For the purposes of this presentation, the term “shared and informed decision-making” is used, respecting women as experts of their own bodies, with midwives working within their scope of practice to support the processes of informing and decision-making (4).

Here we outline the overall project of developing a shared and informed decision-making tool for use when considering induction of labour.

AIM: This project aims to: (i) explore women’s perceptions about their involvement in decisions related to IOL and their experience of the IOL process (Phase 1); and (ii) to develop of an evidence-informed decision-making tool to guide evidence-based practice (Phase 2).

METHODS: Phase 1 will employ a survey research method. Pre-IOL and post-IOL online surveys will be administered via REDCap. Women will be invited to complete a pre-IOL survey if they are having their baby at Mercy Health, Victoria. The post-IOL survey will be offered to women who gave birth at Mercy Health or who respond to the invitation through the Australasian Birth Trauma Association.

Recruitment commences March 2024, with preliminary findings to be presented at the ACM National Conference. This phase has been approved by the Mercy Health Human Research Ethics Committee: 2023-052.

Phase 2 will be informed by Phase 1 findings and a review of decision-making tools available across Australia and New Zealand. An evidence-informed decision-making tool will be co-designed with women, midwives, obstetricians, and others.

CONCLUDING COMMENTS: Moving Australian midwifery forward mandates that the profession assumes its responsibility to provide evidence-based information that places women at the centre of their pregnancy and birthing experience. This becomes important in contemporary maternity care, where so many women need access to high-quality evidence about the risks, benefits, associated interventions, and outcomes when they are considering induction of labour. Australian midwives’ scope of practice is thus well placed to promote shared and informed decision-making.

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P24

Transcendent moments in birthing and dying - A review of the literature exploring the practices of midwives and palliative care nurses

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Innovation and understanding of the midwife's scope must be based on the art of midwifery as well as the science. Articulating the role of midwives in facilitating transcendent moments brings to light midwifery knowledge and practice in a new way.

Background: Birthing and dying mark significant life transitions, not only for the individuals who are born and who die but for everyone close to them. Midwives and Palliative Care Nurses are often the principal healthcare providers for birthing and dying populations respectively, which places them in a privileged position to observe, empower, and or facilitate transcendent experiences for these individuals. The research conducted explored the attributes, innate qualities, and social processes that underpin midwives' and palliative care nurses' knowledge and practice surrounding transcendent moments in birthing and dying care.

Aim: To generate an explanatory theory in order to make an original contribution surrounding the exploration of transcendent moments in birthing and dying care from the perspectives of midwives and palliative care nurses.

Methods: An initial descriptive study of six midwives and palliative care nurses' knowledge of facilitating transcendent birthing and dying experiences was undertaken in 2022. This small-scale study provided an in-depth description of the phenomena of transcendent moments in birthing and dying and informed the larger grounded theory study that was subsequently commenced. The qualitative study design adhered to the Charmaz Constructivist Grounded Theory framework and semi-structured interviews were conducted between 2022 - 2024 with Midwives and Palliative Care Nurses, living in Australia.

Results: The findings of this research have highlighted some of the common attributes, innate qualities, and social processes that underpin midwives' and palliative care nurses' knowledge of the facilitation of transcendent moments in birthing and dying care.

Conclusion: The impact and ripple effect of transcendent birthing and dying experiences are significant and lifelong for individuals, families, and communities, it is hoped this new knowledge will support midwifery and palliative care practice advancement in the future contributing to an improvement of birthing and dying care experiences for consumers.

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P25

A rural town embracing Midwifery Group Practice

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The NSW rural town of Macksville is situated on Gumbaynggirr Country along the Nambucca River and beautiful Mid North Coast. The town has a population of 2,782, with 8.9% of the community identifying as Aboriginal or Torres Strait Islander. Over 50% of the population are female and over 50% are parents. The medium weekly income for a family is $1200.

In 2021, Level 3 Maternity Service closed their doors for Macksville and the surrounding community due to insufficient GP Obstetricians to maintain the service capability. This was in addition to low birthing numbers, despite this Maternity Service covering a catchment that extends north to Urunga, south to Stuarts Point and west to Bellingen.

However, with a rebuild of Macksville Hospital, the Maternity Service re-opened their doors as a part of the MNCLHD Coffs Clinical Network Maternity Service in the form of an all-risk Midwifery Group Practice. This MGP team offers a unique and collaborative model of care to the women and families of Macksville and the surrounding areas, providing midwifery continuity of care for women in a Level 2 midwifery-led birthing centre at Macksville District Hospital as well as for women with more complex needs birthing at the Level 4 Coffs Harbour Hospital. In addition to this, Macksville MGP works in partnership with the local AMIHS to offer the opportunity for midwifery continuity of care to Aboriginal and Torres Strait Islander women and babies, providing intrapartum care with a known midwife that AMIHS is currently unable to offer.

This presentation will take you on the journey from the beginning of Macksville MGP in November 2021 until now, how this model transformed the Coffs Clinical Network Maternity Services and built trust within the local community. It will highlight how the service has been driven by local needs and how a network model across two hospitals is able to offer midwifery continuity of care to all women. It will present the experiences of women and families who are

accessing Macksville MGP and hear the voice of the midwives providing the care.

Midwives hearing this story will not be surprised at the amazing care and outcomes statistics of this unique regional MGP. This service is strong and is continuing to grow, with women who live outside Macksville and the surrounding areas now seeking the continuity and ideal birth options that it offers. This presentation is a celebration of how maternity services and birthing on country in a small regional and rural community can be maintained, built on the unique needs of the local community, collaboration and the passion and expert skills of midwives.

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P26

Supporting midwifery student experience: a NSW Health collaborative approach, to move us forward

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Initiative Aim: This initiative aimed to enrich the experience of midwifery students in NSW Health by understanding the enablers and inhibitors for optimising midwifery student capacity and learning experience. Led by the Nursing and Midwifery Office in collaboration with maternity services and university partners, the initiative explored the experiences of maternity services and student clinical placements. The purpose was to determine recommendations for system processes and approach that will result in a sustainable increase in placement capacity and enhanced student and midwife experience.

Methods: Consultation with maternity services, including regional and metropolitan perspectives was undertaken. In addition, learnings from The Exploring Student Midwife Experience Project and current workforce data collectively facilitated the identification of enablers and inhibitors to enhancing the experience. This informed five key recommendations to enrich the midwifery student capacity and learning experience.

Findings: The recommendations outlined focus on enhancing the identified enabling factors and mitigating the inhibiting factors. Recommendations address communication, facilitation, coordination, midwifery workforce capability, and student transition. Collectively the recommendations informed a statewide collaborative action plan including a standardised approach to student placement coordination, establishment of NSW university partners round table, a culture of teaching and learning strategy and mentoring for all midwifery students.

Outcome and Implications: The NSW Health Midwifery Student Placement Experience model was developed and implemented. This model was collaboratively developed by health service and university partners to inform a standardised approach for supporting midwifery students in NSW Health maternity services. The model outlines a strategy for coordination, student placement models and support for students and midwives to optimise the learning model for all, increasing capacity for students and strengthening the future midwifery workforce.

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P27

Skin to skin and breastfeeding in theatre: A Clinical Audit

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Background: In 2020, Australia saw a caesarean section rate of 36.7%. The Australian College of Midwives (ACM 2016) recommends immediate skin-to-skin contact after birth or within 10 minutes if a general anaesthetic has been given. However, there is a limited body of evidence on the impact of high caesarean section rates on a woman's ability to experience skin-to-skin contact with her newborn and establish breastfeeding.

Aim: To identify the incidence of skin-to-skin contact and breastfeeding in the operating space of two maternity units in one Australian NSW local health district. Additionally, the work aimed to explore to the enablers and barriers to supporting these important health practices.

Method: A tool, consisting of 15 questions, was developed, and delivered as a clinical audit (2021/ETH01176). After the audit a staff survey, asking opened ended questions, was also administered. Data was collected between 1 April 2022 and 28 February 2023 and 365 audit forms were completed [252 (68%) from Hospital A and 113 (32%) from Hospital B]. Forty-one clinicians completed the survey. Data analysis was undertaken using descriptive statistics and content analysis.

Results: Just over 82% of newborns were held after birth with 91% experiencing some form of skin-to-skin (bare/nappy only). The major reason for limiting skin-to-skin contact was the cool temperate of the theatre environment. Only 22% of newborns were reported to have breastfeed and /or attempted a breastfeed in theatres. The main barriers to breastfeeding were identified as 'awkward' maternal positioning and maternal and/or newborn ill health after birth. Workload and time pressures were also highlighted. Providing education and support to staff and parents was the most frequently cited enabler of both skin-to-skin contact and breastfeeding in theatre.

Discussion: This research offers valuable insights into real-world practices and staff attitudes, contrasting with idealised scenarios often found in published literature. Midwives wanting to enhance their practices and those of their institutions can use this information as part of their professional development.

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P28

Midwives moving forward: providing continuity of care for women with perinatal mental health conditions

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