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Emotional and mental health challenges of expectant and new parents - what can midwives do to improve outcomes in pregnancy, birth and early parenthood

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Background: It is well established that expectant and new parents are most at risk of developing emotional and mental health conditions in pregnancy and the year following birth. Research was undertaken with 1,800 expectant and new parents to identify the key emotional and mental health challenges experienced, what were the compounding factors, and what could have prevented/alleviated the impact.

Outcomes: 43% of respondents identified emotional and mental health challenges during their pregnancy and over a third (37%) experienced challenges at their birth. Expectant parents spoke of unmet expectations about what pregnancy was supposed to be like, the experience of anxiety, depression and hyperemesis – all of which were often not well understood by patients and/or health professionals. Body image, family violence, and the impacts of the pandemic were all seen to exacerbate mental health outcomes. Contrary to national guidelines, many parents came off their anti-depressant medication, resulting in relapse at this already vulnerable life stage. Birth trauma featured prominently, exacerbated by poor treatment by front-line health professionals, lack of opportunity to debrief, and lack of continuity of care – all of which undermined new parents and further exacerbated their emotional and mental health vulnerability.

Conclusions: The research emphasises the critical importance of education, prevention and early intervention approaches to support awareness and early detection and intervention.

This presentation will equip midwives with insights, education and access to world-leading innovative solutions that are freely available to support best practice and reduce the significant levels of distress. All training and resources are freely available for practicing midwives and those in their care.

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The Ngarrama Story: insights across the first 10 years of a midwifery service for First Nations women and families

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The Ngarrama midwifery group practice at the Royal Brisbane Women's Hospital in 2012, after 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 3000 Aboriginal and / or Torres Strait Islander women and their babies over the past decade. 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".

This presentation will share the principles and model which the Ngarrama service is founded within and also clinical outcome data

from the Ngarrama service, such as preterm birth, mode of birth and consumer perspective insight.

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Workforce challenges experienced by midwives in Victoria: a population-based cross-sectional studyMs Robyn Matthews^{1,2}, Della Forster^{1,2}, Ms Rebecca Hyde^{1,2,3}, Helen McLachlan^{1,3}, Michelle Newton^{1,3}, Ms Sharon Mumford^{1,3}, Touran Shafiei¹, Fleur Llewelyn², Meabh Cullinane¹¹ *Judith Lumley Centre, La Trobe University, Bundoora, Australia*² *The Royal Women's Hospital, Parkville, Australia*³ *School of Nursing and Midwifery, La Trobe University, Bundoora, Australia*

Background: A well-supported, skilled midwifery workforce is critical to the provision of safe maternity care that optimises outcomes for women and babies. Issues such as burnout, workplace culture and workplace safety can affect how midwives' function, and the quality of care they provide, but there is limited evidence regarding these factors in the midwifery context. We aimed to measure burnout, workplace culture and workplace safety among Victorian midwives.

Methods: An online population-based cross-sectional survey of midwives in all private and public maternity services in Victoria, Australia was conducted between March and October 2021. Measures included the Copenhagen Burnout Inventory; the Australian Midwifery Workplace Culture survey; specifically designed questions to assess skill mix safety, level of occupational violence and bullying; and an open-ended question about key messages on the midwifery workforce.

Results: In total, 1016/5134 midwives responded (20% of midwives in Victorian maternity services). A large proportion of the respondents were experiencing personal burnout (72%) and work-related burnout (67%). Three-quarters felt midwifery skill mix was unsafe at some point in an average week. Half had experienced occupational violence and a quarter had experienced bullying in the 12 months prior to the survey. The majority of midwives (72%) felt their concerns were not taken seriously by their managers or midwifery units and that they had inadequate support when short-staffed. Only one in five felt their workplace had a positive culture. Midwives reported that they felt they were providing unsafe and inadequate care due to staffing issues and unsustainable workloads.

Conclusions: Victorian midwives are experiencing very high levels of burnout and poor workplace culture and safety. Strategies are urgently needed to address these issues for Victorian midwives. It would be of value to repeat this work in other jurisdictions to understand these challenges at a national level.

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The Community Maternity Hubs Logan: Place based community led actin for collective impact

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In 2018, an integrated, relationship based, community co-designed maternity service continuity of midwifery care model, known as the Community Maternity and child health Hubs (Hubs) was implemented in a regional health district, with a culturally diverse and socially disadvantaged priority population (1,2). First Nations, Culturally and