford and Gravesham nhs trust, Midwifery, Dartford, United Kingdom

PURPOSE

Presentation outlines birthing support in a safe environment, during the Covid pandemic. Relevant evidence and guidelines are included for professional development, considering the complexities and concerns for this mother.

DISCUSSION

Covid 19 challenged maternity services worldwide maintaining, human rights safe environments and respectful care. Presentation will share UK guidelines, evidence, advice, to enhance quality care to Emma and her family, planning a physiological home waterbirth.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Application to midwifery. 1) Complexities were discussed and planning empowering her birth choices. Baby was due in May 2021 at the height of the UK Covid pandemic. Maternity services worldwide were devastated with closure of birth centres, postponement of continuity of care teams, midwives off sick and cessation of waterbirths. Ambulance services were under immense pressure supporting transfers from home births if required. 2) Evidence regarding Covid and waterbirth was limited, I contributed to RCM briefing papers in 2021/22, providing robust information and referenced. Showing no evidence to cease waterbirth services. 3) Emma employed a doula to assist with pregnancy, labour and birth. Emmas first hospital birth resulted in forceps and a fourth degree tear. She wished to assess if there was any evidence of increased risk of fourth degree tear with waterbirth.

EVIDENCE IF RELEVANT

Evidence H. Aughey et al. 2021 Waterbirth: a national retrospective cohort study of factors associated with its use among women in England BMC Pregnancy and Childbirth volume 21, Article number: 256 Feeley,C and Burns, E. 2021 Optimising physiology: labouring in water and waterbirth. The practising midwife. May. Vol 24 Issue 05. P 18-25 Garland,D 2017 Observational study. Does Waterbirth affect the risk of third degree tears? The practising midwife. Nov. p 28-34.

KEY MESSAGE

Working together gave Emma the opportunity to fulfil her birth choice. Support, evidence and planning her care is transferable to birth environments worldwide.

PB-079 - Documenting senior midwives' knowledge using filmed biographical narrative interviews

*Gina Finnerty*¹

¹ University of Greenwich, School of Health Sciences, London, United Kingdom

BACKGROUND

The purpose of this presentation is to share findings from a pilot study in the UK in which a sample of senior midwives articulated and demonstrated their knowledge and clinical expertise pre-retirement during filmed biographical narrative interviews. NHS midwives are leaving the profession due to burnout and poor working conditions. An 'exodus' is predicted (RCM 2021) and many midwives are taking early retirement (NHS Digital 2022). This creates a need to record midwives' clinical knowledge before it is permanently lost.

OBJECTIVES

The aim is to identify and record senior midwives' knowledge before they retire and to explore how participants learnt and developed their midwifery expertise and skills over decades.

METHODS

An internally funded pilot project was conducted at a University in England in July 2021 using salvage ethnography. Ethical approval was obtained. Four midwives within 6 months of retiring were recruited through purposive sampling. The pilot comprised two phases:

Phase 1: Filming Each midwife's selected 'signature' skill was filmed individually in a University simulation suite using low fidelity birthing manikins. Confidentiality of all participants was strictly maintained.

Phase 2: Narrative interviews Immediately following the filming of their skills in the simulation suite, each midwife was invited to take part in a post filming debrief and a biographical narrative interview. This was based on the midwives' film clips. Part of the interview focused on the midwives' individual incident narratives (Wengraf and Chamberlayne 2006).

RESULTS

The underpinning analytical framework selected for the film data is a typology of professional craft knowledge (Titchen and Ersser 2001).

Participants demonstrated non-propositional, embodied knowledge, professional artistry and tacit know-how.

CONCLUSIONS

Capturing senior midwives' expertise pre-retirement has potential to contribute to creation of a digital repository of essential skills for midwives in both developed and developing countries.

KEY MESSAGE

Salvaging embodied knowledge of senior midwives will provide a visual educational resource for future generations of midwives.

PB-081 - Contribution to the Study of Postpartum Haemorrhage

*Bigirimana Fabrice*¹

¹ Maa Vyara Uheke, Midwifery, Kanyosha, Burundi

PURPOSE

Determine the frequency of occurrence of postpartum hemorrhage, recognise the etiologies and risk factors and assess the maternal prognosis for postpartum hemorrhage.

DISCUSSION

According to the evaluation of EONC needs in Burundi, maternal deaths are mainly due to direct obstetrical complications such as post-partum haemorrhage, dystocia and infections, and haemorrhage is the cause of death in 72% of the cases received in the study, which is confirmed by several authors.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

When we realize that midwifery is needed to prevent hemorrhagia you can summarize that practises are required from midwives to save lives.

EVIDENCE IF RELEVANT

The signs of examination found in our study showed that postpartum hemorrhage can be recognized and young women are too affected by hemorrhage at 81.1%.

KEY MESSAGE

Despite progress in medicine, post partum haemoglia remains the main cause of maternal deaths in burundi, hence the need for prevention.

PB-082 - Contribution to the study of indications of caesarean section

*Nindorera Evelyne*¹

¹ Midwife in Action's Association, Midwife, Bujumbura, Burundi

PURPOSE

Determining the main indications for cesarean section.

DISCUSSION

Among these deliveries directed in health facilities, only 55.8%⁴² were carried out using the partogram. It should also be noted that slightly more than one in 20 deliveries (6.6%) take place at home without the assistance of qualified personnel. The Health Districts of Fota (35.3%), Mairie Sud (36.8%), Gahombo (46.6%), Kiganda (48.7%) and Busoni (48.8%) have the highest rates of deliveries in a health care setting, below 50%. The caesarean section rate in all health facilities has increased (6.1%). This is above the minimum recommended by the WHO. However, efforts remain to be made to ensure equity in all the health facilities, and particularly in the SONU health facilities, which do not reach the minimum recommended by the standard. On the other hand, in Bujumbura City Council, the rate of births by caesarean section (19%) is well above the maximum recommended by the WHO.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwifery Options are employed in public and private health structures. According to the mapping of the health ministry Human Resources in Health carried out in 2017, it appears that the latter have evolved in quantity and over time for the other professions in the health field. By comparing the number of HHR in relation to the norms laid down by the WHO, Burundi notes an insufficiency of midwives (1 midwife/27,080 inhabitants compared to 1 FH / 5000 women of childbearing age). Burundi has more than 1389 certified midwives until April 2020, but only 246 certified midwives work in the public health sector and the private health sector at all levels.

EVIDENCE IF RELEVANT

Uterine scars are the main cause of cesarean section in 24.6% of cases studied.

KEY MESSAGE

Necessary and vital cesarean sections must be performed to give mothers the chance to give birth ecologically.

PB-084 - Other ways of knowing: assessment of labour progress in physiological birth

Clare Davison^{1,2}, Rachel Reed³

¹ Charles Darwin University, College of Nursing and Midwifery, Darwin, Australia

² Edith Cowan University, School of Nursing and Midwifery, Perth, Australia

³ University of the Sunshine Coast, School of Nursing and Midwifery, Brisbane, Australia

BACKGROUND

One of the factors that leads to intervention during labour and birth is the way the progress of labour is assessed and the definition of normal or abnormal progress. The most common assessment used is vaginal examination (VE) to assess cervical dilation. This approach is so dominant, that 'progress' in labour commonly stands for 'cervical dilation'. However, with growing concern about medicalisation of childbirth, rising caesarean rates and dwindling numbers of physiological births, it is imperative to explore contemporary practice of labour progress assessment and how this practice impacts on women's likelihood to experience a physiological birth.

OBJECTIVES

The aim of this research was to determine how the progress of labour and birth is assessed by health professionals in Australia.

METHODS

Using feminist narrative research methodology, twenty Australian midwives and doctors were interviewed. Data was analysed to identify themes occurring across the narratives.

RESULTS

Participants described how they used a variety of methods to assess or predict the progress of labour. Participants stated they rarely used VEs, however, used 'other ways of knowing' to assess progress. There was a distinct difference in the way progress was assessed in the medical model and the holistic midwifery model. These 'other ways of knowing' were often considered unreliable or unscientific in the dominant medical model of care.

CONCLUSIONS

Vaginal examination is considered the most common way to assess progress, however, midwives use a range of skills to assess labour progress. These 'other ways of knowing' are rarely discussed or documented in the mainstream maternity setting and may have the potential to reduce unnecessary interventions during labour and birth.

KEY MESSAGE

Re-examining the way labour and birth is assessed has the potential to help address unnecessary interventions in birth and increase physiological birth.

PB-085 - The midwife-led early postpartum contraceptive service

*Judith Cutter*¹

¹ Cardiff and Vale University Health Board, Maternity, Cardiff, United Kingdom

PURPOSE

To offer women and birthing people the opportunity to discuss and initiate contraception immediately following birth.

DISCUSSION

Unplanned, closely-spaced pregnancies increase the risk of maternal and child morbidity and mortality [1] A local case notes review found that 22.6% of women attending the Cardiff Pregnancy Advisory Service requesting an abortion had been pregnant in the previous 12 months (15 live births, 14 therapeutic abortions). These figures are echoed in other areas, a study in Edinburgh found that almost 1 in 13 women presenting for an abortion or birth had conceived within a year of a previous birth. [2] A local Welsh audit in 2013 found that 67% of women intended to use contraception following birth, but none left with any. [3].

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This initiative is taking a multifaceted approach. Midwives are trained to discuss and administer Progestogen-only pills and Injectable. Obstetricians are encouraged to offer intrauterine contraception at Caesarean-section. A smaller team of midwives and obstetricians provide sub-dermal implants and Intrauterine contraception following vaginal birth.

EVIDENCE IF RELEVANT

The provision of contraception is an essential component of postnatal care, and is recommended from the Royal College of Obstetricians and Gynaecologists and the Faculty of Sexual and Reproductive Healthcare.[4,5] In recent years this responsibility has largely been devolved to GPs and family planning services, resulting in a delay of services or non-uptake amongst some women.

KEY MESSAGE

Since the introduction of the Cardiff postpartum family planning initiative in 2017, women are now being offered the opportunity to initiate contraception prior to returning home following birth, using a team approach women are offered, Progestogen Only Pill, Progestogen injectable, and long acting reversible contraception including sub dermal implant and Intrauterine device immediately following vaginal birth or at Caesarean section. The postnatal contraceptive service has been successful at increasing access to postpartum contraception for women and is currently being formal evaluated.

PB-086 - Improving timeliness of obstetrical triage throughput in an urban tertiary care hospital

*Catherine Collins-Fulea*¹

¹ Frontier Nursing University, Doctorate of Nursing Practice Program, St. Petersburg Florida, USA

BACKGROUND

Obstetrical triage units function like emergency departments with unpredictable volumes that affect the timely evaluation and treatment of patients and lead to longer wait times, delays in care, and longer length of stay (LOS). These are associated with patient dissatisfaction, staff dissatisfaction, adverse clinical outcomes, and increased cost.

OBJECTIVES

Henry Ford Hospital's obstetrical triage unit did not meet national recommendations for timely provision of care. These delays led to a negative correlation ($p = .039$) between patient satisfaction and LOS and contributed to team dissatisfaction (mean 68%). The aim of this quality improvement project was to decrease the LOS of obstetrical triage patients by 20% over an eight-week period through the utilization of nurse-driven orders, improved communication, and patient engagement.

METHODS

Rapid cycle quality improvement using four plan-do-study-act cycles was utilized. Each cycle included tests of change related to team engagement, patient engagement, and two processes. Data were analyzed using run charts to evaluate the impact of interventions on outcomes. Primary interventions were team huddles, a patient decision tool, nurse-driven orders, and a hypertension care algorithm.

RESULTS

Staff satisfaction increased 12% (mean). Most patients (mean 87%) were satisfied with the patient decision tool. Utilization of nurse-driven orders facilitated a decrease in mean LOS for hypertensive patients ($n = 59$) of 9%. Overall LOS for all patients ($n = 654$) was decreased by 23% (mean). Hypertension algorithm compliance was 100%.

CONCLUSIONS

Throughput in triage is affected by many factors including availability of test results, practice styles of providers, and availability of beds.

KEY MESSAGE

Application of quality improvement science to gaps in care improves care.

PB-087 - A literature review of the contents and factors of danger that occur during infant bathing for consideration of midwifery care

Sachi Chikazawa¹, Ayako Sasaki¹

¹ *Osaka Medical and Pharmaceutical University, Faculty of Nursing, Takatsuki, Japan*

BACKGROUND

Bathing helps maintain hygiene of the baby, observe their body, improve metabolism, establish a living rhythm, and “skinship” between parents and children. There is a limit to the size of the place where these actions can be performed; further, most of them are independent actions, requiring dexterity. Therefore, bathing is one of the most difficult activities for mothers and their families to carry out safely and comfortably despite insufficient knowledge and practice.

OBJECTIVES

The objective is to categorize existing studies focusing on the risks associated with bathing among infants.

METHODS

We searched the literature published from 2000–2019 using the web version of the Central Medical Journal, PubMed, and CINAHL. Of the relevant documents, 18 cases that matched the purpose were analyzed.

RESULTS

Based on studies from 2000–2019, we revealed a research trend of the risks related to infant bathing, which were found to be gradually increasing. In addition, most studies have focused on reports of cases that affected the life and health of children. The contents of the outbreak included drowning, falling, burns on the skin, and other events that threatened the life and health of the child. Regarding the number of outbreaks, drowning in bathtubs under one year of age was more frequent than in other age groups, and fatal events occurred. Many cases have been reported in which the caregiver was looking away from the baby. Other factors included improper use of bathing equipment, such as neck floats and bathing chairs, lack of awareness among family members, and environmental concerns.

CONCLUSIONS

From the above results, although there were reports of fatal accidents, the dangers actually experienced by mothers and families were unclear.

KEY MESSAGE

Further preventive measures can be considered by clarifying the details of the dangers experienced by the family and the situation at the time of occurrence.

PB-088 - Support centres for victims of rape in Finland

Katriina Bildjuschkin¹

¹ Finnish Institute for Health and Welfare, Government services, Helsinki, Finland

PURPOSE

Istanbul Convention Action against domestic violence and violence towards women was published by Council of Europe in 2012. Finland ratified the convention in 2015. There are 81 articles in the convention. Article 25 requires every country to establish support centers for the victims of rape.

Finnish institute for Health and Welfare (THL) creates the network of support centers in Finland by assignment of Ministry of Social Affairs and Health. The support center team consists of: midwives, nurses, a gynecologist, a psychologist, a social worker, and a hospital priest. The support centers are called Seri-support centers. Seri (in Finnish) is abbreviation for the word "sexual crime".

DISCUSSION

Work in the support centers is coordinated by midwives and all the victims get forensic examination made by gynecologist. Coordinating all care is done by midwives and nurses. Victims get psychosocial support, medication and midwives' plan the follow-up treatment with client. Services for clients are always free of charge.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Sexual violence awareness and encountering the victim is part of the education of Finnish midwives. However, in order to work with the victims in the support centers, more knowledge and understanding is required than what it's possible to get from basic training of midwives.

EVIDENCE IF RELEVANT

In Finland the first support center opened in Helsinki University Women's Hospital in May 2017. By the summer of 2022 there are 17 support centers in Finland and seven more are to be established.

KEY MESSAGE

With the establishment of the Seri-support centers, a whole new type of midwife profession will emerge. With the lead of THL, not only a network of support centers is being created but also a network of midwives and nurses who are specialized to take care of victims suffering from sexual assault. This means that the midwives' expertise will expand further in the already wide field of midwifery.

PB-090 - Contribution to the study of the use of the intra-uterine device as a contraceptive method

Harushimana Augustin¹

¹ Maa Vyara Uheke, Midwifery, Bujumbura, Burundi

PURPOSE

- Determine the prevalence of the intra uterine device as a contraceptive method in the Family Planning services of the health centers.
- Identify the socio-demographic characteristics of the clients who request the intrauterine device as a contraceptive method in the Family Planning services of the health centers.
- Formulate recommendations to develop a strategy to maximize the use of the intrauterine device as a contraceptive method in the Family Planning services of the health centers.

DISCUSSION

Regarding decision making in terms of contraceptive use, 83% of the time it is a joint decision between the woman and her husband: almost 6% of men decide alone. 6% decide alone. When the woman does not use contraception, in 59.3% of cases it is a joint decision, in 26.5% it is a decision, in 26.5% it is the woman's decision alone, while men 26.5% is the woman's decision only, while men are the only ones to decision in only 7.4% of cases. In general, it is that decision-making on contraception is largely the woman's responsibility is largely a woman's decision, in agreement with her partner.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Women who gave birth after 35 years of age are 44.6% have an unmet need for family planning, compared to 12.9% of women who gave birth before the age of 20.

EVIDENCE IF RELEVANT

Anniella is 28 years old and has 3 children, the first one is 2 years old, the second one is 1 year old, 6 months old and the last one is 3 months old and her husband abandoned her without any reason she agreed not to continue living the current ordeal and joined family planning by accepting the 10-year long-acting method, the intra-uterine device, and swears not to have another child if nothing changes.

KEY MESSAGE

The intra uterine device is a method to promote because of its effectiveness, its long-term protection and its low cost.

PB-091 - A case study of data needs in Posyandu information systems by village health cadres, Yogyakarta, Indonesia

Tyas Anggraini¹, Ekawati Ekawati², Kharisma Kharisma³

¹ Unjaya, Midwifery professional study program, Sleman, Indonesia

² Unjaya, Midwifery study program, Sleman, Indonesia

³ Unjaya, Information system study program, Sleman, Indonesia

BACKGROUND

In Indonesia, Health Promotive and preventive efforts can be built from Posyandu (Integrated Service Post). Posyandu is a form of community-based health carried out by, from and with the community, to empower and provide convenience to the community in obtaining health services for mothers, babies and toddlers. Posyandu reporting activities are carried out manually, with the conditions of the modern era it is possible to save time and effort, namely with a computerized system. Then an information system solution that is centered on the needs of cadres can be a way out for better Posyandu data reporting.

OBJECTIVES

To find out the need for data on the Posyandu information system by health cadres in the village.

METHODS

This research method is a case study with a qualitative research approach. The research subjects were Posyandu cadres in Sukoharjo Village as informants to ascertain data requirements that could be used to build a Posyandu information system. Determination of the sample was done by purposive sampling. Content analysis is used to analyze qualitative data derived from in-depth interviews and observations related to the development of information systems.

RESULTS

The characteristics of the informants showed that 8 people (62%) were aged 31-47 years, the majority had high school education 8 people (62%), and 9 people (69%) worked as housewives. The need for information system data is Posyandu data for toddlers needed by the Puskesmas and there is education for mothers who have toddlers.

CONCLUSIONS

Information system data needs consist of Posyandu data needed by the Puskesmas and education for mothers who have toddlers. It is hoped that this information system data can be monitored by health cadres, mothers with toddlers, and Puskesmas.

14.06.2023, 12:30-14:00

PS 4 POSTER SESSION 4 (GROUP B)

PB-092 - Use of MUA for midwives

Rebecca Amirault¹, Felicia Lester¹

¹ UCSF, Obstetrics and Gynecology, San Francisco, CA, USA

PURPOSE

This lecture will review MUA training for midwives, both practical and systems based.

DISCUSSION

Access to safe MUA services is essential for our pregnant patient population. In this presentation we will discuss MUA training for Midwives in low or high resource settings. Dr Felicia Lester, a Family Planning fellowship trained OBGYN who has been practicing at UCSF for over a decade and Rebecca Amirault, a CNM at UCSF will review the data on midwives doing MUAs as well as some tips and tricks to help midwives globally gain the skills that they need and navigate the regulatory systems in place.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

MUAs are crucial to Midwifery training in low and high resource settings.

EVIDENCE IF RELEVANT

Evidence indicates that it is safe and effective for midwives to perform MUAs.

KEY MESSAGE

Midwives should feel empowered to offer MUAs for their patients in low or high resource settings.

PB-093 - Impact of MOMMY MOMBI programme on mothers' knowledge and behaviour to prevent stunting: a pilot study in East Jakarta, Indonesia

Kusmayra Ambarwati¹

¹ *University of Respati Indonesia URINDO, Midwifery Departement, Jakarta, Indonesia*

BACKGROUND

The incidence of stunting in Indonesia is high. MOMMY MOMBI program is a pilot program that aims to prevent stunting. The program was initiated by the International Confederation of Midwives in 2018. Education and mentoring are carried out for pregnant women until their babies' age of two years. The method used is a combination of various forms of meetings and educational media.

OBJECTIVES

This study aims to find out the impact of the MOMMY MOMBI Program, especially the changes in maternal behaviour and knowledge related to stunting prevention.

METHODS

The study used a mixed-method The Explanatory Sequential Design. It is quantitative data collection and analysis followed up with qualitative data collection and analysis. The study was conducted in sub-district X of East Jakarta. There were sixty participants in quantitative analysis and six informants of program participants and two health workers in qualitative analysis. Data was collected through questionnaires, interviews, observations, verification and documentation. Quantitative analysis using differential tests and the qualitative was processed by data induction and reduction techniques.

RESULTS

All of the aspects in the quantitative analysis showed a significant difference with a p-value of less than 0.05 . The condition of participants before participating in the MOMMY MOMBI program did not know the right way to prevent stunting. The gold standard practice of infant feeding is not yet following the provisions of the World Health Organization. Generally, they got information related to stunting prevention including the proper delivery of baby food from health workers, and the environment including television ads and influencers on social media.

CONCLUSIONS

After participating, mothers began practising the gold standard of proper baby feeding.

KEY MESSAGE

Health workers should be able to provide balanced and independent information without any conflict of interest in stunting prevention. Education with direct contact is best.

PB-094 - The assessment of Respectful Maternity Care (RMC) during childbirth among women attending selected health facilities in West Bengal

Champa Biswas¹, Mitali Adhikari^{2,3}

¹ WBUHS, Dept of Health and Family Welfare, Kolkata, India

² Government College of Nursing, Principal, Howrah, India

³ Society of Midwives India, President, Howrah, India

BACKGROUND

Childbirth is a special moment for every parent, families, and communities but can be a time of intense vulnerability. Respectful Maternity Care refers to the right of every woman to the highest attainable standard of health, which encompasses respect for women's fundamental human rights, including respect for women's autonomy, dignity, feelings, choice, and preferences including companionship during maternity care.

OBJECTIVES

To assess the Respectful Maternity Care received by the women.

To find out association between Respectful Maternity Care and selected demographic variables.

METHODS

Non-experimental Survey approach and Descriptive survey research design was used. Research variable was Respectful Maternity Care. The setting of the study was labour rooms and postnatal ward of the College of Medicine and JNM Hospital, Kalyani, Nadia. The sample were postnatal mothers within 24 hours of delivery in College of medicine and JNM Hospital. Postnatal mothers undergoing vaginal delivery and willing to participate were included in this study. Mothers who are sick were excluded from the study.

65 samples were selected by using Non-probability sampling technique. Semi-Structured Interview schedule and Modified Structured Observational checklist were used to collect data. The ethical permission was taken.

RESULTS

Maximum number (49.23%) of Postnatal mothers were in the age group of 18-23 years and majority (64.62%) were Primi.

It was revealed that as per RMC performance standard received by women and women perception of RMC which respectively includes protected from physical harm 60.41% and 66.41%, followed by protected confidentiality and privacy 32.31% and 17.69%, treated with dignity respect 64.35% and 70.77%, received equitable care free from discrimination 95.38% and 93.85%, never detained or confined against her were 67.69% and 96.92%. There was positive correlation between RMC performance standard received by women and women perception of RMC.

CONCLUSIONS

The present study findings were concluded that Postnatal mothers were greeted respectfully and were given protection from physical harm or ill treatment.

KEY MESSAGE

All women should receive RMC during childbirth.

PB-095 - How training, supervision and mentoring of nurses and midwives increased access to GBV first line clinical response in two states in Nigeria

Hannatu Abdullahi¹

¹ Jhpiego Corporation, Technical, Abuja, Nigeria

BACKGROUND

USAID MOMENTUM Country and Global Leadership (MCGL) supports prevention and mitigation of GBV, with focus on Intimate Partner Violence (IPV), Sexual Violence (SV), Child early and forced marriage (CEFM) and promote early family planning (FP) in two Nigeria States. MCGL's GBV services mapping revealed that only 1 (0.4%) of 284 facilities provided GBV services due to unavailability of trained providers. To address this gap, MCGL trained Nurses/Midwives in selected facilities to provide quality GBV services.

OBJECTIVES

To build the capacity of Nurses and Midwives to provide first-line clinical support to GBV survivors in Ebonyi and Sokoto States.

METHODS

MCGL trained 112 health care workers on GBV first-line clinical response using the WHO-adapted National GBV clinical response training materials, and provided job aids, screening checklists, registers, counseling flipbooks, posters, and clinical guidelines. These were followed with regular supportive supervision and mentoring. Gaps identified were addressed using facility-based on the job training and coaching.

RESULTS

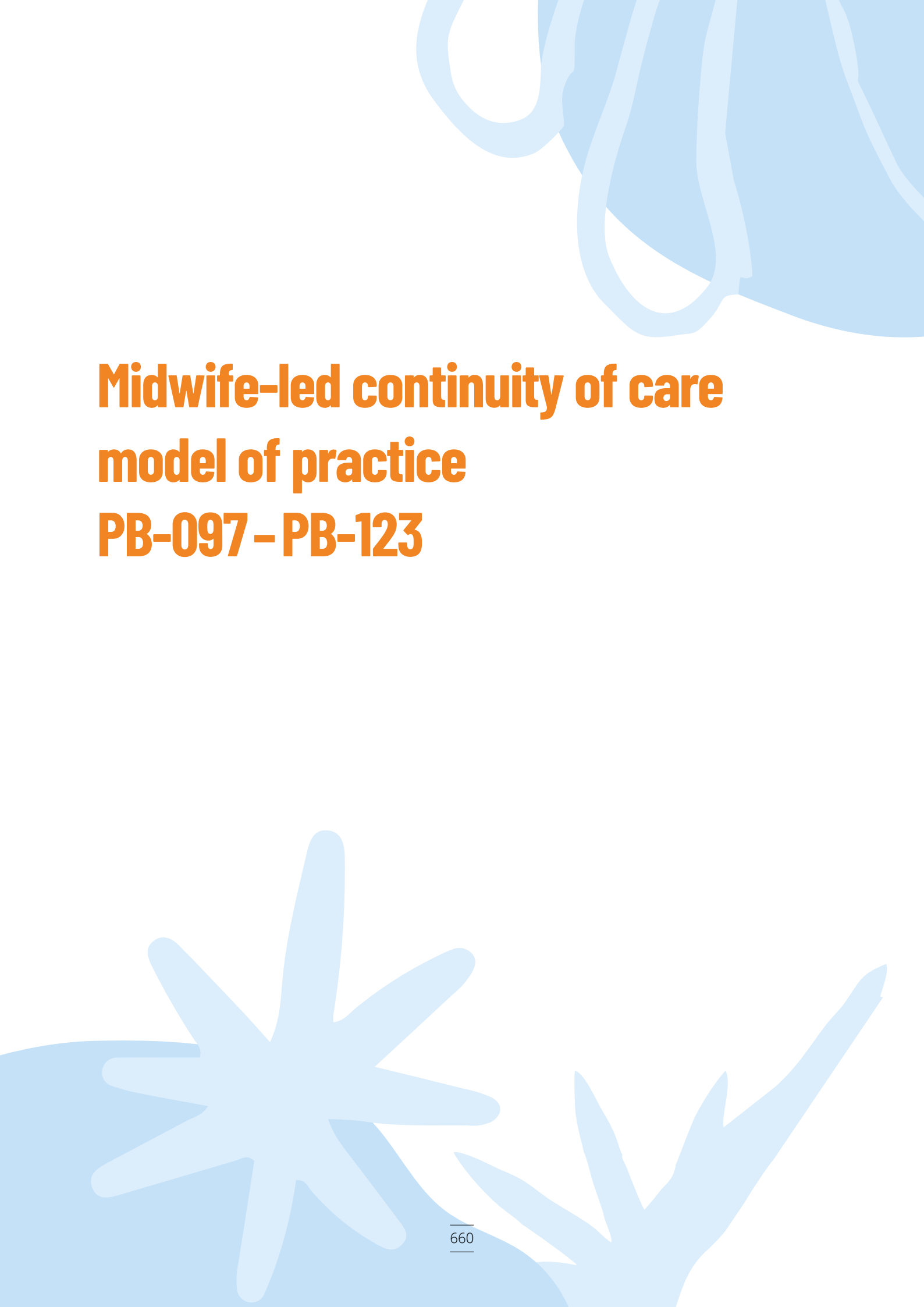
112 Nurses/Midwives were trained, 105 of them 94% initiated GBV services immediately after the training. Regular supervision and mentoring to further strengthened their skills and competencies to screen, identify and respond to GBV cases. Six months after, all trained providers started providing GBV services. A total of 89,582 clients were screened, 2092 cases identified, 1799 received treatment and 19 referred for non-clinical GBV services. This ensured that 100% of MCGL supported health facilities are now providing GBV survivor-centered services compared to 0.4% prior to MCGL program.

CONCLUSIONS

Incorporating GBV training into the training curriculum received by Nurses and Midwives and supporting them to initiate GBV screening and first- line clinical support, will increase access to GBV first-line clinical and non-clinical support to survivors of GBV.

KEY MESSAGE

Empowering Nurses and Midwives with GBV screening and treatment competencies has the capacity to increase access to quality GBV first-line clinic support to GBV survivors tremendously.



**Midwife-led continuity of care
model of practice
PB-097 – PB-123**

PB-097 - Achieving Qatar's Vision 2030: implementing and strengthening the role and services of midwives and maternity care through Qatar's National Health Strategy 2018-2022

Fahima Yusuf¹, Muna Yaqout Al-Abdulla², Silang John Paul Ben², Kawthar Al Shemeri³

¹ Hamad Medical Corporation - Women Wellness Research Center, Maternity, Doha, Qatar

² Hamad Medical Corporation - Women Wellness Research Center, Nursing, Doha, Qatar

³ Hamad Medical Corporation, Assistant executive director of Nursing & Midwife, Doha, Qatar

PURPOSE

To formulate and practice midwifery model and key strategies that highlights the value of midwifery in addressing one of the seven priority populations in Qatar's National Healthy Strategy.

DISCUSSION

Qatar envisions a world-class integrated healthcare system with highly skilled workforce to deliver effective and affordable services. Midwives were among its valued resources as they demonstrate essential delivery of care among women and pregnant mothers. Key findings from the national survey unraveled that the role of the midwife and its contribution to women and newborn health outcome are yet to be fully appreciated. The strategy advisory committee developed a unified action plan and has identified midwifery service ranges according to the international best practices. Education and training, community awareness, and evaluation mechanisms of the process and outcomes were developed and implemented.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

To achieve the Qatar's vision of *Health Women Leading to Healthy Pregnancy*, the midwifery team in collaboration with administrative leads and medical colleagues, key strategies were formulated to promote and foster midwifery model of care. A Midwifery Service Delivery Model in Qatar was developed which meets International Standards and professional requirements. Salient points of the model and strategies were centered to legislation, empowerment, diffusion of midwives' role to the community, training programs, research and innovation, and continuous assessment and evaluation of midwifery services. These elements were anchored to the ICM Framework to foster growth and expand midwifery's contributions to the society.

KEY MESSAGE

The Qatar five-year strategic plan for the model have been resolving obstacles in the implementation and advocacy of midwifery practice. A well supported midwifery workforce will sustain improved patient outcomes across the continuum. This midwifery-lead initiative at the heart of the nation's strategic health care vision will make clinical practice more women-centered, manage health expenditure efficiently, and shift the image of midwives as central and favored for maternity services.

PB-098 - Support for women and their families pre and post prenatal testing: a report on activities about NPO for Family and Baby Wellness

Akiko Tsubota¹, Ryoko Onishi², Nami Harada³, Chiaki Shirai⁴, Mayumi Mitogawa⁵, Nobuhiko Hayashi⁵

¹ Musashino University, Faculty of Nursing, Koto-ku, Japan

² Tokyo Metropolitan Bokutoh Hospital, Clinical Genetics, Koto-ku, Japan

³ Toho University, Faculty of Health Science, Funabashi, Japan

⁴ Shizuoka University, Faculty of Human Studies and Social Sciences, Shizuoka, Japan

⁵ NPO for Family and Baby wellness, Department of hotline for pregnant women, Chiba-city, Japan

PURPOSE

The following is a report on the prenatal testing counseling service initiatives pioneered by the “NPO for Family and Baby Wellness (FAB),” which was established to support women and families from prior to the baby’s arrival.

DISCUSSION

Clinical studies in Japan on Non-Invasive Prenatal Testing (NIPT) began in 2013. As the environment surrounding prenatal testing changed dramatically, the Government of Japan established expert committees to explore and examine the tests and their diagnoses. However, support for women and their families pre and post prenatal testing is lacking, resulting in subjects feeling fearful or uneasy.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The activities of FAB focus on three key areas: Life Support (support for those with illnesses and disabilities), Fetal Medicine (joint projects and lectures on fetal diagnoses/medicine with hospitals overseas), and Fetal Hotline (support for those with fetuses that have illnesses). Among the areas mentioned above, the Fetal Hotline is neither a testing institution nor a patient association; it is a supportive and neutral contact point comprised of midwives, medical professionals, and peer supporters who provide consultations on prenatal screening tests to alleviate the subjects’ concerns. Booklets were created based on the needs identified to further support the women and their families.

EVIDENCE IF RELEVANT

The importance of support pre and post prenatal testing has already been made clear.

KEY MESSAGE

Along with the booklets, the framework of support consisting of medical professionals and peers put into practice by FAB is an exemplar of consultation support.

PB-099 - The current state of midwifery centers and their role in Sapporo and its suburbs

Noriko Takamuro¹, Takayo Nakazawa²

¹ Midwifery center EKUBO, Director, Sapporo, Japan

² Hokkaido University Hospital, Midwife, Kita-ku Sapporo Hokkaido, Japan

PURPOSE

Examine the role of practicing midwives in Sapporo City and its suburbs regarding the type of practice and work content.

DISCUSSION

In the 150-year history of Hokkaido, there have been "Pioneer midwives" who supported the births and lives of pioneers.

There were 137 midwifery centers in 1950 but the number of midwives handling deliveries has since decreased due to the increase in hospital births, and is now lower than the national average.

Traditionally, Japanese midwives have been autonomous, practicing a seamless care model from pregnancy through delivery to postpartum care. However, since around 2000, the number of midwifery centers that do not handle deliveries and specialize in other care has been increasing. We have observed a shift from the traditional continuing care model to a more specialized form of care with varied levels of involvement in the delivery process.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Our study shows that breastfeeding and postpartum care account for the majority of the work of practicing midwives. This may be due to an increase in childcare anxiety and subjective sense of childcare difficulty, and influenced by high needs and support for postnatal care by local governments. Practicing midwives are thus often required to concentrate on postpartum care.

EVIDENCE IF RELEVANT

Of the 96 registered midwifery centers in Sapporo and its suburbs as of June 2022, 46 provided information regarding their business and were analyzed to determine the exact nature and content of their work. There were 6 centers (13%) handling deliveries, breastfeeding care accounted for 85%, postnatal care 48%, prenatal and postnatal classes 33%, and consultation services for adolescence and menopause issues 22%. Outsourcing of postpartum care from local governments was at 39%.

KEY MESSAGE

Due to the declining birthrate and changes in delivery patterns, the role of midwifery centers in the region has shifted largely to postpartum care.

PB-100 - Innovation of “Sekolah Komplementer Cinta Ibu (SEKOCI)” the new face of pregnant women class programme in Indonesia

*Rizka Ayu Setyani*¹

¹ Universitas Sebelas Maret, Midwifery, Surakarta, Indonesia

PURPOSE

Safe motherhood in midwifery care entailed providing all women with the knowledge and resources necessary to navigate pregnancy and delivery safely. However, the increase in maternal and infant mortality was still a global problem, especially in Indonesia. We initiated the Sekolah Komplementer Cinta Ibu (SEKOCI) program in Indonesia from 2020 until now. The SEKOCI program aimed to educate and empower pregnant women independently by providing massage, yoga, aromatherapy, hypnotherapy practices.

DISCUSSION

Sekolah Komplementer Cinta Ibu (SEKOCI) was innovation in developing a class of pregnant women with a complementary midwifery approach with targets pregnant women and community health workers. SEKOCI was a health innovation program that is in collaboration with the Public Health Center. SEKOCI Innovation had been copyrighted and received several awards, such as the Paragon Innovation Awards 2021 in the healthcare category and the Social Innovation in Health Initiative 2021. Most of the participants said they were satisfied with SEKOCI, which is 80 percent in the health education program and 94 percent in the pregnancy consultation program. As many as 70 percent of participants prefer the WhatsApp group as a means of implementing SEKOCI. The use of WhatsApp group media was recommended because it was easier to use and cost-effective. We recommend the government scale up the SEKOCI program so that it has a broad impact.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Complementary alternative therapy (CAT) is an innovative midwifery practice in primary care during COVID-19 pandemic. CAT has become the leading policy and program of midwifery education curriculum in Indonesia.

EVIDENCE IF RELEVANT

Setyani RA; Sumardiyono S (2021). Implementation of e-SEKOCI (The Online Class of Sekolah Komplementer Cinta Ibu) in counselling midwives and pregnant women during COVID-19 pandemic. *Journal of Community Empowerment for Health*, 4(1): 16-20. Available at: <https://jurnal.ugm.ac.id/jcoemph/article/view/61647> and <https://youtu.be/R7K-QEoRguw>.

KEY MESSAGE

SEKOCI is effective as a medium of midwife counselling for pregnant women, especially during the COVID-19 pandemic.

PB-101 - The Israel Midwives Association use of media to promote, educate, and implement MCoC

*Yifat Rubanenko*¹

¹ Israeli Midwives association, Department of Obstetrics and Gynecology, Hod Hasharon, Israel

PURPOSE

The purpose of this study was to educate the Israeli public on the role, uniqueness, professionalism, education, and importance of the CNM throughout the lifespan of women in order to implement MCoC in the State of Israel.

DISCUSSION

The role of CNMs in Israel is mainly limited to the labor and delivery room in a hospital setting. We aimed to educate the Israeli public on the role of the Certified Nurse Midwife around the globe as well as the importance of developing, implementing, and maintaining MCoC in Israel. This was done using a multidisciplinary approach which consisted of media (2 Facebook groups for midwives and Israeli women, and one Facebook page, Instagram, YouTube channel, a new Midwives Association website), conference, personalized hospital meetings and face-to-face townhall conversations, to raise awareness and educate the midwives, Israeli women, ministry of health, physicians, and insurance companies throughout the country on the need, importance, and significance of implementing MCoC.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Partially due to the actions of the Israel Midwives Association the State of Israel is now taking concrete steps to begin implementing MCoC including the development of an MCoC committee by the Ministry of Health, direct talks with insurance companies, and the development of a continued education program for CNMs.

KEY MESSAGE

The Israel Midwives Association has taken actions that have led to direct change in the country on a national level regarding midwives' image, scope of practice, and beginning steps for implementation of MCoC. We believe that countries in similar positions may be able to learn from and apply the steps that we have taken to their own countries and context.

PB-102 - Expectations and needs of women for the maternity care service and the postpartum home visit

Riin Rosenperk¹, Annely Kärema¹

¹ Tallinn Healthcare College, Midwifery, Tallinn, Estonia

BACKGROUND

At least three additional postnatal contacts are recommended for all mothers and newborns, on day 3(48–72 hours) and between days 7–14 after birth, and six weeks after birth (WHO, 2013). Good postnatal care is important to prevent adverse maternal and neonatal outcomes and to provide support coping with motherhood (Sacks and Langlois, 2016).

OBJECTIVES

The aim of the work is to describe and analyze the expectations and needs of women for the maternity care service and the postpartum home visit, to compare the existing models of the postpartum home visit and to create a model for postpartum home visit and implementation strategy in Lääne County.

METHODS

The development project was based on Deming's model of continuous improvement, using a systematic literature review, and analysis the results of semi-structured interviews. Regarding the implementation of the development project, the current situation of the empirical information collected was based on the interrelationships of the collected empirical information and a model of postpartum home visit and a strategy for its implementation for the development of community midwifery services in Lääne County was created.

RESULTS

Four main categories describe women needs and expectations for postnatal care: breastfeeding consultation and support, mental health and psychological support coping with motherhood, lack of midwives community care and women in community do not have an overview of services provided to women in the postpartum period.

CONCLUSIONS

All the women described the need for a postnatal care from local midwife, based on their own needs. The conclusions of the research are that postnatal home visits will help to provide essential care to women in the community.

KEY MESSAGE

Postnatal midwifery home visits must be implemented in order to provide accessible health care services to women in community. it is necessary to take into account the expectations and needs of women for midwifery care services.

PB-104 - Women's experiences of maternity models of care in Australia

Helen Pelak¹, Hannah Dahlen², Hazel Keedle²

¹ Australian-American Fulbright Commission, Western Sydney University, School of Nursing and Midwifery, Parramatta, Australia

² Western Sydney University, School of Nursing and Midwifery, Parramatta, Australia

BACKGROUND

In 2021, the Australian Institute of Health and Welfare (AIHW) published statistics on models of care and found over 800 maternity care models in use across Australia. These models were subsequently grouped into 11 major model categories based on three domains: the women a model is designed for; the carers working within the model; and how care is commonly provided. Notably absent in statistical records are women's voices, which provide crucial information and insights into the reality of birth today in Australia and the factors contributing to positive or negative care experiences.

OBJECTIVES

To explore the strengths and limitations of different maternity models of care from women's perspectives.

METHODS

The Birth Experience Study (BES_t) was a national survey in Australia live between March and December 2021 and received 8,804 completed responses from women who gave birth between 2016–2021. To understand women's experiences of different maternity models of care, a content analysis of 2,990 open-ended comments in response to their health care provider choices was undertaken. Descriptive statistics were used to identify correlations between labour, birth, and postnatal outcomes and models of care.

RESULTS

The analysis is ongoing, and the results will be available for the conference presentation. Women are highlighting the importance of continuity of care across the spectrum of pregnancy, labour and birth, and the postnatal period.

KEY MESSAGE

Women's childbearing experiences, while multi-dimensional in nature, are based in part on the model of care a woman receives. Listening to women and understanding the factors that contribute to a positive birth experience needs to be the first step in service design and provision. Ensuring women are active participants in the design and delivery of maternity care must be paramount.

PB-105 - Experiences of early career midwives who aspire to work in midwifery continuity of care

*Nicola Parry*¹

¹ Gosford Hospital, Maternity Services, Gosford, Australia

BACKGROUND

In Australia, difficulties staffing Midwifery Continuity of Care (MCoC) models limits the extent to which it can be offered to women. Early Career Midwives (ECM) are keen to work in MCoC and can work successfully in them, however rarely have this opportunity to due personal and organisational barriers.

OBJECTIVES

This research explores the facilitators and barriers to ECM's securing positions, and working successfully, in MCoC models.

This presentation is part of a larger body of work which aims to design a professional development pathway to prepare ECMs to work in MCoC.

METHODS

Semi-structured interviews were conducted with ten Australian ECMs – five in working in MCoC, and five working in other models of care. These were thematically analysed to look for common themes and ideas. The findings were used to co-design a survey to collect data from a larger sample of ECMs.

RESULTS

Three themes were identified in the interviews. "Back yourself" incorporating ideas around believing in yourself and building your career towards MCoC. "Maybe I'll be ready", expressing positive and negative feelings about working in MCoC at the end of their new graduate year - including enculturation, confidence, skills acquisition, and observing the treatment of MCoC midwives. And "Celebrated", describing the feelings and experience of becoming a MCoC midwife as an ECM. This presentation will focus on these results, and early analysis of the data from the survey which will be available by early 2023.

CONCLUSIONS

ECMs can work successful in MCoC and have ideas of how they can best be supported. These ideas can be incorporated into a professional development pathway to allow more ECMs to work in this way.

KEY MESSAGE

ECMs can work successfully in MCoC with the right support to address the barriers. This could address the difficulties in staffing MCoC, and allow it to be offered to more women.

PB-106 - Midwives getting closer to the community for prevention: a Ugandan award winning midwifery model of care led by a former ICM Young Midwife Leader

*Harriet Nayiga*¹

¹ *Midwife-led Community Transformation MILCOT, Adolescent Sexual and Reproductive Health Rights, Kampala, Uganda*

PURPOSE

Uganda's Maternal Mortality Rate stands at 336 deaths per 100,000 live births, still among the highest on the continent and in the world, and about 1,500 girls die from complications resulting from unsafe abortion. Increasing unmet need for family planning especially amongst adolescents and young adults and yet out of Uganda's 34.6million population,34.8% are adolescents with 22% of the adolescents being school dropouts and, Teenage pregnancy is at 25% with 42% of all pregnancies among adolescents are unintended (UDHS, 2016). Midwives keep locked in labour ward responding to complications without getting to the community for provision of preventive solutions.

DISCUSSION

Midwife-led Community Transformation (MILCOT) is a community based organization, a model of care that aims at bridging the gap that exists between the midwife and local community through preventive initiatives rather than responding to complications. It focuses on provision of SRHR, survival skills and psychotherapy to marginalized adolescents and young adults to prevent teenage and unplanned pregnancies. MILCOT also builds resilience of midwives in leadership and provision of adolescent friendly SRHR services. With the support of funders, over 1000 beneficiaries have been reached. This abstract therefore aims to share to fellow midwives for learning and to the global stakeholders for support.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

MILCOT has won the award of excellence in advancing maternal and Child healthcare by the MoH in the Heroes In Health Awards 2021 <https://www.nursingnow.org/news/midwife-led-community-transformation-milcot-wins-award-for-advancing-maternal-and-child-health-care-in-uganda/>.

EVIDENCE IF RELEVANT

Recognition: Interview with HRH the Duchess of Cambridge <https://www.nursingtimes.net/news/leadership-news/ugandas-pioneer-midwife-meets-hrh-the-duchess-of-cambridge-05-05-2021/> Published the article in the practicing midwife journal <https://www.all4maternity.com/midwife-led-community-transformation-milcot-nursing-now-challenge-in-uganda/> Published by Johnson & Johnson <https://chwi.jnj.com/voices-from-the-front-line/meet-a-midwife-tackling-ugandas-youth-sexual-health-crisis>.

KEY MESSAGE

When midwives are supported, they can practice to the top of their license and can tremendously reduce maternal mortality and morbidity.

I am grateful to ICM and Johnson & Johnson for the support through the YML program that has developed my capacity.

PB-107 - Waterbirth at the Royal: 27 years of birth centre care

Lauren Kearney¹, Corinne Mawn², Angela Swift²

¹ University of Queensland / Metro North Health, School of Nursing, Midwifery and Social Work / Women's and Newborn Services, Royal Brisbane and Women's Hospital, Brisbane, Australia

² Royal Brisbane & Women's Hospital- Metro North Health, Birth Centre, Herston, Australia

BACKGROUND

The Birth Centre at the Royal Brisbane and Women's Hospital (RBWH) was established in 1995 and provides low-risk women continuity of care (CoC). Warm water immersion and water birth has been available to women receiving care in the Birth Centre since its establishment. Benefits of warm water immersion for pain relief in labour¹ and improved outcomes for women and babies receiving CoC are well established^{2, 3}. Despite this high-quality evidence, uptake and implementation of both midwifery CoC and access to warm water immersion and water birth remain limited.

OBJECTIVES

We aim to describe and explore maternal and neonatal outcomes for women receiving CoC through the Birth Centre using warm water immersion in labour and birth within the RBWH, Queensland, Australia.

METHODS

A retrospective, longitudinal cohort study will be undertaken. Routinely collected maternal and neonatal outcomes will be described for all women labouring and subsequently birthing in warm water within the Royal Brisbane and Women's Hospital, Queensland, Australia over a 27-year period (1995–2022). Outcomes will be analysed descriptively using measures of central tendency. Where possible, inferential analysis will be undertaken, as appropriate.

RESULTS

Preliminary analysis indicates very promising outcomes for women receiving CoC within the RBWH birth centre when they labour and birth in warm water. Maternal demographics are like state-wide population (31 years old, BMI 23, combination of nulliparous and multiparous women). On average, the Birth Centre facilitate 300 births per year, and around 35% of women in this model birthed spontaneously in warm water, over double that of the Queensland-wide average (~10%).

CONCLUSIONS

For low-risk women, birth centre care increases their opportunity for a water birth and the longitudinal data presented supports the ongoing strength and safety of this model for women.

KEY MESSAGE

Women are more likely to use warm water immersion and water birth safely while receiving midwifery CoC within a Birth Centre.

PB-108 - The compassionate care granted to women by midwives in an in-hospital midwifery unit in Japan

Yukiko Matsushita¹, Michiko Sogo¹, Yuko Uemura², Kumiko Kido², Kenji Kanenishi³

¹ Sanuki Municipal Hospital, Nursing, Sanuki, Japan

² Kagawa Prefectural University of Health Sciences, Nursing, Takamatsu, Japan

³ Kagawa University Graduate School of Medicine, Department of Perinatology and Gynecology, Miki-cho, Japan

PURPOSE

Midwives play a significant role in supporting the physical and emotional wellbeing of women in the perinatal period. There are few reports on how continuity care and women-centered care models are practiced in Japanese in-hospital midwifery units, and how women who receive care perceive it. This study reports on the actual practice of continuity of care and women-centered care in an in-hospital midwifery unit in a rural city in Japan, and how the women who received care perceived it.

DISCUSSION

A team of three midwives assist a woman in the first stage of labour. After leaving the hospital, the woman received support via social networking services (LINE) and 24-hour-a-day access to the midwives who cared for her during delivery. The women who received care were asked to describe it freely. After analysing the responses, the following elements were extracted: "promoting maternal awareness", "making the mother feel less alone", "encouraging", "reassuring and confident", "respecting wishes", "leading the delivery smoothly", and "feeling a sense of accomplishment". The women described the care received by the midwives as compassionate care.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

It was observed that having a team of three midwives caring for one woman during her delivery process and after birth makes the woman feel secure and less lonely. In addition, a smooth delivery and reduced medical intervention are the possible expectations from the midwives' care.

EVIDENCE IF RELEVANT

Women-centered care and continuity of care have been shown to reduce medical interventions, lead to women's well-being, and contribute to a positive experience of childbirth (Hodnett, 2000; McLachlan, 2016; Sandall, 2016).

KEY MESSAGE

When a woman feels physically and psychologically unstable during the delivery, is lonely, and is suffering from contractions, the midwives respectful treatment towards her and their use of thoughtful words empower her, turning vaginal delivery into a meaningful rather than a traumatic event.

PB-109 - Ekalakala Health Centre's G-ANC experience

Grace James¹, Rhoda Njeru², Samuel Mwaura², Annastacia Matheka¹

¹ Ekalakala Health Centre, Health, Machakos, Kenya

² Jhpiego-Kenya, Antenatal Postnatal Research Collective, Nairobi, Kenya

PURPOSE

Share experience from Ekalakala Health Center in Machakos County, Kenya, which predominantly delivers care through Group Antenatal Care (G-ANC) instead of individual ANC.

DISCUSSION

Global evidence indicates that, when compared to individual care, G-ANC is associated with better maternal and newborn outcomes, increased uptake in health practices, and increased client and provider satisfaction with ANC. In G-ANC, pregnant women of similar gestational ages attend ANC together. They actively participate in their own care by sharing experiences, taking blood pressure and weight of their peers, and discussing how to maintain a safe, healthy pregnancy. After participating in research on G-ANC in 2016–2018, providers at Ekalakala took the initiative to transition ANC from individual care to predominantly G-ANC to offer opportunity all ANC 1 clients (~35 per month) to participate in groups. To accomplish this, Ekalakala leadership achieved buy-in of all staff, procured basic equipment, provided on-the job training on G-ANC to untrained midwives, lobbied for additional staff, and sensitized women at ANC1. Community health volunteers and satisfied G-ANC participants were mobilized to raise awareness. The facility adjusted duty rosters to ensure that G-ANC is run by two midwives, reorganized the client flow to maximize group participation, and designated 3 days per week to G-ANC. The facility provides G-ANC to all ANC clients.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

After positive study results and experience, Ekalakala staff asked, "How can we offer all women this better model of care?" Their experience demonstrates it is feasible for midwives to offer G-ANC as routine care in their facilities.

EVIDENCE IF RELEVANT

Grenier L et al. 2022. Transforming women's and providers' experience of care for improved outcomes: A theory of change for group antenatal care in Kenya and Nigeria. *PLOS ONE* 17(5): e0265174. <https://doi.org/10.1371/journal.pone.0265174>.

KEY MESSAGE

Motivated staff at health centers can reorganize services to adopt to a more evidence-based group care service delivery model.

PB-110 - The assessment of the proportion risk factors associated with caesarean section surgical site infection at Muhimbili National Hospital, Dar Es Salaam, Tanzania

Nicodem Komba¹

¹ Muhimbili National Hospital - Mloganzila, Maternity, Dar es salaam, Tanzania

BACKGROUND

Caesarean section (C/S) is one of the commonest abdominal incision worldwide. CS is riskier 5 times compares vaginal delivery, had a risk of infection 5 to 20 times than that of normal delivery. It is a single most factor for postpartum maternal infection, second leading cause of maternal mortality in Africa contributing to 10% of maternal mortality. In Tanzania it is the third leading direct causes of maternal mortality. Establishing the burden and determinants of Surgical site infection post C/S is key and critical towards institutionalization of measures to control it.

OBJECTIVES

To investigate the proportion of surgical site infection and its association with poor WASH practices and environment contamination at Muhimbili National Hospital. Telephone interview was done after patient discharged home.

METHODS

This was a cross sectional study using mixed approach, whereby mothers delivered by C/S at Muhimbili National hospital were followed up for 30 days to determine the incidence of SSI at 3rd day, 7th day, 14th day, 21th day and 28th day. Health care workers and cleaners WASH practices were observed at Obstetric theatre, Postnatal ward, labor ward. But also microbiological testing of high touch surface areas done. IDI and FGD were done.

RESULTS

A total of 209 mothers were followed up for 30 days, 15 were lost to follow up. The incidence rate of SSI was 11.3%. Majority of infection were superficial SSI 91,2% and the rest deep SSI. Most of the infection developed after discharge 60.2%. Significant association were noted to mothers with anemia, HIV positive, obese, DM, prolonged labor and PROM.

CONCLUSIONS

The prevalence of SSI at MNH found to be high among women undergoing C/S. Patient factors found to contribute but to other side Cleaners and HCWs hygienic practices contributes.

KEY MESSAGE

Low implementation of WASH and IPC practices.

Lacks of policy policies at hospital and national level were missing.

PB-111 - Perinatal education based on cognitive modifiability as a protective factor against obstetric violence

Gabriela Juarez¹

¹ *Asociación de Parteras Profesionales, Hidalgo, Tulancingo, Mexico*

PURPOSE

To evaluate the effect of perinatal education from the Theory of Cognitive Modifiability as a protective factor against Obstetric Violence in pregnant women.

DISCUSSION

Reuven Feuerstein, a Jewish-Romanian educator, developed the theory of Structural Cognitive Modifiability, stating that all people can have their learning potential developed. In his theory, he develops criteria considered as pieces of a puzzle that contribute to the fact of the Mediatized Learning Experience, where the role of the educator is fundamental and indispensable in the teaching and learning process of the student. Feuerstein's studies are known in many countries, and pose a challenge for educators working with people with specific needs and learning difficulties.

The models of continuity of care directed by professional midwives, in which a midwife assists as a perinatal educator during the continuum of sexual, reproductive, maternal and neonatal health care with a gender, generation, social class and interculturality perspective, adapts her technical knowledge to theoretical models aimed at teaching such as the theory of Cognitive Modifiability such as that described by Feuerstein, generates knowledge based on the Mediatized Learning Experience through information based on scientific evidence that manages to empower pregnant women and their families, managing their self-care thanks to a relationship based on trust, equality, informed decisions and shared decision-making and responsibilities.

This cognitive modification in the perception of the reproductive process normalized by women as an effect of daily life and experiences in front of health services, allows to directly impact on the prevention of Obstetric Violence resulting in the improvement of the quality of care requested and demanded by women themselves. Perinatal education supported by learning theories based on scientific evidence, weighs the recognition of professional midwives in health systems and privileges their action resulting in better care practices, and thus limiting the use of epidural anesthesia, episiotomies, instrumented deliveries, cesarean sections not indicated and thus achieving an increase in the number of vaginal deliveries, spontaneous, intercultural, friendly and safe, positivizing the experience of women and their families in front of the health system.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwifery-led continuity of care practice model.

EVIDENCE IF RELEVANT

The voice of pregnant women.

KEY MESSAGE

Informed women, respected women.

PB-112 - The effectiveness of in-hospital midwife-led care and in-hospital midwifery clinics in Japan to protect future births – satisfaction of expectant/nursing mothers and reduction of obstetrician’s workload

*Hiroko Imoto*¹

¹ Japanese Nursing Association, Executive Officer, Tokyo, Japan

BACKGROUND

Currently, approximately 84% of midwives in Japan work in hospitals and clinics, and 6.2% work in midwifery centers, where they are responsible for assisting normal childbirth and comprehensively protecting the health of mothers and children. The challenge for hospitals and clinics is to establish a system that allows midwives to provide seamless care from pregnancy to childcare. In addition, there is a need to establish a system in which midwives can share roles with physicians and provide care for the increasing number of high-risk expectant and nursing mothers in collaboration with physicians. In light of these issues, the guidelines were revised in 2018 to promote the establishment of in-hospital midwife-led care and in-hospital midwifery clinics at medical institutions that can handle emergencies, and to promote the construction of a system for providing continuous midwifery care in collaboration with physicians, respecting the wishes of expectant and nursing mothers.

OBJECTIVES

Further promote in-hospital midwife-led care and in-hospital midwifery clinics in the future.

METHODS

A “Survey on the Effectiveness of Establishing In-Hospital Midwife-Led care and In-Hospital Midwifery clinics” was conducted as a project of the Ministry of Health, Labor and Welfare. The survey was mailed to 1,047 hospitals that handle deliveries, using a self-administered survey method.

RESULTS

The collection rate was 65.7%. Of the facilities offering in-hospital midwife-led care and in-hospital midwifery clinics, 90.4% reported a high level of satisfaction among expectant mothers, and 67.8% reported that the obstetricians’ workload had been reduced.

CONCLUSIONS

It is clear that the establishment of in-hospital midwife-led care and in-hospital midwifery clinics contributes to improving the quality of midwifery care for expectant mothers and reducing the workload of obstetricians.

KEY MESSAGE

The establishment of in-hospital midwife-led care and in-hospital midwifery clinics and the performance of the midwife’s role were considered important for the future perinatal care system in Japan.

PB-113 - Evaluation of the efficacy of midwives' use of peanut balls in primiparas undergoing epidural anaesthesia

Ting Chia Huang^{1,2}, Shu Jung Kao^{1,3}

¹ Taipei City Hospital, Department of Nursing- Heping Fuyou Branch, Taipei City, Taiwan

² National Taipei University of Nursing and Health Sciences, Department of Allied Health Education and Digital Learning, Taipei City, Taiwan

³ National Taipei University of Nursing and Health Sciences, Department of Nurse-Midwifery and Women Health, Taipei City, Taiwan

PURPOSE

To evaluate whether the use of peanut balls by midwives in primiparas undergoing epidural anesthesia can increase the rate of vaginal delivery.

DISCUSSION

Primipara women often have cesarean deliveries because of prolonged labor due to the use of painless delivery, which may be related to their inability to get out of bed after epidural anesthesia. Referring to the empirical literature, the midwife used peanut balls to change the posture on the bed, and a total of 40 primiparas under epidural anesthesia were enrolled. Results: The vaginal birth rate was 80% (32/40) in the peanut ball group and 70% (35/50) in the no peanut ball group.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

In this project, the empirical results were applied to primipara who underwent epidural anesthesia, which is consistent with items 6 (Research) and 7 (Midwife-led continuity of care model of practice) of the ICM professional framework. The peanut ball intervention tends to increase the rate of vaginal delivery in primiparous women undergoing epidural anesthesia, which is worthy of clinical promotion.

EVIDENCE IF RELEVANT

Several studies have found that the use of peanut balls to increase bed activity in primiparous women undergoing epidural anesthesia may promote the progress of labor and increase the rate of vaginal delivery.

KEY MESSAGE

Peanut balls can increase bed activity with a high degree of safety without increasing the risk of waiting for labor, and have the potential to shorten labor progress and increase the rate of vaginal delivery. The team suggests that peanut balls may be an option for women waiting in bed for labor.

PB-114 - Resilience and social influences effects on substance use disorder (SUD) in minority adolescent mothers

Nola Holness¹

¹ Florida International University, Nursing, Miami, USA

PURPOSE

This review focuses on minority adolescent mothers' postpartum substance use and the role of resilience and social influences in prevention and improved health outcomes.

DISCUSSION

Adolescent girls from minority groups engage in high-risk behaviors resulting in substance abuse.

Alcohol and marijuana, the two most common substances abused by adolescents, cost the United States \$62 billion annually. Alcohol causes fetal alcohol syndrome with disruption in normal development of the fetal face and brain.

Marijuana use can result in children with developmental attention, learning, and memory deficits for those exposed prenatally. Cocaine's pregnancy effects are preterm birth, low birth weight, and neonatal abstinence syndrome.

While substance abuse may decrease when the adolescent is pregnant, she often resumes these practices during postpartum.

The adolescent parent self-development task in avoiding substance abuse may be mediated by her internal resilience and responses to social influences.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Adolescents' belief that substance abuse will lead to immediate gratification and to social rewards, her peer norms, and her parental modeling of substance abuse are some of the factors that will affect her drug use.

Health care providers need to explore the social influences of parents, family, peers, father of the baby, school, and church on the adolescent mother's risk for substance abuse.

Internal resilience is the ability to experience and deal effectively with stress. In caring for the adolescent mother, identifying protective factors amid hazardous circumstances can assist her in developing confidence, and self-mastery in avoiding illicit drugs.

KEY MESSAGE

Substance abuse by adolescent mothers is costly to the mother, newborn, family, and society.

Adolescent mothers avoiding substance use is a challenge for health care providers.

By exploring her internal resilience and social influences, focused clinical strategies can be developed to avert this significant health disorder, thus improving the health and welfare of adolescent mothers and their babies.

PB-115 - What determines optimal management of midwifery group practice in Australia?

*Leonie M Hewitt*¹

¹ Western Sydney University, School of Nursing and Midwifery, Parramatta South, Toongabbie, Australia

BACKGROUND

Midwifery group practice (MGP) is a model of care that provides midwifery-led continuity of care and is associated with superior outcomes for mothers' and babies, relative to other models of care. However, only approximately 15% of women in Australia have access to MGP due to issues with implementation and sustainability. Both issues might be addressed by improving the management and leadership.

OBJECTIVES

To determine the conditions that help to optimise the management and leadership of MGP in Australia.

METHODS

This is a mixed methods study in two phases. The qualitative first phase employed 17 in-depth interviews and a focus group with 31 MGP midwives, clinical midwife consultants (CMCs) and managers. Data were analysed thematically and lexically for triangulation for the midwife interviews and thematically for the CMC and manager interviews. The second phase of the study employs a national survey with over 500 MGP midwife and manager responses. The quantitative data are analysed using the Statistical Package for Social Sciences, software and the qualitative data will be analysed using content analysis.

RESULTS

Thematic analysis of the midwife interview data, revealed that value and support by all stakeholders, was necessary to sustain an MGP. This was confirmed by lexical analysis, using Leximancer. Thematic analysis of the CMC and manager data exposed the need for MGP managers to display midwife-centred management. Participants indicated that managers should display qualities that mirror what is often described as good midwifery care. Self-care a vital part of sustainability. The national survey data is currently being analysed.

CONCLUSIONS

Midwife centred management, support and self-care are vital for MGP sustainability.

KEY MESSAGE

This study will help to guide how to sustainably manage and lead an MGP service, exposing the optimal environment to implement these services. This should improve the access to MGP services for women.

PB-116 - Midwifery for all, Reproductive health for all – Japanese midwives' challenge for the future

Mayumi Hashimoto¹, Michiko Oguro², Kyoko Shimazawa³, Masayo Matsuzaki⁴, Hiroko Watanabe⁴

¹ Tokiwa University, Graduate School of Nursing, Mito, Japan

² Tokyo Healthcare University, Chiba Postgraduate School of Nursing, Chiba, Japan

³ Otemae University, Faculty of Global Nursing, Osaka, Japan

⁴ Osaka University, Graduate School of Medicine- Division of Health Sciences, Osaka, Japan

PURPOSE

The purpose of this study is to share the experiences and perspectives on women's health of Japanese midwives at an online exchange meeting, 35th Congress of the Japan Academy of Midwifery (JAM) in 2022. Approximately 30 Japanese midwives from maternity homes, hospitals, educational and research institutions, and midwifery students voluntarily participated in the meeting and exchanged opinions in small groups for each of the themes: women- and family-centered care, violence against women, and sex and sexuality.

DISCUSSION

Midwives not only provide women- and family-centered care at health facilities and/or in communities, but also advocate for midwife-led continuity of care in society. On violence against women, midwives carefully perform a head-to-toe assessment during the maternity checkup to evaluate women who may potentially suffer from violence. On sex and sexuality, the request for sexual and reproductive health education for children who have disabilities has been increasing recently. However, Japanese midwives have fewer experiences on sexual and reproductive health education and still seek guidance on the teaching methods. Some midwives provide opportunities to educate foreign residents on the health system in Japan and to be aware of their own reproductive health and rights, because it is difficult for foreigners to access information on this.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The challenge for Japanese midwives is to create policy-level activities for all women, including foreign residents, so they can access the midwife-led continuity of care and information on reproductive health and rights. Japanese midwives may require learning opportunities on sexual and reproductive health education for children with disabilities and violence against women.

EVIDENCE IF RELEVANT

Evidence-Based Guidelines for Midwifery Care (JAM, 2020).

KEY MESSAGE

The role of midwives in women's health has been expanding in a diverse society. While this may be a challenge for Japanese midwives, it can also be a chance to further strengthen the midwifery profession.

PB-117 - Discharge planning for postpartum: one-year clinical and economic follow-up of one million mother-infant dyads

Caron Alexandre¹, Rousseau Anne², Brisacier Anne-Claire³, Courouve Laurène¹, Prado Group³, Laurent Gaucher⁴

¹ Cemka, Economie de la santé, Bourg-La-Reine, France

² Université Paris Saclay- UVSQ- Inserm- équipe U1018- épidémiologie clinique- CESP, Midwifery, Montigny-le-Bretonneux, France

³ CNAM, Département de la Coordination et de l'Efficiency des Soins, Paris, France

⁴ Geneva School of Health Sciences, HES-SO University of Applied Sciences and Arts Western Switzerland, Midwifery, Geneva, Switzerland

BACKGROUND

The evidence is very uncertain about the effect of home visits on maternal and neonatal mortality.

OBJECTIVES

To assess the impact of PRADO, a systematic discharge planning for postnatal home follow-up of healthy mothers and term infants, on one-year clinical and economical outcomes.

METHODS

Design. Retrospective nationwide propensity score matched cohort study.

Setting. National health insurance data system covering more than 99% of the French population.

Participants. 1,297,646 dyads of healthy mothers and children who gave birth in France between January 1, 2017, and December 31, 2019.

Main outcome measures. Maternal mortality, neonatal mortality, maternal and neonatal hospital readmissions, Accident and Emergency visit, psychiatrist session, and overall costs from a societal perspective during on one-year postpartum. We compared the results between women included in this pre-discharge appointment scheduling programme (PRADO group) and women who were not assisted in scheduling their care (comparison group), match in a 1:1 ratio by a propensity score.

RESULTS

In this low-risk population, maternal mortality ratios were not statistically different with 9 (n = 54) and 6 (n = 37) deaths per 100,000 mothers at one-year postpartum in the PRADO and control groups, respectively. Neonatal mortality ratios were not statistically different with 3.5 and 4.2 deaths per 100 000 infants at 28 days postpartum. Mothers and children with the appointment assistance programme were respectively 14.4% and 6.8% less readmitted in the first month. The mothers were also less likely to use psychiatric care. Overall, the pre-discharge appointment scheduling programme during the first postnatal days in a low-risk population saved 123€ per mother-child dyad from a societal perspective at one-year postpartum.

CONCLUSIONS

The implementation of a systematic pre-discharge appointment scheduling programme was associated with concomitant reductions in hospital readmission for both, mother and child. Factors contributing to the effectiveness of prevention should be further explored to ensure a safe postpartum.

PB-119 - Challenges of support classes for families to prepare for the birth of twins during COVID-19

Mihoko Fujii¹, Hideo Dannoue², Mayumi Ohishi²

¹ Teikyo University of Science, Faculty of Medical Science, Department of Nursing, Tokyo, Japan

² Wayo Women's University, Faculty of Nursing, Chiba, Japan

BACKGROUND

We are hosting birth preparedness classes for twin families since 2019 with the goal of preventing abuse. In addition, we are holding them online from 2020 due to concerns about a sharp increase in cases of postpartum depression among mothers as a result of the spread of Covid-19 infection.

OBJECTIVES

The purpose of this study was to examine the practice of childbirth preparation classes in the with-corona era.

METHODS

A questionnaire was sent to 54 participants, 41 of whom responded (75.9%). Satisfaction with each program content was analyzed with 5-point and free descriptions in a qualitative descriptive method.

RESULTS

Since 2020, when the classes were held online, the background of the target population was diverse, including participants from distant locations and from hospitals where twin pregnancies were being managed and admitted. And all families were nuclear families, and most were working women. The childcare providers were characterized by a large number of husbands (83.3%) in the time of COVID-19, while in 2019, 64.7% the participants were biological mothers. The aggregate results showed a decrease in satisfaction with the hands-on items. And the level of satisfaction with the exchange program was 100% in 2019, but was lower in 2021, at 67%. In the free text, many opinions were recognized as desiring an exchange, and it was thought that the method of exchange at the online event was an issue.

CONCLUSIONS

The aforementioned results suggest the time of COVID-19 is making it more difficult for women with multiple pregnancies to interact. And there are fewer opportunities to obtain information on parenting specific to multiple births, and it was considered an issue to develop a class management method that would enable women to make friends and obtain information from older women who have experienced multiple pregnancies.

KEY MESSAGE

Time of COVID-19 requires greater support for families giving birth to twins.

PB-120 - Bonding through touch during initial postpartum period

Tan Nei Chan¹, Lok Lam Shek¹, Kit Yee Lam¹, Mo Ching Macy Chau¹

¹ Prince of Wales Hospital, Obstetrics and Gynaecology, Hong Kong, Hong Kong

PURPOSE

To promote mother-newborn bonding and empower mother's confidence in newborn care by infant facial massage.

To enhance the success of breastfeeding by strengthening the facial muscle tone of newborns.

DISCUSSION

Transitioning to a maternal role could be a significant challenge for the mothers as communicating and connecting with newborns is new. Infant massage enables the communication of positive emotions and love for the mother and her infant. Mother is more mindful and responsive to her baby's needs. Massage also enhances oxytocin secretion, which reduces stress and facilitates breastfeeding. Therefore, our team taught the mothers those safe and easy facial massage strokes during their hospital stay after delivery.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

From September 2020 to February 2021, infant facial massage was conducted in a postnatal education class. It was a fifteen-minute small group training. The demonstration video can be accessed via a QR code printed in the leaflet given to the participants. A self-designed questionnaire to collect the feedback from the nurses and the participants.

EVIDENCE IF RELEVANT

245 attended mothers had returned the questionnaires. 99% would invite partners to perform the facial massage when back home. 97% agreed it enhances their confidence in breastfeeding and newborn care. 99% expressed that their newborns enjoyed REM sleep and improved suckling effort. Mothers appreciated it as a significant interaction and got to know their newborns.

41 nurses were trained as trainers, and all of them agreed that facial massage was a valuable contribution to improving nurse-mother interaction.

KEY MESSAGE

Infant facial massage was a healthy body-mind-spiritual model of care and had a long-term impact on the mother-newborn dyad. Include it into postpartum education as a fantastic gift to the mother and newborn in the bonds of trust and love.

PB-121 - Birth assistance at the first level of care for graduates of the health area

Valeria Caraballo Rubino¹, Vanessa Giombini¹, Andrea Akar¹, Carina Da Costa¹, Leticia Quay¹, Eliana Martinez¹

¹ *Universidad de la República, Facultad de Medicina, Escuela de Parteras, Montevideo, Montevideo, Uruguay*

PURPOSE

The primary objective is to provide tools for birth assistance of graduated of the health area who perform their jobs in the first level of care, strengthening teams (general and family doctors, nurses, nursing assistants), including proper newborn care.

DISCUSSION

In the face of the evolution of an imminent birth, considering the lack of skills of the teams that care for these women and their children, is that this course is proposed to seek to strengthen them, thereby fulfilling one of the National Health objectives, such as improving the quality of health care processes, as well as to demonstrate the leadership position carried out by teams of teaching midwives, detailed in the professional framework of ICM.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

In Uruguay, on multiple occasions births are attended at the first level of care, without having trained staff for it. As community clinical teaching midwives of the Uruguay Midwifery School, and having in mind the professional framework developed by ICM 2021-2022 (framed in context by the COVID 19 pandemic), a continuous academic training course is offered and developed for graduates from the health area who perform functions at the first level of care related to the care of women in the process of pregnancy, childbirth and puerperium. The presented course is shown and developed through synchronous virtual lessons and in the clinical simulation laboratory of midwifery school.

EVIDENCE IF RELEVANT

Reduce birth complications, due to poor skills and abilities of those who assist, obtaining better maternal and perinatal results, as well as their families and the community.

KEY MESSAGE

Birth assistance at the first level of care for graduates of the health area.

PB-122 - Malaica: A novel approach to midwifery-led continuity of care in Kenya

Leah Bohle¹, Lorraine Muluka², Lucy Muthoni², Hellen Otieno²

¹ Malaica / Deliver Health Consulting / Swiss TPH, Malaica, Basel, Switzerland

² Malaica, Malaica, Nairobi, Kenya

PURPOSE

Maternal and newborn mortality in Sub-Saharan Africa remains unacceptably high and impactful solutions are required to reach the SDG 3. In Kenya, approximately 342 pregnant women die per 100'000 live births. Pregnant women face a wide range of challenges related to availability, accessibility, affordability and acceptability of health services. Kenya, also called the Silicon Savannah, is one of the most technologically advanced countries in Africa. A total of 80% own a mobile phone and spend an average of 4.5 hours online. With a rapidly growing mobile coverage, more users are expected in the future. Recent evidence shows, that midwives have the potential to avert and prevent up to 80% of maternal and newborn deaths.

DISCUSSION

A novel approach, combining a digital platform (accessible via smartphone), with a real remote midwife, ensuring continuity of care in line with international standards, is currently being introduced. Services range from educational messages, webinars, and meet-ups for pregnant women, to remote midwifery services including ANC and PNC tele-health contacts based on WHO recommendations and referral to specialists if needed, among others. Through these approaches we aim to make the pregnancy journey convenient and safer for millions.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The approach encompasses several elements of the ICM Professional Framework for Midwifery including Midwifery Education, Research, Midwife-led continuity of care model of practice, Midwifery Leadership, Enabling Environment and Commitment to Gender Equality and Justice, Equity, Diversity and Inclusion.

EVIDENCE IF RELEVANT

A Theory of Change and M&E framework with related indicators was developed. Approaches on how to best deliver evidence-based care are rigorously tested, using a human-centred design, and outcomes and impacts are continuously tracked.

KEY MESSAGE

In order to reduce maternal and newborn mortality, we need to think outside the box, rigorously test and implement novel solutions.

PB-123 - Evaluating the effect of immediate skin to skin contact versus conventional care on selected maternal and newborn outcomes following normal birth

*Sushila Bais*¹

¹ Pt. D. D. U. Memorial Health Science & Ayush University, Raipur, Chhattisgarh, Obstetrics & Gynecological Nursing, Bilai, India

BACKGROUND

Immediate skin to skin contact involves placing the naked newborn prone on mothers bare chest soon after birth. Separating mother from their newborn soon after birth to give routine care can upset the physiological and psychological balance of both mother and newborns.

OBJECTIVES

1. To find the effect of immediate skin to skin contact versus conventional care on maternal outcomes.
2. To find the effect of immediate skin to skin contact versus conventional care on newborn outcomes.
3. To make comparison between immediate skin to skin contact and conventional care.
4. To associate the findings with selected demographic variables.

METHODS

The research approach used was an experimental approach and research design adopted was experimental research design (randomised control trial).

RESULTS

The finding revealed that duration of third stage of labor was shorter in immediate skin to skin contact group the mean duration of third stage is 3.13 that is shorter as compared to conventional care score 6.63 and calculated t - value is 7.23 which is highly significant at $p < 0.001$ level of significance hence H1 is accepted and intervention was prove to be effective. The blood loss was lesser in immediate skin to skin contact group the mean score is 116.27 that were less as compare to conventional score 271.10 and calculated t value is 8.61 which is highly significant at $p < 0.001$ level of significant hence H2 is accepted. Chi square analysis prove a significant association between onset of labour and pain perception during episiotomy suturing in control group and weeks of gestation with IBFAT score in experimental group.

CONCLUSIONS

Immediate skin to skin contact is safe and effective way of improving maternal and newborn outcomes after normal delivery.

KEY MESSAGE

Skin to skin contact, breast feeding behavior, newborn thermoregulation, labour, third stage, blood loss, women delivery.



Midwifery associations

PB-124 – PB-128

PB-124 - Validation of a methodology for calculating the midwives' gap in sexual and reproductive health care in 4 Latin American countries

*Mirian Teresa Solis Rojas*¹

¹ Universidad Nacional Mayor de San Marcos, Lima, Peru

PURPOSE

To validate a methodology for calculating the midwife gap for sexual and reproductive health care in a territorial unit of the first level of care in Argentina, Chile, Paraguay and Peru.

DISCUSSION

In 2020, the International Confederation of Midwives in partnership with the United Nations Population Fund (UNFPA-LACRO), developed a methodology for estimating the numerical gap of midwives for sexual and reproductive health services at the primary care level. In 2021, an application pilot was developed for the validation of this methodology in four countries: Argentina, Chile, Paraguay and Peru, during which the country teams managed to appropriate the methodology and validate the following moments:

- Selection of the Territorial Unit.
- Determination of the volume of sexual, reproductive, maternal, neonatal and adolescent health interventions.
- Identification of the availability of midwives to implement essential sexual and reproductive health interventions.
- Calculation of the midwifery gap.
- Analysis of the results of the midwives gap calculation.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The application of a validated midwifery gap calculation methodology is necessary for the regulation and development of policies related to the midwifery workforce in the countries.

EVIDENCE IF RELEVANT

The four countries managed to calculate the gap of midwives in a territorial unit of the first level of care, resulting in a deficit of midwives.

KEY MESSAGE

Having a methodology for calculating the midwifery gap that has been validated will allow associations to use it in their countries and to know the number of midwives that need to be trained and hired to meet sexual and reproductive health needs; as well as presenting the results to governments so that they can activate strategies to solve the problem of the shortage of midwives.

PB-125 - Evaluation of a 5-year midwifery twinning partnership between Bangladesh and the UK

Joy Kemp¹, Sharmin Shobnum Joya², Asma Khatun³, Elizabeth Bannon⁴, Jhumu Mahfuja⁵, Tamara Curtis⁶

¹ *The Royal College of Midwives, Professional Team, London, United Kingdom*

² *Bangladesh Midwifery Society, Staff, Dhaka, Bangladesh*

³ *Bangladesh Midwifery Society, President, Dhaka, Bangladesh*

⁴ *The Royal College of Midwives, International Volunteer, London, United Kingdom*

⁵ *Bangladesh Midwifery Society, ICM Young Midwife Leader, Dhaka, Bangladesh*

⁶ *The Royal College of Midwives, Consultant, International Team, London, United Kingdom*

BACKGROUND

A 5-year twinning partnership between the Bangladesh Midwifery Society (BMS) and the Royal College of Midwives UK was completed and evaluated in 2022; results will be shared in this presentation. Twinning was both organisational (between professional associations) and individual (between midwives).

Midwifery is a new profession in Bangladesh and midwives are negotiating space in the workforce through which to fulfil their scope of practice. In the UK, midwifery is more established but the maternity workforce does not reflect the almost 1% of the population with Bangladesh heritage; maternity outcomes are also worse for women of South Asian origin. Therefore twinning had potential benefit for both contexts.

OBJECTIVES

To evaluate if twinning had increased BMS' organisational capacity, facilitated reciprocal learning to UK midwifery, strengthened midwifery leadership and enabled an effective response to COVID-19 in Bangladesh.

METHODS

Midwifery development in Bangladesh and the UK was evaluated through mixed methods research. ICM's professional framework guided the evaluation matrix whilst ICM's MACAT tool measured changes in organisational capacity. Key informants in both countries participated in surveys, focus groups and semi-structured interviews. Data were analysed thematically.

RESULTS

TBC. BMS' organisational capacity increased significantly during the partnership. 51 young midwife leaders in Bangladesh were developed and six participated in international leadership programmes. Seven quality improvement projects in Bangladesh were successfully completed, advancing midwifery services. UK midwives valued and learned from their participation. The partnership enabled greater engagement with South Asian diaspora midwives in the UK and highlighted inequity of UK maternity outcomes. The COVID-19 pandemic brought both challenges and opportunity for innovation.

CONCLUSIONS

This partnership strengthened midwifery associations and midwifery leadership and impacted every area of the ICM's Professional Framework in a country where midwifery is new. Twinning of midwives' associations facilitated reciprocal benefit in both countries. This model may be replicable in other contexts.

KEY MESSAGE

Twinning builds midwifery capacity.

PB-126 - Enhancing the status of midwives - experiences from Tajikistan

Zarina Ibragimova¹

¹ *Tadjik Midwife Association, President, Tajikistan*

PURPOSE

Tajikistan, a mountainous country in Central Asia, still faces significant challenges 30 years after independence from the USSR. The country is one of the poorest in Central Asia and suffers from weak financial and human resources. Despite intensive national efforts, the country has had stagnantly high maternal and neonatal morbidity and mortality for years...

The health system is still influenced by the former soviet system. This means that the status of midwives, as a middle health profession, is not particularly high. Obstetrics is very medicine-dominated, and midwives often have only the task of assisting doctors. Midwives often do not work autonomously and on their own responsibility. Also, education does not meet all essential competencies, according to international definitions. SoWMy 2021 report reveals that the full potential of the midwifery profession is not yet available to mothers and newborns.

Tadjik policy makers are aware of this and proclaimed the "year of midwife" in 20/21 – following WHO proclamation.

Since 2014, the Tadjik Midwifery Association (TMA) is full member of ICM, and they endeavour to position themselves in the international community of midwives. The contribution in Bali is an important step in this direction. Additional progress has been made in organisational development, e.g., annual planning, membership growth and social media activities. TMA is increasingly perceived as a professional partner by national institutions and international organisations. Midwives are getting their own voice and contribute to the improvement of MNH. TMA is also involved in continuing professional education and regulation.

The presentation at the ICM Congress will provide concrete examples to illustrate TMA's positive development and its impact to MNH. Moreover, the TMA speakers want this contribution to stimulate a constructive discussion and expect to return to Tajikistan with new ideas and new international contacts.

PB-127 - Reflections on the implementation of the WHO intrapartum-care recommendations for positive birth experiences in the Portuguese context

Isabel Maria Fonseca Ferreira¹, Andreia Vanessa Afonso Soares Gonçalves², Vítor Manuel Leão Batista Varela¹

¹ Associação Portuguesa dos Enfermeiros Obstetras, Board, Almada, Portugal

² Associação Portuguesa dos Enfermeiros Obstetras, Technical support committee, Almada, Portugal

PURPOSE

To support the development of essential competencies for midwifery practice, by promoting the discussion/reflection on the results of a survey conducted by the Portuguese Nurse-Midwives Association (APEO), concerning the perception of the implementation in the Portuguese context of the WHO intrapartum-care recommendations for positive birth experiences.

DISCUSSION

APEO implemented a three-step intervention: (1) an online survey for nurse-midwives caring for women in labour in Portugal between January and March 2022. The results were analysed and summarised in April 2022; (2) a results presentation and discussion in workshops for nurse-midwives between April and December 2022, in different Portuguese Regions: Porto, Coimbra, Lisboa, Açores, and Madeira; (3) a collection and summary of the workshops discussions, in order to define individual, regional and national strategies to promote normal birth and positive birth experiences in Portugal. APEO received 93 nurse-midwives answers, aged between 24-67 years old, working in the following Portuguese regions: Alentejo, Algarve, Lisboa, Centro, Norte, Madeira, and Açores.

The results show antagonistic perceptions related to several recommendations, suggesting different intrapartum practices amongst practitioners or birth settings. The workshops are still underway, but preliminary results showed that nurse-midwives often referred to the need to change practice and asked for more knowledge about promoting normal birth and positive birth experiences. They also referred to the need for a robust national intrapartum care policy.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This intervention will allow APEO to identify/define and prioritise strategies for policy change/creation as well to enhance the confidence and practice of nurse-midwives in Portugal, towards quality midwifery care.

EVIDENCE IF RELEVANT

World Health Organization. WHO recommendations: intrapartum care for a positive childbirth experience. Geneva: World Health Organization; 2018.

KEY MESSAGE

Nurse-midwives in Portugal highlighted the need for support in their autonomous role and responsibility for the promotion of normal birth and positive birth experiences, enhancing the contribution of APEO in both policy creation/implementation and midwifery practice.

PB-128 - Indigenous fight: First Nations midwives for tomorrow, for our people

*Cherisse Buzzacott*¹

¹ Rhodanthe Lipsett, Chair, Alice Springs, Australia

PURPOSE

There is an urgent need to increase in the number of First Nations (Indigenous) midwives in Australia. Currently in Australia, maternity services are not completely responding to the culturally specific needs of First Nations women who wish to birth on their own terms, surrounded by family and support people, in a culturally appropriate environment, or to be close to or in their own communities. By providing funding for First Nations people to become midwives we will enable more women to access community based, culturally appropriate care of their own choosing.

DISCUSSION

The impact of having a First Nations midwife is immeasurable. It can lead to improved pregnancy and birth outcomes and can influence how a mother will care for and bond with her baby. Having access to culturally safe and appropriate care from services and health professionals, access to continuity of care models, more choices in maternity care (specifically Birthing on Country models of care) and being able to be engaged in the decisions and services being provided for them, not imposed on them, help support the cultural, spiritual and well-being needs of First Nations women and families.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

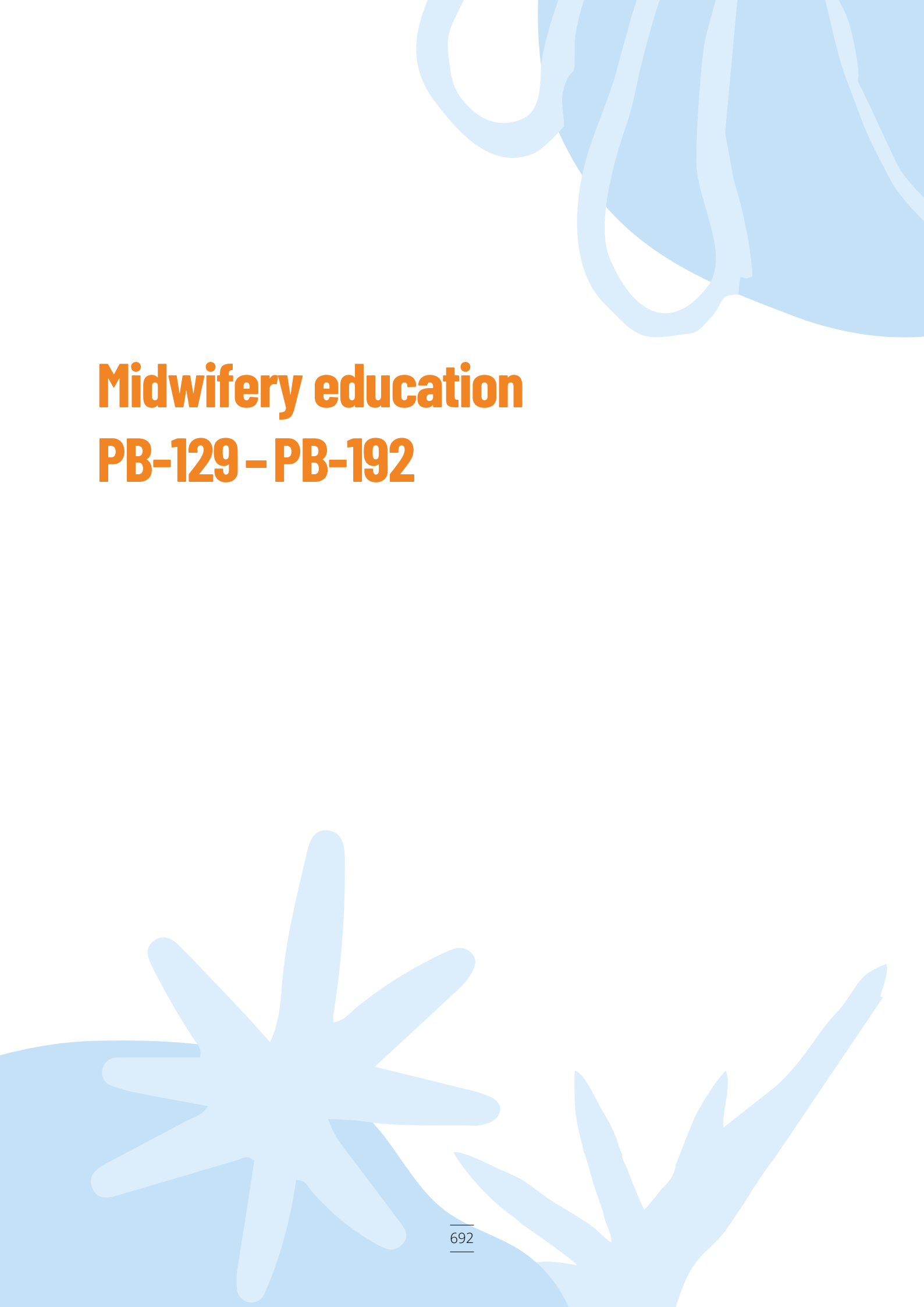
The safety of midwifery is well established globally with recognition that access to quality midwifery care is every woman's right. First Nations midwives need to be the key providers of models of maternity care for First Nations women as they provide cultural and personal connection to women receiving their care.

EVIDENCE IF RELEVANT

The impact of having a First Nations midwife is immeasurable.

KEY MESSAGE

The safety of midwifery is well established globally with recognition that access to quality midwifery care is every woman's right. First Nations midwives need to be the key providers of models of maternity care for First Nations women as they provide cultural and personal connection to women receiving their care.



Midwifery education
PB-129 – PB-192

PB-129 - Evaluating the impact of a maternity and neonatal emergencies education programme in Australian regional and rural health services on clinician knowledge and confidence

Stefanie Zugna¹, Meabh Cullinane¹, Helen McLachlan¹, Michelle Newton¹, Della Forster¹

¹ La Trobe University, School of Nursing and Midwifery, Bundoora, Australia

BACKGROUND

Almost 78 000 women gave birth in the state of Victoria, Australia in 2019. While most births occurred in metropolitan Melbourne and large regional centres, a significant proportion (30%) of women birthed in rural services. In late 2016, to support clinicians to recognise and respond to clinical deterioration, the Victorian state government mandated the provision of an emergency training program, called the Maternity and Newborn Emergencies (MANE) program, to rural and regional maternity services across the state.

OBJECTIVES

To evaluate the impact of the MANE program on clinician knowledge and confidence, as well as any changes to the safety climate of the health services.

METHODS

A quasi-experimental, multi-methods design was used. The Kirkpatrick Evaluation Model provided the framework, and the Safety Attitudes Questionnaire (SAQ) assessed safety culture at each service.

RESULTS

Immediately post-MANE, most attendees reported increased confidence to escalate clinical concerns (n = 251/259 [97%]) and knowledge of the non-technical and practical aspects of the program. Management of perinatal emergencies was viewed as equally stressful pre- and post-MANE, but confidence to manage these emergencies increased post-delivery. Pre-MANE SAQ scores showed consistently strong and poor performing services, indicative of the safety climate at the service. Six months post-MANE, some services showed improvements in SAQ scores, indicating improved safety climate.

CONCLUSIONS

MANE delivery resulted in both short-term and sustained improvements in knowledge of, and confidence in, maternity emergencies. The SAQ provided data on organisational safety climate and is a tool that may facilitate identification of services with a poor safety climate who could benefit from frequent targeted interventions (such as the MANE program).

KEY MESSAGE

The MANE program improved clinicians' knowledge of, and confidence in, managing maternity emergencies.

PB-130 - The effectiveness of bedside case-based learning on midwifery clinical practice teaching for Chinese student midwives

Yao Zhang¹, Guijuan He¹, Xinfen Xu², Lewei Tu¹, Mengyan Xu³, Qinqi Deng¹, Danqi Chen⁴, Linda Johnston⁵

¹ Zhejiang Chinese Medical University, Midwifery, Hangzhou, China

² Women's Hospital School of Medicine Zhejiang University, Nursing, Hangzhou, China

³ Hangzhou Women's Hospital, Nursing, Hangzhou, China

⁴ Zhejiang University, Nursing, Hangzhou, China

⁵ University of Toronto, Lawrence S Bloomberg Faculty of Nursing, Toronto, Canada

BACKGROUND

Bedside teaching is a primary educational tool to improve the clinical practice of medical, nursing and midwifery students. As a new medical pedagogical approach, bedside case-based learning (BCBL) is an interactive teaching approach involving small-group discussion to determine a range of solutions for a presented patient case, which gradually being integrated into Chinese midwifery education programs to promote clinical problem-solving skills, knowledge application, teamwork and collaboration.

OBJECTIVES

The aim of this study is to investigate the effects of bedside case-based learning models on midwifery clinical practice teaching in Chinese student midwives.

METHODS

This study used quasi-experimental design with the experimental design called One Group Pre-test-Post-test Design. We prospectively enrolled 67 third-year students majoring in midwifery from between 2019 and to 2020. Both pPre- and pPost-class were conducted with two scales: self-rating scale of self-directed learning (SRSSDL) and midwifery professional core competency scale, to analyze the changes about learning abilities before and after the intervention.

RESULTS

After bedside case-based learning, the baseline of total professional core competency score of midwifery students (179.388 ± 21.084) was improved to a certain increased by (184.500 ± 20.041) points. The two groups had differences in "Preconception care" and "Prenatal/Antenatal care". Statistical difference ($P \leq 0.05$). At the same time, the total score of self-learning ability before and after bedside teaching improved, but there was no statistical difference ($P > 0.05$).

CONCLUSIONS

The bedside case-based learning may help improve undergraduate students' midwifery professional competence and self-directed learning ability.

KEY MESSAGE

Bedside case-based learning may be effective for improving students' midwifery core competency and enhancing their independent learning abilities. But this teaching method is also a challenge for clinical instructors. It not only requires clinical instructors to have solid basic knowledge and rich clinical experience. In summary, it is worth continuing to implement, but it is still necessary to keep summarizing experience for future improvement.

PB-131 - The effectiveness of an educational programme for clinical educators to promote novice midwives' clinical judgment: a cluster randomised controlled trial

Mami Yamamoto¹, Yaeko Kataoka¹

¹ St. Luke's International University, Graduate School of Nursing Science, Tokyo, Japan

BACKGROUND

There has been little research on education for clinical educators and particularly on education to promote clinical judgment.

OBJECTIVES

The purpose of this study was to examine the effectiveness of an educational program for clinical educators to promote the clinical judgment of novice midwives during delivery.

METHODS

A cluster randomized controlled trial was conducted in which a facility was considered a cluster. Eleven facilities (44 participants) were randomly assigned to the intervention group with the educational intervention and 10 facilities (33 participants) to the control group without the educational intervention. Inclusion criteria were midwives who had become clinical educators within five years. The educational program consisted of e-learning and a seminar. The primary outcome was educational skills. The secondary outcomes were attitude, knowledge, and satisfaction. Data on the satisfaction was collected only for the intervention group. Intention-to-treat and multi-model analyses using a random intercept model were used to analyze data. St. Luke's International University ethics review committee approved the study (20-A016).

RESULTS

No differences in baseline characteristics of participants and facilities were noted. There was no significant difference in educational skills scores at post-test between the intervention and control group (MD 1.88, 95% CI [-0.55 - 4.31]). The knowledge scores at post-test were significantly higher in the intervention group (intervention group 2.68 ± 0.26 , control group 1.57 ± 0.25 ; MD 1.10, 95% CI [0.41-1.80], $p = .002$). Although the attitude scores of intervention group was higher, there was no significant difference in attitude scores at post-test between the two groups (MD 2.38, 95% CI [-0.76, 5.51]).

CONCLUSIONS

The intervention group improved only in knowledge scores, with no effect on educational skills or attitudes compared to the control group.

KEY MESSAGE

It is necessary to evaluate the effectiveness of the program by conducting long-term follow-up and evaluation.

PB-132 - Midwifery leadership curriculum on promoting normal birth: a grounded theory analysis and education module development

*Leonie Welling*¹

¹ Rotterdam University of Applied Sciences, School of Health Care Studies, Midwifery, Rotterdam, Netherlands

BACKGROUND

Leadership has been partly taught in the midwifery curriculum in the Netherlands and Iceland, mostly in the context of management. Leadership skills in advocacy, empowerment, and promotion of physiological childbirth have not been previously defined within the curriculum.

OBJECTIVES

The aim of this subsection of the Twinning-Up-North cultural collaboration between the Dutch and Icelandic midwifery associations was to develop a new midwifery education module on leadership and strengthen midwifery leadership skills.

METHODS

A qualitative study on the views of midwifery students and their ideas on gaps in leadership education. Focus group and in-depth interviews were performed in 2019–20 in three different midwifery schools in four settings in Groningen, Rotterdam, Amsterdam, and Reykjavik, and analyzed using grounded theory. A new education module of 0.5–1 ECTS was designed, piloted, and implemented, based on study findings and relevant literature.

RESULTS

The study results have three overarching themes: “The need for leadership to promote physiological birth”; “Helping and hindering factors influencing leadership”; and “The role of education in leadership”. The new education module, based on these findings, includes: lectures on leadership, advocacy, empowerment, and feminism; lectures and role playing exercises on persuasion in rhetorical situations; online and on-site role model lectures; and lectures and references to websites and electronic media on electronic dissemination of information. The midwifery schools have pilot tested and implemented either the whole module or a part of it, as fits their previous education curriculum.

CONCLUSIONS

New education modules can be the first step in a domino effect leading to women’s empowerment and enhancement of midwives’ leadership skills in promoting physiological birth. Enhancing leadership in student midwives will provide midwifery leaders for the future.

KEY MESSAGE

Midwifery leadership is needed for promotion of physiological birth. Improved midwifery curriculum on leadership can strengthen midwives’ leadership skills, empower women, and promote normal birth.

PB-133 - A study on future midwives' education of birth assistance skills: interviews with educational institutions

Noriko Watanabe¹, Eriko Asami², Hiroko Fujii³, Akemi Murakami⁴

¹ Niigata Seiryō University, Faculty of Nursing, Niigata, Japan

² Konan Women's University, Faculty of Nursing and Rehabilitation, Kobe, Japan

³ Okayama University, Graduate School of Health Sciences, Okayama, Japan

⁴ Kanagawa University of Human Services, Faculty of Health and Social Services, Yokosuka, Japan

BACKGROUND

There is a strong need to examine effective methods of educating midwives on birth assistance skills to ensure the quality of their birth assistant skills, even under difficult social conditions.

OBJECTIVES

This study to provide suggestions on effective educational methods for birth assistance skills. This study concerns midwifery education.

METHODS

The survey consisted of semi-structured interviews with practice supervisors at 10 institutions evaluated as good practice in midwifery education in Japan. The contents were (1) methods of on-campus and clinical training, (2) competencies that can only be acquired through clinical training, (3) on-campus training that can be substituted for (2) above, and (4) skills to be acquired other than assisted delivery directly. Each interview content was categorized by meaning and given name. The survey period was from November 2021 to January 2022.

The Research Ethics Committee approved this study of Niigata Seiryō University (No.202102, November 8, 2021). We have no financial relationships to disclose. This research was supported by the Health, Labour and Welfare Policy Research Grants (21A2012).

RESULTS

The survey results are as follows: (1) On-campus training was recognized as an opportunity to acquire routine and diagnostic skills through collaboration with clinical midwives, while clinical training was recognized as an opportunity for practical skills education. (2) The skills that could be acquired only through clinical training included attitude, practice under varied situations, communication skills, professionalism, and ethics. (3) It was difficult to substitute on-campus training for (2) above, (4) Diagnosis during emergency cesarean section and indirect care during the intrapartum period also contributed to the acquisition of the skills.

CONCLUSIONS

For effective mastery of birth assistance skills, the curriculum should be designed to intentionally combine on-campus training, which must adequately replicate reality with clinical training.

KEY MESSAGE

We need to consider new educational methods for the education of future midwives.

PB-134 - The precepting dilemma: focus groups and interviews with midwifery preceptors in undergraduate education in Canada - a reflexive thematic analysis study

Deepa Upadhyaya¹, Rebecca Haines-Saah², Tracey Clancy³, Tanya Beran², Elizabeth Oddone Paolucci²

¹ Mount Royal University, Midwifery, Calgary, Canada

² University of Calgary, Community Health Sciences, Calgary, Canada

³ University of Calgary, Nursing, Calgary, Canada

BACKGROUND

Experiential learning, facilitated by preceptors in clinical and community settings, is cardinal in midwifery education in Canada and internationally.

OBJECTIVES

To generate themes on facilitators and barriers for midwifery preceptorship.

METHODS

Midwifery preceptors in undergraduate education in Canada were invited to participate in one of three focus groups. A constructivist paradigm and reflexive thematic analysis approach was used for responses that were transcribed verbatim.

RESULTS

In September and October 2020, three focus groups took place comprising a total of 16 midwifery preceptors. Participants represented multiple Canadian jurisdictions and had a range of education, midwifery, and precepting experiences. Two primary themes, 'the altruism of precepting' and 'the lack of autonomy in precepting' were generated from our analysis of participants' responses. Preceptors also provided suggestions to better enable their role.

CONCLUSIONS

We interpreted a 'precepting dilemma' in midwifery clinical teaching such that there are altruistic influences on the role and also an underlying lack of autonomy. Obligations and nurturing elements contributed to midwifery preceptors' utilitarianism. Exacerbating a lack of sovereignty in precepting were deficits in collaboration and aspects that further marginalized the role.

KEY MESSAGE

It is imperative for stakeholders of midwifery in Canada to carefully consider how altruism and autonomy of precepting affect the experiential curricula.

PB-135 - Evaluation of the health status of mothers and infants with different birth assistance methods in supine position birth

Nozomi Uchie¹, Hiromi Mitasaki², Etsuko Kamisawa²

¹ Fukui, maternal and child health nursing, Eiheiji yoshida fukui, Japan

² Kyoto tachibana, maternity, 34 Oyakeyamada- Yamashina-ku- Kyoto City, Japan

BACKGROUND

Skilled midwives practice a watchful method of assistance that avoids application of unnecessary force to the perineum or the child in supine position delivery without using a delivery table.

OBJECTIVES

To evaluate the health status of mothers and infants among different assistance methods in supine position delivery.

METHODS

Subjects were delivery cases with reassuring fetal status at the second stage of labor among 226 deliveries at 2 obstetric facilities and 10 maternity hospitals in Japan. The survey period was from June 2019 to March 2021. The methods were defined as the less intrusive “watching method” and the “standard method”. Postpartum data were analyzed.

RESULTS

There were 74 cases of “watching method” and 152 cases of “standard method”. The comparison showed that maternal bleeding and perineal laceration in “watching method” group were significantly less than those in the “standard method” ($p < 0.05$). The Apgar scores of the newborns in the “watching method” group after 1 and 5 minutes were significantly higher ($p < 0.01$). Abnormal breathing immediately after birth and 1 hour later was significantly less in the “watching method” group ($p < 0.01$), but there was no difference between the two groups in the amount of abnormal breathing 2 hours later.

CONCLUSIONS

The “watching method” is a midwife-led method that does not use a delivery table. Compared to the “standard method”, it had a positive effect on infants’ smooth adaptation to life immediately after birth. Moreover, it was suggested that the watching method has a positive effect on the health status of the mother and the newborn after delivery with little maternal bleeding and perineal laceration.

KEY MESSAGE

The less intrusive “watching method” is preferable to the “standard method”.

PB-136 - Implementation of simulation based education for bachelor of midwifery, Kathmandu University School of Medical Science, Dhulikhel, Nepal: our story

*Jyotsana Twi Twi*¹

¹ Kathmandu University, School of Medical Sciences, Nursing and Midwifery, Kavre, Nepal

PURPOSE

To share our experiences regarding the implementation of a simulation based education (SBE) in Bachelor of Midwifery.

DISCUSSION

Traditional methods of educating nursing/medical students are no longer sufficient in the current era largely influenced by multimedia. Simulation-based techniques may play a pivotal role in bridging this educational gap. SBE is an educational or training method that is used to “replace or amplify real experience with guided experiences” (Gaba, 2004b, p. i2). It is not defined by a technology but rather an educational approach grounded in learning theories. This methodology is quite new in Nepal. However, from the development of the curriculum for Bachelor of Midwifery, specific hours have been allocated for simulation. Along with that, on 13th May 2019, the first simulation lab of its kind in Nepal was established in Kathmandu University School of Medical Sciences and Dhulikhel Hospital. After its establishment, the midwifery faculty have been trained regarding SBE. This has helped us to enhance our confidence to implement this methodology in teaching and guiding midwifery students.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

SBE helps to make the learning more effective. So it helps to make the students competent in the skills & improve their clinical practice.

EVIDENCE IF RELEVANT

SBE is an established strategy for health care–profession education. It is increasingly being used for teaching, learning, and training of health-care professionals and assessment. SBE alleviates the anxiety of health-care professionals by developing and updating their knowledge, skills, and attitudes, while safeguarding patients from unwarranted risk.

KEY MESSAGE

It is quite difficult to bring change and adjust in a new environment. While if we are dedicated and work hard we can adjust in any new situation. We are very proud that we are the pioneer group not only in developing and running a midwifery program in Nepal but also to implement SBE in midwifery education in our country.

PB-137 - Applying the QMNC Framework to midwifery education programmes in Uganda: lessons for strengthening midwifery education in LMICs

Michelle Telfer¹, Scovia Nalugo Mbalinda², Rachel Zaslów³

¹ Yale School of Nursing, Midwifery, Hamden, USA

² Makerere University, Midwifery, Kampala, Uganda

³ Mother Health International, Midwifery, Atiak, Uganda

PURPOSE

Despite investments into the midwifery workforce, many midwifery educational programs fail to meet ICM standards and do not support the Quality Maternal Newborn Care (QMNC) framework described in the Lancet series on midwifery. A review of midwifery education in Uganda against ICM standards and the QMNC framework provides a deeper understanding of critical gaps and issues. Solutions to these gaps and how to support the current workforce will be discussed.

DISCUSSION

Unacceptably high rates of perinatal mortality persist despite recent investments in the midwifery workforce. Evidence has demonstrated that midwives when fully educated, licensed and integrated into interdisciplinary teams in a supportive environment can deliver about 90% of essential care (UNICEF, 2020). If universal coverage of midwifery care is achieved, 85% of maternal and neonatal deaths and stillbirths could be averted (Renfrew, et al, 2014). Many countries have invested in educating more midwives, yet many programs still do not meet ICM standards. Midwifery curricula in Uganda needs alignment with ICM standards such that midwives are equipped to practice using the QMNC framework. Midwifery mentorship and preceptorship need to be developed and supported and midwifery integrated into a supportive multidisciplinary team. This situation is not unique to Uganda and can serve as a reference for other countries wishing to improve their systems.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This framework can be applied to any program to ensure curricula meet ICM standards and midwives are trained to implement the QMNC framework.

EVIDENCE IF RELEVANT

The pathways for midwifery education in Uganda are numerous and without clear routes for educational advancement. Overall, the majority of midwifery education curricula does not meet ICM standards and lacks training in the QMNC framework.

KEY MESSAGE

Reviewing programs against ICM standards is essential to improving the workforce such that midwives are equipped to practice using the QMNC framework. Only then will improvements in perinatal outcomes and SDGs will be achieved.

PB-138 - Actual state of practical training on birth assistance related to eligibility for taking national midwifery examination

Chie Taniguchi¹, Sachiyo Miyagawa², Hiroko Watanabe³, Noriko Watanabe⁴, Mie Izumi², Emiko Manabe², Akemi Murakami¹

¹ Kanagawa University of Human Services, Faculty of Health and Social Services, Yokosuka, Japan

² Doshisha Women's College of Liberal Arts, Faculty of Nursing, Kyoto, Japan

³ Osaka University Graduate School of Medicine, Division of Health Sciences, Suita, Japan

⁴ Niigata Seiryō University, Faculty of Nursing, Niigata, Japan

BACKGROUND

In Japan, midwifery students are required to assist 10 cases of normal deliveries, including one they've continuously cared for from early pregnancy to postpartum periods, for national midwifery examination eligibility. Normal deliveries have decreased due to declining birth rates and increase of high-risk cases. Continuous cases sometimes entail an emergency C-section to which consideration should be given. Ethical approval was obtained from Kanagawa University of Human Services' institutional review board (No.5-21-20, October 4, 2021).

OBJECTIVES

To clarify midwifery students' delivery assistance practice.

METHODS

A cross-sectional mixed methods design using a web questionnaire survey among all 217 midwifery schools in Japan in November-December. Checking the average number of abnormal, anesthesia, freestyle delivery cases per student at each school. We calculated descriptive statistics for quantitative data and conducted the content analysis of free-text data.

RESULTS

One hundred schools responded (valid response rate: 46.1%). Forty-seven schools had one or no forceps/suction delivery per student while 54 schools counted forceps/suction delivery as cases for training. Seventeen schools had no cases of assisting anesthesia delivery. Seventy-four schools counted freestyle delivery. With continuous cases requiring an emergency cesarean, 76 schools allowed students to continue caring until the one-month postpartum checkup. Concerning the inclusion of emergency C-section cases in the 10 required for the national examination, a response was "C-section cases in the second stage of delivery are accepted as one."

CONCLUSIONS

Assisting normal deliveries only is rare in Japan. In continuous cases, training continued even with an emergency C-section.

KEY MESSAGE

With declining birthrates and increasing high-risk cases Japan needs to change training for certification of midwives and devise educational content to provide the core skills of assisting normal deliveries. This research was supported by a Health, Labour and Welfare Policy Research Grant (21A2012).

PB-139 - Trial of a tool to assist standardised patient in technical examination of childbirth assistance by utilizing Microsoft PowerPoint

Akemi Take¹, Sachi Chikazawa¹, Ayako Sasaki¹

¹ *Osaka Medical and Pharmaceutical University, Faculty of Nursing, Takatsuki, Japan*

PURPOSE

Assessing the midwifery student's ability to assist in delivery is important for safe clinical practice. We have introduced the OSCE for the evaluation, and standard simulated patients are effective for fair evaluation. However, the introduction of standard simulated patients is expensive. Therefore, the teacher plays a woman during delivery and evaluates it, but there are some problems. So, first, I decided to create a support tool to play a standardized patient, and evaluate the effect.

DISCUSSION

The problems with maternity women played by teachers were the difficulty in performing the labor cycle, labor pressure, and fetal movements as standard. Labor pains and fetal movements differed depending on the teacher in charge. Besides this, the labor cycle was performed using a stopwatch, therefore, the students replaced the observation of labor with reference to the stopwatch operation, not the reaction of the maternity woman played by the teacher. By using the slide, the teacher of simulated pregnant women could play realistic standard simulated pregnant women without being aware of the management of labor cycle. The concept of this tool is also applicable to other slide creation applications.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This tool is easy to introduce to students' own practice because there is no need to prepare special equipment. By increasing the variation of the maternal response, it becomes possible to assemble the maternal image that the student himself images, and it can be expected to promote understanding of the labor progress.

EVIDENCE IF RELEVANT

Miki Mori, et.al: Journal of Japan Maternity Nursing, Vol.18, No.1, 85-92, 2016.

KEY MESSAGE

Anyone can easily play a standardized patient by introducing a tool that supports the role of the standardized patient using the animation function of the slide creation software. This tool can also be applied to help midwifery students acquire childbirth support skills prior to practical training.

PB-140 - Occupational identity and resilience of Japanese midwifery students graduating during the COVID-19 pandemic

Ko Suzuki¹, Satsuki Obata¹, Asuka Suzuki²

¹ Nagoya University of Arts and Sciences, Nursing, Nagoya, Japan

² Nagoya University of Arts and Sciences, Midwifery Major, Nagoya, Japan

BACKGROUND

In 2020, the COVID-19 pandemic created obstacles that interfered with the ability of midwifery students in Japan to practice in clinical settings, resulting in students graduating from University A with little experience in assisting with delivery.

OBJECTIVES

To ascertain the state of occupational identity and resilience in midwifery students during COVID-19 at graduation and at one year following graduation to provide future reference for midwifery education.

METHODS

A standardized self-administered anonymous questionnaire survey was conducted in March 2021 among 21 midwifery students in the Division of Midwifery at University A, at graduation and at one year following graduation under ethical considerations. From the valid responses obtained, 16 responses were included in the analysis.

RESULTS

The mean age of the 16 respondents at graduation was 28. Six respondents had experienced fewer than 11 assisted deliveries in the year following graduation. The median occupational identity score was 118.5 at one year following graduation, significantly lower than the score of 128.0 at graduation ($p = 0.049$). Considering the results by factor, the second factor, "Establishment of a professional view as a midwife," and the fifth factor, "Orientation toward contributing to society," were significantly lower. The median resilience score was 76.5 at one year following graduation, significantly lower than the score of 79.0 at graduation ($p = 0.038$).

CONCLUSIONS

Given the decline in occupational identity and resilience of midwifery students graduating during the COVID-19 pandemic at one year following graduation, involvement and educational approaches that can foster a professional view as a midwife are needed.

KEY MESSAGE

Educational support to maintain and enhance professional motivation among midwifery students who graduate during the COVID-19 pandemic is important.

PB-141 - Adisa and Antonio: utilising social media in midwifery education

Olamide Olayemi Solanke¹, Samuel Todd¹

¹ Birmingham City University, Midwifery, Birmingham, United Kingdom

PURPOSE

A blended learning approach was utilised within midwifery education to address pertinent issues in maternity care. Avatars were created and embedded within midwifery education with 3 aims. (1) utilise a blended learning approach to increase student engagement, inclusion and to enhance learning; (2) use social media to highlight health disparities and bias in the UK; (3) highlight the importance of the midwife-led continuity of care model (MLCC).

DISCUSSION

In the UK, health bias from health professionals continues towards Black and Asian women, resulting in gross health disparities. MMBRACE (2021) reports maternal mortality risk (MMR) for Black women as 4.49. The Black Maternity Experience Survey (BMES, 2022), reports disparities for Black women such as increased risk of readmission to hospital, and increased risk of experiencing a stillbirth.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwifery care should be based on ethical principles of justice, equity and respect for all humans, not just for specific ethnicities. Education can be used as a driver to teach the importance of valuing diversity and to overcome injustices such as institutionalised racism. This is supported by the Royal College of Midwives (2022) who state that Midwifery education must include active decolonisation of the curriculum by increasing teaching of darker skin tones.

EVIDENCE IF RELEVANT

Results of an internal audit showed that the avatars were successful in achieving the intended aims. This is the first time we have found that computer mediated communication has been embedded into pedagogy successfully. A proposal is underway to research the use of avatars within midwifery education and to explore the causation between the avatars and our findings.

KEY MESSAGE

No childbearing person should suffer higher MMR because of their ethnicity, that this continues to happen to Black and Brown women in the U.K. is an issue that needs addressing. Midwives play a crucial role in this and must address health bias to improve outcomes.

PB-142 - Midwifery and nursing health professionals' faculty development programme content and outcome measures: a scoping review

Rachel Smith¹, Caroline SE Homer¹, Joanne Gray²

¹ *Burnet Institute, Maternal and Child Health, Melbourne, Australia*

² *University of Technology Sydney, Graduate School of Health, Sydney, Australia*

BACKGROUND

A critical component of improving the quality of midwifery care provision is improving the quality of, or building capacity in, midwifery education (Renfrew et al., 2014; ten Hoop-Bender et al., 2014). The development and strengthening of those who teach is one important strategy to improve the quality of care and in turn, reduce maternal and newborn mortality (Renfrew et al., 2014; West et al., 2016).

OBJECTIVES

The scoping review identifies and synthesises evidence relating to common content and outcome measures of Faculty Development Programs used in the Midwifery and Nursing professions. Findings will inform the development of future Faculty development programs.

METHODS

This scoping review utilises the Joanna Briggs Institute (JBI) Methodology for Scoping Reviews and the Preferred Reporting Items for Systematic Reviews (Peters et al., 2020) and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) standards. Prior to undertaking the scoping a protocol was developed to guide the review process and included search strategy, inclusion criteria, evidence selection and analysis and results extraction processes.

RESULTS

Preliminary searches indicate content included in Faculty development programs differs from country to country. Common content includes innovative teaching methods including the role simulation might have in health professionals' education; innovative assessment methods and practices; teaching in the clinical environment; and integration of evidence into teaching and practice. There is limited evidence on outcome measures used when evaluating programs of Faculty development and much of the initial evidence reviewed relies on participant satisfaction and self-reported confidence measures. Completion of the scoping review is planned for early 2023.

CONCLUSIONS

This presentation will discuss the findings of the scoping review and provide recommendations for strengthening content and evaluation of programs of midwifery Faculty Development.

KEY MESSAGE

A critical component of improving the quality of midwifery care provision is improving the quality of, or building capacity in, midwifery education through developing midwifery Faculty.

PB-143 - Improving students' practical skills through the learning effects of simulation education in health examination training for pregnant women

Masako Saito¹, Kimie Okada¹, Yuko Higuchi¹

¹ Morinomiya University of Medical Science, Department of Nursing, Osaka, Japan

BACKGROUND

A recently observed decline in Japanese students' practical abilities has been attributed to the gradual decrease in clinical maternal practice due to coronavirus disease and its variants. Therefore, a new complementary, practical, and high-quality educational methodology for training is necessary.

OBJECTIVES

This study aimed to evaluate the achievement levels of learning objectives and results of educational simulation using a "perinatal full-body simulator," which reproduces clinical situations and clarifies related issues.

METHODS

Two groups of university students were included as participants: those who used the simulator (Intervention Group: IG) and those who underwent conventional training (Control Group: CG). Students were engaged in the diagnosis, care, and evaluation of two identical pregnancy cases. After the training, they answered a questionnaire using the academic affairs system "MORIPA," which uses information and communication technology. The survey items compared the goal achievement level (GAL) and student satisfaction level (SSL) per group. The research protocol was previously approved by an institutional review board (2021-033).

RESULTS

The IG had higher scores for all GAL and SSL items than did the CG, with significant differences observed in "evaluation of fetal health" ($p < 0.01$) and "fulfilling training" ($p < 0.05$). The highest score for the IG was on "listening to fetal heart sounds using Leopold's Maneuver" in the GAL, whereas the lowest score was on "evaluation of fetal health."

CONCLUSIONS

Our findings suggest that simulator education is effective in improving practical ability. However, "evaluation of fetal health" is the most difficult item during simulator education. This finding is unsatisfactory and requires further studies for improvement.

KEY MESSAGE

The perinatal full-body simulator accurately reproduces the clinical setting using a computer-linked model. It includes a series of processes that require student feedback, such as vocalization responses from pregnant women, measurement of vital signs, and auscultation with a Doppler stethoscope.

PB-144 - Student perception of the first evaluation of the curricular cycle in the obstetrics and childcare career, Universidad de Chile

Camila Rojas¹

¹ Facultad de Medicina Universidad de Chile, Departamento de Promoción de Salud de la Mujer y el Recién Nacido, Santiago, Chile

PURPOSE

The School of Midwifery of the University of Chile was a pioneer in implementing a competency-based training plan in 2009, within the framework of the initiation of curricular innovation in the Faculty of Medicine. To date, two curricular cycle evaluations have been carried out.

The objective was to describe the student perception of the first evaluation of the curricular cycle, corresponding to the first two years of the career, during the year 2017.

RESULTS

Almost 100% of the participants agreed with the curricular formation and with the coherence of the courses of the study plan. Among the aspects to improve, they highlight that not enough feedback was given in the evaluations and that the non-face-to-face time of the courses was scarce. They positively mentioned the training and availability of the teaching team, progression of content in the training plan and teaching strategies. The perception was positive in relation to the first curricular cycle of the competency-based training plan, highlighting its coherence and teaching team. Academic overload and feedback were the main aspects to improve, which made it possible to implement improvement strategies in the training plan.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

In midwifery education, mainly in midwifery training.

EVIDENCE IF RELEVANT

The study is of convergent mixed design. Data collection was carried out through self-applied surveys. 47 students who had completed the first 2 years of their training participated. A descriptive analysis of the exit survey with 14 questions and 2 additional open questions on strengths and weaknesses of their curricular training was carried out.

KEY MESSAGE

This study highlights the importance of curricular evaluation and monitoring. This allows the curriculum to respond to new social needs in the training of midwives and midwives, integrating student perception as key actors in the process. Ethics and conflicts of interest: I declare that I don't have conflict of interest.

PB-145 - Perinatal palliative care education

Katerina Ratislavova¹, Kristina Janoušková¹, Eva Hendrych Lorenzová¹

¹ University of West Bohemia Pilsen, Faculty of Health Care Studies, Plzen, Czech Republic

PURPOSE

The aim of this review was to analyze the specifics of teaching midwifery students in perinatal palliative care (PPC), content of education and the teaching strategies used.

DISCUSSION

We thematically analysed nine studies that deal with evaluation of teaching PPC programs focused on undergraduate midwifery students. The content of each educational program is different. Only two studies were focused on all teaching goals (cognitive, affective, behavioural and social). The following methods were used: lectures, discussions, simulated scenarios using role-play, inter-professional education experience, exposure method (reading parents' stories, viewing video, discussions with parents who had experienced perinatal loss, case-study presentations and analysis), arts-based teaching (visits to an art project, use of poetry). In general, students considered PPC teaching as very emotive, intensive and challenging and they often did not know what to do with their feelings. Paying attention to self-care seems to be vital in the context of teaching students.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The following recommendations are made based on the analysed studies: include PPC teaching in the final year of study, focus on all educational goals, prepare students for specific psychologically demanding issues, use innovative teaching methods, introduce students to local support organizations for parents, emphasize self-care, provide quality leadership and teaching environment (comfortable, safe, emotionally supportive) and sufficient time allowance, involve students in PPC practice with an experienced mentor.

EVIDENCE IF RELEVANT

A systematic search was conducted for English language peer reviewed publications of any research design via SCOPUS, Medline/PubMed, EBSCOhost, Science Direct, Wiley, Nursing Ovid, and ProQuest databases.

KEY MESSAGE

Perinatal palliative care education is essential in pregradual education for midwives.

PB-146 - Modelo de Atención Matronería Escuela de Obstetricia Universidad de los Andes

Mariana Ramirez¹

¹ Camino Lo Infante parcela, Santiago, Chile

PURPOSE

Over time, midwifery has been professionalized and developed more and more, however there's still a lot of research pending that will allow us to create a solid disciplinary knowledge. If we show the lack of a midwifery care model that gives basis and support to the way that the professionals work. The objective of the work was to create a model of midwifery care for the School of Obstetrics of the Universidad de los Andes. Method: through surveys and meetings with school teachers, clinical teachers, and clinical midwives to reach agreement on the meaning of each of the stages of the care process. Result: agreement was reached on the meaning of each of the stages, having the woman and her newborn at the center, immersed in a society and culture, working with all the available evidence in an empathic, warm and safe way to accompany and care for women throughout their reproductive cycle and their newborn. With the development of this care model, we aspire to unify the way of providing care in our area, facilitating teaching and evidencing our professional actions.

RESULTS

Agreement was reached on the meaning of each of the stages, having the woman and her newborn at the center, immersed in a society and culture, working with all the available evidence in an empathic, warm and safe way to accompan.

METHODS

Through surveys and meetings with school teachers, clinical teachers, and clinical midwives to reach agreement on the meaning of each of the stages of the care process.

EVIDENCE IF RELEVANT

With the development of this care model, we aspire to unify the way of providing care in our area, facilitating teaching and evidencing our professional actions.

KEY MESSAGE

Over time, midwifery has been professionalized.

PB-147 - Characteristics of annual midwifery scholarship webinars for Indonesian midwives: 2 years of experience

Nur Anisah Rahmawati¹, Erni Rosita Dewi², Alifina Izza², Vita Ratna Sari², Raissa Manika Purwaningtias², Siti Hanisa Khaira³, Mona Melisa⁴

¹ Universitas Airlangga, Faculty of Public Health, Surabaya, Indonesia

² Universitas Airlangga, School of Midwifery, Surabaya, Indonesia

³ Universitas Andalas, Midwifery, Padang, Indonesia

⁴ Poltekkes Kemenkes Surakarta, Midwifery, Surakarta, Indonesia

PURPOSE

To identify the characteristics of participants who attended the midwifery scholarship webinar by Ruang Bidan Indonesia.

DISCUSSION

Midwifery Scholarship Festival (MidScoFest) is an annual scholarship webinar organized by Ruang Bidan Indonesia, which was conducted virtually by Zoom application. The activity is carried out by providing material related to available scholarships and further study opportunities at the postgraduate levels, both domestically and abroad. Furthermore, participants are facilitated in an interactive discussion. This activity was carried out in 9 sessions from 2021 to 2022. A total of 1144 participants took part from all over Indonesia, whereas most participants were registered midwives who worked at the primary care level (41,2%) and advanced health facilities (20,5%). In addition, regarding the demographic area, most participants came from developed regions at about 95.9%. In contrast, participants classified as underdeveloped, leading, and outermost regions are 4.1%. The above findings indicate that midwives have a high tendency to continue their studies to a higher level. Digital technology can support access to educational information for midwives despite limited resources. At the same time, the MidScoFest project can increasingly be aware of the potential for intelligence, talent, and leadership in the individual and midwifery association itself.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This project promotes the importance of higher education for midwives and guides them on how to get scholarships for further studies.

EVIDENCE IF RELEVANT

Midwifery Law of the Republic of Indonesia No. 4 of 2019.

ICM Professional Framework for Midwifery 2021.

WHO: strengthening quality midwifery education for universal health coverage 2030.

KEY MESSAGE

Equitable access to information about opportunities to continue midwifery education in Indonesia is a vital aspect of supporting the professional development of midwives and encouraging quality improvements in midwifery education, research, associations, and services. This experience recommends similar actions to facilitate increased knowledge of midwives about ongoing education and available scholarships that can be applied.

PB-148 - Equipping future professionals in supporting pregnancy and childbirth with a physical disability

Hanneke Torij¹, Heidi van Heijningen-Tousain², Vera van Heijningen³, Marloes Schildmeijer-Ruesink³, Tjitske Folkertsma⁴, Ageeth Rosman², Sander Hilberink², Ans Pellikaan-Van Limbeek⁵

¹ Rotterdam University of Applied Sciences, Research Center Innovations in Care, Rotterdam, Netherlands

² Rotterdam University of Applied Sciences, Research Centre Innovations in Care, Rotterdam, Netherlands

³ Rotterdam University of Applied Sciences, School of Health Care Studies, Occupational therapy, Rotterdam, Netherlands

⁴ Rotterdam University of Applied Sciences, School of Health Care Studies, Midwifery, Rotterdam, Netherlands

⁵ Rotterdam University of Applied Sciences, Rotterdam, Netherlands

PURPOSE

To give insight into our newly developed, multidisciplinary module that will inspire others 1) to develop such a module that involves (pregnant) women and professionals and 2) to raise awareness concerning pregnancy and childbirth with a physical disability and the role of midwives in supporting these women and their partners.

DISCUSSION

Professionals often lack knowledge about how to prepare for pregnancy, childbirth, and parenthood of women with a physical disability, about possible complications, and about the needs of these women and their partners. This lack of knowledge and the negative attitudes of caregivers limit the autonomy of these women.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The aim of the module is to increase future midwives' awareness of becoming pregnant, being pregnant, giving birth, and becoming a parent with a physical disability. Students gain insight into their future role and into the needs of women and their partners that face a physical disability. This relates to the pillar 'education' of the ICM professional framework and to the philosophy of midwifery care that is based on the ethical principles of justice, equity, and respect for human dignity. Also, the module involves all categories in which the competencies of the framework are embedded.

EVIDENCE IF RELEVANT

Women with a physical disability have a higher risk on maternal and neonatal complications (Horner-Johnson, Kulkarni-Rajasekhara, Darney, Dissanayake & Caughey, 2017; Morton e.a., 2013) and face problems of a practical nature, like having to use a different wheelchair (Litchman e.a., 2019). It is important to support (future) parents. The attitude of professionals is crucial: autonomy in the parental role is experienced as very important (Rivera Drew, 2009).

KEY MESSAGE

Adequately equipping future midwives through education is crucial in improving care for pregnant women with a physical disability. Specific attention is needed for improving knowledge and for gaining insight into the wishes and needs of pregnant women and their partners.

PB-149 - The real deal - supporting first Australian men with culturally safe and relevant relationship, pregnancy and parenting information

Monika Zdyb¹, Tracy Smith², Deb Pattrick³

¹ Youth & Family Education Resources, Midwife Educator, Mount Martha, Australia

² Youth & Family Education Resources, Director - Midwife Educator, Mount Martha, Australia

³ Youth & Family Education Resources, Director, Mount Martha, Australia

PURPOSE

Preconceptual reproductive health education has been traditionally ascribed to females. However, including males within programs is essential to avoid its dismissal as 'women's business', thereby prolonging the void of significant and essential information being available for half the population. A young man needs information exploring the real role of what a strong, supportive partner/father looks like, to encourage more consideration/ thought around understanding women's needs, breastfeeding and family planning.

DISCUSSION

Significant discussion has amounted in recent years, about Indigenous communities suffering a distinct lack of strong, healthy, respectful, committed paternal role models. The young generation of Indigenous fathers/ fathers-to-be are now in a delicate place, with many being torn between looking to their culture/community to guide their choices, and then to the mainstream approach to fatherhood and not able to reconcile or combine the two effectively to walk in both worlds. This has led to dubious health, social, psychological and spiritual outcomes for our youth communities, women and young families.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Presenters will demonstrate to the group the need and applicability of this type of preconceptual/antenatal programming throughout Australia and globally.

EVIDENCE IF RELEVANT

Through multimedia YFER will share stories and learnings of what is unfolding as midwives developing education programs working alongside Indigenous men and services within remote parts of Australia in particular Wadeye and East Arnhemland NT.

KEY MESSAGE

Men from all cultures, especially those most vulnerable, need to find their place in the picture of becoming a future/current parent. We need to be educating young males about the challenges and beauty of safe healthy relationships, pregnancy, normal birth, breastfeeding and early parenting. It's crucial if we want to assist men in their passage to fatherhood to feel empowered supporting their partners in this fundamental stage of life, encourage early parent/child bonding in turn maximising the potential for successfully co-parenting a child and raising healthy communities.

PB-150 - Digital education in essential newborn care may improve skills and knowledge in Bangladesh

Monika Patil¹, Allison Judkins², Lia Harris³, Janna Patterson⁴, Maimunat Alex-Adeomi⁴, Naji Hattar⁴, Beena Kamath-Rayne⁴, Mohammad Shahidullah⁵

¹ Baylor College of Medicine, Pediatrics, Houston, USA

² Medicine of School Utah of University, Pediatrics, Salt Lake City, USA

³ Columbia British of University, Pediatrics, Vernon, Canada

⁴ Pediatrics of Academy American, Pediatrics, Itasca, USA

⁵ University Medical Mujib Sheikh Bangabandhu, Pediatrics, Dhaka, Bangladesh

BACKGROUND

Essential newborn care (ENC) offers life-saving interventions for all births, however, the COVID-19 pandemic halted in-person education methods for curriculum dissemination. In response, the American Academy of Pediatrics and Laerdal Global Health developed a digital online platform (hmbs.org) to teach the World Health Organization (WHO) ENC Basic Course (2nd Edition). The resulting course, ENC Now!, is intended to train health care workers (HCW) virtually in ENC using digital tools and remote facilitation.

OBJECTIVES

The purpose of this study is to examine the impact of the novel platform and virtual training in HCW skills and knowledge before and after ENC Now! training.

METHODS

Technical advisors (TAs) in North America virtually oriented master trainers and facilitators in Bangladesh to ENC Now! who then taught local frontline HCW at three different sites. ENC knowledge was assessed via an electronic questionnaire for HCW prior to ENC Now! training. Baseline skills were assessed using the NeoNatalie Live Mannequin. Post training data are currently being collected.

RESULTS

In total, 100 HCW were assessed from 3 different sites. All HCW had a mean score of 75.8% on the knowledge assessment (passing \geq 80% score), with only 45% of HCW passing. A baseline bag-mask ventilation (BMV) skill check yielded a mean score of 70.4% (passing = 100%), with only 1% of HCW passing. Using NeoNatalie Live to collect quantitative data on effectiveness of ventilation skills, HCW had valid ventilations 79.24% of the time, and 39% had efficient and timely ventilation requiring no corrective feedback.

CONCLUSIONS

Baseline data collection indicates a low level of ENC knowledge and skills. Post training data collection is underway and will help determine if the ENC Now! virtual facilitation an effective way to train newborn HCW.

KEY MESSAGE

Digital materials and remote facilitation can revitalize professional education in ENC under pandemic constraints.

PB-151 - Scaling-up midwifery in the United Arab Emirates (UAE)

Maeve Anne O'Connell¹, Georgina Sosa¹

¹ Fatima College of Health Sciences, School of Nursing, Abu Dhabi, United Arab Emirates

PURPOSE

To illustrate our quest to provide high quality Emirati graduates who will be prepared and ready to work in full scope of midwifery practice and increase the skilled midwifery workforce in the United Arab Emirates (UAE).

DISCUSSION

Growing evidence supports findings that a skilled midwifery workforce improves outcomes for mothers and babies, and women's experiences. Increasing the midwifery workforce has been prioritised by Department of Health in Abu Dhabi (AD) (UAE Ministry of Health & Prevention, 2022).

Two midwifery academics performed a scoping exercise to find out what midwifery looks like in AD. Meetings with midwives who have worked or currently work in AD took place online and in-person.

There are so few midwives, most work on labour wards. Obstetrics is dominant, so birth is not always facilitated by midwives. Birth only takes place in hospitals and homebirth is not permitted. Nurses provide most antenatal and postnatal care in hospital and obstetricians provide all outpatient care in pregnancy. Moreover, registered midwives supervise "assistant midwives" who practice basic midwifery dependently. Thus, midwives are not working in full scope of practice which is an important benchmark for quality care.

Information gleaned through this scoping exercise revealed potential opportunities and challenges for midwives and student midwives in AD. Strong midwifery leadership is essential to future progression of midwifery and to enhance strategic, political and public knowledge of the midwife's role.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Development of a world class midwifery degree program aligned with International midwifery education standards which is supported in an Enabling Environment and underpinned by Midwifery Philosophy.

EVIDENCE IF RELEVANT

United Arab Emirates Ministry of Health and Prevention (2022). UAE National Strategy for Nursing/ Midwifery: A Roadmap to 2026 United Arab Emirates: UAE Ministry of Health.

KEY MESSAGE

Prior to scaling-up midwifery, contextual information is needed to understand the scope of practice and supportive network to teach student midwives collaboratively.

PB-152 - Presenteeism among midwifery teachers in Japan

Makiko Noguchi¹, Michiyo Harada², Yukie Iizuka³

¹ Japanese Red Cross College of Nursing, Faculty of Nursing, Tokyo, Japan

² Tokyo Medical University, School of Nursing, Tokyo, Japan

³ Tokyo Women's Medical University, School of Nursing, Tokyo, Japan

BACKGROUND

Presenteeism is a concept which refers to employees being present at work but unable to be fully engaged in the work environment. It is considered common in most workplaces. In Japan, reforming the working-style of teachers is a matter of concern because they have long working hours. Midwifery teachers also work long hours, because they are responsible for the midwifery education which comprise lectures, exercises, and clinical practices. However, midwifery teacher's presenteeism is unclear.

OBJECTIVES

The study aimed to describe midwifery teachers' presenteeism in Japan.

METHODS

We conducted a questionnaire survey with midwifery teachers in Japan. For assessing their presenteeism, the seven-item Work Functioning Impairment Scale (WFun) was used. This scale is useful in assessing the presenteeism and evaluating group levels. We sent the self-administrated questionnaire to all midwifery schools in Japan. The ethics committee of Japanese Red Cross College of Nursing approved this research.

RESULTS

The data was collected in March 2022, and we analyzed the response of 157 midwifery teachers. The mean age of the subject was 51.0 ± 8.5 years old. Their mean years of experience at midwifery education was 11.0 ± 6.6 years. A higher WFun score is indicative of a more severe work functioning impairment. The "no problem" group comprised 49(31.6%) teachers ($WFun \leq 13$). There were 62(40.0%) teachers who reported mild intensity of work impairment, 33(21.3%) teachers with moderate intensity ($WFun 21-27$), and 11(7.1%) teachers with severe intensity of work impairment ($WFun \geq 28$).

CONCLUSIONS

In general, it is desirable that more than half employees should be in the "no problem" category. Assuming that many midwifery teachers are working despite being unwell, an improvement in their working style is urgently needed.

KEY MESSAGE

High quality midwifery teaching is essential to prepare midwives to meet the ICM Definition of a midwife. Therefore, it is imperative for midwifery teachers to be healthy to support midwifery and women's health.

PB-153 - Virsa Unpad as learning media of normal birth attendant for midwife students

Sefita Aryuti Nirmala¹, Astuti Dyah Bestari¹, Ariyati Mandiri¹, Neneng Martini¹

¹ Padjadjaran University, Midwifery Program, Departement of Public Health, Bandung, Indonesia

PURPOSE

Development of Virtual Reality as a learning media for student midwives to improve delivery assistance competencies and build readiness in clinical practice.

DISCUSSION

Various studies have shown that using Virtual Reality as a learning medium can help improve understanding and analysis, increase average scores, increase positive emotions, and increase motivation and learning. There are a series of stages in helping childbirth that must be understood by students so that it becomes a challenge in the learning process for students to achieve these competencies. Virtual Reality Persalihan Unpad (VirSa Unpad) is a learning media for normal delivery assistance developed at Unpad Midwifery. VirSa Unpad development goes through 6 stages, namely 1). Determined topics and boundaries 2). Make a storyboard 3). It determined the integrity of 3D. 4). Conducting trials 5). Content revision. 6). The next stage will be VirSa Unpad product testing needs to be done in the form of alpha and beta tests before being used as a learning media for students.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

VirSa Unpad was applicated to ICM's Professional framework for midwifery on essential competencies. Through VirSa Unpad, it is hoped that it will encourage students to more quickly understand the steps for normal delivery attendant, build a sense of empathy and encourage motivation in the learning process. Therefore VirSa Unpad was applicated to ICM's Professional framework for midwifery in the education.

EVIDENCE IF RELEVANT

Learning media using virtual reality is an innovation of media and technology development in learning. The development of VirSa Unpad is part of the adaptation of the 4.0 technology era and society 5.0. in midwifery education.

KEY MESSAGE

The development of technology-based learning media can assist students in achieving competence. A series of stages are needed to develop learning media and product testing so that students can adequately use them.

PB-154 - The application of the 7-Step Action Plan to Strengthen Quality Midwifery Education in Zambia

Julie Mann¹, Sarah Nyirongo Ngoma², Bassim Birkland², Sara Adelman³, Kelly Carpenter³, Helen Ewing³, Laura Euller³, Amy Stern³

¹ Julie Mann, Seed Global Health, Boston, USA

² Seed Global Health, Seed Global Health, Lusaka, Zambia

³ Seed Global Health, Seed Global Health, Boston, USA

PURPOSE

To enhance midwives' competencies through strengthening clinical education.

DISCUSSION

Using the 7-Step Action Plan to Strengthen Quality Midwifery Education as a guide, Seed Global Health (Seed) aims to improve midwifery clinical education in Zambia.

Beginning with step-1 of the framework, Seed aligned with the Zambian government to review midwifery strategic plans.

Step-2 of the framework involved data gathering. A mixed-methods assessment was performed using surveys, focus group discussions and interviews of students (n = 49), graduates (n = 51) and clinical instructors (n = 5) at Lusaka College of Nursing and Midwifery (LUCON) and four health facilities.

Students reported main learning challenges as lack of time with clinical instructors (61%), too many students per instructor (45%), and an intimidating learning environment (29%). Students (88%) reported spending ≤ 4 hours/day with clinical instructors and 39% stated spending < 1 hr/day. As a result, 77% of students conducted ≥ 1 birth without a trained healthcare provider present. Graduates, clinical instructors, and students expressed needing more one-on-one practice time. For clinical teaching methodologies, $< 40\%$ of students reported hands-on instruction was used and 24% of students identified lack of hands-on learning as a barrier. Regarding clinical instructor feedback, students (61%) reported rarely receiving feedback and one-third of students stated feedback was rarely specific and constructive.

To build engagement, step-3, Seed hosted a 3-day workshop to present findings to stakeholders. Over a 4-month period, stakeholders co-created a multi-year partnership aimed at strengthening students' clinical learning experience. Data-driven objectives focused on clinical instructor mentorship and increased hands-on, one-on-one student experiences.

Seed and partners are entering framework steps 4, 5, 6 focusing on preparing clinical sites, equipping skills lab, and educating faculty, preceptors and students.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This partnership's work describes real-world application of the 7-Step Action Plan to Strengthen Quality Midwifery Education.

KEY MESSAGE

The 7-Step Action Plan to Strengthen Quality Midwifery Education is a useful framework guiding partnerships' efforts in Zambia.

PB-155 - Thoughts of regarding the fertility preservation for female cancer survivors

*Akemi Nasu*¹

¹ Sanyo Gakuen University, Faculty of Nursing Department of Nursing, Okayama, Japan

PURPOSE

This research intends to elucidate the thoughts of teachers in a School of Nursing regarding the fertility preservation for female cancer survivors. As a result of the content analysis on a narrative of an associate professor of maternal nursing science in her forties who is also a midwife, the following four categories were extracted as thoughts of nursing faculty regarding the fertility preservation for female cancer survivors: "Necessity of fertility support and its economic issues", "Coordinated provision of information as well as support for decision-making without regret", "Stance for basic nursing education to include ethics" and "Role of midwife in supporting decision-making regarding fertility".

DISCUSSION

The nursing faculty member perceived that there was a necessity for fertility support and its economic issues, and what is essential are the coordinated provision of information as well as support for decision-making without regret. It is also important for basic nursing education to include ethics in its stance, and for midwives, from the viewpoint of reproductive health, to take the role of support provider for decision-making regarding fertility.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Future issues to be dealt with include providing education on counseling techniques, etc., regarding fertility support in midwife education, in addition to the basic nursing education.

EVIDENCE IF RELEVANT

This research was performed with the approval (2020U014) of the research ethics committee at "A" University.

KEY MESSAGE

Future issues to be dealt with include providing education on counseling techniques, etc., regarding fertility support in midwife education, in addition to the basic nursing education.

PB-156 - What do midwives learn from their experiences caring for non-obstetric and end-of-life patients?

Sakiko Nakamura¹, Keiko Masaoka²

¹ *Sapporo Medical University, Doctor's course- Graduate School of Health Science, Sapporo, Japan*

² *Sapporo Medical University, Graduate School of Health Science, Sapporo, Japan*

BACKGROUND

In Japan, about 80% of hospitals that handle delivery are wards with a mixture of non-obstetrics. In addition to pregnant and puerperal women, the midwives who work there provide care for patients other than obstetrics.

OBJECTIVES

The purpose of the study is to clarify the lessons learned by midwives from their experience of caring for non-obstetric patients.

METHODS

This is a qualitative and descriptive study. A semi-structured interview about the lessons learned from the care experience was conducted with midwives who have more than 4-5 years of care experience for non-obstetric patients. For analysis, a verbatim record was created and categorized. This study was conducted under the review of the Sapporo Medical University Ethics Committee.

RESULTS

There were eight collaborators, and the average number of years of care for non-obstetric patients was 12.1 years. The wards to which midwives belonged were diverse, including gynecology and internal medicine in addition to obstetrics. Midwives learned from their experience in dealing with symptoms not seen in obstetrics, clinical reasoning beyond the scope of obstetrics, and the need to prioritize and collaborate with multiple occupations to protect the entire ward. Furthermore, they learned from the experience of handling patient discharges that it is important to understand the patient's background and wishes, and to collect sufficient information in anticipation of life after discharge. Furthermore, from their experience of dealing with non-obstetric symptoms as well as their involvement with end-of-life patients and their families, midwives learned the importance of respecting the patient's thoughts and pace and the diversity of their families.

CONCLUSIONS

Midwives can implement the lessons learned through the experience of caring for patients other than obstetrics to the care for mothers and children.

KEY MESSAGE

Midwives can grow as midwives by learning from their experience in caring for non-obstetric patients.

PB-157 - How to support midwives acquiring teaching skills at clinical sites: exploring the role of a professional graduate school in Japan

*Kaori Nakada*¹

¹ Tenshi College Graduate School, Master's Program in Midwifery, Hokkaido, Japan

PURPOSE

This presentation focuses on and discusses educational needs of midwives who are in charge of teaching their colleagues and / or student midwives, especially in the current COVID-19 situation. Also it explores the potential and role of a professional graduate school of midwifery in Japan.

DISCUSSION

The preparation of midwives is strongly focused on practice with very limited content on how to teach others. In the clinical sites, experienced midwives are almost automatically assigned teaching roles based on their clinical years. The quality of their clinical teaching depends upon their own experiences, awareness, and self-efforts to improve their skills in teaching and learning. No standardized system that assures quality of clinical teaching skills is available at this time.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

As a general competency, International Confederation of Midwives (ICM) states that midwives “support the profession’s growth through participation in midwifery education in the roles of clinical preceptor, mentor, and role model” (ICM, 2019, p.9). Also it states in the core document that midwives are “responsible for the development of midwifery care, educating the new generation of midwives and colleagues in the concept of lifelong learning” (ICM, 2014, p.2).

EVIDENCE IF RELEVANT

Due to a lack of learning experiences in teaching, a number of midwives have felt uncomfortable and have stress with their teaching responsibilities. The current COVID-19 situation exacerbates this situation because of increased teaching demands at clinical sites since many of the newly appointed midwives have insufficient clinical experience.

KEY MESSAGE

As the profession of midwifery confronts the rapidly changing health issues, developing a program that meets the current educational needs of midwives is a priority issue. Tenshi College, as a professional graduate school, takes a role in this topic.

PB-158 - The use of simulation training emergencies in midwifery

Marketa Moravcova¹, Helena Polackova¹, Eva Welge¹

¹ University of Pardubice Faculty of Health Studies, Department of Midwifery and Health and Social Worker, Pardubice, Czech Republic

BACKGROUND

At present, the use of simulation in midwifery is used only marginally in the Czech Republic, during pre-registration training for midwives. In general, there are no clear concrete criteria and requirements for continuous professional development in the Czech Republic. As for study days for midwives, simulations are very rarely used.

AIM

The aim was to use simulated situations during the pre-registration of midwives, but primarily in continuous professional development.

DISCUSSION

The use of this form of education helps to achieve learning outcomes and brings good results in lifelong learning, which verifies and enhances the knowledge and skills of midwives. It helps participants to improve their communication skills in the team setting and points to the importance of the roles in the team, which leads to safe and effective management of obstetric emergencies. Self-reflection is supported by feedback from the group participants as well as the facilitators.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

The authors currently use simulation training for pre-registration midwifery students in the following obstetric acute conditions: postpartum hemorrhage, shoulder dystocia and neonatal resuscitation. At present, regular mandatory trainings have been created for midwives and other health professionals at the cooperating obstetrics and gynaecology department. Every midwife regularly attends a seminar once a year in the form of model situations focused on shoulder dystocia with subsequent newborn resuscitation and postpartum haemorrhage. These seminars are linked to the acquisition of key competencies for midwives and the performance of their profession in the full range of competencies.

KEY MESSAGE

Using simulation lessons to keep midwifery knowledge and skills at the required level is one of the most effective teaching techniques. This method is used in many developed countries around the world.

PB-159 - Evidence-based complementary and integrative health innovative postgraduate course: together we learn

*Lyndall Mollart*¹

¹ *University of Newcastle, School of Nursing and Midwifery, Terrigal, Australia*

BACKGROUND

Increasingly, Complementary and Integrative Health modalities (previously known as CAM) are used by many women/people in the perinatal period. Current literature recognises the need to ensure these practices cause no harm and enhance childbearing women well-being. Midwives need to have evidence-based knowledge of CIH modalities and practices so that they can assist childbearing women to make informed decisions in the use of these modalities.

A 12-week online course “Evidence-based Complementary and Integrative Health (CIH)” for undergraduate and postgraduate midwifery students was developed and implemented in 2021 at a university in Australia. The course includes the philosophical approaches to CIH, professional and legal issues, benefits/risk of 13 modalities.

OBJECTIVES

To evaluate students’ experience of the “Evidence-based Complementary and Integrative Health” course.

METHODS

With ethics approval (UON 2021–0274) an anonymous online descriptive survey was distributed to all enrolled students (n = 28) six weeks after completing the course. The survey tool consists of three sections: participants demographics; participants experience with course content, materials and lectures; and personal beliefs on CAM.

RESULTS

A total of 11 students responded: midwifery students (3), Registered nurses (2) and registered midwives (6). The majority of students found the course very worthwhile and useful. Comments included “great subject, very applicable to contemporary midwifery practice”, “I feel more confident, the information in this course had added to what I thought I knew before”, “interesting, relevant readings to share with others in the workplace” and “I definitely feel more prepared, I am able to source and provide evidence-based information”.

CONCLUSIONS

This first offering of an evidenced based course on complementary therapies has enable registered midwives and midwifery students to use new knowledge in the workplace and provide evidence-based information to women.

KEY MESSAGE

Midwives need evidence-based knowledge of CIH modalities so that they can assist childbearing women to make informed decisions in the use of these modalities.

PB-160 - Survey on the influence COVID-19 on clinical training and complementary education in midwifery education in Japan

Sachiyo Miyagawa¹, Chie Taniguchi², Mie Izumi¹, Emiko Manabe¹, Noriko Watanabe³, Watanabe Hiroko⁴, Akemi Murakami²

¹ Doshisha Women's College of Liberal Arts, Faculty of Nursing, Kyotanabe, Japan

² Kanagawa University of Human Services, Faculty of Health and Social Services, Yokosuka, Japan

³ Niigata Seiryō University, Faculty of Nursing, Niigata, Japan

⁴ Osaka University, Graduate School of Medicine, Division of Health Sciences, Suita, Japan

BACKGROUND

Japan saw a discontinuation of clinical training due to Covid-19. Midwifery education in Japan requires assisting with about 10 deliveries to qualify for the national midwifery examination. During the pandemic, some educational institutions quickly switched the delivery assistance practice that was supposed to be provided only on site to on-campus training.

OBJECTIVES

To investigate the impact of Covid-19 on clinical training in midwifery education including the actual situation regarding the impact and complementary education.

METHODS

In this cross-sectional study a web questionnaire survey was conducted among 217 midwifery schools in November-December 2021. We asked about the impact of Covid-19 on assisted delivery practice, the status of the switch to on-campus training and the content of those efforts. Descriptive statistics were calculated for quantitative data. Free-text data were categorized. Ethics approval was obtained from the institutional review board at Kanagawa University of Human Services (No.5-21-20, October 4, 2021).

RESULTS

Of the 217 schools, one hundred responded (46.1% valid response rate). As N = 100, the number of responses and the percentage are equivalent. Of the respondents, 85% indicated that Covid-19 had impacted their clinical training. On-site practice was switched to on-campus practice for 57% of respondents. In on-campus training, mock birth patients were utilized for realism. In addition, a new complementary education method was reported, such as connecting the on-site and on-campus training rooms online for delivery assistance and case studies.

CONCLUSIONS

Although the impact of Covid-19 on clinical midwifery practice was high, the use of online joint site-campus practical training has the potential to be a new educational method.

KEY MESSAGE

The complementary education initiatives of on-campus training and case studies using the online system are considered to enable midwifery education in Japan to develop.

PB-161 - Evaluation based on the learning outcomes of the only professional midwifery graduate programme in Japan

*Etsuko Miura*¹

¹ Tenshi College, Graduate School of Midwifery, Sapporo, Japan

PURPOSE

Midwifery education in Japan is stipulated by national law and regulations. It is a non-direct entry with a period of study is 1 year or more, and acquired a total of 31 credits or more, including 11 credits for clinical experience. However, it does not satisfy global standard of ICM midwifery education. Tenshi College Graduate School of Midwifery is only one professional graduate school of professional midwifery program of 2 years course since 2004 in Japan. In order to provide expected achievement level at the completion, we have a curriculum that a number of credits that greatly exceeds the national regulations through which to experience midwifery practice with substantial quality and quantity. Therefore, based on the competencies expected of midwives, we evaluated learning outcomes at the time of completion and to be the appropriate contents of midwifery education.

DISCUSSION

There are 8 types of midwifery educational institution in Japan. Among them, the characteristics of the curriculum of our college, which is a professional graduate school, are shown. Using the "Fact-finding Survey on Achievement-Level Self-Evaluation at the end of Midwifery Education" conducted by Japan Society Midwifery Education, an organization for midwifery education in Japan, and the learning outcomes of education at the time of completion conducted by our college. We will apply it to analyze the characteristics of our program.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Based on the result, we maybe improve the quality of education and refine the curriculum to help improve midwifery education in the future.

EVIDENCE IF RELEVANT

The survey of learning outcome consists of 77 items divided into 9 categories. Each items was aggregated using a 4-points scale, the average value is calculated for each 8 types of midwifery educational institution and it is analyzed.

PB-162 - Listening to women: how do consumers' stories influence commencing bachelor of midwifery students' perceptions of developing a community of practice?

*Karen Mcdonald Smith*¹

¹ Griffith University, School of Nursing and Midwifery, Logan Queensland, Australia

BACKGROUND

The Griffith University Australia Bachelor of Midwifery (BMID) curriculum has a framework based on a set of meta values that provide a clear values-based approach to ensure the program prepares midwives who are fit for the future. The one of these values is being 'woman centred'. During the first trimester of first year, women (consumers) are invited to join with the students and share their birthing stories. The Midwifery Lecturer facilitates and mentors the students during this session, as a midwife would journey with a woman. During this learning activity, it is seen as an opportunity for the students to explore reflective practise on holding space and listening, key areas to supporting the development of their midwifery philosophy. Communities of practice (CoP) are strongly linked to a social learning system which aligns with the programs heutagogy of the social emancipatory transformative approach.

OBJECTIVES

The objective of this research is to explore commencing students' perceptions and experiences of consumer stories and to determine what Midwifery students value in the experience of hearing consumers' stories. The research highlights the links between consumers as an active participant in the community of practice and the impact on of these stories on commencing students within a BMID program.

METHODS

The method used to capture the lived experience of the participants is a qualitative research method of interpretative phenomenology analysis. This was conducted via in-depth semi-structured interviews with small group of participants.

RESULTS

In progress.

CONCLUSIONS

The essential learning of being 'with woman' and listening to their stories is a fundamental element of being a midwife. This research aligns with the ICM professional framework for midwifery highlight element 1 and 3. Ethics approved via Griffith University Australia.

KEY MESSAGE

Listening to consumers stories develops a community of practise and beginning Midwifery philosophy for Bachelor of Midwifery Students.

PB-163 - A model for the adoption of simulation strategies throughout the midwifery curriculum

*Kathleen McBroom*¹

¹ Seattle University, College of Nursing, Seattle, USA

PURPOSE

Describe different modalities of simulation-based education including low fidelity, high fidelity, virtual simulation using avatars, use of standardized patients, team-based learning with unfolding case studies, and interprofessional approaches.

2. Review the evidence supporting simulation as a technique to teach management of low incidence high acuity obstetric emergencies, as well as non-technical, affective, team communication skills.
3. Discuss the use of simulation in US based graduate midwifery programs, as well as the literature supporting simulation in midwifery education globally.
4. Locate opportunities for simulation-based education in each of the core competency areas: Gynecology, Antepartum, Intrapartum, Postpartum and Newborn.
5. Explain the challenges of integrating increasing complexities of simulation experiences into the curriculum in terms of logistic, facility, and faculty resources necessary for implementation.

DISCUSSION

Simulation is a research-based approach commonly used in both prelicensure and graduate level medical professional education. It is especially suited to practicing for high acuity, low incidence obstetric events such as hemorrhage and shoulder dystocia, and can be used to teach affective skills and interprofessional teamwork. This pedagogy can be incorporated as an important strategy to increase student confidence and competence prior to clinical rotations.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Simulation strategies provide an important opportunity for students to practice skills in a safe environment prior to clinical rotations, and can be particularly valuable if clinical experiences are limited due to COVID restrictions.

EVIDENCE IF RELEVANT

A thorough literature review will be presented.

KEY MESSAGE

This presentation presents a model incorporating simulation based learning strategies throughout the midwifery curriculum to increase student confidence, interprofessional collaboration, the management of obstetrical emergencies, and to ease the transition into clinical practice.

PB-164 - Midwifery clinical education assessment in Sierra Leone

*Julie Mann*¹, *Mustapha Sonnie*², *Frederica Kella*², *Sara Adelman*³, *Amy Stern*³, *Bryn Falahee*³, *Helen Ewing*³, *Leigh Forbush*³

¹ *Julie Mann, Seed Global Health, Boston, USA*

² *Seed Global Health, Seed Global Health, Freetown, Sierra Leone*

³ *Seed Global Health, Seed Global Health, Boston, USA*

BACKGROUND

Sierra Leone has the third highest maternal mortality ratio globally.

OBJECTIVES

Seed Global Health partnered with the Sierra Leone government to identify gaps in midwifery clinical education.

METHODS

The assessment used a mixed-method approach that included surveys, focus group discussions, interviews, and review of maternal records at four midwifery schools and eight healthcare facilities. Students, recent graduates (< 3 years), preceptors, healthcare staff, administrators and midwifery faculty participated. Data analysis involved descriptive statistics and grounded theory approach for qualitative data.

RESULTS

Students (n = 202) reported insufficient learning opportunities in the following competencies: assisting in operating theater (42%), perineal suturing (32%), completing partographs (27%), and estimation of blood loss (23%).

Recent graduates (n = 74) reported lowest confidence in post-abortion care (45%), assisted vaginal delivery (50%), and management of pre-eclampsia/eclampsia (50%).

Preceptors (n = 39) reported a lack of preceptors in the clinical setting evident in 52% of students attending at least one birth without a preceptor present. Preceptors revealed challenges in evaluating students and a lack of formal oversight or communication between themselves and the schools. They desired additional support, specifically for training on teaching pedagogy (59%) and better financial compensation (56%).

Maternal records from the facilities where students and preceptors practiced revealed vital signs were inconsistently performed or documented. Postpartum hemorrhage (PPH) was diagnosed in 11% women at hospitals and 1% at community health centers (CHCs); of those, only 63% received oxytocin, 41% misoprostol, 37% tranexamic acid and none received bimanual compression. Essential supplies to manage PPH and preeclampsia/eclampsia were lacking in all facilities.

CONCLUSIONS

Inconsistent clinical training for students, lack of trained and supported preceptors, inconsistent adherence to clinical guidelines, and lack of essential supplies are significant challenges to quality midwifery clinical education in Sierra Leone.

KEY MESSAGE

Assessment findings can guide efforts to improve midwifery education and maternal outcomes in Sierra Leone.

PB-165 - Introduction of midwifery education at National Academy of Medical Science, Kathmandu, Nepal: our story

Maiya Shobha Manandhar¹

¹ Midwifery Society of Nepal MIDSON, Committee member, Kathmandu, Nepal

PURPOSE

To share our experiences regarding midwifery education, our achievements and challenges.

DISCUSSION

We midwifery faculties are nurses with midwifery skills. Though we were confident in providing care to pregnant women, women in labour and during postnatal period with neonate, we were not very aware on midwifery model of care. So, the initial period of the education was very challenging for us. With time we got chance to work with international midwives as well as we got some trainings, so now we are quite familiar with midwifery model of care and feeling more confident to guide the students. Among 28 registered midwives 22 are from NAMS. And two of them are selected in Young Midwives Leader program of ICM, one selected in women's deliver and two of them selected from Nepal in outstanding 100 nurse and midwives. In these days, a big challenge is, the registered midwives has no opportunity to enter in government health system because there has not created post yet for midwives in government health system.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

To facilitate understanding of the opportunities and challenges when midwifery is adopted into a health workforce that is traditionally nursing oriented.

EVIDENCE IF RELEVANT

Professional midwives could help reduce around two-thirds of all maternal and newborn deaths. Midwives are one of the most cost-effective and culturally sensitive human resources to achieving universal health care, if practicing in an enabling environment and supported by regulations. In Nepal, the Government of Nepal with the UNFPA's support midwifery curriculum developed in 2012 and education started in 2017 at government university ie; National Academy of Medical sciences (NAMS), Bir Hospital Nursing Campus. Although this new profession is good initiation of Nepal government still there are many challenges during academic course and new registered midwives deployment.

KEY MESSAGE

Any challenges can turn into opportunities through team work, collaboration and support from each other.

PB-166 - “Kreißtheater” theatre of labour: simulation-based behavioural and communication training as a study programme for applied midwifery science

Friederike Makowski¹, Janne Dülken¹, Denise Hansen¹, Angela Brellos¹, Linda Luhmann¹, Annika Laura Walker¹

¹ Hochschule Niederrhein - University of Applied Sciences, Gesundheitswesen - Public Health, Krefeld, Germany

PURPOSE

In the adoption of the Study and Examination Ordinance for Midwives (HebStPrV, 2020), the implementation of practical state examinations within a midwifery study course using models and/or simulation persons is anchored for the first time. Because the field of simulation is a novelty in Germany in the field of primary qualifying academic midwifery education, it is extensive and challenging to create competence-oriented and methodically well prepared offers for the students. With the third-party funded project (Freiraum 2022, funded by the Foundation Innovation in der Hochschullehre in sponsorship of the Toepfer Stiftung gGmbH) named “Kreißtheater – “theatre of labour” – Simulation-based behavioral and communication training as a study programme for applied midwifery science” we want to prepare our students for their state examination and deepen their skills.

DISCUSSION

During the implementation of the project, various essential elements become clear, which are methodically processed in order to be able to achieve the goals in the best possible way. How can we prepare the students? How do the actors have to realize the scenes and how do we have to prepare the scenes? These are the questions to realize the lessons in an actual way.

APPLICATION TO ONE OR MORE OF THE ELEMENTS OF THE ICMS PROFESSIONAL FRAMEWORK FOR MIDWIFERY

We want our students to become autonomous, responsible and empathic Midwives just as the ICM wants to strengthen the profession of midwifery. With the simulation-based training we want to strengthen their competencies in different practical skills and especially reflexive and communicational competencies.

KEY MESSAGE

How to transfer the idea of “Kreißtheater – theatre of labour” into the education for the students of Applied Midwifery Science in a high quality and as a well preparation not only for the examinations but also for their profession as a Midwife.

PB-167 - Keep it simple: a newborn resuscitation course for midwifery students

Linda Wike Ljungblad¹, Kirsti Skovdahl¹, Brendan McCormack², Bente Dahl¹

¹ University of South-Eastern Norway, Department of Nursing and Health Sciences, Borre, Norway

² Queen Margaret University, Centre for Person-Centred Practice Research, School of Health Sciences, Edinburgh, United Kingdom

BACKGROUND

Up to 10 % of all newborn babies need some help with their transition from intrauterine to extrauterine life to assist their start of breathing. Midwives are the professionals that attend most deliveries. They identify and initiate adequate help. Midwifery students must learn the skills of performing newborn resuscitation before becoming registered midwives. Despite simulation training for decades, midwives still request a need to prepare themselves for newborn resuscitation. No consensus has been achieved on how to best prepare midwifery students for the complexity of newborn resuscitation.

OBJECTIVES

To develop a tailored newborn resuscitation course for midwifery students.

METHODS

A qualitative study, using an explorative design and an abductive approach. Co-creation in four digital workshops was facilitated with both experienced midwives and midwifery students from May to October 2020. We used Gales' seven-step framework method to analyze the data.

RESULTS

Four themes were identified 1) practice guidance, 2) technical skills, 3) non-technical skills, and 4) innovative methods.

CONCLUSIONS

To facilitate the learning process we emphasize the importance of practice guidance, technical skills, non-technical skills, and innovative methods in lifelong learning. However, these skills need to be embedded in a supportive culture. Midwives expressed similar needs as midwifery students to become prepared for newborn resuscitation. Low-dose high-frequency training in a supportive culture is essential to both midwifery students and experienced midwives.

KEY MESSAGE

Performing newborn resuscitation is a lifelong learning process for both midwives and midwifery students that needs to be embedded in a supportive culture.

PB-168 - Distance teaching under the epidemic situation: improving the teaching effect of obstetric nursing skills

Hsiao Lu Lee¹, Shun-Ting Wu²

¹ *Tajen university, nursing, Pingtung, Taiwan*

² *National Kaohsiung Normal University, Graduate Institute of Adult Education, Kaohsiun, Taiwan*

BACKGROUND

In the beginning of 2022, due to the covid-19 variant virus Omicron, the number of confirmed cases in Taiwan reached over 100,000 per day. In May, 2022, university hereby announced online learning to overcome pandemic outbreak.

OBJECTIVES

The purpose of this study is to exam the effectiveness of teaching obstetric nursing skills through online teaching during the pandemic.

METHODS

The research design is an experimental study for the convenience of sampling. There are 92 students studying obstetric nursing course enrolled in junior year, cannot perform on-campus practice. The intervention methods used multiple teaching strategies-1. The obstetric nursing skills practice video will be filmed and elaborated by the teacher. 2. Online obstetric nursing skills competition to improve learning efficiency 3. As Taiwan gradually out of pandemic phase, students are allowed to reenter the university to practice skills and teachers will guide them.

RESULTS

Satisfaction of learning benefits marked 4.45 regarding teaching content planning; 4.41 in teacher's attitude and explanation towards student's practice skills; 4.51 in student's self-growth satisfaction.

CONCLUSIONS

Students believed that acquiring obstetric nursing skills is only after practice and demonstration back. Yet students can still watch the skill practice video during the pandemic outbreak. In June, on-campus practice reopened and online nursing skill competition was to improve the lack of technical practice exercises. As a result of this, it can indeed improve the clinical skills of students in obstetrics nursing.

PB-169 - Sharing and evaluating simulation in midwifery education

Lorna Lawther¹, Janine Stockdale¹, Sam Chenery-Morris², Pat Pellegrinello², Virginia Palanas de Lathauwer², Monica De Icaza Valenzuela²

¹ Queen's University Belfast, School of Nursing and Midwifery, Belfast, United Kingdom

² University of Suffolk, School of Nursing and Midwifery, Ipswich, United Kingdom

BACKGROUND

In 2020 a workshop that incorporated a series of 360o videos depicting deterioration of perinatal women's mental health was designed to motivate midwives to learn alongside other healthcare professionals. When evaluated, participants reported positive levels of learner motivation and immersion (accepted for publication), and so the resources were shared with midwifery educators in a different institution. Yet, according to Laack et al., (2017) sharing simulated learning resources is both advantageous and challenging.

OBJECTIVES

Compare the motivational and immersive learning impact.

METHODS

Two online meetings were held. University A presented the workshop design, simulation process and technology requirements. The educators shared what worked and what did not when implementing the workshop with undergraduate midwives. Following implementation, undergraduate students participating in timetabled workshops completed a two-part self-reported measure of motivation and immersion. Part A was an adaptation of Loorbach et al's., (2015) Reduced Instructional Materials Motivation Survey; part B was a valid measure of immersion and presence (Slater et al., 1994). T-tests were used to compare differences in the components of motivation and immersion experienced by the student groups. Ethical permission was granted from University A.

RESULTS

A total of 54 students completed the workshop (University A n = 25, University B n = 29). One student opted out of completing the survey. T-test analyses demonstrated significant differences in the motivation and immersion experienced by students in University A compared to University B; with University A reporting much higher levels.

CONCLUSIONS

More research is needed to understand how simulation resources can be optimally shared for student groups in different learning environments.

KEY MESSAGE

Motivational design is critical to the impact of simulated learning and should be contextualised to the specific student groups.

PB-170 - Nursing students' learning with a change in the maternity nursing practice location due to COVID-19

Hiroko Kino¹, Kozue Yamauchi¹, Hiromi Fujii¹

¹ OTEMAE University, Faculty of Global Nursing, Osaka, Japan

PURPOSE

The purpose of this article is to report that nursing students were active in practical clinical training based on what midwives taught in their on-campus practice.

DISCUSSION

In the practical training of maternal nursing at this university, a total of 10 days of practical training is conducted, at a hospital for 5 to 8 days and at a midwifery center with Post-partum and Breastfeeding Support for 2 to 5 days. Due to the influence of COVID-19, part of the maternity nursing practice from the middle of January 2022 was changed to on-campus practice. Clinical practice was then resumed from the end of February to March. With the change of location to on-campus training, faculty members who are midwives conducted training with three content areas incorporating simulations. In this issue, we will discuss "Role-plays of Mother and Child Support in the Ward and Community during a Disaster." Two types of role-plays were conducted: a role-play between a nursing student and a mother in a hospital ward when an earthquake of intensity 6 or lower occurred with the mother and newborn in the same room, and a role-play of a mother taking refuge in a local evacuation center. After the on-campus training was completed, clinical training resumed, and 15 students spent two days in a childcare support circle run by a midwifery center. The assignment was "health education" (5-15 minutes). Based on their learning in the practical on-campus training, they made a teaching plan and conducted disaster education for mothers under the advice of a midwife at the facility.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

In the pandemic era, midwifery has to create more continuity between training on-campus and practice in the maternity field than before.

KEY MESSAGE

Although it was intermittent, there was a continuity between on-campus and clinical training, and the accumulation of students' learning was evident.

PB-171 - Online training for strengthening assessment capacity for safe birth at Matrishishu Miteri Hospital, Pokhara, Nepal

Hiromi Kawauchi¹, Noriko Fujisawa², Kieko Yasuda³, Noriko Mochizuki⁴, Terumi Kitahara⁵

¹ Nagano College of Nursing, Maternal Nursing and Women's Health, Komagane Nagano, Japan

² Nagano College of Nursing, Maternal Nursing & Women's Health, Komagane Nagano, Japan

³ Nagano College of Nursing, Public Health Nursing and Home Care Nursing, Komagane Nagano, Japan

⁴ Nagano College of Nursing, International Nursing & Disaster Nursing, Komagane Nagano, Japan

⁵ Komagane City, Citizen's Association for Nepal Exchange, Komagane Nagano, Japan

PURPOSE

To report "Training for Strengthening Assessment Skills for the First Stage of Labor" conducted online by Japanese midwives. The purpose of this training is to strengthen the assessment capacity of midwives aiming for safer delivery and reduced need for excessive medical intervention.

DISCUSSION

The educational backgrounds and qualifications of nurses assisting in childbirth in Matrishishu Miteri Hospital are various, and education for intrapartum period care focuses on practical techniques. Therefore, nurses are not accustomed to assessing the process of deliveries by evidence-based diagnosis.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Nagano College of Nursing (NCN) took the lead in conducting online training for seven nurses a total of 16 times from 2020 to 2021. NCN is located in Komagane City, which is a friendship city with Pokhara. The training group consisted of midwives from NCN, a maternity clinic and a midwifery center in this area. The training group included some midwives who spoke English/ Nepalese and have experience working in the field of international development in Pokhara. The project staff members from the Citizens Association for Nepal Exchange coordinated the overall set up of training.

Training contents were basic knowledge of midwifery diagnosis, using case studies of midwifery diagnosis and, finally, a presentation on midwifery diagnosis during a labor in which the trainees themselves were involved. Although, trainees struggled to understand evidence-based diagnosis and assessments to predict the delivery progress, they were able to gain confidence in their care during labor.

KEY MESSAGE

Since online training does not require reciprocal travel, anyone can participate during their daily work. In addition, continuous training for larger numbers of people is possible, resulting in cost savings. On the other hand, technical training using medical models is not suitable for deepening understanding online. However, online training is effective for training that is based on the acquisition of knowledge.

PB-172 - Step up together: improving drills in community birth settings

Jennifer Johnson¹, Amy Romano²

¹ Primary Maternity Care, Clinical Operations, Philadelphia, USA

² Primary Maternity Care, Founder, Milford, USA

PURPOSE

Emergencies occur infrequently in low-risk birth, requiring fast decision-making, procedural competency, and teamwork. When situations require transfer to a higher level of care, collaboration between Community Birth (CB) providers, EMS, and hospitals is essential for safety. CB systems face common challenges, requiring solutions that work within their context. We created a virtual platform and cohort-style learning collaborative for CB leaders to share best practices, “step up” emergency preparedness, and engage in quality improvement.

DISCUSSION

Our program includes didactic sessions, a Drill Implementation Kit, and opportunities to share experiences together. They were developed with 6 core “Building Blocks”: Safe Space and Nurturing Community; Learning and Improvement Cycles; Dynamic Education and Learner Experiences; Implementation and Data Tools; Community Debriefing; and Expert Faculty with Implementation Experience. The Program is designed to help CB leaders prepare for, conduct, and debrief a team drill on a specific clinical topic, while engaging in facilitated learning and discussion about best practices.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwives and other CB providers need opportunities to build teamwork and strengthen skills to manage emergencies. Enabling smooth transport and access to higher levels of care can save lives and improve outcomes.

EVIDENCE IF RELEVANT

Our pilot program enrolled 20 providers across 13 states, including birth centers, home birth practices, and hospitals. The cohort appreciated the collaborative learning environment. Drill participants included midwives, nurses, birth assistants, and physicians. The program was rated highly, leading to concrete improvements in CB providers’ readiness for emergencies. One participant said “My assistant and I are beginning to run simple drills weekly...I love it, it reduces my anxiety and is really beneficial with our efficiency and ease of communication.”

KEY MESSAGE

Step Up Together is a scalable program to strengthen community birth services by bringing together midwives and other clinical leaders to learn from one another, implement best practices, and improve our commitment to safety and collaboration.

PB-173 - Web-based learning support innovation towards normal birth knowledge among nursing and midwifery students in Bangkok, Thailand

Wareerat Jittitaworn¹, Peeranan Wisanskoonwong²

¹ *Kuakarun Faculty of Nursing- Navamindradhiraj University, Maternal-Newborn Nursing and Midwifery Department, Bangkok- Thailand, Thailand*

² *Kuakarun Faculty of Nursing- Navamindradhiraj University, Maternal-Newborn Nursing and Midwifery Department, Bangkok, Thailand*

BACKGROUND

Normal birth is an essential knowledge that enables nursing and midwifery students to provide effective care for women during childbirth. In an age of disruption, learners must be able to access knowledge anytime, anywhere. To help them become lifelong learners, it is important that we gain insight into their online learning process.

OBJECTIVES

Therefore, this study aimed to develop a web-based normal birth learning innovation and understand how nursing and midwifery students learned through the online learning platform.

METHODS

The study was performed using a sequential explanatory mixed methods design, with a total of 190 nursing/ midwifery students willing to participate. Group interviews were conducted with 36 participants who used the web-based normal birth platform. The knowledge data were analysed using Repeated ANOVA, while the interview data were analysed thematically.

RESULTS

The normal birth knowledge results indicated a statistically significant difference between the pre-test and post-test scores. No difference was found between the post-test scores obtained immediately after and two weeks following the web-based learning. The post-test scores slightly decreased after four weeks and only differed from those obtained immediately and two weeks after the learning. Four main themes emerged from the qualitative data collected from the group interviews: 1) being challenging and flexible, 2) increasing confidence and positive attitudes, 3) having an interesting design, and 4) enhancing responsibility, self-directed learning, and self-regulation.

CONCLUSIONS

Learning through the web-based normal birth learning platform can help nursing/midwifery students improve their knowledge and understanding of normal childbirth. Also, the acquired insights about their web-based learning process can be used to further develop nursing and midwifery instruction to ensure learners' ability to apply theoretical knowledge to practice and provide effective care for women during childbirth.

KEY MESSAGE

Learning in a disruptive world, especially during the COVID-19 pandemic, is challenging for both teachers and students who are accustomed to the traditional classroom.

PB-174 - Formation sage-femmes

Fatima Halidani¹, Mounira Djami², Zainaba Youssouf³

¹ Croix-Rouge Française, projet VBG, Mutsamudu, Comoros

² Directrice Nationale de l'Ecole de la Médecine et de la Santé Publique EMSP de l'Union de Comores, Moroni, Comoros

³ Fédération des Associations des Sage-Femmes en Union des Comores, Ngazidja, Moroni, Comoros

PURPOSE

Améliorer profession Sage-femme-Comores.

1^{er} Etape : étude à l'extérieur du pays année 70 pour devenir Sage-Femme d'Etat.

2^{ème} Etape : A l'intérieur du pays

- Création 1^{ère} Ecole : Filière Santé en 1976 devenue Ecole territoriale.
- 1985-1988 devient Ecole Nationale de Santé pour trois ans d'étude, niveau brevet.
- 1986-1991 : inscriptions bacheliers, étude de 3 ans, devenue Sage-Femme Diplômée d'Etat.
- Ecole fermée 1992.
- Réouverture 2001 : Centre National de Recherche et de Formation en Santé Publique (CNRFSP).
- Intégration Ecole à l'Université des Comores en 2003 et intégration de LMD.
- Devenue Ecole de Médecine et Santé Publique.
- 2004 premières SFE (licences en Soins Obstétricaux).
- 2005-2006 : une licence professionnelle promulgué à l'Assemblée Nationale.
- 2021 : Sage-femmes en étude de Master II à L'EMSP. ü 2004-2022 : 161 SFE avec licence professionnelle.
- 11 sage-femmes enseignantes certifiées (ICM).
- 640 Sage-Femmes Diplômées D'Etat de l'EMSP.

3^{ème} Etape :ü

- Création successive des Associations membres du 2005 au 2012.
- Création de la Fédération et Adhésion à L'ICM 2012.
- Appui ICM :
 - Révision du curriculum de formation et référentiel de la profession.
 - Formation en EBC, mentorat, GAP.

Limites :

- Mauvaise coordination (appui des sage-femmes pour le renforcement du système de santé).
- Absence de matériel pour rehausser la pratique (exercice de simulation).
- Faible accompagnement de la part des partenaires.

PB-176 - Where we are in terms of core competencies in midwifery education: the current situation in Türkiye

Sevil Guner¹, Sibel Ocak Aktürk², Melek Balçık Çolak³, Hafize Öztürk Can⁴, Nursen Bolsoy⁵

¹ Mersin University, Midwifery Department, Mersin, Turkey

² Çanakkale Onsekiz Mart University, Midwifery Department, Çanakkale, Turkey

³ Sakarya University, Midwifery Department, Sakarya, Turkey

⁴ Ege University, Midwifery Department, İzmir, Turkey

⁵ Manisa Celal Bayar University, Midwifery Department, Manisa, Turkey

PURPOSE

Fully qualified midwifery care is of vital importance in the health of women of reproductive age and newborns. Competent midwife educators are needed to train fully competent midwives. There are problems in many countries regarding the competence of the educators needed in this direction. This study, it is aimed to examine midwifery educators in Turkey in terms of core competencies.

DISCUSSION

The midwifery departments of 62 universities in the study group consisted of 500 academicians. Postgraduate education is carried out in 41 of the examined midwifery departments (29 postgraduate, 12 doctorates). Midwifery departments include 46 professors, 45 associate professors, 211 assistant professors, 117 research assistants, and 81 lecturers. In Turkey, 15534 undergraduate, 575 graduate, and 160 doctorate students study in the midwifery department. As the second and third stages of the study continue, the results will be shared when they are obtained.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

After the competencies of the midwifery educators are determined, a more qualified midwifery education can be provided by supporting the educators with post-graduate training.

EVIDENCE IF RELEVANT

This study is carried out within the framework of the "Midwifery Educators' Core Competencies: Building Capacities of Midwifery Educators" published by the WHO (2019) and the "Global Standards of Midwifery Education" published by ICM guidelines.

KEY MESSAGE

The results of our study will guide the midwife educators and midwifery associations to determine the facilities and barriers to running midwifery education in Turkey.

PB-177 - Co-creating a centre of excellence

Nikia Grayson¹, Nicole Quinones¹, Talita Oseguera¹

¹ Memphis Center for Reproductive Health, Memphis, USA

PURPOSE

CHOICES is a health center in Memphis that specializes in expanding reproductive and sexual healthcare services. Patients travel from all over the state and beyond for gynecologic, family planning, abortion, gender-affirming care, and midwifery-led birthcenter services (antepartum, intrapartum, postpartum). Sixty-four percent of the population in Memphis is of African descent (U.S. Census Bureau, 2021). The patient population at CHOICES reflects the city's demographics, with 71% self-identifying as African American. The birth center is staffed by six midwives and two birth assistants, all of whom are also of African ancestry. At the moment, the birth center at CHOICES is the CHOICES' newest program, The Center of Excellence Nurse-Midwifery Fellowship Program seeks to not only introduce recently graduated nurse-midwives to CHOICES' values and the full spectrum of reproductive health model and services but to also align each fellow to care for their clients using reproductive and social justice principles. Each fellow will leave the program fully equipped to practice and care in a more inclusive, patient-centered way and take action to dismantle all systems of reproductive oppression and injustices in their very own community and beyond. During this presentation, we will discuss the program's development in great detail and next steps in operationalizing CHOICES's values and the full spectrum of reproductive health models.

REFERENCES

- Hooks, B. (1984). *Feminist theory: From margin to center*. South End Press.
- Joseph, T. (2019). *Just punishment?: The epistemic and affective investments in carceral feminism* [Unpublished thesis]. Oberlin College.
- Shen, M. J., Peterson, E. B., Costas-Muñiz, R., Hernandez, M. H., Jewell, S. T., Matsoukas, K., & Bylund, C. L. (2018). The effects of race and racial concordance on patient-physician communication: A systematic review of the literature. *Journal of Racial and Ethnic Health Disparities*, 5(1), 117-140. <https://doi.org/10.1007/s40615-017-0350-4>.
- U.S. Census Bureau. (2021). *QuickFacts: Memphis city, Tennessee*. Census Bureau QuickFacts. <https://www.census.gov/quickfacts/memphiscitytennessee>.

PB-178 - A mixed methods study investigating midwifery students return to study after maternity leave

Michelle Gray¹, Liz McNeil², Terri Downer³, Elaine Jefford⁴, Di Bloxsome¹

¹ Edith Cowan University, School of Nursing and Midwifery, Joondalup, Australia

² Flinders University, Midwifery, Adelaide, Australia

³ University of the Sunshine Coast, School of Nursing and Midwifery, Sunshine Coast, Australia

⁴ University of South Australia, Midwifery, South Australia, Australia

BACKGROUND

In Australia there are no statutory boundaries restricting mothers returning to study or work after pregnancy. Midwifery students who take maternity leave during their studies autonomously decide when they return to their studies. Some returning to university within a matter of days/weeks after birth. Midwifery education immerses students in a profession that proports to espouse philosophical values that protect motherhood as a time for bonding and nurturing of the mother-infant dyad. However, students making personal decisions to return their studies soon after birth presents a conflicting dichotomy of values that needs further examination to understand the decision-making processes of students.

OBJECTIVES

To explore factors that influence students' decision-making when returning to midwifery studies following the birth of their baby.

METHODS

A mixed methods approach using an explanatory, parallel (convergent or concurrent) design was used. Data collection was by survey and interviews.

RESULTS

The findings provide insight into the experiences of midwifery students completing theoretical content and clinical placements after the birth of their baby. The findings explain student's requirements for support to graduate as a midwife.

CONCLUSIONS

As midwifery educators we have a professional responsibility as per the Global Standards for Midwifery Education (ICM, 2021) to develop clear policies that guide students towards successful completion of their midwifery program, whilst simultaneously protecting students' personal health, safety, and wellbeing in learning environments. The findings from this research provide unique data necessary to begin the national and international conversation to support midwifery regulation in guiding universities and midwifery academics on how to minimise educational challenges and support students to complete their study whilst protecting the mother-baby dyad.

KEY MESSAGE

As a global issue, we recommend international collaboration and further research.

PB-179 - Action research in collaboration with students concerned Japanese midwifery qualifications and sexual diversity

Hiromi Fujii¹, Yuichi Kamiya², Kozue Yamauchi¹

¹ *Otemae university, Global nursing, Osaka, Japan*

² *Hitotsubashi university, Social science, Tokyo, Japan*

BACKGROUND

In Japan, only the female is accepted to obtain the midwifery qualification. So, the midwifery qualification system in Japan is a system in which students with sexual diversity tend to be left behind. The purpose of our action research is to explore about whether students choose to inherit with the system that restricts midwifery qualifications by gender.

OBJECTIVES

We worked on an action research with students. Participants of this study were five students. They conducted focus group discussions with three expert midwives.

METHODS

Students interview midwives about the midwifery qualification system in Japan, and carried focus group discussions before and after semi-structured interviews with midwives in 2021-2022. The data were analyzed qualitatively and inductively.

RESULTS

They realized that there are a variety of perspectives among midwives, and I understood the opinions of midwives who are different from the student group and the diversity of vocational and educational experiences that are the basis for ones to have such opinions. Students found, in particular, the perspective that they did not have was a relation of sexual violence and midwifery. On the other hand, midwives often mentioned this point and insisted that midwives should be female to heal sexual trauma from the perspective of victims of sexual violence.

CONCLUSIONS

The younger generation could explore experiences and opinions different from experts positively. Even with that finding, they did not change their thinking about that sexual diversity should be widely accepted in a midwife certification system in Japan. Our/their finding led the concept of midwifery independent on sexual violence and including sexual diversity.

KEY MESSAGE

The new hypothesis from our study findings is that if the young generation could explore midwives' narrative concerned gender and sexuality carefully, they could respect more several diversity and get resources to change old Japanese midwives certification systems.

PB-180 - Frangipani - connecting, sharing information and supporting First Australian mothers in remote NE Arnhemland

Tracy Smith¹, Vicki Elborough²

¹ Youth & Family Education Resources, Director - Midwife Educator, Mount Martha, Australia

² Youth & Family Education Resources, Midwife Trainer/Educator, Nhulunbuy, Australia

PURPOSE

Culturally Safe Education around preconception, healthy pregnancy, birth, breastfeeding and early parenting is essential to support better health and wellbeing outcomes for First Australian families living in remote Australia.

DISCUSSION

Many women and their families in remote Australian communities experience discrimination, inequality & fear, culminating in poor antenatal education and care, thus continued poor health outcomes for Aboriginal and Torres Strait Islander mothers, newborns and children. Many of these women in East Arnhemland NT, will spend extended periods of time alone in 'sit down' waiting to give birth and far away from their families and community which contributes to the stresses, fears and burdens they already carry.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Since mid 2000s, Core of life (COL) has supported traditional learning as an important part of educating youth and new mothers about this intrinsic part of life. As well, YFER's philosophy centres around linking/connecting services, cultural groups and generations to assist in empowering current/future birthing women to feel safe and informed.

EVIDENCE IF RELEVANT

This year a joint effort between Anglicare, Gove hospital maternity unit and CoL, saw the creation of the Frangipani women's group. This weekly space brings together a midwife, antenatal women, Indigenous health worker and family support worker all 'on country' for a sharing & caring women's space. Spontaneous, relevant and individualized antenatal education can unfold in the natural environment. The women hunt/collect and eat oysters, fish, beach walk and picnic. Creative opportunities and ideas keep expanding as the needs/wishes of the women are explored further. Frangipani promotes open discussion and sharing amongst the group developing respectful relationships between services/community.

KEY MESSAGE

Midwives can embrace an expanded vision of their role in creating and promoting culturally respectful, inclusive support and see it have a significant impact on maternal infant health outcomes for Indigenous families (BOC data 2022) and encourage improved First Australian and multicultural wellbeing.

PB-181 - Integrating diversity, equity, and inclusion into midwifery education

Lastascia Coleman¹

¹ University of Iowa Hospitals and Clinics, Obstetrics and Gynecology, Iowa City, USA

PURPOSE

Diversity, equity, and inclusion (DEI) are concepts that have broad implications on our work as midwives and educators. While these ideals are important to upholding the midwifery model of care, education can be a place where uncertainty exists when attempting to integrate DEI. Achieving equity in maternity care begins with education and then infuse into our communities and nations.

DISCUSSION

Best practices exist for integration of DEI materials and curriculum into the education of students didactically and in clinical experiences, along with assessment of texts and resources used throughout programs. Faculty development that improves effective teaching DEI concepts and self-reflection need to be considered. The admission processes of programs may inflict barriers on students who would otherwise be qualified applicants, affecting the diversity of the future workforce. Evaluation of all aspects of education programs must include elements of DEI to ensure desired outcomes are being achieved.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

I will share recommendations and best practices for applying DEI concepts into different facets of midwifery education.

EVIDENCE IF RELEVANT

- Michaels-Strasser, S., Smith, J., Khanyola, J., Sutton, R., Price, T., & El Sadr, W. M. (2018). Strengthening the quality and quantity of the nursing and midwifery workforce: Report on eight years of the NEPI project. *Annals of Global Health*, 84(1), 31–35. <https://doi.org/10.29024/aogh.6>.
- UNFPA. (2021). *The State of the World's Midwifery 2021*.
- Tyson, H., & Wilson-Mitchell, K. (2016). Diversifying the Midwifery Workforce: Inclusivity, Culturally Sensitive Bridging, and Innovation. *Journal of Midwifery and Women's Health*, 61(6), 752–758. <https://doi.org/10.1111/jmwh.12573>.
- Green, C. L., Perez, S. L., Walker, A., Estriplet, T., Ogunwole, S. M., Auguste, T. C., & Crear-Perry, J. A. (2021). The cycle to respectful care: A qualitative approach to the creation of an actionable framework to address maternal outcome disparities. *International Journal of Environmental Research and Public Health*, 18(9). <https://doi.org/10.3390/ijerph18094933>.

KEY MESSAGE

Diversity, equity, and inclusion must be a standard part of midwifery education.

PB-182 - Student midwives' understanding and practice of health literacy in Türkiye

Sarah Church¹, Serap Ejder Apay², Ayse Guro³

¹ London South Bank University, Midwifery, London, United Kingdom

² Atatürk University, Faculty of Health Sciences, Erzurum, Turkey

³ Erzurum Technical University, Faculty of Health Sciences, Erzurum, Turkey

BACKGROUND

Health literacy is a significant issue in Turkey associated with mothers' lower educational levels. The impact of a lack of information, poor knowledge and limited access to services and care, may adversely affect women's health and fertility. For this reason, it is vitally important to ensure that student midwives develop knowledge and understanding of health literacy during their midwifery programmes.

OBJECTIVES

To determine the extent to which students consider health literacy to be a significant aspect of the care of women in relation to sexual and reproductive health during pregnancy and childbirth.

METHODS

A cross sectional on-line survey was distributed to student midwives in their 2nd 3rd and 4th year of a midwifery programme at a University in Turkey, and completed by 138 students.

RESULTS

Whilst only 56% of students indicated familiarity with the term health literacy, a large majority were able to provide an explanation of what the term meant in relation to their practice. Students reported confidence in their ability to assess women's health literacy utilising a range of techniques to effectively communicate with women on a range of topics. However, they reported that women found it more uncomfortable to discuss sexual health topics than pregnancy and fertility. Students were less in agreement in relation to the time available in practice to complete assessments.

CONCLUSIONS

Student midwives appreciate the important role that communication plays in their practice showing an awareness of how to engage with health literacy assessment activities when providing midwifery care. This was particularly significant when discussing some topics which women found uncomfortable to discuss, likely influenced by the sociocultural background of the study.

KEY MESSAGE

Student midwives have an increased awareness of the role of health literacy when providing midwifery care. Facilitating effective communication supports their ability to address and discuss culturally sensitive sexual health topics with women.

PB-183 - Midwives are mothers too - let us hear their voices about their primary birth trauma

Lisa Charmer¹, Elaine Jefford², Julie Jomeen¹

¹ Southern Cross University, Faculty of Health, Gold Coast, Australia

² University of South Australia, Clinical & Health Sciences, Adelaide, Australia

PURPOSE

Examine the current knowledge of maternity care providers experience of primary birth trauma during their childbirthing journey. Consider what if any, impact this has on their mental health and wellbeing, and/or care provision in subsequent care of childbearing women.

DISCUSSION

1 in 3 women are affected by birth trauma; 1 in 20 women have post-traumatic stress disorder 12 weeks after birth; 70% of the health and social sector are female. It is unknown how many maternity care providers are female or how many experience primary birth trauma and return to the maternity care setting. What does the research tell us about maternity care providers, primary birth trauma, and their mental well-being and/or subsequent care provision for childbearing women?

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

By discussing this topic of interest and highlighting the lack of literature and knowledge, midwives can support each other by participating in research. Providing detailed information and knowledge will assist midwives, maternity care providers and health services.

EVIDENCE IF RELEVANT

Charmer, L., Jefford, E., & Jomeen, J. (2021). A scoping review of maternity care providers experience of primary trauma within their childbirthing journey. *Midwifery*, 102, 103127-103127. doi:10.1016/j.midw.2021.103127.

KEY MESSAGE

Midwives are mothers too and experience primary birth trauma. Research is needed to explore and conceptualise their experiences of primary birth trauma and its implications on their personal and professional lives.

PB-184 - Multi-professional collaboration to enhance knowledge and skills of midwives and maternity teams as they strive to improve maternity care for women and their families

*Yvonne Bronsky*¹

¹ NHS, Midwifery, Glasgow, United Kingdom

PURPOSE

The Midwifery Forum Committee of the Royal College of Nursing UK undertook three projects using a multi-professional approach inclusive of users of maternity services and the wider National Health Service.

The aim of these projects was to demonstrate how working together to improve the experience of women and their families would ensure that those providing care both within and out with Acute Maternity Service areas were provided with evidence-based resources and an opportunity to improve the knowledge and skills of those responsible for providing care.

DISCUSSION

The three projects concentrated on the following areas of need:

1. Pregnancy and Disability – An online resource developed to support better care and a greater focus on the needs of women (and their families) who live with disabilities during their reproductive years.
2. Multiple Births Midwife Standards – Nationally recognised set of standards developed to support best practice in Multiple Births care throughout pregnancy and childbirth.
3. Midwifery and RCN Bladder and Bowel Care Forum developed clinical guidelines to support best practice around Bladder and Bowel Care in Childbirth

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

All three projects concluded with resources available that allow midwives and others responsible for providing care to women and their families to access up-to-date evidence-based knowledge to enhance their skills and thus improve the care planning and delivery for women and their families.

Each project demonstrated the success experienced when teams work together and the teams include the voice of women and their families when developing resources.

KEY MESSAGE

Involving women and their families to work alongside those responsible for providing care during pregnancy and beyond provided an opportunity for midwives and the wider team of professionals to demonstrate that the care women and their families receive is evidence-based and women-centered. Finally applying the knowledge and skills from the developed resources ensures care provided is fit for purpose.

PB-186 - Augmented reality supported simulation training via smartphone (Heb@AR): Resuscitation of newborns

Kristina Vogel¹, Annette Bernloehr², Tabea Willmeroth¹, Nicola H. Bauer³

¹ University of Applied Sciences, Hochschule fuer Gesundheit Bochum-, Department of Applied Health Sciences, Study Programme Midwifery Science-, Bochum, Germany

² University of Applied Science, Fachhochschule Bielefeld, Faculty of Health, Bielefeld, Germany

³ University of Cologne, Faculty of Medicine, Institute of Midwifery Science, Cologne, Germany

BACKGROUND

Resuscitation of newborns is part of the Essential Competencies for Midwifery Practice [1]. Due to their rare occurrence and diverse nature, the management of emergencies needs practising in skills-lab. Augmented reality (AR) based training is still rarely used in Germany, but it offers the potential to create an expanded, simulation-based training. Within the project "Augmented Reality supported learning for student midwives - Heb@AR", funded by the Federal Ministry of Education and Research in Germany, emergency trainings for mobile (multi)-user Augmented Reality (AR) are developed and implemented, including the resuscitation of newborns [2].

OBJECTIVES

To assess the impact of AR based training on midwifery students' ability to perform evidence-based neonatal resuscitation according to the European Resuscitation Council guidelines [3].

METHODS

The AR simulation takes place in the 4th semester in the skills-lab. Practical skills and guideline-compliant decision-making are trained. The students (N = 25) were surveyed before and after the simulation with regard to the self-assessment of their practical skills.

RESULTS

The AR simulation training has a significant influence on the self-assessment of the (initial) assessment of a newborn with support needs ($t = -2.309$, $p = .03$; $n = 25$). After the AR simulation, students rated their practical skills ($M = 3.28$, $SD = 0.61$) higher than before the AR simulation ($M = 2.88$, $SD = 0.53$). There was a significant effect on the self-assessment of performing chest compressions on a newborn ($t = -2.551$, $p = 0.018$; $n = 25$). After the AR simulation, students rated their practical skills ($M = 3.64$, $SD = 0.75$) higher than before the AR simulation ($M = 3.32$, $SD = 0.80$).

CONCLUSIONS

AR simulation training is useful for preparing midwifery students for guideline-compliant management of emergencies. AR-based simulation training supports theory-practice transfer and enhances students' professional self-confidence.

KEY MESSAGE

AR simulation works well for training neonatal resuscitation and should be further developed and tested for other clinical situations.

PB-187 - A case study on developing an interprofessional approach to midwifery education to support communication for people with cognitive impairment using simulated scenarios

Joanna Andrews¹, Helen Needham²

¹ Birmingham City University, Midwifery, Birmingham, United Kingdom

² Birmingham City University, Nursing Learning disability, Birmingham, United Kingdom

PURPOSE

Interprofessional education aims to provide opportunities for different professions to learn how to work effectively together. Simulation-based education facilitates experiential learning without risks to patients. This paper aims to provide educators with a case study of a successful interprofessional simulation-based education session between midwifery and learning disability nursing undergraduate education. With a better understanding of the concepts and pedagogical methods and underpinning interprofessional education and simulation, educators will be able to create conditions for an educational experience where individuals learn with, from, and about each other's profession in a controlled, safe environment.

DISCUSSION

Interprofessional education (IPE) is an innovative strategy that plays a crucial role in supporting the global health workforce (WHO, 2010). Collaborative practice strengthens health provision and improves health outcomes (WHO, 2010).

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Interdisciplinary and multiagency working is embedded in the proficiencies required for midwifery care. At the point of registration, a midwife should be able to demonstrate the ability to work in collaboration and coordinate care within the wider interdisciplinary and multiagency team (NMC, 2019). Effective communication between healthcare professionals is an integral component of safe maternity care, however, examples of poor team working is evident.

EVIDENCE IF RELEVANT

Midwives, nurses and healthcare professionals, throughout their career will work with people who have cognitive impairments, which can include learning disabilities, dementia, and acquired brain injury. However, evidence suggests further education is required to facilitate effective access and communication to ensure inclusivity (Northway 2017). There is a plethora of information highlighting the health inequalities that occur for people who would have a cognitive impairment.

KEY MESSAGE

Supporting the health and well-being of families with a range of cognitive functions is fundamental to the role of the midwife. Interprofessional simulation-based undergraduate education can facilitate the required skills and confidence for students to support this practice.

PB-189 - Midwifery education in Oman: are we there yet?

*Aisha Salim Al-Mamari*¹

¹ Higher Institute of Health Sciences, Midwifery Program, Muscat, Oman

PURPOSE

To explore the development and progression of Midwifery Education in Oman.

DISCUSSION

In Oman, the aim of the Midwifery program is to prepare competent midwife practitioners who will become leaders and change agents as they work to achieve excellence in care provision for women and their babies and improve the standards of maternity services in Oman. Midwifery education commenced in 1995 with seven Omani nurses and stopped for three years due to a lack of human resources. The program resumed in 1999 and continued up to date. Initially, the midwifery program was taught at a level of post-basic diploma for 18 months. In 2015, the Midwifery curriculum was upgraded to Post Graduate Diploma. Then, in 2017, due to the demand of the health institution for Omani midwives and the severe shortage of midwives, a Bachelor's degree (BSc) in midwifery was commenced. The BSc is delivered in 22 weeks of Midwifery education. At present, the BSc in Midwifery and PGD midwifery are running in parallel for the past few years. The first pillar of a strong midwifery profession is education, to provide a highly competent, qualified workforce. The total number of midwifery graduates up to 2022 is 791 graduates as follows: Post basic Diploma = 666 BSc in midwifery = 105 PGD in Midwifery = 20.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This paper describes the steps taken to improve the application of Omani nurses in Midwifery education. Additionally, it highlights the amendments made in the program admission criteria to improve the number of applicants.

EVIDENCE IF RELEVANT

Poor application to Midwifery Program due to lack of interest, poor recognition, English language entry requirement and shortage of staff nurses in health care institutions.

KEY MESSAGE

One of the major challenges in the midwifery practice in Oman is the shortage of Qualified Omani midwives. This showed clearly in inadequate nurses' application for midwifery specialty.

PB-190 - Impact of COVID-19 on midwifery education at University of Papua New Guinea

Paula Zebedee Aines¹

¹ University of Papua New Guinea, Department of Higher Education, Research, Science and Technology, Port Moresby, Papua New Guinea

BACKGROUND

International Configuration of Midwives (ICM's) 'Professional Framework for Midwifery 2021' identifies *midwifery education* as one of the core elements to strengthen the midwifery profession. The University of Papua New Guinea (UPNG) in Papua New Guinea (PNG), comply to the framework by providing 18 months of midwifery education program. Participants in this study undertake 18 months of midwifery education and completed a clinical improvement project in the 6 months of the second year. The participants are the first two cohorts of the 18 months program, enrolled in 2020 and 2021. Despite the COVID 19 enormous impact on the students' direct contact learning and hospital based clinical practice, the students taped on other means of learning despite limited internet accessibility. Although, many students from other health disciplines withdrew as allowed by the administration, midwifery students kept together till the completion of their academic year.

PURPOSE

To evaluate participants' experiences on the impact of COVID 19 on the midwifery education from 2020 to 2021 at University of Papua New Guinea, Papua New Guinea.

DISCUSSION

Twenty-four midwifery education students participated in the study. Participants reported crucial need of work-force, individuals will power, team decision -making were some factors that influenced perseverance despite visible deaths from COVID 19. The graduates are now practicing as key care providers at various sections supporting maternity and neonatal care through out PNG.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Midwifery Education, COVID 19 Impact on Midwifery Education.

KEY MESSAGE

Graduating more midwives in the country is significant to addressing the current midwifery workforce deficit in maternal and neonatal care.

Also, with the experience of COVID 19 Pandemic, more skilled midwives are absolutely needed to care for pregnant women with positive COVID or other similar pandemic issue.

PB-191 - Strengthening the quality of midwifery education: experience from Nepal

Unisha Shrestha¹, Asmita Acharya¹, Gv Rashmi², Arpana Kalaunee³, Goma Niraula Shrestha⁴

¹ Laerdal Global Health, Impact and Implementation, Kathmandu, Nepal

² Laerdal Global Health, Impact and Implementation, Mumbai, India

³ Gesellschaft Für Internationale Zusammenarbeit, Support to Health Sector Programme, Kathmandu, Nepal

⁴ Department of Health Services, Ministry of Health and Population, Nursing and Social Security Division, Kathmandu, Nepal

PURPOSE

To share the experiences of strengthening midwifery education in Nepal, focusing on the ecosystem of quality education: curriculum review, simulation labs, faculty development, catalytic partnerships.

DISCUSSION

Midwifery education was started in Nepal in 2016 as an initiative from Ministry of Health and Population (MoHP) with support from various stakeholders. [1] Strengthening the midwifery education [2] was a priority and MoHP invited partners to support the program. An initiative started in 2018, under the leadership of MoHP, Laerdal, GIZ, and the two midwifery institutions. Key strategies for implementation of the initiative included [3]:

I. Integration of skills and simulation in the curriculum based on ICM competencies II. Establishment of high-quality simulation labs III. Faculty development programs IV. Monitoring and evaluation system including operational research V. Catalytic partnerships This initiative is now scaled up under the leadership of Family Welfare Division, supported by Medical Education Commission, WHO and Laerdal to eight institutions in Nepal with focus on SRHR competencies.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

This approach along with institutional support and collaboration can be a key strategy to strengthen the midwifery education for quality midwifery care while ensuring scale up and sustainability.

EVIDENCE IF RELEVANT

[1] [https://health.bmz.de/stories/](https://health.bmz.de/stories/midwifery-education-in-nepal-training-the-first-generation-of-professional-midwives/)

midwifery-education-in-nepal-training-the-first-generation-of-professional-midwives/.

[2] West, F., Homer, C., & Dawson, A. (2016). Building midwifery educator capacity in teaching in low and lower-middle income countries. A review of the literature. *Midwifery*, 33, 12-23.

[3] Government of Nepal Ministry of Health and Population (2021). Progress of the Health and Population Sector, 2020/21. *National Joint Annual Review Report*. 1-138.

KEY MESSAGE

Strengthening the entire ecosystem for quality of midwifery education is crucial to develop competent midwives.

PB-192 - Evaluation of training and implementation of a gravimetric method to assess postpartum blood loss in a low-resource setting

Indrayani¹, Tomasina Stacey², Hamid A. Merchant³, Zoe Darwin¹

¹ *University of Huddersfield, Department of Nursing and Midwifery, Huddersfield, United Kingdom*

² *King's College London, Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care, London, United Kingdom*

³ *University of Huddersfield, Department of Pharmacy, Huddersfield, United Kingdom*

BACKGROUND

Among low resource settings, postpartum haemorrhages continue to be a leading cause of maternal mortality. In the absence of a gold standard for assessing blood loss volume, the gravimetric method (GM) is a reliable and accurate alternative.

OBJECTIVES

This study aimed to analyse training and the implementation of GM in midwives-run birth centres in Indonesia.

METHODS

An online training program was designed for all participants to complete, and they were then tasked to implement GM in their clinical practice. Midwives' understanding of GM was assessed using a pre/post-study design, and a structured questionnaire was used to investigate their experience in implementing GM.

RESULTS

The study recruited 285 midwives (17 health facilities); 101 midwives (12 health facilities) completed all elements. The participants' understanding of the GM improved significantly following the training. Despite challenges identified regarding GM in practice (i.e., contamination by other fluids, the size and number of digital scales, difficulties calculating the weight difference manually, and lack of time due to heavy workload), most were positive about its use, and 89% would recommend it to colleagues.

CONCLUSIONS

Three hours of the online session was found effective in increasing participants' understanding of the GM. The study provided evidence that GM is effective in practice and offered recommendations to improve measurement accuracy and practitioner experience.

KEY MESSAGE

For low resource settings, where other laboratory methods are not available, the GM represents a promising alternative to assist midwives in diagnosing PPH.



Midwifery philosophy

PB-193 – PB-205

PB-193 - Professional midwives: a warm, humane and safe option

Erika Nayeli Vargas González¹

¹ *Asociación de Parteras Profesionales, Miembro Activo, Chalco, Mexico*

BACKGROUND

In Mexico, childbirth has been medicalized to such an extent that it is considered a pathological process. Interventions are increasingly aggressive and the protagonism of each woman, of each newborn is lost sight of, and with this their feelings and needs are annulled.

OBJECTIVES

To evaluate the impact of care for pregnancies and deliveries attended by professional midwives through the level of satisfaction of the user population in this care model.

METHODS

The study was conducted in two hospitals, one under the care of professional midwives and the other under the traditional model. A sample population of 30 women in the puerperium during a period of 6 months was considered. It is a retrospective and exploratory study with the ability to identify women's needs. An instrument was designed and applied with users, as well as direct observation and a checklist in care models.

RESULTS

The evidence obtained shows a higher level of satisfaction in women cared for by professional midwives vs. those cared for in hospital institutions. A higher level of security about motherhood is shown in those who underwent prenatal surveillance and a delivery centered on them, compared to those who experienced this process with violence and rejection of their opinions.

CONCLUSIONS

The care provided by professional midwives meets the requirements of a warm and dignified treatment at each stage of the sexual and reproductive life of women. Despite this, many women remain unaware of the type of care provided by midwives.

KEY MESSAGE

Present and future services require engagement with women and the development of a focus on women and their newborns. The recognition of the profession within the health system and the dissemination of other totally safe alternatives of care for women, their babies and their families are required.

PB-194 - The effect of a prenatal childbirth programme on maternal anxiety, maternal-fetal attachment, childbirth self-efficacy and marital satisfaction: a randomised controlled trial using Roy's Adaptation Model

Endang Koni Suryaningsih¹, Meei-Ling Gau², Chen-Huei Kao², Chieh-Yu Liu³, Liaw Jen-Jiuan⁴, Shu-Yu Kuo⁵

¹ Universitas 'Aisyiyah Yogyakarta, Master of Midwifery, Yogyakarta, Indonesia

² National Taipei University of Nursing and Health Sciences, Midwifery, Taipei City, Taiwan

³ National Taipei University of Nursing and Health Sciences, Department of Healthcare Management, Taipei City, Taiwan

⁴ National Defense Medical School, School of Nursing, Taipei City, Taiwan

⁵ Taipei Medical University, School of Nursing, Taipei City, Taiwan

BACKGROUND

As the multifaceted changes during a woman's life cycle, pregnancy is the most crucial period.

OBJECTIVES

This study aimed to test the effectiveness of childbirth education based on the Roy Adaptation Model through four modes.

METHODS

First, a randomized controlled trial was applied to invite participants who met the criteria: couple, gestational age ranging 24–32 weeks, and married. The researcher used computer block size to allocate the participants into groups. The following instruments were used to measure the potential outcomes of four modes: Demographic Data Set, Pregnancy-Related Anxiety Questionnaire-Revised, Childbirth Self-Efficacy Inventory, Prenatal Attachment Inventory, and ENRICH Marital Satisfaction Scale. First, a descriptive statistic was calculated to describe a demographic characteristic. Then, a general linear model was analyzed to test the program's efficacy.

RESULTS

The mean age of the couple was 23.92/ 26.75 (wife/ husband) in the experimental group and 29.14/ 30.86 (wife/ husband, respectively) in the control group. The mean gestational age week was 29.83 in the experimental group and 31.04 in the control group. In both groups, most couples graduated from high school, and more than 50% of mothers go to work. After a-four weeks of intervention, the mean score of maternal anxiety was significantly lower, and the mean score of maternal-fetal attachment and childbirth self-efficacy were significantly higher in the experimental group than in the control group ($p < .001$). There was no significantly different mean marital satisfaction score in the two groups.

CONCLUSIONS

The implemented program in the current study was potentially effective in promoting maternal-fetal attachment, childbirth self-efficacy, and decreasing maternal anxiety during pregnancy. Therefore, the modified traditional childbirth education program needs to be considered.

KEY MESSAGE

The flexible intervention could increase the response rate for couples joining the class. The cultural issue needs to be considered to establish the feasibility of the marital satisfaction tool.

PB-195 - Respectful maternity care in Nordic home birth: a narrative analysis

Katrín Sif Sigurgeirsdóttir¹, Ólöf Ásta Ólafsdóttir¹, Hildur Kristjánsdóttir¹, Berglind Halfdansson¹

¹ University of Iceland, School of Health Sciences - Faculty of Nursing and Midwifery - Midwifery studies, Reykjavik, Iceland

BACKGROUND

Individualized health care is based on moral values and respect for human rights. The World Health Organization and other organizations involved in maternal services have in recent years highlighted the importance of respect as the basis for any therapeutic relationship between healthcare professional and client. It is important that Nordic midwives, who are the primary maternity care providers in the Nordic countries, look for ways to provide respectful maternity services.

OBJECTIVES

The aim of the study was to answer the research question: *How do women who choose home birth in the Nordic countries experience respect during birth?* The purpose was to increase knowledge on respect in maternity service, in the context of women's choice of home birth, thereby supporting the development of improved maternity care.

METHODS

A narrative analysis was used to analyze a qualitative database on home births in the Nordic countries: Iceland, Denmark, Sweden, and Norway. Data was collected in 2008–2013 with a questionnaire available online which included one open-ended question answered by 603 women having a planned home birth: "Can you please describe your birth in your own words?"

RESULTS

The narrative analysis is reflected in the main-theme "Professional midwife-woman relationship based on respect, trust and security" and four sub-themes:

- 1) autonomy and respected choices;
- 2) control over the situation;
- 3) empowerment;
- 4) respect for a partner's participation.

CONCLUSIONS

Reflection on women's and their partners' experiences of home birth is important for the development of midwifery services. With a constant demand for efficiency in health services it is important to safeguard and promote respect in maternity services.

KEY MESSAGE

Women experience respect, autonomy, choice, control, and empowerment in home birth services in the Nordic countries. A respectful and professional midwife-woman relationship is an essential core component of midwives' maternity services.

PB-196 - Dedication of midwife to reduce maternal and neonatal death in remote area with development of referral centre based in East Flores District, NTT, Indonesia

*Ratih Indriyani Rakhmawati*¹

¹ Jhpiego, USAID Momentum, Jakarta, Indonesia

PURPOSE

Scholastika Konsita Nino, 47 years old is a senior midwife from East Flores district, Nusa Tenggara Timur Province that has dedicated her life and time in past of 11 years in 2H2 centre (started on 2010) at District Health Office as programmer for reduction maternal and neonatal death. 2H2 center is a program to reduce maternal and neonatal death by referring pregnant mothers 2 days before due date of delivery and mother return home after 2 days of delivery from health facility (primary health care or hospital).

DISCUSSION

2H2 center is online system data information regarding all pregnant mothers in East Flores district by name by address updated daily that reported by midwife coordinator at Primary Health Center by phone (SMS or whatsapp platform), then upload to the online system including high risk pregnant mothers.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

As midwives have huge role and responsibility not only as key person to help mother delivery in villages / islands that remote but also to lead the referral system based on smart phone information from primary health care that linked to stake holders, village leaders and voluntary blood donors in district level.

EVIDENCE IF RELEVANT

Evidence of 2H2 center program activities are all data recorded in the system and sent midwives in by primary health care using form that informed new pregnant mothers, mother that will be deliver during certain periods, high risk pregnant mothers, referral pregnant mothers by name by address from all East Flores district coverage area and Cony with her team ensure the follow up.

KEY MESSAGE

Reduction of maternal and neonatal death need a strong collaboration between all components, started from family, villages, primary health care and center based referral system based with strong commitment from all partners. Village midwives in remote areas are the main key person that dedicated their lives to save mother and babies.

PB-197 - Feedback of women supported by professional midwives during labour and birth in a public health care setting, Hyderabad, India

Sheetal Samson¹, Paula Murphy²

¹ Fernandez Foundation, Midwifery, Hyderabad, India

² Santé Intergral Health Institute, Auroville, India

BACKGROUND

The Midwifery initiative rolled out in India in 2018. In developing countries, assessing maternal satisfaction with midwifery care is essential to make it more acceptable, eventually leading to increased utilization and better outcomes.

OBJECTIVES

To understand the impact of professional midwifery care on the level of satisfaction with birth experience among women in a public health care setting.

METHODS

Feedback was obtained from 159 postpartum women whose births were supported by professional midwives from December 2021 to May 2022 in a public health care setting. The level of satisfaction with midwifery care was evaluated using a 5-point Likert scale. An overall maternal satisfaction score of 51–60 was considered excellent, 41–50 good, 21–40 average and <21 as deemed poor.

RESULTS

The majority of women 99(66%) were 20–25 years of age, while 27(17%) were younger. Sixty-seven percent of the women were multigravidae, and 60% had at least one antenatal visit with the midwife. All women were birthed in positions of their choice like propped up (61%), side-lying (35%), squatting (3%) and all-fours (1%). Ninety-seven percent of women enjoyed skin-to-skin contact, and 96% breastfed their babies in the first hour of birth. The overall maternal satisfaction score was excellent in 158(99%) women, and one woman expressed it as good. Ninety-eight percent expressed high satisfaction with respectful care provided by skilled midwives and with the physical, nutritional and informational support they received. Ninety-nine percent of women felt their choices were respected and listened to. They also expressed high satisfaction with skin-to-skin care, breastfeeding support, and the postnatal care information they received. In addition, satisfaction scores related to birth memories were excellent in 98% of mothers and good in 2% of women.

CONCLUSIONS

Professional midwifery care enhances the level of mothers' satisfaction with birth experience.

KEY MESSAGE

Respectful and skilled midwife-led care is key to maternal satisfaction with a positive birth experience.

PB-199 - Oranged and eyelashed: a return to practice in the UK

*Norah Malone*¹

¹ UK, Education, Liverpool, United Kingdom

BACKGROUND

I returned to the UK to practice midwifery in 2014, having spent several years working in the Gulf. During my stay and development of my teaching career in the Gulf region, I observed many cultural differences in women's and their family's expectations of healthcare practices and attitudes towards healthcare providers.

OBJECTIVES

The purpose of my presentation is to discuss the contrasting needs of women, with particular reflection on what different cultures see as enabling environments. I will outline my perceptions of what women saw as necessities to enhance their care in hospital – varying from support in labour to essential requirements for care in the immediate postnatal period. This will include adaptation to and of the environment in which they give birth. I will also discuss the subject of visitors whilst in hospital, and variety in length of stay in the hospital environment.

METHODS

Reflection on clinical practice in differing environments – I will consider what preparations for labour are contemplated by women and contrast various facilities and models of midwifery care in which I have practiced. For instance, I found that women in my UK locality felt it essential to look their best prior to hospital admission: spray tanning (hence 'oranged') and professionally applied make-up (hence 'eyelashed') being two elements of their preparations. In contrast, I saw that in the hospital in the Gulf, main priorities were support in labour by friends and relatives, and the demand for a single room post-delivery.

RESULTS

Personal reflections on enhancement of care.

CONCLUSIONS

I hope my presentation will go some way to increase the consideration of the importance of an enabling environment for all women, as well as demonstrating the vital role the midwife plays whenever and whenever she is required.

KEY MESSAGE

The importance of enhancement of care provision according to the woman's and her family's needs.

PB-200 - The implementation of “beautiful birth boxes” in the enhanced care pathway for women and birthing people in South Wales

Lauren Kearney¹, Emma Mills¹, Bianca Armitage¹, Jamie Morris¹, Hayley Forbes¹, Kerry Jefferies¹

¹ Aneurin Bevan University Healthboard, Maternity, Newport, United Kingdom

PURPOSE

To increase physiological aspects of care for women and birthing people following all aspects of maternity pathways.

DISCUSSION

A service evaluation of women and birthing people within an obstetric unit with an alongside birth centre, identified a gap in the service for the physiological aspects of care. It was commonly noted that those following the enhanced care pathway felt denied elements of the care package that were available to those on universal care pathways which were aimed at physiological births.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Following on from the evaluation the introduction of ‘beautiful birth boxes’ to our induction suite and consultant led birthing area was implemented. These initially started as 4 individual boxes located in the clinical areas, freely available for women and birthing people to use during their care. The boxes included fibre optic sensory lights, light ambiance projectors, bluetooth speakers, multilingual affirmations, aromatherapy diffusers and battery-operated candles.

The boxes were launched on the maternity service social media channels and via word of mouth amongst local maternity groups, posters and conversations during the antenatal period.

EVIDENCE IF RELEVANT

Shortly after the introduction of the initial boxes it became apparent more were needed. Women and birthing people were asking for the boxes on their admission to the maternity unit, but they were already in use, so funding was sought for more to be purchased.

The women, birthing people, and birth professionals all left very positive comments on social media and the overall experience of the care provided was described as much more positive.

The added outcome of implementing the boxes was that the staff satisfaction of their working day was reported as much higher and the anecdotally described levels of stress were much lower.

KEY MESSAGE

Physiological aspects of care should not be denied or omitted for women and birthing people following an enhanced pathway of care.

PB-202 - The successful positive birth experience

Farida Fitriana¹, Euvanggelia Dwilda Ferdinandus¹

¹ Universitas Airlangga, Faculty of Medicine Midwifery Study Program, Surabaya, Indonesia

PURPOSE

A primigravida woman aged 37 with no complications and regular antenatal care in midwife and obstetrician. Her obstetrician encouraged the mother to give birth by C-section due to her age, and have a high social value baby (HSVB). Then she was worried and said to her midwife that she hoped for normal birth in a midwife-led care unit. Her husband, family, and midwife supported her choice. On D-Day, due to premature rupture of membranes, the midwife planned to refer the mother to a hospital; however, the mother still insisted and told the midwife to wait for two hours. After two hours, the uterine contraction was getting stronger, and finally, she gave birth to a 3500 kilograms healthy baby. There was no substantial complication during the delivery process, and the mother felt fully satisfied with her birth experience. This article aimed to analyse the contributing factors for a successful normal and positive childbirth experience.

Every mother would get a successful vaginal delivery and positive childbirth experience as long as she has a high motivation, social support, and a conducive environment, which would improve the physiological process of childbirth. The mother's decision to have a vaginal birth in private midwifery practice reflects that she is fully empowered and highly motivated, leading to her strong intuition, which affects her body and mind to make her successfully have a vaginal birth. In addition, the birth environment and social support will influence her posterior pituitary to release the oxytocin hormone. The midwife, who has the main role of caring in normal birth, should provide the mother with the midwifery model of care, which places her as a subject of care and gives full compassion and respect, make her fully informed about her decision, and build trust with the woman and her family.

PB-203 - Advancing the philosophy and science of intuitive knowledge for holistic midwifery practice

*Kalu Felicity*¹

¹ Queen's University Belfast, School of Nursing & Midwifery, Belfast, United Kingdom

PURPOSE

Midwifery as a profession currently derives its own body of knowledge from various perspectives such as philosophies, metaparadigms, conceptual models, theories, and research. Having professional knowledge promotes midwives' ability to practice competently in a safe and effective manner. Midwifery also generates its knowledge from other sources, such as experts and experience. Having an intuitive nature as a midwife promotes sensitivity to emotions and empathic approach to care. Intuition is a mental process that is based on cumulated knowledge and care experience. Intuition enables individuals know something without conscious reasoning. Through reflection tacit knowledge can increase and become more visible as a source of explicit knowledge for midwifery. Intuition is an extra-sensory perception that plays a major role in understanding other extra-sensory perception like feelings. Self-awareness is basic prerequisite of empathic care. Carper's personal knowledge also regarded as tacit knowledge is described as the awareness of self and others in relationships. It is concerned with the knowing, encountering, and actualising of the concrete individual self. Intuitive knowledge as a form of knowing, and an art of midwifery may be difficult to articulate at times. The aim of this paper is to discuss how the philosophy and science of intuitive knowledge can be advanced for holistic midwifery practice.

DISCUSSION

Midwives should be enabled to develop their intuitive knowledge through education and care experience. This will promote their understanding of the deep nature of their clients' problems and also enhance their caring abilities.

APPLICATION TO MIDWIFERY PRACTICE, EDUCATION OR REGULATION/POLICY

Pre-registration midwifery education and lifelong learning on the philosophy and science of intuitive knowledge will help midwives understand how to analyse and synthesize intuition alongside other ways of knowing in midwifery to maximise their clinical decision-making abilities and holistic client-centred care.

KEY MESSAGE

Intuitive knowledge is a valid form of midwifery knowledge and an art of midwifery, and should be promoted.

PB-204 - The inherent contradiction and power struggle of midwives: policy and legislation actions essential to foster midwifery practice

Patricia Burkhardt¹, Carola Groenen², Marjolien Lansbergen-Mensink³, Maartje Hars-de Blok³

¹ NYU retired, Member, Brooklyn, USA

² Radboud University Medical Center Nijmegen, Health Sciences, Nijmegen, Netherlands

³ Netherlands

BACKGROUND

Midwives very often struggle to provide care based on the elements of the midwifery model that inherently trusts the ability of women to reproduce well and care for their bodies through all the life stages, not as medical disease events.

Elaboration of critical factors and elements of the problem.

History of the evolution of midwifery and medicine.

Physiology/midwives vs pathophysiology/physicians.

A woman's body is faulty: historical and current examples of how physicians go about 'fixing' females.

Trust, confidence in women's abilities undermined or destroyed.

OBJECTIVES

How to gain Midwifery power and influence decisions to position midwifery beside medicine rather than subservient to it? Advocacy behavior areas to be targeted include system policies and legislation at every level, key individuals in health systems and departments with whom we work in medicine, nursing and administration.

METHODS

Plan to eradicate the current reality.

Imagine a world without Midwifery: how would it look for all who work with midwives?

We will lose all if we do nothing.

Empower one another as midwives working together to accomplish this essential task.

Be proactive at all levels of practice, not defensive/reactive.

Policy involvement by all midwives is equally as important as clinical knowledge and skills.

Set the agenda on a daily basis, not just react or reject others' agendas.

RESULTS

Educate midwives, physicians and administrators to understand what midwives are to maximize the complementarity between us; create horizontal relationship as each profession adds a unique and essential approach for women, instead of hierarchical.

CONCLUSIONS

Gain control, authority, might and strength at all levels of midwifery, i.e., international, national, provincial, local, within health care systems and with colleagues throughout the areas in which midwives work is imperative.

KEY MESSAGE

Midwives themselves must keep in mind how critical our position is for women and when we let ourselves be downgraded as a professional group, we are committing desecration of women...