O36

BUBs Quit study: Clinical Midwife Specialist as change agent assisting pregnant women to quit smoking using counselling and embedded technology

Associate Professor Donna Hartz [1], Mrs Maria Crilley [2], Professor Robyn Richmond [3,4]

[1] *University of Newcastle*
[2] *NSW Ministry of Health, Clinical Excellence Commission*
[3] *CIA NHMRC BubsQuit study*
[4] *University of NSW*

Introduction: Smoking during pregnancy results in considerable health and economic costs. High rates of smoking during pregnancy are prevalent among women from low socio-economic backgrounds, those living in rural and remote regions, those with mental illness, and First Nations women. The NHMRC funded BUBs Quit study aims to address two important gaps in maternity care: plateauing and increasing smoking rates among pregnant women, and the failure to utilise existing evidence-based smoking cessation components.

Aim: To outline the research components of the BUBs Quit study and the pivotal role of Clinical Midwife Specialists engaged in assisting pregnant women to quit tobacco use.

Method: This 5-year study comprises three phases: a randomised controlled trial, an economic evaluation, and an implementation science study. Clinical Specialist Midwives will be trained in specifically developed smoking cessation interventions and will deliver these to pregnant women attending participating maternity services and Aboriginal Maternity and Infant Health Services in NSW and QLD. Embedded in the intervention are Quitline referrals, use of nicotine replacement therapy and use of digital technology including the My QuitBuddy mobile app and reinforcement texts. The BUBs Quit smoking cessation intervention package will be compared to standard care. We will examine the feasibility, scalability, and effectiveness of the multicomponent strategy in facilitating a minimum of 6 months postpartum abstinence.

Conclusions: Midwives are pivotal in any strategy to reduce smoking rates amongst pregnant women. The BUBs Quit study not only aligns with Federal and State government priorities such as the National Tobacco Strategy and the NSW and Queensland Tobacco Strategies but will also enable midwives to be up-skilled into clinical specialist roles to provide this important element of care.

https://doi.org/10.1016/j.wombi.2023.07.038

O37

The Meaningful Magic of Mentoring: Evaluation Findings from NSW Health Mentoring in Midwifery Program

Mrs Kelley Lennon [1], Mrs Olivia Tierney [1], Mrs Melinda Cook [1], Dr Edel Roddy [2]

[1] *NSW Health*
[2] *Wee Culture: Scotland*

Aim: This presentation details evaluation findings from the mentor and mentee experiences of the NSW Health Mentoring in Midwifery (MiM) Program during the pilot phase. The MiM Program aims to develop a reciprocal learning relationship that expands opportunities for connection, learning, growth and support for midwifery students and midwives working in NSW Health.

Methods: Appreciative Inquiry and 5th Generation Evaluation were the methodologies used for the evaluation process. The two methodologies prioritise relational approaches to learning and evaluation, with the understanding that there is the potential to positively influence the future by attending to learning, and the sharing of learning in the present.

Interviews took place using creative methods such as Emotional Touchpoints and Visual Inquiry (images) with mentors (n = 14) and mentees (n = 11) involved in the pilot project.

The data analysis and theming process mapped the evaluation findings to the Senses Framework. The Senses Framework proposes that enriched workplace environments are created when midwives and midwifery students experience a sense of belonging, safety, significance, achievement, continuity and purpose.

Findings: The over-arching findings from the evaluation focused on how connections and learning developed through involvement in MiM were experienced as purposeful, energising and insightful by mentors and mentees. People shared how the mentoring program brought them into a space that had a lightness and hopefulness that felt like a refreshing reset. The key driver for this was through the development of meaningful relationships.

Examples of the some of the Senses coming to life through this mentoring program included:

Mentees experienced a sense of belonging through having a person who was looking out for them. This experience of being acknowledged by someone who knew them, and their hopes, worries, questions and celebrations, was significant and positively influenced some people's decision to continue their training when they had previously questioned whether they may not continue.

Mentors shared how a renewed sense of purpose had emerged for them through their involvement in the program, and how it had further ignited their passion and energy for supporting midwifery students.

Implications: The evaluation findings highlight the power and possibility of mentoring relationships to energise, and nourish both mentors and mentees. There is evidence of how mentors' and mentees' sense of belonging, safety, significance, achievement, continuity and purpose were enhanced through their involvement in the program. This pilot project presents important initial findings on how mentoring can support retention of a strong, confident and skilled midwifery workforce.

https://doi.org/10.1016/j.wombi.2023.07.039

O38

Evaluation of a pilot education program to develop midwives' knowledge in perinatal mental health in the rural South Australia

Professor Lois Mckellar [1], Dr Lee Martinez [2], Dr Tiffany De Sousa Machado [3], Ms Amye Eden [4], Ms Cathy Stoodley [4], Ms Pamela Adelson [5]

[1] *Edinburgh Napier University*
[2] *University of South Australia, Department of Rural Health*
[3] *The University of Adelaide*
[4] *University of South Australia, Clinical and Health Sciences*
[5] *University of South Australia, Rosemary Bryant AO Research Centre*

Background: Research reports that one in five women will experience perinatal anxiety and/or depression. These challenges are often exacerbated in rural and remote communities where access to perinatal mental health care is limited. A desk top review initiated by midwives in a rural South Australian health service identified a high proportion of women presenting with risk of perinatal mental health challenges. In response to this, funding was obtained to implement an online perinatal mental health education program

Aim: The aim of this study was to evaluate the effectiveness of a facilitated online perinatal mental health education program (e-PMHEP) in developing perinatal mental health knowledge, skills and confidence in rural midwives and practitioners.

Method: Evaluation of the e-PMHEP incorporated a validated pre/post survey design to assess self-reported knowledge, skill and confidence regarding perinatal mental health care before and after the program. An additional anonymous questionnaire sought feedback on satisfaction and feasibility. Ethics approval was obtained.

Findings: Twelve participants completed the pre/post survey and questionnaire. The overall pre/post knowledge scores were statistically significant ($t=2.73$, 8df, $p=0.025$) with improvement from the pre-testing mean score of 41.55, std 12.34 to the post-testing score of 60.33, std 12.76. Pre and post data also suggests a measurable increase in confidence and skills. All respondents agreed that the content specifically addressed their learning needs, 75% indicated it was very beneficial (highest choice), 75% rated it as excellent and all participants indicated they would recommend this program to other practitioners.

Discussion: The findings suggest that the e-PMHEP was beneficial in developing perinatal mental health knowledge, skills and confidence in midwives and practitioners providing perinatal care to women in a rural local health network. Notably, a third of participants had not undertaken previous training, and only a third routinely developed a care plan with women who had a pre-existing mental health diagnosis. Key strengths of the program included the accessible content, and the combination of both an experienced clinician and facilitator with lived experience.

Conclusion: There is a need for perinatal mental health education for midwives and practitioners working in rural Australia. The results of the pilot e-PMHEP suggest that providing an online, facilitated education program could be beneficial for rural midwives.

https://doi.org/10.1016/j.wombi.2023.07.040

O39

The strengths and limitations of models of care, identifying what works to change what doesn't

Dr Hazel Keedle [1], Ms Helan Pelak [2], Professor Hannah Dahlen [1]

[1] *Western Sydney University*
[2] *Fulbright Australia*

Background: Women in Australia can access a variety of model of maternity care, dependent on location and availability. These vary from continuity of care models with midwives or doctors to standard maternity care which is fragmented in nature. Although there is extensive evidence on the benefits of midwifery continuity of care the AIHW published statistics on models of care in 2022 and found the most common model of care was public hospital care (41%) with 17.2% receiving public or private midwifery continuity of care.

Aim: To explore the strengths and limitations of different maternity models of care from women's perspectives.

Methods: The Birth Experience Study (BESt) was a national survey live between March and December 2021 and received 8,804 completed responses. To explore women's' experiences of different maternity models of care a qualitative 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.

Findings: Using the framework of strengths and limitations there were a variety of categories that were found across models of care and categories that were unique to a model of care. The model privately practicing midwife had the highest amount of strength comments and lowest amount of limitation comments and high risk care had the lowest amount of strength comments and highest amount of limitation comments.

Conclusion: The findings highlight the value women give to continuity of care, especially the role of the midwife in these models. Women in fragmented models identify more limitations and have a desire to experience continuity. Exploring and enacting on the strengths and limitations of models of care enables clinicians, managers and policy makers to develop and sustain a stronger maternity service based on the wishes and needs of women and their families.

https://doi.org/10.1016/j.wombi.2023.07.041

O40

Antenatal education incorporating complementary medicine techniques to reduce birth interventions: A randomised control trial

Dr Julie-Anne Fleet [1], Ms Pamela Adelson [1], Professor Lois Mckellar [2], Professor Mary Steen [3]

[1] *University of South Australia, Rosemary Bryant AO Research Centre*
[2] *Edinburgh Napier University*
[3] *Northumbria University*

Background: A previous randomised controlled trial at two Sydney, Australian hospitals found that a novel antenatal education program of integrative complementary therapies significantly reduced rates of interventions for low risk primiparous women.

Aim: This study aimed to: (i) replicate the program in a different state and recruit from a more diverse group of women, and (ii) provide further evidence of generalisability of the program as part of a meta-analysis.

Methods: Low to moderate risk women were randomised to either standard hospital antenatal classes at 24-36 weeks' gestation or to the intervention group of complementary therapy education workshops in conjunction with standard care. Outcomes included psychological measures as assessed by validated scales, and birth interventions including epidural and caesarean. Outcomes were analysed by intention-to-treat.

Results: In total, 178 primiparous women were randomised ($n=88$ intervention group, $n=90$ Standard care), Pre-existing medical conditions and demographic characteristics were similar in both groups. No statistical differences were found between groups for birth interventions, though women in the intervention group were less likely to use an epidural (47.7% vs 56.7%) and more likely to experience a vaginal birth (52.3% vs 42.2%) than women who received standard care alone. Attitude to childbirth scores were statistically significantly higher for women who attended the intervention as compared to standard care (59.1 vs 54.3 p0.001). This was also reflected in higher Labour Agentry scores demonstrating women in the intervention group felt an increased sense of coping and control during labour and birth.

Conclusions: Findings from this study contribute to a larger prospective meta-analysis design to determine if the educational intervention reaches statistical significance for reduced operative birth.

https://doi.org/10.1016/j.wombi.2023.07.042