



Vrije University, Etterbeek campus, Brussels, Belgium



OPTIMISING CHILDBIRTH ACROSS EUROPE

AN INTERDISCIPLINARY MATERNITY CARE CONFERENCE

9 & 10 APRIL 2014

 **cost**
EUROPEAN COOPERATION
IN SCIENCE AND TECHNOLOGY

COST ACTION IS0907





OPTIMISING
CHILDBIRTH
ACROSS EUROPE
CONFERENCE



9 & 10 APRIL, 2014

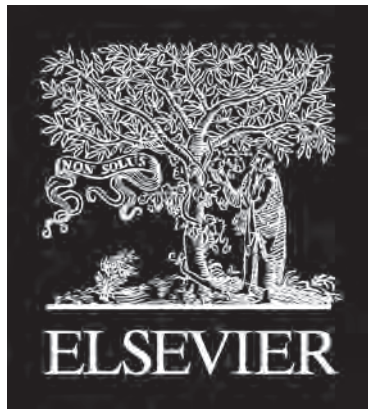
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CONFERENCE ORGANISING COMMITTEE:



ONE DAY with some friends, we left early in the morning for a walk in the mountains. I was in my thoughts when suddenly the sun rose over the horizon.

What I felt was like a delivery, the birth of a child!
I will never forget that feeling.

I was 17 years old.

Was that announcing what would be the foundation of my life?

I met my husband a few years later and became a mother . All my pregnancies were surrounded with joy, serenity, well-being , and love.

Dancing has always been part of my life. Keeping a balance between both my family life and artistic activities was very natural.

I first took my classes at the Centre International de Danse Rosella Hightower in Cannes. I then worked as a dance teacher in the Avignon Opera . Along with my classes, I created many choreographic pieces, deliberately turned to what was important to me:

HARMONY AND BEAUTY.

The most recent is called " Parfum de Rose", it is aimed to women .

Its goal is to put women in the spotlight, to honor them. Encourage them to take their rightful place, which is theirs forever.

So they may know that when pregnant, forming their child with awareness , focusing on what is beautiful in nature and art, they give them the best for their future life: health, intelligence, inspiration.

My artistic desire has always been this:
through dance telling women and mothers-to-be :

“Wake up, wherever you are, you have the power to build a new humanity simply by modeling the body of your child in peace, beautiful thoughts , harmony , joy, and beauty.

Stay confident in the wonderful role that is yours .

Shine, you are the sacred feminine!
On the occasion of this great congress “Optimising Childbirth” I have the joy of dancing with my daughters

Laurence de KERMADEC
lauredeker@gmail.com





OPENING CEREMONY CLOSING CEREMONY

DANCE OF THE FLOWERS SACRED FEMININE

9th April 2014, 10:00 am 10th April 2014, 15:50 pm

THE DANCERS:

Laurence de Kermadec & her daughters
Stéphaële, Aurore & Rosalyne

Narrator: Julie Ryan Gerland
Music: "Logos" by Stephen Sicard



Laurence



Aurore



Stéphaële



Rosalyne



The Opening & Closing Ceremonies are generously offered to this Congress by the dancers and the narrator.



CONTENTS

Childbirth Cultures, Concerns and Consequences: lessons from a successful EU COST network	15
Measuring antenatal care use across Europe, applicability of a tool considering content and timing of care received	17
Antenatal care utilisation in urban regions in Belgium and the Netherlands: the role of predisposing, enabling and pregnancy-related determinants	19
Number of antenatal visits, ultrasound examinations, Cesarean sections and perinatal mortality in Croatia from 1981 to 2012	21
Survey of outcomes in Cochrane Reviews from the Pregnancy and Childbirth Group	23
The impact of normal delivery vs. cesarean section on breastfeeding, incidence of pathologies and skills development of children up to two years old	25
Pregnancy care choices and birth experiences of Polish migrant women in Germany and Great Britain	27
Can midwives use a mobile device with translator application to effectively communicate with non-English speaking women accessing maternity services?	29
Sense of coherence during perinatal period and its influence on acute traumatic stress symptoms following childbirth	31
The use of a salutogenic framework in empirical studies of maternity care	33
Best practice in maternity care: a salutogenic approach	35
Transferring knowledge – transforming midwives' development through online learning	37
An interdisciplinary brochure to enlighten the choice for a cesarean section	39
"Campaign for Normal Birth": An innovation harnessing midwifery practice and maternity policies	41
Religiosity and spirituality in coping with fear of childbirth: Experiences from Croatia and Slovenia	43
Traumatic Birth: How antenatal counselling relate to subsequent birth experiences?	45
Fear of childbirth: mothers' experiences of team-midwifery care- a follow up study	47
Preventing the Transgenerational Caesarean Section	49
Dutch midwives' behavioural intentions of antenatal management of maternal distress and factors influencing these intentions: an exploratory survey	51

An exploration of the meaning of the first antenatal encounter from the perspective of service user and provider	53
Access to maternity services in Ireland for women with a disability: adherence or a breach of instruments decreeing the rights of people with a disability	55
The home and hospital interface in maternity care in Ireland – experiences of Self Employed Community Midwives during in-labour transfers	57
A process-oriented breastfeeding training program for healthcare professionals to promote breastfeeding	59
Which factors are associated with midwives' attitudes towards oxytocin augmentation during low-risk birth?	61
Migrant Women 's Experiences of Maternity Care in Norway	63
'A friend but not a friend': Migrant women's experiences of a befriending scheme for pregnant refugees and asylum seekers in the UK	65
Limited Dutch Proficiency is associated with higher Down's Syndrome Screening Test Uptake and lower Fetal Anomaly Scan Uptake among non-Dutch women	67
Keeping the cesarean rate low: the Dutch experience	69
Management of Singleton term breech pregnancies: Phase 2 of the 'Think Breech' UK study	71
Midwives' experiences of Action Research and the nature of the first encounter on a hospital based labour ward in Sweden	73
Women 's views of factors of importance for improving the rate of vaginal birth after caesarean (VBAC) - A study from countries with high and low VBAC-rates	75
Exploring Professional Support Offered by Midwives during Labour: An Observation and Interview Study	77
Births seat births; maternal outcomes and experiences	79
Impact of mode of delivery on the delivery experience in primiparous women: a qualitative study	81
The role of communication in a project educating to a natural physiological birth	83
Organizational culture in maternity care: a review of the research evidence	85
Competing Narratives, Competing Identities: midwifery leadership from both sides of the chasm	87
Stress urinary incontinence (SUI) before and during early pregnancy - the help and advice-seeking behaviour of primiparous women	89

The Birth Experience May Influence Postpartum Anxiety and Parenting	91
ART-feeding the (Un)born Baby	93
What is the role of participatory action research in improving maternal health among migrants in Europe?	95
Dutch women in midwife-led care at the onset of labour: which pain relief do they prefer and what do they use?	97
Women's experiences of a self-hypnosis intervention to help with pain relief during labour - (the SHIP Trial – Self-Hypnosis for Intra-partum Pain)	99
An Advanced Concept Analysis – Postpartum Sexual Health	101
Perineal Repair by Midwives in Ireland: A National Survey of Skills Knowledge and Experience	103
PART 2	
Towards optimal maternity care and child birth - the advantage of being salutogenic!	107
Tools measuring antenatal use, comparison of a new Content and Timing of care in Pregnancy tool and the Adequacy of Prenatal Care Index (APNCU) in relation to preterm birth	109
An organisational study of Alongside Midwifery Units (AMUs): Lessons for policy and practice	111
"Getting Europe into Switzerland, and Switzerland into Europe"- Swiss participation in COST Action IS0907	113
Outcomes of mode of birth after a previous caesarean section in five German federal states	115
Distrusting each other: careproviders' and women's perspectives on 'natural childbirth' in Czech birth care	117
CARE: An evidence Based Strategy to Reduce Caesarean Section Rates for Low Risk Women	119
Using 'The pregnant woman within the global context' Moving towards meeting the health and social needs of pregnant asylum seeking and refugee women in the voluntary sector	121
Childbirth experience of internal migrants in China	123
Decision-making process in out of hospital birth setting: Midwives' and women's perspective in two language regions in Switzerland – a Grounded Theory Study	125
Complexity theory and maternity care systems	127

Community engagement to reduce health inequalities in expectant and new mothers and their children: understanding 'what works'	129
Strategies to transfer research findings to professionals in maternity services: a systematic review	131
A trans-disciplinary understanding of the concept knowledge transfer	133
Clinicians views of factors of importance for improving the rate of vaginal births after caesarean section (VBAC) - A study from countries with high and low VBAC-rates	135
Developing leadership expertise – in the comfort of your armchair?	137
Organisation Research in Childbirth and Health of Midwife-led Care Units	139
Pregnancy-related Pelvic Girdle Pain: Core Outcomes in Practice and Research	141
MLUs in Northern Ireland - An exploration of the criteria utilised for admission to and transfer from MLC	142
Undertaking an exploration of the nature and manifestations of bullying in Midwifery Education in Switzerland	143
Cochrane review of Midwife-led continuity models versus other models of care for childbearing women	145
An organizational case study of Alongside Midwife Unit implementation process in a teaching hospital in Brazil	147
Facilitating and impeding factors for the implementation of midwifery led care	149
Midwifery-led childbirth care in Ireland – five years of experience after the MidU trial	151
Afterpains: A Comparison Between Active and Expectant Management of the Third Stage of Labor	153
Expert midwives' views of preventing, detecting and managing postpartum haemorrhage when using expectant management of the third stage of labour: the 'MEET' study	155
Home Birth in Portugal	157
The SHIP Trial – Self-Hypnosis training with pregnant women and their birth companions for Intrapartum Pain control	159
Socio-cultural aspects of safe/unsafe motherhood	161
Cultural differences in postnatal quality of life among German-speaking women	163

Intimate Partner Violence: Exploring the Perspective of the Muslim Community: A UK Community Consultation	165
Prevalence and evolution of intimate partner violence before and during pregnancy: a cross-sectional study	167
Review of women's experiences of pregnancy after previous stillbirth and loss	169
Promoting bereaved parents wellbeing after a pregnancy loss through the improvement of midwives' confidence to provide effective perinatal bereavement care	171
Somatic pain before, during and after pregnancy in primiparous women in Ireland: a longitudinal, cohort study	173
Nursing mothers in an ICU after complicated childbirth	175
New fathers' experiences of care in relation to complicated childbirth	177
An exploration of the emotional effects of prenatal diagnosis on men during and after their partner's diagnosis	179
Exchanging innovative knowledge transfer between Ireland and Greece	181
Undertaking a Cooperation of Science and Technology (COST) Short Term Scientific Mission (STSM) in the Iresearch4Birth Action (Part 1)	183
Undertaking a Cooperation of Science and Technology (COST) Short Term Scientific Mission (STSM) in the Iresearch4Birth Action (Part 2)	184

POSTERS

A Midwifery Model of Childbirth Care - development and implementation in Sweden and Iceland	187
Association of mode of delivery and neonatal mortality and morbidity: a cohort study in Brazil	189
Comparing CenteringPregnancy to standard prenatal care plus prenatal education	191
Developing a Knowledge transfer Toolkit for Cost Action IS0907	193
High Dose versus Low Dose Oxytocin for Augmentation of Delayed Labour, a randomized controlled trial	195
Intimate partner violence and pregnancy: a systematic review of interventions	197

Late start of prenatal care in a western country: the motives of delay and the measurements against it	.....199
Mothers' experiences of a stay in an ICU after a complicated childbirth	.....201
Salutogenically focused outcomes in systematic reviews of intrapartum interventions: A systematic review of systematic reviews	.....203
Stakeholder engagement and the diffusion of childbirth knowledge: experiences of the COST project	.....205
Strategy for assistance at Normal Childbirth. Related indicators and Childbirth Humanisation in Catalonia, Spain	.....207
The Global Prenatal Initiative : 9 Months to Save the World!	.....209
The experience of unwanted cesarean section to Brazilian women: perspectives on women's decisions and their implications for labor and birth	.....211
Two sides of breastfeeding support: Experiences of women and midwives	.....213
Urinary incontinence (UI) and faecal incontinence (FI) in primiparous women before and during pregnancy	.....215
What do women really understand about fetal anomaly screening ?	.....217
A systematic review identifying outcomes to measure the effect of oxytocin used in treating delay in labour	.....219
Bringing birth back home – the option of a deinstitutionalised birth in Portugal	.....221
Caesarean sections and maternal mortality in Sao Paulo	.....223
Can a clinical screening tool be adapted for use as a measure of wellbeing: Investigating the GHQ-12 in a postpartum population?	.....225
Creating a mindfulness integrated approach to optimise childbirth	.....227
Early skin-to-skin contact among mothers and healthy infants born by cesarean in the operating room	.....229
Evaluation of the Mother-to-Infant relation and feeling scale: Interviews with first-time mothers' for feelings and relation to their baby three days after birth	.....231
Investigation of the use of thermography for research and clinical applications in pregnant women	.....233

MatHER-ch.ch: Piloting the Maternal Experiences Survey (MES) questionnaire for surveying women's experiences of maternity care in Switzerland	235
Optimum maternal care must not only be biological but psychological and social and include the father and the unborn	237
Participating in CenteringPregnancy: The Experience of Group Prenatal Care for Patients, Physicians, and Educators	239
Pregnancy Outcomes in Women aged less than 35 years old compared to Women 35 years or older with Preeclampsia. A register-based study.	241
Pregnant migrant women in the Czech Republic	243
Prenatal and intrapartal interventions and the outcome of delivery in Czech Republic	245
The buddy model: leveraging opportunities and life changing achievements for deprived childbearing families and their (future) caregivers	247
Women's experiences of VBAC: results of a metasynthesis	249
Effect of pelvic floor programme training frequency on perineal outcomes	251





OPTIMISING BIRTH CONFERENCE



26

participating
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Spain

Sweden

Switzerland

Sydney

The Netherlands

United Kingdom

United States of America

IN BRUSSELS



CHILDBIRTH CULTURES, CONCERNS AND CONSEQUENCES: LESSONS FROM A SUCCESSFUL EU COST NETWORK



Soo Downe*, Professor,
(University of Central Lancashire UK)



COST Action IS0907 developed a sustainable, multi-disciplinary network of around 100 individuals across 26 countries including China, South Africa, and Australia. This occurred through regular meetings and workshops, two Training Schools, and 29 exchange visits ('Short Term Scientific Missions, or STSM's).

The Action has achieved its primary objective of advancing scientific knowledge about ways of improving maternity care provision and outcomes for mothers, babies and families across Europe by understanding what works, for who, in what circumstances, and by identifying and learning from the best.

This has been achieved partly by starting an academic and political debate about new ways of examining optimal maternity care through the perspective of salutogenesis and complexity. To date, over 100 related outputs have been produced, including peer reviewed publications. The Action has been progressed, and will be taken forward into the future, through active engagement of maternity service users in the innovative new social media-based EU Babies Born Better (B3) survey. This is currently running in 12 languages (building up to 26 by June), with over 9000 responses to date. This presentation will explore the factors that led up to the set up of the Action, the facilitators and barriers to the work that was planned at the outset, the expected and unexpected successes, and how the network will be taken forward once the formal COST funding ends in June 2014.



COST ACTION IS0907



LEARNING FROM THE BEST!





MEASURING ANTENATAL CARE USE ACROSS EUROPE, APPLICABILITY OF A TOOL CONSIDERING CONTENT AND TIMING OF CARE RECEIVED

Beeckman Katrien (UZ Brussel, Vrije Universiteit Brussel, Brussels, Belgium),
Helga Gottfreðsdóttir Rn Rm Phd* (University of Iceland)



Aim:

The COST ISO 907 Action on Optimizing Maternity care across Europe plans to develop survey instruments to measure differences in the organisation of maternity care. This study evaluates the applicability of a recently developed 'Content and Timing of care in Pregnancy' (CTP) tool for routine ante-natal care (ANC) across Europe.

Method:

A search of national ANC guidelines was done in 20 European countries by contacting experts in maternity care from each country. A questionnaire was developed to explore the content of the guidelines with emphasis on 4 components of the CTP tool: initiation of care, number and timing of blood pressure measurement (BPM), ultrasound scans (US) and blood samples (BS).

These interventions were chosen, based on evidence about their relevance in pregnancy. CTP categorizes care trajectories in four ordinal classes.

Ethical Approval:

Not necessary since this was an analysis of public documents.

Study Findings:

17 countries responded, of them 12 countries had regional or national guidelines and one country had both national and 2 regional guidelines, resulting in 14 guidelines included in the analyses. The CTP tool reflects a minimal care trajectory regardless risk status or parity, the elements to construct it are: occurrence of at least one US, BS and BPM in the first trimester; one US and two BPM during the second trimester and one BS and



Three BPM in the third trimester. Evaluation of the 14 guidelines showed us similarities in the advices for the first trimester ultrasound scan (advised in 12/14) and the structural second trimester scan, advised in all guidelines. All advised at least two blood samples, one in the first and one in the last trimester. In 13/14 guidelines blood pressure measurement is advised at every visit.

Conclusions:

Our analyses show that the CTP tool is applicable in most European setting as the components to onstruct it are similarly advised. The CTP tool can be valuable in the development of survey instruments evaluating the organization of maternity care in Europe from the EU-COST ISO 907 action.

Submission ID: 33

Session: Organisational Design – 1A (OD)

Venue: QA

Time: 11.15, Wednesday, 9th April

Format: Oral



ANTENATAL CARE UTILISATION IN URBAN REGIONS IN BELGIUM AND THE NETHERLANDS: THE ROLE OF PREDISPOSING, ENABLING AND PREGNANCY-RELATED DETERMINANTS



Vanden Broeck Jana* (Department of Medical Sociology and Health Sciences, Vrije Universiteit Brussel, Brussels, Belgium & Department of Nursing and Midwifery, Nursing and Midwifery Research unit, University Hospital Brussel, Brussels, Belgium), Feijen-De Jong Esther (Department of Midwifery Science, AVAG , Groningen & EMGO Institute for Health and Care Research, VU University Medical Center, Amsterdam, the Netherlands), Koen Putman (Department of Medical Sociology and Health Sciences, Vrije Universiteit Brussel, Brussels, Belgium & Interuniversity Centre for Health Economics Research, Vrije Universiteit Brussel, Brussels, Belgium & School of Health, University of Central Lancashire,), Trudy Klomp (Department of Midwifery Science, AVAG , Groningen & EMGO Institute for Health and Care Research, VU University Medical Center, Amsterdam, the Netherlands), Beeckman Katrien (UZ Brussel, Vrije Universiteit Brussel, Brussels, Belgium)

Introduction:

Internationally, there is a need to examine the determinants of antenatal care (ANC) trajectories for the pursuit of equitable distribution of adequate ANC across Europe. Aim of the study: (1) to compare antenatal care utilisation in urban regions between Belgium and the Netherlands and (2) to identify its predisposing, enabling and pregnancy-related determinants.

Methodology:

Secondary data analyses were performed using pooled

and matched data from a study conducted in the Brussels Metropolitan Region and the Netherlands. ANC utilisation was measured by the content and timing of pregnancy care (CTP) tool. Non-parametric tests were used to compare appropriateness of antenatal care utilisation and ordinal logistic regression analysis to indicate determinants of being assigned to a higher CTP category.

Ethical approval:

Data were obtained from two original studies which were approved by the respective Ethics Committee.



Study findings:

Women residing in the Netherlands received more often appropriate ANC compared with Brussels women (58.3% versus 45.5% respectively, $p=0.009$). Overall, lower education (OR: 0.60; 95% CI 0.43-0.82), unemployment (OR: 0.49; 95% CI 0.34-0.70), lower continuity of care (OR: 0.60; 95% CI 0.42-0.84) and non-attending antenatal classes (OR: 0.67; 95% CI 0.47-0.94) were associated with a lower likelihood of being assigned to a higher CTP category.

Conclusion:

The results showed higher ANC appropriateness of Dutch women compared to Brussels women.

Predisposing and pregnancy-related determinants were significant determinants for CTP, irrespective of the region (Brussels versus urban Dutch) or any enabling characteristic.

Lower health literacy and awareness of the importance of antenatal care in socially vulnerable women were suggested mechanisms to explain the predisposing determinants. From the care provider's perspective, the need of personalized communication for these women and improving the continuity of care could improve ANC utilisation. More standardised international data collection is a necessary step in disentangling the associations between determinants and content and timing of antenatal care.

Submission ID: 98

Session: Organisational Design – 1A (OD)

Venue: QA

Time: 11.45, Wednesday, 9th April

Format: Oral

NUMBER OF ANTENATAL VISITS, ULTRASOUND EXAMINATIONS, CESAREAN SECTIONS & PERINATAL MORTALITY IN CROATIA FROM 1981 TO 2012

Aida Mujkic, Gordan Zlopasa (University of Zagreb, School of Medicine),
Urelija Rodin (Croatian National Institute of Public Health)



Introduction:

Higher number of antenatal visits and ultrasound examinations are connected with better pregnancy outcome. With Cesarean sections situation is more complicated, up to some percentage the influence is positive but with further increase it is not possible to find measurable better outcomes and the risks are increasing.

Aim of the study:

Aim of the study was to analyze trends of antenatal visits and ultrasound examinations during pregnancy, Cesarean sections and perinatal mortality in Croatia in the period of more than three decades.

Research methodology:

We use data from the Croatian National Institute of Public Health and Croatian Central Bureau of Statistics.

Number of antenatal visits and ultrasound examinations were calculated as the average number per women and as the percentage of total number of pregnant women per year. Perinatal mortality was calculated according to the birth weight $\geq 1000g$.

Ethical approval:

Ethical approval wasn't necessary because we use data without possibility of personal identification.

Study findings:

In the period from 1981 to 2012 the mean number of antenatal visits per pregnant women increased from 5,2 to 8,5. The percentage of women with ≥ 9 visits in the period from 1995 to 2012 increased from 27,0 to 60,8 % and in the same time the percentage of pregnant women with ≤ 2 visits decreased from 9,1 to 3,1 percent.

The mean number of ultrasound examination increased from 3,1 per women in 1999 to 4,6 in 2012.

The percentage of pregnant women who had ≥ 4 ultrasound examinations increased from 44,7 percent in 1999 to 77,8 in 2012. The percentage of Cesarean sections increased from 5,4 % in 1981 to 19,7% in 2012. The perinatal mortality decreased from 16,0/1000 in 1981 to 3,6/1000 in 2012. In the whole analyzed period there

were differences between different regions of Croatia.

Conclusion:

In the analyzed period the number of antenatal visits, ultrasound examinations increased in the average. The number of Cesarean sections also increased although it is still lower than in some other European countries. Perinatal mortality decreased substantially during analyzed period.

Submission ID: 65

Session: Organisational Design – 1A (OD)

Venue: QA

Time: 12.15, Wednesday, 9th April

Format: Oral

SURVEY OF OUTCOMES IN COCHRANE REVIEWS FROM THE PREGNANCY & CHILDBIRTH GROUP

Valerie Smith (Trinity College Dublin),
Mike Clarke (Queen's University Belfast)

Introduction:

A difficulty faced by many systematic reviewers when synthesising evidence from individual studies is heterogeneity in the outcomes measured in those studies.

Developing and applying agreed standardised sets of outcomes, known as 'core outcome sets' (COS), would help overcome this. The COMET Initiative, launched in 2010, aims to help by facilitating the development and use of COS. It is developing a strategy to improve the uptake of COS in Cochrane Reviews and a survey of outcomes in Cochrane Reviews has been done to identify the variety of outcomes used in existing reviews and to promote the use of COS in updated and future reviews.

Aim:

To present the results of this survey for the Cochrane Pregnancy and Childbirth Group, which is the oldest Cochrane Review Group and largest in review output.

Methodology:

A descriptive survey of reviews published in full for the first time in 2007 and 2011. Outcomes pre-specified in

the Methods and outcomes reported in the Results of each review were extracted. Numbers, types and frequencies of similar outcomes across reviews were identified.

Ethical approval:

Not applicable.

Findings:

Fifty-one reviews with 746 pre-specified and 283 reported outcomes were identified. Of the 746 pre-specified outcomes, 136 (29%) were not reported because no studies were included in the reviews. The reason 327 pre-specified outcomes were not reported was either not mentioned in the review or was due to a lack of data for the included studies. The 4 most frequently pre-specified outcomes were admission to NICU (41% of reviews), maternal adverse events (37%), neonatal mortality (37%), maternal satisfaction (33%) and breastfeeding rate (27%). The proportion of reviews reporting these outcomes were lower: 14%, 12%, 8%, 20% and 8%,



respectively.

Conclusion:

Further work on COS in pregnancy and childbirth will

make it easier for the results of studies to be compared, contrasted and combined, as appropriate; reducing waste in research and producing more informed decisions about care.

Submission ID: 151

Session: Outcome Measurement – 1B (OM)

Venue: QC

Time: 11.15, Wednesday, 9th April

Format: Oral

THE IMPACT OF NORMAL DELIVERY VS. CESAREAN SECTION ON BREASTFEEDING, INCIDENCE OF PATHOLOGIES AND SKILLS DEVELOPMENT OF CHILDREN UP TO TWO YEARS OLD

Silvia Rodrigues, Zelia Caçador

(Centro de Investigação em Estudos da Criança, Instituto de Educação, Universidade do Minho)



The normal delivery is the most natural way of birth and decreases risk of complications and severity in low-risk pregnancies, both for women and for the fetus, compared to cesarean section. The comparison of normal with cesarean delivery emerges from doubts raised by the literature review about the risks and benefits for the child. The goal of this research is to understand the impact of the type of delivery on breastfeeding, in the incidence of diseases and the development of skills in the first two years of child's life. A convenience sample of 400 dyads of mothers and children was constituted, aiming to compare babies born by eutocic delivery with those delivered by cesarean section. We analyzed the clinical processes of dyads and interviewed mothers in order to complement the data collection. It was accomplished the application for inspection of the files in the phase of document analysis, after the authorization of the ethics

committee, and consent was asked to mothers explaining the purpose of the study to conduct the interviews. We used a quantitative methodology and given the nature of the variables, we used multivariate analysis, with SPSS statistical program, to understand the effect of independent variables on the dependent variables. All the data, even those collected by interviews, were introduced in our data base and submit to the same test (GLM). The results found that exclusive breastfeeding, continued breastfeeding, early intake of porridge, soup, meat, fruit and cow's milk is significantly lower in babies delivered by cesarean section compared to those of normal delivery and the association of breast milk to milk adapted is significantly lower (less time) in cesarean section compared to normal delivery. Those born by cesarean section have significantly higher odds incidence of allergies and tonsillitis. Locomotor skills are lower but

within expected range for age. On the other hand, age in caesarean born infants compared with eutocic manipulative, visual, speech and language, and personal born babies. autonomy skills are significantly lower than expected for

Submission ID: 141

Session: Outcome Measurement – 1B (OM)

Venue: QC

Time: 11.45, Wednesday, 9th April

Format: Oral



PREGNANCY CARE CHOICES & BIRTH EXPERIENCES OF POLISH MIGRANT WOMEN IN GERMANY AND GREAT BRITAIN

Paula Pustulka* (Bangor University)

This paper details results of sociological doctoral study on migrant motherhood, focusing on Polish women in Germany and UK. The aim of the study was to showcase the complexity of experiences shared by those moving from highly privatized and medicalized care framework addressed to women in Poland, to a midwife-driven pregnancy and labour care in Western Europe.

Empirical material was collected during individual biographic narrative interviews, participant observation and ethnographic approaches embedded in the contextual comparative data and literature.

The paper gives voice to migrant women themselves, illustrating their struggles related to understanding differences between different systems, feelings of inadequacy in their impending motherhood, as well as recollections of birthing experiences, often outlined in a comparative framework of subsequent pregnancies and childbirths in Poland versus a foreign migratory destination.

Tackling both success stories and bad outcomes, the paper demonstrates complexities within the medical, social, class-derived, economic and ethnic factors contributing to understanding medical care during pregnancy and birth received by migrant women in contemporary intra-European context.



Submission ID: 93
Session: Impact on Migrant Women-1C (MW)
Venue: Building D, D 0.03
Time: 11.15, Wednesday, 9th April
Format: Oral







CAN MIDWIVES USE A MOBILE DEVICE WITH TRANSLATOR APPLICATION TO EFFECTIVELY COMMUNICATE WITH NON-ENGLISH SPEAKING WOMEN ACCESSING MATERNITY SERVICES?



Melanie Cooper* (University of Bradford)

Introduction

Midwives increasingly care for migrant women who speak a different language. They may have poor health, more complicated pregnancies and an increased risk of maternal mortality, partly attributed to language barriers. It is vital that these are overcome to improve care and outcomes for migrant women.

Although in the UK, there are interpreting services available evidence suggests that these are expensive, inadequate and not always utilised. Consequently, family members are relied on to interpret or midwives provide care without being able to communicate, both of which are ethically and legally unacceptable.

Anecdotal evidence suggests that midwives might use mobile devices with translation applications to assist communication with migrant women. However, no literature could be found evaluating this.

Aim:

Aim of the study to assess the accuracy of verbal translations and therefore the effectiveness of using Google Translate within the maternity context. Ethical approval was received from a university.

Research methodology

The setting was a simulated ward in a University setting. Data generation involved three stages which were audio/video recorded, transcribed and thematically analysed:

1. Focus group explored senior midwifery students' experiences of communicating with migrant women.
2. A bilingual woman tested the accuracy of the application in verbally translating midwifery conversations from English to Polish.
3. Bilingual service users/ senior students role played,



then evaluated nine typical maternity care episodes using a mobile application to communicate.

Study findings

The main themes related to communication difficulties in practice which the application could not fully address. Its accuracy was frequently poor especially for midwifery terminology.

Conclusions

Midwives should not attempt to use this, or similar applications in clinical practice at the moment.

Further research and development addressing the use of innovative technology may provide a cost effective solution to language barriers when meeting the needs of migrant women in maternity services.



SENSE OF COHERENCE DURING PERINATAL PERIOD AND ITS INFLUENCE ON ACUTE TRAUMATIC STRESS SYMPTOMS FOLLOWING CHILDBIRTH



Mizuki Takegata*, Megumi Haruna, Masayo Matsuzaki, Mie Shiraishi (Department of Midwifery and Women's Health, the University of Tokyo, Japan), Tadaharu Okano (Center of Physical and Mental Health, Mie University, Japan), Elisabeth Severinsson (Department of Nursing Science, Vestfold University College, Norway)

Introduction

Sense of coherence (SOC) is one of the essential variables to measure an individual's resilience in the case of stress. However, there is little evidence with regard to SOC during the perinatal period. The purposes of this study are to examine the stability of the SOC before and after delivery, and to investigate its influence on acute stress symptoms following childbirth.

Methods:

A longitudinal observational study was conducted at an obstetrical clinic in Tokyo, in 2013. Participants (n= 210) filled in self-reported questionnaires during their 36th to 37th gestational weeks, two days after delivery, and a month later. The antenatal questionnaire included the Sense of Coherence Scale (SOC), and the

Japanese version of the Wijma Delivery Expectancy/ Experience Questionnaire (JW-DEQ) version A, which assessed antenatal fear of childbirth. The postpartum questionnaire included the JW-DEQ version B, to assess the experience of fear during delivery, and the Impact of Event Scale-revised (IES-R), to assess traumatic stress symptoms following childbirth. Ethical approval was granted by the Institutional Review Board of the University of Tokyo.

Results:

Out of 210 participants, 195 (92%) during pregnancy, 192 (90%) two days after delivery and only 147 (70%) a month after delivery provided sufficient data .

There was no statistical difference in the SOC scores between the three observational points ($F=1.16, p=.841$).



As a result of multivariate analysis, the SOC scores during pregnancy was significantly predicted for the IES-R scores two days after delivery ($\beta = -.32, p < 0.001$).

Conclusions:

SOC has been found to be stable over a period of time

before and after delivery, thus delivery won't affect the degree of women's SOC.

We also suggest that SOC will influence on a woman's coping styles and work as a protective factor of traumatic stress symptoms after delivery.

Submission ID: 149

Session: Salutogenic focus-1D (SF)

Venue: QB

Time: 11.15, Wednesday, 9th April

Format: Oral



THE USE OF A SALUTOGENIC FRAMEWORK IN EMPIRICAL STUDIES OF MATERNITY CARE

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Introduction:

There is general agreement that maternity care services should be organized in a way that improves health. In many European settings, this entails changing the lens of maternity care from one focused on risk and the prevention of ill-health to one stressing positive outcomes including strengths and resources. Several frameworks have been proposed for a positive health care approach within the salutogenic framework. The most well-known, and with a strong evidence base, is Antonovsky's Sense of Coherence Theory.

Aim:

To establish if and how a salutogenic theoretical approach has been used in empirical studies of maternity care.

Objectives:

To identify how salutogenesis has been defined in empirical research around the maternity episode, and how and in what kind of contexts salutogenic theory has been used in empirical research around the maternity episode. To generate discussion about what promotes salutogenic approaches in maternity care provision.

Method:

A systematic literature review, based on a predetermined search strategy. No language restrictions were applied. Included studies were subject to narrative analysis. Ethical approval was not required.

Findings:

Eight papers met the criteria for inclusion, comprising





seven areas in the antenatal, intrapartum and postnatal periods. Of these, two papers employed both a positive health philosophy and explicit use of Antonovsky's Sense of Coherence (SoC) scale. The remaining studies used discrete aspects of a salutogenic approach.

Conclusion: These findings demonstrate that, to date, salutogenic framing is rarely used in maternity care research. To guide future policy making and service

provision, salutogenic theory could be used to find out what works well in promoting wellbeing for those using maternity care, rather than simply minimizing ill-health and risk.

Funding:

The study is part of the EU-funded COST Action IS0907.

Submission ID: 78

Session: Salutogenic focus – 1D (SF)

Venue: QB

Time: 11.45, Wednesday, 9th April

Format: Oral





BEST PRACTICE IN MATERNITY CARE: A SALUTOGENIC APPROACH

Claudia Meier Magistretti*

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Introduction:

The current practice to enhance and ensure quality in maternity and early infant care is mainly focused on the avoidance and management of risk. Even though studies have investigated midwives' and other professional's views, revealing several health oriented factors of quality in maternal care. Most of these studies lack a theoretical framework underpinning the empirical findings and results often remain limited to the specific settings the studies were conducted in.

Aim:

The Study "Best practice in maternity care" takes a systematic theoretical approach rooted in Aaron Antonovsky's theory of salutogenesis. Although Antonovsky's concepts are widely used and empirically underpinned, they have not yet been broadly applied to maternity care and childbirth.

No studies have been conducted to describe what a salutogenic midwifery practice could be. We lack evidence of questions as to how health promoting processes come about and how professionals' care can be fostered to strengthen health of mothers in maternity care. The study aims to allow maternity care professionals to express their implicit salutogenic knowledge and their action-oriented implicit frameworks for choices, decisions and conflict management and to validate and make such knowledge accessible to researchers and teachers.

Methods

27 narrative interviews were conducted with midwives working in pre-, peri- and postnatal care in different settings of selected regions in Austria, Switzerland and the United Kingdom. A hermeneutic analyses following the theory of Antonovsky was conducted. Ethical approval was received by all universities and health authorities



concerned.

Findings and Conclusions:

Full findings will be presented showing different types of dealing with hospital and other working environments and reveal a definite spectrum of distinct compo-

nents of the three parameters of the sense of coherence (understandability, manageability, meaningfulness) in midwifery salutogenic practice. Implications for training, research and practice are described in conclusion and projects in midwifery education are presented.

Submission ID: 77
Session: Salutogenic focus – 1D (SF)
Venue: QB
Time: 12.15, Wednesday, 9th April
Format: Oral

TRANSFERRING KNOWLEDGE – TRANSFORMING MIDWIVES' DEVELOPMENT THROUGH ONLINE LEARNING

Jacqui Hall, Gail Johnson*
(The Royal College of Midwives)

Introduction:

Midwifery practice and education are continually changing and midwives need to have access to readily available education and professional evidence based updates to support their continuing professional development (CPD). How midwives are supported in accessing education has challenged education providers to find alternative approaches to delivering education and training from the traditional face to face contact.

Online learning needs to bring added value to the learning process, giving midwives something extra beyond what they would gain from a book or an article. Through an e-learning platform midwives can have access to interactive learning, opportunities to connect with other midwives through discussion forums and webinars, video and podcasts, together with the opportunity for personal reflection and recording learning through online portfolios.

November 2010 saw the launch of an online learning

platform, i-learn.

This bespoke learning platform has been designed specifically to meet the needs of midwives, student midwives and support workers. Since the launch around 6,000 practitioners have registered to use the resources and new registrations are currently around 4 per day.

The modules on offer reflect the varied needs of midwives, from CPD refresher modules enabling midwives time to review and refresh current trends in practice, 10 minute taster courses which give a brief overview of a topic, to more complex work based learning, for example adaptation to parenting or addressing the leadership competency framework for practice.

Almost 40 courses are available with many more planned for the future.

This flexible learning resource means that midwives can access learning at a time and place which suits their individual needs, meets their CPD requirements and





facilitates further learning.

In 2011 an online portfolio, i-folio was launched to enable learners to "capture" their learning experiences as they progressed, ensuring that essential learning and

reflection does not get lost.

These resources are positively evaluated by users and the opportunities for further development are immense.



Submission ID: 8
Session: Knowledge Transfer – 1E
(KT)
Venue: Building D, D 0.02
Time: 11.15, Wednesday, 9th April
Format: Oral



AN INTERDISCIPLINARY BROCHURE TO ENLIGHTEN THE CHOICE FOR A CEASAREAN SECTION

Sabrina Schipani*
(Swiss Midwifery Confederation)

Background:

With one third of all babies born by caesarean section, Switzerland appears in the middle of the European range. In comparison, Finland, Sweden, Netherlands have a 50% lower caesarean section rate. The cesarean section rate varies greatly between Swiss cantons from the highest: Zoug (42.7%) to the lowest: Jura (19.2%). Over the last few years, evidence has shown that the increase is not associated with improvement in perinatal mortality and morbidity (Wax et al, 2004). Numerous scientific studies demonstrate that caesarean sections tend to increase the risks for both mother and child (Wax et al, 2004). Furthermore, the findings of research regarding the short-and long-term health consequences of caesarean sections are often unavailable to expecting mothers (Declercq et al, 2006; Lutz & Kolip, 2006).

Aim:

Midwives, gynecologists, pediatricians, neonatologists and anesthetists develop a patient information brochure to enable an informed choice for a caesarean section.

Theoretical perspective & argument.

Texts were elaborated in association with the respective experts and current literature and a consent had to be found. All experts wished to address important issues about the operation, anesthesia, outcome for mother and child, breastfeeding after caesarean sections, and subsequent pregnancies.

This first interdisciplinary experience, initiated by the Swiss Federation of Midwives, aims to promote an increased global awareness, reducing the separation of skills between doctors and midwives.

Discussion:

The brochure is funded by the Foundation Health Promotion. It should be published by spring 2014. The timing is auspicious. The Federal Office of Public Health recently published a report entitled "Deliveries by caesarean sections in Switzerland" (27.02.2013, postulate's answer 08.3835).

Among the recommendations is the importance of



providing comprehensive and nationwide information to pregnant women and the society at large about the advantages and risks of caesarean sections compared with a spontaneous birth.

Conclusion:

This interdisciplinary brochure will enable woman to make informed decisions regarding cesarean sections.

Submission ID: 73
Session: Knowledge Transfer – 1E
(KT)
Venue: Building D, D 0.02
Time: 11.45, Wednesday, 9th April
Format: Oral



"CAMPAIGN FOR NORMAL BIRTH": AN INNOVATION HARNESSING MIDWIFERY PRACTICE & MATERNITY POLICIES

Mervi Jokinen*
(The Royal College of Midwives)



The global threat of increasing medical interventions within childbirth is a reality. In many western countries, practising midwives appear to have reduced opportunities to experience or care for a woman in physiological labour. The negative impact of the changed philosophy in maternity care permeates deeply into the long-term economic and public health outcomes.

This oral presentation will give a short introduction how a professional organisation with leading midwifery stakeholders developed "Campaign for Normal Birth" (CNB) to address the changing architecture of midwifery practice. It further describes how the activities, under the auspices of CNB, developed to cover wider agenda than midwifery practice, into implementation of maternity policies, audit and research. CNB is recognised as a valid driver for change within the professional organisation's strategy by producing innovative material to support practice and policy. All the resources are available free globally on CNB website, opening the borders for dissemination of best practice and standards.

As an example, Birth Centres embrace a social model of maternity care, empowering women to make their own birth decisions and promoting wellness model of pregnancy and birth. The national maternity policies acknowledge Birth Centres as legitimate providers of primary health maternity care. In establishing birth centres, a significant gap had been the absence of a national standards framework. We set out to develop national standards to cover issues such as safety, clinical governance and a focus on public health as it relates to service users. It was envisaged that this would ensure a quality criterion embedded in all aspects of the maternity service. The final document was enhanced by the development of a birth centre practical guide and website resources.

Crossing the borders approach has further triggered collaborative work, the European Midwives Association members have collated information on national standards/guidelines and translating the original BC Standards into other languages.



Other materials developed have been utilised globally. The Campaign with its linked policy and practice resources, aims to support and strengthen the activities of midwives in countries, many of which are struggling to develop midwifery-led care or BCs against their current maternity policies.

Submission ID: 123
Session: Knowledge Transfer – 1E (KT)
Venue: Building D, D 0.02
Time: 12.15, Wednesday, 9th April
Format: Oral



RELIGIOSITY & SPIRITUALITY

IN COPING WITH FEAR OF CHILDBIRTH: EXPERIENCES FROM CROATIA AND SLOVENIA

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Petar-Kresimir Hodzic (Croatian Bishops' Conference, Office for Life and Family;
Ksaverska cesta 12a, 10000 Zagreb, Croatia), Kelly Townsend (American Family Center; 731
W Baseline STE 105 Mesa, AZ 85212), Ana Pavec (Social Academy - Institute for Education, Research and Culture,
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The fear of childbirth (FOC) is a spreading "pandemic" that currently affects 5-20% of women worldwide, but predominantly those in developed countries. FOC may result in various negative outcomes, including post-traumatic stress disorder (PTSD). It affects not only the women who had traumatic birth but also nulliparas by intergenerational and transgenerational transfer. The causes of FOC are not completely understood, and successful preventive strategies and interventions are not yet fully developed. Childbirth in its natural course is operated by the primal lower brain centers, whereas the brain cortex should be silent to assure the complex harmonisation of psychoneuroimmunoendocrine dynamics that is proven to be a link between religion and health. FOC interferes with that harmonisation. The optimisation of childbirth should address the issues related to FOC, taking in concern not only medical and psychological aspects but also the usually neglected

aspects linked to religiosity and spirituality, especially in countries where religious affiliation is high.

Our experiences from Croatia and Slovenia, where Christianity is predominant, build the argument. Offering the childbirth preparation that includes religious and spiritual dimension as well as prenatal parenting has been empowering for a growing number of women, not only to successfully cope with FOC but also to keep a positive childbirth memory. This approach could also be a part of the solution for growing medical costs as well as for the low birth rates in Europe.

Submission ID: 167

Session: Outcome Measurement – 1F (OM)

Venue: QD

Time: 11.15, Wednesday, 9th April

Format: Oral







TRAUMATIC BIRTH: HOW DOES ANTENATAL COUNSELING RELATE TO SUBSEQUENT BIRTH EXPERIENCES?

Bente Langeland*, Inger Sofie Stensland, Ragnhild Johanne Tveit Sekse
(Haukeland University Hospital, Bergen, Norway)



Background:

To meet the needs of an increasing number of women with fear of birth, a midwife-led counseling service was established at Haukeland University Hospital in Bergen, Norway. Two out of three women who are referred to this counseling service report previous experiences of traumatic birth-giving.

Regardless of predisposing vulnerability or mode of birth, there is a pervasive feature that fractured relationships with caregivers leads to negative birth experiences. As mode of birth does not explain whether a subsequent birth has been a healing or re-traumatizing experience, the aim of this study was to illuminate how multiparous women retrospectively assess the counseling and their birth-giving experience.

Methods:

A semi-structured questionnaire was sent to 100 multiparous women 6-8 weeks postpartum. Respondents

were chosen consecutively according to date of referral. In the open-ended questions, the women were asked to point out what they had found to be helpful, and what they found to be stressful, in their preparations for birth, or during labor and delivery. The open-ended questions were analyzed according to qualitative content analysis. The survey was approved by the hospital's Institutional Board. Response rate was 71%.

Results:

Findings show antenatal counseling to be helpful for:

1. Processing past experiences.
2. Preparing mentally for the impending birth.
3. Obtaining recorded precautions which the women perceived as an assurance for being met in a satisfactory manner.

The majority (77%) report having had a positive birth experience, regardless of whether the subsequent birth was normal vaginal, instrumental or by caesarean



section. They described their caregivers as attentive and respectful. Women who were left with negative experiences (23%) either described the staff as not paying attention to precautions written in the Journal, or described a lack of information which triggered their fear.

Conclusion:

Women find counseling to be important for sorting out

their individual needs and rebuilding their trust in both the system and their own capacity.

This is crucial, but for the subsequent birth-giving experience it is just as important that staff are caring and willing to be flexible in adjusting standard ways of organizing procedures.

FEAR OF CHILDBIRTH: MOTHERS' EXPERIENCES OF TEAM-MIDWIFERY CARE- A FOLLOW UP STUDY

Anne Lyberg* (Vestfold University College, Norway),
Elisabeth Severinsson (Vestfold)

ABSTRACT

Background:

Maternal anxiety and fear of childbirth leads to emotional suffering and affects women's well-being. A previous negative experience of childbirth may result in postnatal depression or avoidance of future pregnancies.

Aim:

The aim of this study was to illuminate mothers' fear of childbirth and their experiences of team-midwifery care during pregnancy, childbirth and the postnatal period.

Methods:

From a previous intervention study it was decided to conduct a follow-up study in order to gain a deeper understanding on the phenomenon of fear of childbirth. A smaller group of the same earlier participants were invited. This study comprised interviews with 13 women, which were audio-taped and transcribed verba

tim, after which qualitative content analysis was performed. Ethical approval was granted.

Results:

The findings revealed one main theme: The woman's right to ownership of the pregnancy, childbirth and postnatal care as a means of maintaining dignity and three themes;

- Being aware of barriers and reasons for fear;
- Being prepared for childbirth and
- Being confirmed and treated with dignity by the midwife.

In addition, each theme contained several sub-themes.

Conclusion:

The findings contribute insights into how midwives can be educated to reduce fear of childbirth and promote positive birth experiences, despite the existence of negative memories of previous births.



Implication for midwifery management:

The present study demonstrates that continuity of care model was beneficial. While the care delivery model and the care management system are important, the individual qualities of midwives are the most vital aspect for

ensuring satisfaction with the care provided. One way of organising care is by providing supervision, which is a system that builds on relationship and aims at achieving trust in order to support the midwives in their relationship with the pregnant women.

Submission ID: 84

Session: Outcome Measurement – 1F (OM)

Venue: QD

Time: 11.45, Wednesday, 9th April

Format: Oral



PREVENTING THE TRANSGENERATIONAL CAESAREAN SECTION

Eva-Maria Müller-Markfort*
(President DFH German Professional Association for Homebirths)

As caesarean sections have soared to well over 30% in Europe, it is high time not only to ask why this is so, but to put more emphasis on the preventional aspect of caregiving to future mothers.

Midwives can take a lead in this field, as they are often the first caregivers for pregnant women. In their holistic approach, and by offering a family centered continuity of care, they are in a prime position to identify problems at an early stage, and take steps to redress these.

The homebirth midwife is specially attuned to the situation of the mother she looks after, as she enters the home and has a much better insight and feeling of what may be at stake in that family.

I would like to show in a short presentation, how a chain of cesarean sections up to the third generation was finally interrupted.

By means of "Guided Affective Imagery", a pregnant woman was led to re-enact her own cesarean birth, which enabled her to birth her second and third child

spontaneously.

At the same time her relation to her mother improved tremendously, as she had been able to see that she was not "guilty" of the cesarean section, and thus her mother's grievances related to the operation had nothing to do with her.

As these two little children happened to be girls, they will, in their turn, "know" in their bodies and souls, about the natural way of bringing babies into the world.

In this way they will make an enormous change in their family history towards salutogenesis and empowered womanhood.



Submission ID: 130

Session: Outcome Measurement – 1F (OM)

Venue: QD

Time: 12.15, Wednesday, 9th April

Format: Oral







DUTCH MIDWIVES' BEHAVIOURAL INTENTIONS OF ANTENATAL MANAGEMENT OF MATERNAL DISTRESS AND FACTORS INFLUENCING THESE INTENTIONS: AN EXPLORATORY SURVEY



Yvonne Fontein*

(Midwifery Education & Studies Maastricht--ZUYD, Research Department Midwifery Science)

Objective:

To explore midwives' behavioural intentions and their determinants with regard to the management of antenatal care of women with maternal distress.

Design:

Exploratory survey using a questionnaire.

Setting: independent qualified midwives based in the Dutch community

Sampling:

Midwives were recruited through convenience sampling. 163 midwifery practices were approached and midwives were recruited through the newsletter of the Dutch College of Midwives.

118 midwives responded and 112 completed the questionnaire.

Results:

Midwives did not report a clear intention to screen for maternal distress (3.46 ± 1.8).

On average, midwives expressed a positive intention to support women with maternal distress (4.63 ± 1.57) and to collaborate with other healthcare professionals (4.63 ± 1.57). Finding maternal distress an interesting topic was a positive predictor for the intention to screen ($B = .383$; $p = .005$), to support ($B = .637$; $p < .000$) and to collaborate ($B = .455$; $p = .002$).

Other positive predictors for the intention to screen for maternal distress were years of work experience ($B = .035$; $p = .028$), attitude about the value of screening ($B = .326$; $p = .002$), & self-efficacy ($B = .248$; $p = .004$).

A positive attitude toward support for women with



maternal distress ($B = .523$; $p = .017$) predicted the intention to support these women. Number of years of work experience ($B = .042$;

A positive attitude toward support for women with maternal distress ($B = .523$; $p = .017$) predicted the intention to support these women. Number of years of work experience ($B = .042$; $p = .017$) was a positive predictor for the intention to collaborate with other healthcare professionals.

Conclusions: The intention to screen for maternal distress was less evident than the intention to support women with maternal distress and to collaborate with other healthcare professionals. Important factors pre-

dicting the midwife's intention to screen, support and collaborate were finding maternal distress an interesting topic, years of work experience, attitude about the value of screening and support and self-efficacy about screening.

Implications for practice: insight in midwives' willingness for the provision of antenatal care in relation to maternal distress and what factors influence their willingness was gained. To provide sustainable care implies efforts to influence the factors that predict the intention to screen, to support women with maternal distress and to collaborate with other healthcare professionals, but screening in particular.

Submission ID: 23

Session: Organisational Design – 2A (OD)

Venue: QA

Time: 13.45, Wednesday, 9th April

Format: Oral



AN EXPLORATION OF THE MEANING OF THE FIRST ANTENATAL ENCOUNTER FROM THE PERSPECTIVE OF SERVICE USER AND PROVIDER

Margaret Dunlea*, Vivienne Brady, Cecily Begley, Jo Murphy-Lawless
(Trinity College Dublin, Ireland)



Background:

Optimal maternity care is critical to societal wellbeing. It is this recognition by the researcher, who is both an academic and practicing midwife, that both physical and psychological outcomes of pregnancy and childbirth are directly related to the nature of maternity care the woman and her family receives, that is the driving force for this study. Maternity care begins with the early antenatal encounters or interaction that occurs during a routine visit between the service-user (pregnant woman) and the service-provider (General Practitioner). The first visit is particularly significant because for most women and their partners it will be their first experience of the health service and will set the scene for how maternity care is going to proceed.

Objective:

To explore the meaning of the first antenatal encounter from the perspective of service-users and providers, in the greater Dublin area.

Research Design:

An ongoing ethnographic study is being conducted, using observation and digital-recording of the verbal interaction during the antenatal encounter followed by interviews of participants after the antenatal encounter. Ethical approval is granted from the relevant academic institution and study sites.

Findings:

The following themes emerged as relevant to both service-use and service-provider in the first antenatal encounter.

1. Participants' expectations of the first antenatal encounter.
2. The developing relationship between service-user and service-provider.
3. The organisational structures of the combined-care model that affect ongoing provision of maternity care.





Conclusion:

As identified in the literature the first antenatal encounter sets the scene for future antenatal encounters, the birth experience and beyond. Hence research in this

area is crucial to our understanding of how maternity care which avails of the combined-care model works in the Irish context and how we may best optimize the current service.

Submission ID: 164

Session: Organisational Design – 2A (OD)

Venue: QA

Time: 14.15, Wednesday, 9th April

Format: Oral



ACCESS TO MATERNITY SERVICES IN IRELAND FOR WOMEN WITH A DISABILITY: ADHERENCE OR A BREACH OF INSTRUMENTS DECREERING THE RIGHTS OF PEOPLE WITH A DISABILITY

Denise Lawler*, Joan Lalor, Cecily Begley
(School of Nursing and Midwifery, Trinity College Dublin, Dublin 2, Ireland)

Introduction:

Disability is unique in that it crosses all boundaries and entities. For women with a disability (WWD) motherhood is a symbolic state, providing the opportunity to integrate into a society where being a mother, and not their disability, becomes their defining characteristic. WWD's experiences of accessing maternity services during the process of becoming a mother are varied. The evidence suggests that the maternity services are not meeting the specific needs of these women and furthermore that inaccessible services are in fact a breach of international instruments decreeing the rights of people with a disability.

Aims of the study:

To explore the strengths and weaknesses of the Irish publicly-funded health services for WWD during pregnancy, childbirth and early motherhood.

Research methodology:

In a qualitative descriptive study commissioned by the National Disability Authority and the National Women's Council of Ireland, snowballing sampling was employed to recruit 54 women with a physical disability or sensory impairment.

Unstructured face to face interviews were conducted over a 20 month period. Data were analysed using the constant comparative analysis method. Ethical approval was granted from a university and three study sites.

Findings:

WWD encounter a myriad of challenges when accessing the public-funded maternity services. Major challenges include: (i) access to the structural environment and (ii) the paternalistic, patronising and judgemental attitudes displayed by health professionals.



Health professionals were often depicted as insensitive and indifferent to the woman's specific needs, constantly observing, watching and scrutinising their ability to parent within the confines of an able-bodied society.

Conclusions:

When providing services and care for WWD, maternity

units are often inaccessible and health professionals indifferent. Inappropriate access to services is a breach of international instruments decreeing the right to health services for people with a disability and may have far reaching consequences for woman with a disability, the family unit and health professionals.



THE HOME AND HOSPITAL INTERFACE IN MATERNITY CARE IN IRELAND – EXPERIENCES OF SELF EMPLOYED COMMUNITY MIDWIVES DURING IN-LABOUR TRANSFERS



Linda Biesty*, Joan Lalor, Colm Oboyle
(Trinity College Dublin, Ireland)

Introduction:

Women in Ireland experience birth in the context of a maternity system which supports obstetric-led care in the main, birthing a baby at home is a departure from what is culturally the dominant place of birth.

Self Employed Community Midwives (SECMs) who care for women at home and women who choose home-birth view birth as a normal physiological process alternatively, many hospital based clinicians believe that homebirth can be an added risk to the mother and the fetus. The use of language like "decision to incision time" epitomizes a risk-orientated view of birth which is often classified as normal in retrospect.

Evidence suggests that conflicts between these ideologies can peak during an in-labour transfer from home to hospital where the two cultures of care interface.

Aim:

To explore the home and hospital interface in maternity care in Ireland as experienced during an in-labour transfer to hospital during planned home birth.

Methodology:

This paper is derived from an ethnographic study; data were gathered by participant observation and interviews with those centrally involved in the transfer.

This presentation focuses on the interface of maternity care as experienced by SECMs (n=14) during the in-labour transfers of women to hospital during planned home birth.

The Voice-Centred Relational Method has guided data analysis. Ethical approval for this study has been obtained.



Findings:

Two of the themes which emerged from interviews with SECMs will be explored. The themes - "You have to take a step back" and "They haven't experienced normal homebirth" highlight the challenges SECMs experience in their interactions with hospital-based staff at the time of transfer and how these challenges influence their

practice.

Conclusion:

This study identifies communication and miscommunication issues which have the potential to inform the organization of the maternity services in Ireland and optimise the interface at which transfer occurs.

Submission ID: 107

Session: Outcome Measurement – 2B (OM)

Venue: QC

Time: 13.45, Wednesday, 9th April

Format: Oral

A PROCESS-ORIENTED BREASTFEEDING TRAINING PROGRAM FOR HEALTHCARE PROFESSIONALS TO PROMOTE BREASTFEEDING

Anette Ekström*
(Associate Professor, University of Skövde, Sweden)

Background:

The impact of giving an infant food other than breast milk depends on several factors. Evidence to date supports the recommendation for exclusive breastfeeding for six months.

Aim:

Of the this study was to evaluate the effect of a process-oriented training in support during childbirth and breastfeeding for midwives and postnatal nurses in relation to the time of initial breastfeeding session, introduction of breast milk substitute and solids effects on the duration of breastfeeding.

Method:

Ten municipalities in Sweden were randomized to either intervention (IG) or control groups (CGA and CGB). The intervention included a process-oriented training program* for midwives and postnatal nurses in the intervention municipalities. Primiparas

(n=540) who were living at either site were asked to respond to questionnaires at three days, three and nine months postpartum.

Data collection for mothers in CGA (n=162) started before effects of the intervention could be studied, CGB (n=172) was collected simultaneously with the IG (n=206). The mothers responded to questionnaires at three days, three and nine months postpartum.

Ethical approval:

Approval was received from the Regional Ethics Committee before data collection started.

Findings:

Preliminary results showed that fewer infants in the IG received breast milk substitute (the first week of life) without medical reasons ($p=0.01$) and were older (3.8 months) when breast milk substitute was introduced after discharge compared with the infants in the control



groups (CGA 2.3 months $p=0.01$ and CGB 2.5 months $p=0.03$).

Conclusion:

A process-oriented training program for midwives and postnatal nurses (by changed attitudes among health staff and changing mothers self imaging) reduced the number of infants who got breastmilk substitute during the first week without medical reasons and delayed the introduction of breast milk substitute after the first week.

*The training program: literature reviews and collegial discussions, problem-solving processes, and practical skills in relation to support during childbirth and breastfeeding.

Ekström, A., Kylberg E., Nissen, E. (2012).

A process-oriented breastfeeding training program for health professionals to promote breastfeeding Breast-feeding Medicine. Apr;7 (2):85-92.

Submission ID: 63

Session: Outcome Measurement – 2B (OM)

Venue: QC

Time: 14.15, Wednesday, 9th April

Format: Oral



WHICH FACTORS ARE ASSOCIATED WITH MIDWIVES' ATTITUDES TOWARDS OXYTOCIN AUGMENTATION DURING LOW-RISK BIRTH?

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Stefanie Ernst (Institute for Biometry, Hannover Medical School, Germany),

Mechthild Gross (Midwifery Research and Education Unit, Hannover Medical School, Germany)



Introduction:

Every fourth childbearing woman received oxytocin augmentation in Baden-Württemberg in 2011. During the process of labour, professionals commonly administer oxytocin to augment contractions and to accelerate labour.

Study aim:

To determine which factors are associated with midwives' attitudes towards oxytocin augmentation during low risk birth.

Methodology:

A prospective survey regarding midwives' attitudes towards oxytocin augmentation and associated factors was distributed to employed midwives in 27 units in Baden-Württemberg. The questionnaire was assessed for comprehensibility and applicability in a pilot study

(n=99). After adjustment, data collection took place from 12/2011 until 02/2012. Descriptive statistics, as well as bivariate and multivariate logistic regressions were applied using SPSS.

Ethical approval:

Was received from the university.

Study findings:

A sample of 223 employed midwives participated in the study. A positive attitude of midwives towards oxytocin augmentation was found in 40.4% (n=90) of the professionals. After adjusting for year of midwifery graduation, length in years of working as a professional, length in years of caring for labouring women, and administration of an intravenous vein catheter after labour ward admission, the following significant predictors for a positive attitude towards oxytocin augmentation remained:



midwives had an increased age ($p < 0.01$), worked with the possibility of NICU transferral ($p < 0.01$), had no experience in independent midwifery practice ($p = 0.04$) and considered the local administered oxytocin augmentation rate as acceptable ($p < 0.001$).

Conclusion:

It appears that midwives in an advanced stage of their midwifery career that perceive the local oxytocin aug-

mentation rate as appropriate are more likely to administer oxytocin during low-risk birth.

These midwives usually are not experienced in independent midwifery practice and are aware of the advantage of a nearby NICU service. These results demonstrate that there is a need for an update in evidence based further education of midwives to avoid unnecessary interventions in low risk birth.



MIGRANT WOMEN'S EXPERIENCES OF MATERNITY CARE IN NORWAY

Berit Viken*, Anne Lyberg
(Department of Nursing Science, Vestfold University College, Norway)



Introduction:

The Norwegian population has become increasingly diverse in ethnic and cultural background. There is a challenge in clinical practice to adjust maternity care to migrant women's particular needs. Therefore knowledge must be gained about minority women's needs in pregnancy, childbirth and postnatal care.

Former studies reveal that migrant women struggle to achieve safe pregnancies and childbirth. A source of strength, however, appears to be the nature and quality of caring relationships with health providers.

Simultaneously, health personnel have reported challenges in managing educational, relational and cultural diversity in the maternity care.

Aim of the study

To illuminate migrant women's experiences and expectations in maternity care.

Research Methodology

In this qualitative study data were obtained by 16 semi-

structured interviews with women originating from South America, Europe, the Middle East, Asia and Africa. Data analysis was conducted using a hermeneutic approach. The Norwegian Social Science Data Services approved the design of the study.

Study findings

The three main themes in the findings were:

Health services in a holistic perspective.

Cultural traditions in pregnancy and childbirth.

Women's self-capacity to maintain or strengthen their health.

The wider context of migrant women affect the way they make use of maternity care services. The women require knowledge about maternity issues to gain confidence and feel secure about their own and their baby's health. Most of the women experience a caring relationship with



the midwife, and many have good experiences with hospital staff.

Coping skills were, however, dependent on the women's language proficiency, education, cultural traditions from their country of birth and cultural traditions in Norway, as well as social support.

Conclusion

Migrant women have diverse experiences, expectations

and coping strategies during pregnancy, birth and the postnatal period.

Primarily the women have positive experiences from maternity care.

Variation in their expectations and experiences must be seen in a cultural and social context. Health providers are therefore challenged to adapt health services to migrant women 's cultural and social needs.

“A FRIEND BUT NOT A FRIEND”: MIGRANT WOMEN'S EXPERIENCES OF A BEFRIENDING SCHEME FOR PREGNANT REFUGEES AND ASYLUM SEEKERS IN THE UK

Marie-Clare Balaam

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Rose McCarthy* (Refugee Council, Leeds, UK)

Introduction:

Asylum seeking and refugee women in the UK face significant challenges in pregnancy and motherhood. The Refugee Council has set up an innovative national project called the Health Befriending Network and in Leeds, a large city in Northern England, they specialise in befriending pregnant asylum seeking and refugee women. Befriending is frequently found within the areas of mental health and elder care and is commonly reported as increasing social networks, access to resources and feelings of wellbeing. Befriending however is rarely used within maternity care.

In Leeds the health befrienders, many of whom have been asylum seekers themselves, are trained to befriend vulnerable refugee and asylum seeking women during their pregnancy and motherhood offering them valuable

social, emotional and practical support.

Aim of study:

This study explores the impact of volunteering on befrienders, the relationship between befrienders and clients and how participation in the project has influenced the experiences of maternity and motherhood of the migrant women involved.

Research methodology:

A qualitative exploratory approach was adopted for this study to explore the experiences of those involved in the befriending scheme both as befrienders and as clients.

A series of in-depth semi-structured interviews were undertaken. These interviews were then transcribed and thematic analysis of the material was undertaken.



Ethical Approval:

Ethical approval was obtained from a university ethics committee.

Study Findings:

Several key themes have been identified from analysis of the women's narratives these include; overcoming mistrust, developing new connections, moving on, increased resilience and confidence.

Conclusion:

The Leeds Refugee Council befriending scheme is highly valued by women involved in the project, both befrienders and clients. It has a significant impact on their experiences and understanding of maternity and motherhood in the UK. The scheme provides an important source of social support for the women involved, increasing both their sense of personal agency and their social relationships and networks.

Submission ID: 158

Session: Impact on Migrant Women – 2C (MW)

Venue: Building D, D 0.03

Time: 14.15, Wednesday, 9th April

Format: Oral



LIMITED DUTCH PROFICIENCY IS ASSOCIATED WITH HIGHER DOWN'S SYNDROME SCREENING TEST UPTAKE AND LOWER FETAL ANOMALY SCAN UPTAKE AMONG NON-DUTCH WOMEN



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Introduction:

Pregnant women in the Netherlands can choose to take two screening tests for anomalies: the combined test (CT) at twelve weeks for Down Syndrome, and the fetal anomaly scan (FAS) at twenty weeks. FAS seems to be associated with early detection of low birth weight and risk factors for prematurity.

Aim

We investigated which factors were associated with the uptake of the CT and FAS.

Methodology

In a prospective dynamic cohort study in the Nether-

lands, we collected data between September 2009 and January 2011.

Clients of 20 midwifery practices completed questionnaires, providing information on the tests uptake and on characteristics such as parity, pregnancy related anxiety, consanguinity and immigrants' Dutch language proficiency. The association between participants' characteristics and tests uptake was assessed using multilevel logistic regression analyses; for all women and separately for non-Dutch women.

Ethical approval

Ethical approval was received from the university.



Findings

The uptake of the CT and FAS was 23% and 90% for all participants (N=5216). Women who were multiparous, living in the eastern region, Protestant, and Dutch nationals were less likely and those who were older and had higher income were more likely to have a CT. Women who were religious and multiparous were less likely, and those with higher education and income were more likely to have a FAS.

The uptake of the CT and the FAS was 29% and 89% for non-Dutch women (N=811).

Women who were Protestant or Islamic, multiparous and from the eastern region were less likely and those who were older, had higher incomes and limited Dutch proficiency were more likely to have a CT. Only religion and limited Dutch language proficiency were negatively associated with FAS uptake.

Conclusion:

The uptake of the CT and FAS differed enormously, but the associated factors were quite similar. Regarding non-Dutch women, less Dutch proficiency was related to a higher CT uptake and a lower FAS uptake.

Submission ID: 17

Session: Impact on Migrant Women – 2C (MW)

Venue: Building D, D 0.03

Time: 14.45, Wednesday, 9th April

Format: Oral



KEEPING THE CESAREAN RATE LOW: THE DUTCH EXPERIENCE

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Pien Offerhaus (Royal Dutch Organisation of Midwives), Joost Zwart
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AVAG VUmc Amsterdam)



Introduction:

The rate of cesarean section (CS) has increased dramatically in many parts of the world. As one of the few exceptions, the Netherlands has had a relatively low CS rate and the increase in the past decade has been kept small (from 15.1% in 2004 to 17.0% 2010) while maternal and perinatal outcomes remained stable.

Aim of the study:

To examine what labor and delivery practices have contributed to the relatively low CS rate in the Netherlands. Research methodology: Data from the Netherlands Perinatal Registry from 2007 to 2009 were used. We restricted our analysis to births between 28+0 and 44+6 weeks of gestation.

Ethical approval:

This was not necessary, the study is non-invasive and patient data are anonymised before analysis. The study

is approved by the Privacy Committee and the Editorial Board of the Netherlands Perinatal Registry.

Study findings:

The top three contributors to the CS rate were: singleton in non-vertex presentation, which represented 23% of all CS, intrapartum CS in term nulliparous women with spontaneous labor and vertex presentation represented 20% of all CS and repeat CS in term vertex singleton pregnancies represented 18% of all CS.

In 17% of births labor was induced. Of these women 17% had an intrapartum CS.

In singleton term pregnancies with vertex presentation and previous CS, 71% had a trial of labor. Among them 75% had successful vaginal childbirth. In more than half of all births with non-vertex presentation prelabor CS was performed; 23% of multiple gestations were deli-



vered by prelabor CS and another 16% by intrapartum CS. The overall perinatal mortality rate (≤ 28 days) was 5 per 1,000 births.

Conclusion:

The Dutch experience provides useful insights in keeping the CS rate low while maintaining good perinatal outcomes.

Submission ID: 117

Session: Complex Systems – 2D (CS2)

Venue: QB

Time: 13.45, Wednesday, 9th April

Format: Oral

MANAGEMENT OF SINGLETON TERM BREECH PREGNANCIES: PHASE 2 OF THE 'THINK BREECH' UK STUDY

Mary Sheridan*, Debra Bick, Susan Bewley
(King's College London)



Introduction:

Breech presentation occurs in 3-4% of singleton term pregnancies, affecting 20,000 women in the UK each year. Following publication of The Term Breech Study, planned caesarean section (CS) became the preferred birth mode for many women and clinicians in the UK and other countries.

Although current national guidance states External Cephalic Version (ECV) should be available for all women with an uncomplicated breech presentation, a UK wide survey (phase 1 of the study) found limited compliance with recommendations.

Aim

To identify how UK units support evidence based management of singleton term breech pregnancies.

Research methodology

A case study of three maternity units (each unit com-

prised a 'case').

Units were identified from respondents to the phase 1 survey using pre-set criteria including 'match' with current evidence, policy and guideline recommendations and level of organisational support to implement and sustain evidence based management of term breech pregnancies. Multiple data collection approaches were used including semi-structured interviews, documentation review (guidelines, patient information, blank maternity records). The Promoting Action on Research Implementation in Health Services framework informed approaches to data collection to capture relevant aspects of evidence implementation within each site. Data were analysed using The Framework approach.

Ethical approval

Full ethical approval was obtained. Local research and development approval was also obtained from each case study site.

Study findings

Case study sites had all revised their maternity service provision in recent years and introduced innovative change to services to support implementation of evidence based guidance, including 'Productive ward' projects and, in Scotland, 'Keep childbirth natural and dynamic' initiative.

Examples of organisational design will be presented to

illustrate how the units supported evidence based management of singleton term breech pregnancies.

Conclusion

Sites that successfully implemented best practice for care in breech presentation at term had established clear organisational design and a supportive culture.



MIDWIVES' EXPERIENCES OF ACTION RESEARCH AND THE NATURE OF THE FIRST ENCOUNTER ON A HOSPITAL BASED LABOUR WARD IN SWEDEN



Viola Nyman*

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Introduction:

An Action Research study was undertaken with midwives based on one Swedish labour ward, to improve the quality of the first encounter with women and their partners.

Aim of presentation:

To describe 1) the AR process 2) midwives' responses to a changed approach in the initial labour ward encounter.

Research methodology:

An insider action research design included several planning meetings with the midwives, agreeing on change, implementing the changes together, and evaluating the effects.

To meet the woman's and partner's need for support even in the first encounter the ambition was to stay with the woman and partner while the fetal heart monitoring was running. The researcher kept a research journal documenting thoughts, reactions, reflections and the development of the AR process. Thirty seven out of 57 midwives working on the labour ward were interviewed about their experiences. Interviews were tape recorded, transcribed and analysed using interpretive description.

Ethical approval

Ethical approval was received

Study findings:

The AR started 2010. Initially, midwives found it most difficult to change their routine of starting the fetal heart



monitoring when women first arrived in labour, and then leaving to read the woman's medical record and notes. Through the debates in the AR meetings, more midwives moved towards spending time in the room with the woman and partner, talking with them, thereby creating meaningful relationships from the outset.

The midwives' reflexive responses in the interviews illuminate their initial reluctance to respond to the AR process, but also, the value of reflecting beyond routines to build a lingering presence in the first labour encounter.

Conclusions:

Examination of the three years of insider AR process through qualitatively analyse clinical documents, the researcher's journal including notes of observations and interviews revealed the complexity and the difficulty of providing time to manage reflection in a large organization. To a greater or lesser extent, midwives had integrated relatively impersonal system-wide technocratic norms of childbirth into their belief systems and behaviors. The AR study design enabled midwives reflect on routines and start the transformation of tacit use-in-action to reflection-in-action.

Submission ID: 97

Session: Complex Systems – 2D (CS2)

Venue: QB

Time: 14.45, Wednesday, 9th April

Format: Oral

WOMEN'S VIEWS OF FACTORS OF IMPORTANCE FOR IMPROVING THE RATE OF VAGINAL BIRTH AFTER CAESAREAN (VBAC) - A STUDY FROM COUNTRIES WITH HIGH AND LOW VBAC-RATES



Christina Nilsson*
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Katri Vehvilainen-Julkunen (University of Eastern Finland), Jane Nicoletti (Universita Degli Studi di Genova), Joan Lalor (Trinity College Dublin), Andrea Mannerne (Hannover Medical School), Cecily Begley (Trinity College Dublin), Ingela Lundgren (University of Gothenburg)

Abstract

Introduction:

This study is a part of the ongoing 4-year OptiBIRTH project, which is funded by EU and involving eight European countries. The key aim of the project is to promote increased VBAC rates across Europe. Repeat caesarean section (CS) following previous CS is one of the most significant factors contributing to increased CS rates in the EU. Even though VBAC is the recommended option associated with better outcomes for both mothers and babies, vaginal birth rates after CS vary widely through healthcare settings and countries across Europe. More knowledge from different countries is needed about important factors for VBAC in women with a

history of CS. The findings of this study will assist in the development of educational interventions targeted towards both women and clinicians, and tested in an upcoming randomised trial in three European countries with low VBAC rates.

Aim of the study:

To investigate women's views on important factors for improving the rate of VBAC.

Research methodology: Individual interviews, telephone interviews and focus groups interviews with women in both urban and rural regions was conducted in six countries, during 2012-2013; Finland, the Netherlands, Sweden (high VBAC rates), Ireland, Italy,

Germany (low VBAC rates). In total 71 women were interviewed, approximately half of them had experience of VBAC. The women answered five questions about VBAC and participation in decision-making. The interviews were analysed using content analysis.

Ethical approval:

Approval was obtained from the study sites in each

country.

Study findings and conclusions:

Full findings (with head categories and their sub categories) will be presented at the congress under the domains: important factors for VBAC, barriers for VBAC, views on decision-making, and support for VBAC.

Submission ID: 53

Session: Knowledge Transfer – 2E (KT)

Venue: Building D, D 0.02

Time: 14.15, Wednesday, 9th April

Format: Oral



EXPLORING PROFESSIONAL SUPPORT OFFERED BY MIDWIVES DURING LABOUR: AN OBSERVATION AND INTERVIEW STUDY

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Background:

Support in labour has an impact on the childbirth experience as well as on childbirth outcomes. Both social and professional support is needed. Increased understanding for professional support is important to develop care in childbirth

Aim:

Aim of this study was to explore professional support offered by midwives during labour in relation to the supportive needs of the childbearing woman and her partner.

Method:

The study used a qualitative, inductive design using triangulation, with observation followed by interviews. Seven midwives were observed when caring for seven women/couples in labour. After the observations, indi-

vidual interviews with midwives, women, and their partners were conducted. Data were analysed using hermeneutical text interpretation.

Ethical approval:

Approval was received from the Regional Ethics Committee before data collection started.

Findings:

Findings are presented with three themes.

- (1) Support as a professional task seems unclear and less well defined than medical controls.
- (2) Midwives and parents express somewhat different supportive ideas about how to create a sense of security.
- (3) Partner and midwife interact in support of the childbearing woman. The main interpretation shows that



midwives' supportive role during labour could be understood as them mainly adopting the "with institution" ideology in contrast to the "with woman" ideology.

Conclusion:

That midwives mainly adopted the "with institution"

ideology may increase the risk of childbearing women and their partners perceiving lack of support during labour.

There is a need to increase efficiency by providing support for professionals to adopt the "with woman" ideology.



BIRTHS SEAT BIRTHS; MATERNAL OUTCOMES AND EXPERIENCES

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Ingegerd Hildingsson (Mid-Sweden university), Kyllike Christensson
(Karolinska Institutet, KI, Stockholm, Sweden), Linda Kvist
(Health Science Center, Lunds University.)



Introduction:

It has been suggested that care options available to women during the second stage of labour influence women's impressions of what intrapartum care is.

This indicates that choice of birthing positions may be determined more by options offered by midwives than by women's preferences, despite that upright positions have been reported to be of physical benefice for women.

Aim of the study:

This paper is amalgamated of a re-analysis of a Swedish RCT and answers from a follow-up questionnaire regarding birth seat births, with the aim to illuminate maternal outcomes and experiences of birth on a birth seat.

Research methodology:

An on-treatment analysis was used to study obstetrical outcomes for nulliparous women who gave birth on a birth seat compared to birth in any other position. The

outcome measurements included perineal outcomes, post partum blood loss, epidural, synthetic oxytocin augmentation and duration of labour.

A questionnaire was posted post-partum, including 289 women allocated to the birth seat group who answered the follow-up questionnaire.

Ethical approval:

Ethical approval for both studies has been given.

Study findings:

Women giving birth on the birth seat had shorter duration of labour and were less likely to receive synthetic oxytocin for augmentation in the second stage of labour. More women on the birth seat had an increased blood loss, but no difference in perineal lacerations was reported. Women who gave birth on the birth seat were less likely to have an episiotomy performed. Despite being randomised to a specific position, women who



birthed on the seat reported that they had the opportunity to choose their preferred birth position and felt they participated in decision-making. They reported feeling powerful, protected and self-confident.

Conclusions:

The results imply that women with a straightforward

birth process may well benefit from giving birth on a birth seat without risk for any adverse obstetrical outcomes and an upright birth position, when chosen by the woman, enhances the feeling of empowerment, which may lead to greater childbirth satisfaction. Women's preferences for birth positions are consistent with current evidence for best practice.

Submission ID: 41

Session: Outcome Measurement – 2F (OM)

Venue: QD

Time: 14.15, Wednesday, 9th April

Format: Oral



IMPACT OF MODE OF DELIVERY ON THE DELIVERY EXPERIENCE IN PRIMIPAROUS WOMEN: A QUALITATIVE STUDY

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Introduction:

Delivery psychological impacts vary depending on whether it has been positively or negatively experienced. Delivery experience determinants have been identified but the understanding of their expression according to the mode of delivery is poorly documented.

Aim of the study:

To determine the elements associated with first delivery experience according to the mode of delivery: vaginal or caesarean section.

Research methodology:

Qualitative study using thematic content analysis of in-depth interviews conducted in 24 primiparous

women who delivered at Geneva University Hospital.

Ethical approval:

The study protocol was approved by the Ethics Committee of the Geneva University Hospitals.

Study findings:

Perceived control, emotions and the first moments with the newborn are important elements for the experience of childbirth. Depending on the delivery mode, these are perceived differently and, notably, negatively in the case of emergency caesarean section. These women are weakened in the post-partum period. Other elements were identified in all participants and influence the delivery experience but regardless of the mode of delivery. They



include upstream representations and expectations, as well as the relationship with caregivers and the father in the delivery room. Women's and health professionals' representations sometimes led to a hierarchy based on the mode of delivery and the use of analgesia.

Conclusion:

The mode of delivery directly impacts some key delivery experience determinants as perceived control, emotions and the first moments with the newborn. The (in)ability

to project in a second pregnancy is a good indicator of experience. Some health professional gestures or attitudes can promote a positive delivery experience, especially for women who deliver by emergency caesarean section. Therefore we recommend to prepare women during prenatal classes to the possibility to deliver by caesarean section and give the opportunity during the post-partum to talk about the experience of childbirth for all women, and possibly also their companion.

Submission ID: 119

Session: Outcome Measurement – 2F (OM)

Venue: QD

Time: 14.45, Wednesday, 9th April

Format: Oral

THE ROLE OF COMMUNICATION IN A PROJECT EDUCATING TO A NATURAL PHYSIOLOGICAL BIRTH

Sandra Morano*, Scambelluri Cecilia
(University of Genova, DINOGMI, Italy)



Introduction:

The project aims to persuade and address the community towards a natural physiological birth. The means to this end is editing television advertising messages whose visual art has the capability to catalyze interest, entertain and educate the people through positive images and interviews.

Aim

The target not only includes pregnant women who fear natural childbirth, but also midwives, who are increasingly restricting their competence and responsibilities.

Goals of the project are educating pregnant women to the positive biological and psychological impact of a natural birth on both mothers and babies, to decrease women's fear of a painful natural birth and to 're-educate' midwives to get in charge of their duties and competences.

Expected results of this project are an increase in birth-rate, physiological births in particular, and a lesser use of medical support.

Submission ID: 129

Session: Promoting normality – 3 F
(PN)

Venue: QD

Time: 15.45, Wednesday, 9th April

Format: Oral





ORGANIZATIONAL CULTURE IN MATERNITY CARE: A REVIEW OF THE RESEARCH EVIDENCE

Lucy Frith*

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Beeckman Katrien (University Hospital Brussels), Katri Vehvilainen-Julkunen
(University of Eastern Finland)



Background and aim:

The aim of this review was to identify research evidence on how organizational cultures in maternity care can act as facilitators or barriers to good midwifery practice and to discuss proposals for improving maternity care.

Search strategy:

A conceptually informed systematic narrative review of research data bases.

Methods:

Papers were reviewed by the team following specific inclusion and exclusion criteria. A total of 16 papers were included in the final thematic analysis, most were qualitative studies with one quantitative study.

Main findings:

The majority of the studies in this review examined midwives and/or maternity nurses and highlighted organizational barriers to the practice of midwifery (such

as time pressures, procedural imperatives and professional conflicts). The studies considered ways of influencing and changing organizational culture to find ways of enabling a 'midwifery culture of practice' to become more predominant in maternity settings.

Conclusion:

This review shows that midwives perceived organizational factors as an important determinant in how they were able to practice 'good midwifery care'. This indicates that organizations need to be attentive to facilitating an environment in which midwives are able to practice 'good midwifery' and this is not drowned out by time pressures and organizational procedural requirements.

Conclusions:

This area is still under researched, views of other professionals involved in maternity care and larger surveys could add to the research evidence.



Given the importance of organizational culture for enabling high quality services, this is a key area for exploration. Further, the difficulties with conceptualising organisational culture and assessing its impact in practice are explored. The insights of the exploratory studies found in this review could be built on to design and test service improvements in maternity care.

Submission ID: 99
Session: Organisational Design – 3A (OD)
Venue: QA
Time: 15.45, Wednesday, 9th April
Format: Oral



COMPETING NARRATIVES, COMPETING IDENTITIES: MIDWIFERY LEADERSHIP FROM BOTH SIDES OF THE CHASM

Bernie Divall*
(University of Warwick/ University of Nottingham)



Introduction:

There has been concern over the impact of poor or weak leadership in midwifery in recent years, and over the ageing leadership workforce in the profession.

The NHS is now focusing on the role of clinical leaders and their development, in an attempt to move away from the largely discredited hierarchical, top-down management model associated with the organisation.

Aim of the study:

The study explores narratives of midwifery service leaders, and the counter-narratives of clinicians, in order to gain an understanding of what factors might encourage or inhibit midwives to move to clinical leadership roles.

Methodology:

Narrative interviews with midwifery service leaders, and on-line interaction with clinical midwives.

The construction of meta-narratives using emergent themes from both strands.

Ethical approval

Ethical approval was gained via the Proportionate Review sub-committee of the local NRES ethics committee, and via the relevant university.

Findings:

Midwifery service leaders continued to define themselves via their professional identity, despite most of them no longer practising clinically. They were able to do this via an expansion of the midwifery identity, to include management, leadership, research and education roles.

This represented a direct contrast with the counter-narratives of midwifery clinicians, who maintained that if a clinical role was no longer undertaken, then the strict definition of midwife was not applicable.

Midwifery service leaders gave accounts of their journeys to leadership in terms of their own self-belief and inner drive, as well as in relation to gaining support from



individuals and organisations, with a great deal of active decision-making along the way.

This was again a direct contrast with clinical midwives, who believed clinicians went into management roles due to being 'poor' or disenchanted practitioners. From the clinicians' perspective, management was seen as an undesirable career aspiration.

Conclusions:

The study shows the importance of engaging clinicians, if a crisis of clinical leadership is to be avoided. There needs to be support for clinical leaders to maintain some element of a clinical role if the manager-clinician chasm is to be narrowed in the future.

Exposure to clinical leadership roles may enhance their attractiveness.

Submission ID: 157

Session: Organisational Design – 3A (OD)

Venue: QA

Time: 16.15, Wednesday, 9th April

Format: Oral



STRESS URINARY INCONTINENCE (SUI) BEFORE AND DURING EARLY PREGNANCY - THE HELP AND ADVICE-SEEKING BEHAVIOUR OF PRIMIPAROUS WOMEN

Deirdre Daly*, Cecily Begley
(Trinity College Dublin), Mike Clarke (Queen's University Belfast)



Introduction:

Women reporting UI during their first pregnancy or puerperium have a significantly higher risk of having incontinence 5 years later. UI is a treatable condition yet many women do not disclose it and do not seek help.

Aim of the study

The MAMMI (Maternal health And Maternal Morbidity in Ireland) Study UI Strand is exploring the urinary health problems experienced by first-time mothers before, during and up to 6 months after pregnancy. This presentation will focus on the sources of help and advice accessed by women reporting SUI. Data from women enrolled during the first 22 months of the MAMMI study (up to December 2013) are presented in this abstract.

Research methodology

The MAMMI study is a mixed method study involving

a cohort of primiparous women. Data collection is through self-administered surveys, data extraction from hospital records and interviews with a postpartum sample of women still experiencing UI. Nulliparous women attending one large Dublin maternity hospital for their first booking visit are invited to participate in the study if they are aged 18 years or over and can read and understand English. The study began in February 2012.

Ethical approval

The university and site hospital granted Research Ethics Committee approval.

Study findings

Sixty eight percent (n=1092) of the target sample size of 1600 women have been recruited by December 2013. Before pregnancy, 236 women (21.6%) experienced some degree of SUI, but only 20 of these women spoke



to a healthcare professional. In early pregnancy, 284 women (31.2%) experienced SUI and only 43 of these women discussed UI with a healthcare professional.

Many women regarded SUI as 'a minor issue' or 'manageable'. Other women regarded SUI as 'part of

pregnancy' and 'normal'.

Conclusion

Whilst SUI remains undisclosed by women and not discussed by healthcare professionals, women who could be urinary continent will continue to be incontinent.



THE BIRTH EXPERIENCE MAY INFLUENCE POSTPARTUM ANXIETY AND PARENTING

Aleeca Bell*, Leah Rubin, Oluwatunmise Adejumo, Maria Pyra, John Davis (University of Illinois at Chicago, USA), Jessica Connelly (University of Virginia, USA), C. Sue Carter (University of North Carolina, USA)



Introduction:

A public health concern is the high prevalence of depression (up to 20%) and anxiety (up to 32%) in the postpartum period (PP) and its clear impact on suboptimal parenting and poor infant development. To decrease risk of PP depression and anxiety, non-pharmaceutical interventions focus on modifiable risk factors, such as social support and stress. However, the literature suggests a link between the birth experience and PP depression and anxiety. Improving the birth experience may be another modifiable factor to decrease risk of negative affect and suboptimal parenting.

We employed data (n=4602-4946) from a population U.K. cohort: the Avon Longitudinal Study of Parents and Children, which received ethical approval from the ALSPAC Law/Ethics Committee and local research ethic committees. Birth measures included type of birth (physiologic vs. non-physiologic), maternal perception of the actual experience, and immediate PP complications. At two and eight months PP, the Edinburgh Postnatal Depression Scale was used to screen for elevated

depressive symptoms (>12), and the Crown-Crisp Experiential Index subscale was used to screen for elevated anxiety symptoms (>8). Self-report parenting measures were obtained at one and eight months. Observed parenting in a subset (n=872) was obtained at twelve months.

Multivariable logistic regression models were used to examine the separate and interactive effects of birth predictors on maternal outcomes, controlling for relevant covariates.

A more positive perception of the actual birth experience was associated with lower anxiety scores at two (OR=1.52, p<0.001) and eight (OR=1.30, p<0.05) months, and more positive parenting at one (OR=3.39, p<0.001), eight (OR=1.94, p<0.001), and twelve (OR=1.33, p<0.05) months, but not with lower PP depression scores.

Type of birth and immediate PP complications were not associated with outcomes.



Our findings suggest that improving the birth experience may promote positive affect and optimal parenting behaviors throughout the first year. Prospective research is warranted to understand whether women's expecta-

tions of the birth experience influences the relationship between birth experience and postpartum affect and parenting.

Submission ID: 168
Session: Outcome Measurement – 3B (OM)
Venue: QC
Time: 16.15, Wednesday, 9th April
Format: Oral



ART-FEEDING THE (UN)BORN BABY

Olga Gouni*
(cosmoanelixis, Prenatal & Life Sciences &
The Hellenic Union for Prenatal & Perinatal Psychology & Medicine)

Background:

We know that maternal environment can directly influence the unborn child and that artwork can influence the human beings in the direction of helping them communicate with the un/subconscious world of theirs and unfold new aspects of theirs facilitating optimum experience for all.

Aim

The aim of this paper is to share the finding of how art can support the wellbeing of the (un)born child and mother.

Data sources:

Literature search and review was conducted to spot existing data. Then, a qualitative synthesis was conducted reviewing studies from a global perspective as concerns the influence of art on wellbeing of people. Extensive search was also done in the artistic practices of tribes, nations and countries globally, to spot ways that pregnant mothers used from antiquity to now. The visit to South Africa helped to collect such material in the urban and rural areas of the country and enrich the understanding.

Review Method:

Articles & publications were searched and analyzed. International Artistic Practices were also collected and analysed.

Results:

Though the work is not fully complete, we can have a good picture of how art-feeding the baby -both in the womb and after birth- which is also art-feeding the maternal environment can facilitate bonding, reduce stress, strengthen a sense of belonging, better bonding with the material world and a willingness to be born and give birth factors which are closely connected with depression levels for both parts and a better psychosomatic health after birth as well as better relations.

The paper concludes with a vista of images selected from the data collected.



Submission ID: 32

Session: Impact on Migrant Women – 3C (MW)

Venue: Building D, D 0.03

Time: 15.45, Wednesday, 9th April

Format: Oral







WHAT IS THE ROLE OF PARTICIPATORY ACTION RESEARCH IN IMPROVING MATERNAL HEALTH AMONG MIGRANTS IN EUROPE?

Nicole Schmidt*, Manuella Epiney
(Department of Gynaecology Obstetrics, Faculty of Medicine, Switzerland)

Background:

Participatory action research (PAR), which originated in the educational sector, has been used successfully in the health sector in approaching communities who could not be reached previously. PAR creates from the beginning a strong community-academic partnership to develop innovative, long-term solutions.

Aim:

To assess the role of PAR in improving maternal health among migrants in Europe

Search strategy:

We searched electronic databases such as PubMed, GoogleScholar and Cochrane library for articles using PAR with women's groups in Europe up to November 2013. Search terms included MeSH terms and text words such as "community-based participatory research", "*action research", obstetric labor complications, "obstetric labor, premature", "*migrant", "emigrants and immigrant" and "Europe".

Selection criteria were the inclusion of randomized trials and quasi-experimental trials in women of reproductive age (21-49 years) in Europe. Further inclusion criteria were study outcomes related to maternal and newborn health. Non-English language papers were excluded.

Ethical approval

According to the applicable ethical guidelines no ethical approval is required for literature reviews.

Main findings:

Despite expansion of the search terms, no studies among migrants in Europe fulfilling the selection criteria were found.

Discussion:

While PAR has been used successfully in the health care sector, for example in the field of breast and cervical cancer screening among hard to reach populations, it is used rarely in the field of maternal health in industrialized countries.



Reasons may be that the methodology is relatively new, time-consuming and complex. In addition, it is difficult to prove its effectiveness (according to clinical standards) and to disentangle the multifactorial reasons for maternal health.

However, considering the success of PAR in other fields of health research for example with minorities in North America, the utility, feasibility and acceptability of PAR interventions to improve maternal and newborn health in migrants should be discussed.

Submission ID: 90
Session: Impact on Migrant Women – 3C (MW)
Venue: Building D, D 0.03
Time: 16.15, Wednesday, 9th April
Format: Oral



DUTCH WOMEN IN MIDWIFE-LED CARE AT THE ONSET OF LABOUR: WHICH PAIN RELIEF DO THEY PREFER AND WHAT DO THEY USE?

Trudy Klomp*, Ank de Jonge
(Department of Midwifery Science, AVAG and the EMGO Institute for Health and Care Research,
VU University Medical Centre, Amsterdam, The Netherlands), Eileen Hutton (McMaster University,
Department Midwifery Education Program, Hamilton, Canada)



Background:

Pain experienced during labour is more extreme than many other types of physical pain. Many pregnant women are concerned about labour and about how they can deal with this pain effectively.

Aim

The aim of this study was to examine the associations among low risk pregnant women's characteristics and their preferred use and actual use of pain medication during labour.

Methods

Our study is part of the DELIVER study: a dynamic prospective multi-centre cohort study. Ethical approval was received from our university.

The data for this study were collected from either online

or on paper questionnaires between September 2009 and March 2011. (Pregnant) women from 20 midwifery practices throughout the Netherlands participated. Inclusion criteria for women were: singleton pregnancies, in midwife-led care at the onset of labour and speaking Dutch, English, Turkish or Arabic. Univariable logistic regression methods were used to calculate crude odds ratios and multivariable logistic regression methods for adjusted odds ratio's. We used multi-level analysis to control for the dependency of measurements within these practices.

Results

Fifteen hundred and eleven women participated. Prenatally, 15.9% of women preferred some method of medicinal pain relief. During labour 15.2% of the total sample used medicinal pain relief and 25.3% of the women who



indicated a preference to use medicinal pain relief during pregnancy, used pain medication. Non-Dutch ethnic background and planned hospital birth were associated with indicating a preference for medicinal pain relief during pregnancy. Parity and planned place of birth were associated with actual use of the preferred method of pain relief during labour. Furthermore, we found that 85.5% of women who indicated a preference not to use pain medication prenatally, did not use any medication.

Conclusion

Only a small minority of women had a preference for intrapartum pain medication prenatally. Most women did not receive medicinal pain relief during labour, even if they had indicated a preference for it.

Care providers should discuss the unpredictability of the labour process and the fact that actual use of pain medication often does not match with women's preference prenatally.

Submission ID: 79

Session: Relieving pain – 3D (RP)

Venue: Building D, D 0.02

Time: 15.45, Wednesday, 9th April

Format: Oral



WOMEN'S EXPERIENCES OF A SELF-HYPNOSIS INTERVENTION TO HELP WITH PAIN RELIEF DURING LABOUR - (THE SHIP TRIAL – SELF-HYPNOSIS FOR INTRA-PARTUM PAIN)

Kenny Finlayson*, Soo Downe
(University of Central Lancashire UK), Susan Hinder (Independent researcher),
Helen Carr (Royal Bolton Hospital)



Background:

Self-hypnosis is becoming increasingly popular as a means of labour pain management. A systematic review of qualitative studies found only one article exploring women's experiences of using hypnosis for labour pain relief. As part of the SHIP Trial (Self-Hypnosis for Intrapartum Pain) we conducted a qualitative interview study alongside the main trial. We were interested in women's experiences of the self-hypnosis training programme and their perceived ability to use the technique for pain relief during labour.

Methods

343 participants received the self-hypnosis intervention (out of a total of 680). This consisted of two self-hypnosis training sessions and a complementary CD which participants were encouraged to listen to daily from 32 weeks until birth. Four participants from the interven-

tion group were randomly selected for interview each month from the 9th month of the study. As themes began to emerge from the data, we used techniques of purposive sampling and theoretical saturation from Grounded Theory as the basis for further recruitment. Women were interviewed 2-3 months after birth, using a loosely constructed interview guide that included their impressions of the training programme and their experiences of labour and birth.

The interviews were recorded, transcribed and analysed iteratively using constant comparative analysis. Emerging themes were discussed by all members of the research team to generate organizing themes which were then used to develop a principal organizing metaphor or global theme in a process known as thematic networks analysis (Attride-Stirling, 2001). Ethical approval was obtained from an independent REC committee.



Key Findings

48 women were approached and 16 agreed to be interviewed. Women's experiences of the training programme were invariably positive and many moved from a position of initial scepticism to one of trust and confidence in the technique. Women felt the group training sessions

were enjoyable and well organised and acknowledged the expertise and enthusiasm of the midwives running them. There were some reservations about being 'too calm' and how this affected interactions with health professionals but all the participants thought they would use self-hypnosis again in any subsequent pregnancies



AN ADVANCED CONCEPT ANALYSIS – POSTPARTUM SEXUAL HEALTH

Deirdre O'Malley*, Cecily Begley, Valerie Smith, Agnes Higgins
(School of Nursing and Midwifery, Trinity College Dublin, Dublin 2, Ireland)



Background:

Whilst undertaking my study – Maternal health And Maternal Morbidity in Ireland (MAMMI) Study – Sexual Health Strand, it became apparent that there were multiple meanings attached to the term Postpartum Sexual Health.

Research to date has focused on sexual dysfunctions, the timing of resumption of sexual intercourse and contraception, with ambiguity regarding what is meant by Postpartum Sexual Health.

Aim

To analyse the concept of Postpartum Sexual Health.

Search strategy

Databases PubMed, PsycINFO, CINAHL, EMBASE, MIDIRS, SCOPUS, Web of Science and Social Science Citation Index were searched. Search terms to guide the search included; sexual health, reproductive health, sexual dysfunction, sexual satisfaction and postpartum. Key terms were combined with Boolean 'AND' and 'OR'

operands as appropriate.
Key textbooks were sourced.

Review Methods

Penrod and Hupcey's principle-based method of concept analysis was used to guide the analysis. This model is used to analyse scientific conceptualisations of the concept under examination to reveal a best estimate of its probable truth (or state of science). Once the existing state of science has been analysed and clarified, the concept is advanced through the synthesis of new insights.

Findings

The concept will be presented under epistemological, pragmatic, linguistic and logical principles in order to determine its comprehensive meaning. The epistemological principle focuses on what is known about a concept of interest, the pragmatic principle is concerned with the usefulness or application of it within maternity care. The linguistic principle is concerned with the contextual use of the concept, while the logical principle is concerned with whether the concept can "hold its own" when positioned theoretically with other concepts.





Conclusion

By utilising this principle-based approach the existing

science will be analysed and new insights will emerge as the concept is advanced.





PERINEAL REPAIR BY MIDWIVES IN IRELAND: A NATIONAL SURVEY OF SKILLS KNOWLEDGE AND EXPERIENCE

Triona Cowman*
(Centre for Midwifery Education), Margaret Dunlea (Trinity College Dublin)



Background:

There is a general consensus that midwives, as key care providers at birth are best positioned to perform perineal repair (Mutema 2007, NICE 2007).

While this holds true in the UK, where the majority of perineal repair is undertaken by midwives (Bick et al. 2010), in the Republic of Ireland (ROI), the extent to which midwives perform perineal repair and what factors influence this practice is as yet unknown.

Aim:

The aim of this study is to determine the views and experiences of midwives regarding their role in perineal repair.

Research Methodology:

Ethical approval

was obtained and an anonymous postal survey was distributed to public maternity units in the Republic of

Ireland.

Subjects:

All registered Midwives and Clinical Midwife Managers 1 and 2 working in antenatal, delivery or postnatal wards or who rotate to the delivery suite were invited to participate.

Study findings:

While perineal repair is considered a key role of the midwife, the data indicates that many had no formal education and training in perineal repair during their Midwifery Education Programme. In relation to Continuing Professional Development for qualified staff, inconsistencies exist between institutions regarding availability, content and frequency of Perineal Repair Training Courses.

Despite this lack of standardised training in perineal repair a large percentage of midwives demonstrated an interest in performing perineal repair. Perceived barriers



to performing perineal repair include heavy workload and lack of skilled practitioners to facilitate and support training in practice.

Conclusion:

While there is scope to improve standards of perineal

repair among midwives by improving access, at both undergraduate and postgraduate level, to a standardised education and training programme in perineal repair, without skilled practitioners to champion perineal repair in the clinical setting, the theoretical knowledge will not be translated into practice.

Submission ID: 152

Session: Perineal and Sexual Health – 3E
(PSH)

Venue: QB

Time: 16.15, Wednesday, 9th April

Format: Oral





TOWARDS OPTIMAL MATERNITY CARE AND CHILD BIRTH - THE ADVANTAGE OF BEING SALUTOGENIC!



Prof Bengt Lindström*
(Professor of Salutogenesis, Norwegian University of Science and
Technology)



point to a successful healthy overall life course. However, maternity care and child birth was out of the equation. This is also true in terms of salutogenic research focused on this life period.

Still there would be much to gain having this first part of life explored through salutogenic lenses.

This presentation will explore how maternity care and child birth could benefit from the salutogenic approach developing a system approach.

Background:

outcomes based on the evidence available in the continuous world wide review and data base initiated by the IUHPE Global Working Group on Salutogenesis, now available on www.salutogenesis.hv.se.

WHO's 8th Global Conference on Health Promotion, Helsinki 2013, focused on Health in All Policies (HiAP) where childhood was exemplified as an effective starting

Submission ID: 0

Session: Keynote – KN-2

Venue: QA

Time: 1.00, Thursday, 1st January

Format: Keynote/Plenary





TOOLS MEASURING ANTENATAL USE, COMPARISON OF A NEW CONTENT AND TIMING OF CARE IN PREGNANCY TOOL AND THE ADEQUACY OF PRENATAL CARE INDEX (APNCU) IN RELATION TO PRETERM BIRTH



Beeckman Katrien*

(UZ Brussel, Vrije Universiteit Brussel), Soo Downe (University of Central Lancashire), Koen Putman (I-CHER, Vrije Universiteit Brussel, UGent)

Background:

Preterm birth remains an important indicator of perinatal health. Antenatal care can play a role in its prevention. To examine this relation, tools such as the Adequacy of Prenatal Care Use index (APNCU) looking at the number of visits are used although evaluating content of care could be more valuable. This paper analyses the relation between specific elements of antenatal care and the risk of preterm birth compared to considering the number of visits.

Methods

A prospective cohort study, following 333 women during their antenatal care trajectory, was conducted in the Brussels Metropolitan Region. A structured diary was used to gather information on timing and content for every visit. A new tool was developed to measure the

antenatal care trajectory, i.e. Content and Timing of care in Pregnancy (CTP) tool. Odds ratios (adjusted and unadjusted) for preterm birth were calculated for the APNCU and CTP model.

Ethical approval

Ethical approval for this study was obtained.

Results

While the APNCU model (number of visits) did not show associations with preterm birth, a significant association was found between the content and timing of care and preterm birth. Women in the CTP 'sufficient' (OR: 0.30; 95%CI: 0.09-0.94) group had a lower risk for preterm birth compared with those in the lowest (inadequate = reference) group. Women in the highest CTP 'appropriate' group had the lowest risk of preterm birth



(OR: 0.21; 95%CI: 0.06-0.68).

Conclusions

Elements of content and timing of antenatal care are important when measuring the risk of preterm birth. The new CTP tool is a better measurement than considering

only the number of antenatal visits.

Routine application of an assessment such as the CTP tool can be valuable as it takes into account important elements of received content and timing of care that are internationally recommended.



AN ORGANISATIONAL STUDY OF ALONGSIDE MIDWIFERY UNITS (AMUs): LESSONS FOR POLICY AND PRACTICE

Christine McCourt*

(City University London), Jane Sandall (King's College London), Juliet Rayment (City),
Susanna Rance (King's College London)



Introduction:

The Birthplace in England Programme demonstrated that midwifery-led units offer safe and cost-effective care for low-risk women, with reduced intervention rates, and identified factors potentially impacting on quality and safety of care in distributed settings. Although AMUs experienced particular challenges relating to their proximity to Obstetric Units, a larger number of alongside than freestanding units have been implemented. Therefore, a follow-up study was conducted to investigate the organization of AMUs and the experiences of women and of maternity staff, both those who work in an AMU and those in the adjacent obstetric unit.

Methods

An organisational ethnography approach was used, incorporating case studies of four AMUs, selected for maximum variation on the basis of geographical context, length of establishment, size of unit, management and physical design. Interviews were conducted with service

managers and key stakeholders (n=35), with professionals (n=54) and with postnatal women and birth partners (n=47). Observations were conducted of key decision-making points in the service (n=20) and relevant service documents and guidelines were reviewed.

Findings

Women and their families and midwives working in AMUs valued the care highly. However, key points of transition for women could pose threats to the equity and quality of their care, while relations between units and between staff groups could be experienced as threats to professional autonomy as well as to quality and safety of care.

Conclusions

AMUs have a potential role to play in contributing to service quality and safety, supporting increased rates of normal birth in a comfortable environment and in establishing midwife-led care for women with straight-



forward pregnancies. However, the alignment of physical, philosophical and professional boundaries poses challenges for the sustainability of such services and for the experiences of families and professionals. This

presentation will highlight potential responses, including more integrated models of staffing and care.

Ethical permission was granted by the National Research Ethics Service, Proportionate Review committee.

Submission ID: 67
Session: Organisational Design – 4A (OD)
Venue: QA
Time: 11.20, Thursday, 10th April
Format: Oral



"GETTING EUROPE INTO SWITZERLAND, AND SWITZERLAND INTO EUROPE"- SWISS PARTICIPATION IN COST ACTION IS0907



Ans Luyben*

(Women's Clinic, Spital STS AG Thun/ Department of Health Services Research, University of Liverpool), Claudia Meier Magistretti (Lucerne University of Applied Sciences and Art), Irene Maffi (University of Lausanne), Dominic Hurni (Section Business, Bern University of Applied Sciences), Stefan Fink (Women's Clinic, Spital STS AG Thun/ Praxis für die Frau, Spiez), Annette Kuhn (Women's Clinic, Inselspital Bern)

Optimal maternal and infant health is critical to effective parenting, societal well-being, resource use and concerns of about 4.7 million women in childbirth annually.

However significant cross-national differences in maternity care provision exist, which call for interdisciplinary collaboration and research in order to improve the health for mothers and their families. COST Action IS0907 "Childbirth Cultures, Concerns and Consequences" aim to advance scientific knowledge across Europe by understanding what works, for whom, in what circumstances, and by learning from the best.

Ever since its start, a multidisciplinary Swiss team participated in the Action. Swiss participation differed from those of other countries, in which it included both inter-national and intra-national co-ordination within the framework of this Action. Latter involved annual

national reporting, promoting the topic, building national networks and co-ordination of projects in the topic area.

This presentation highlights the experiences of Swiss participation, and successes and limitations, while focusing three projects exploring maternity care culture and women's views;

1. An ethnographic study exploring the trajectories of future parents in French speaking Switzerland from childbirth classes until their return home after birth
2. A mixed method study investigating women's experiences of their health and care provided during pregnancy, childbirth and the postnatal period at 8 to 12 months after birth
3. A national on-line survey amongst 1055 new mothers about their experiences with professional care during the



first month after giving birth, which based on the Post-natal Survey of the National Childbirth Trust in England

Overall, Swiss participation has been a positive experience, in which both the international and the national, interdisciplinary exchange have been nurturing and chal-

lenging.

The Swiss format of active engagement added to building networks with good prospects for future collaborations. Currently, follow-up studies, aiming at implementing knowledge gained from the presented projects, are on their way.

Submission ID: 71

Session: Organisational Design – 4A (OD)

Venue: QA

Time: 11.50, Thursday, 10th April

Format: Oral



OUTCOMES OF MODE OF BIRTH AFTER A PREVIOUS CAESAREAN SECTION IN FIVE GERMAN FEDERAL STATES

Mechthild Gross*, Andrea Matteredne
(Midwifery Research and Education Unit, Hannover Medical School, Germany),
Silvia Berlage (Zentrum für Qualität und Management im Gesundheitswesen, Hannover, Germany),
Susanne MacHer-Heidrich (Ärztelammer Nordrheiu, Düsseldorf, Germany),
Nicholas Lack (Bayrische Arbeitsgemeinselhaft für Qualitätssicherung)



Introduction:

Caesarean and repeat caesarean sections are rising. Mode of delivery after previous caesarean section varies widely, ranging from elective repeat caesarean section (ERCS) and unplanned repeat caesarean section (URCS) after trial of labour (TOL) to vaginal birth after caesarean section (VBAC).

VBAC-rates are usually investigated with case-control and cohort study designs. Register-based studies rarely cover the topic of VBAC. In two studies the proportion of women who actually completed their planned VBAC (s-VBAC) were 67.1% and 77.7%.

So far we found no population based study which addressed the number of planned VBACs with a c-section in history (TOLAC vs. ERCS), unplanned repeated c-sections after a trial of labour and women with

completed VBAC.

Aim of the study:

The aim is to describe birth-register-based variations of delivery mode in multiparous women following previous caesarean section.

Research methodology:

Data for all births in five federal German states (n=370.209) were analysed (Bavaria, Hesse, North Rhine-Westphalia, Saxony).

Corresponding numbers of six obstetric units participating in the OptiBIRTH study were included. Inter alia following parameters were used: CS in history, ERCS, URCS, TOL and VBAC. Ethical approval was received from the medical chambers in the five participating German states.



Study findings:

Absolute birth rate in the various states ranged between 33,139 and 135,875. The overall c-section rates varied between 22.2% and 34%. The proportion of women with previous c-section ranged between 10.5% and 15.1%. ERCS varied between 41.9% and 55.4%. Re-CS after TOL ranged between 30.6% and 43.2%.

The highest overall re-c-section rate was in Hesse

(74.3%) and the lowest in Saxony (59.6%), VBAC respectively between 26.2% and 40.4%.

Conclusions:

Population-based analysis of delivery mode following previous caesarean section reveals patterns offering insight into clinical practice. These results are viewed as helpful when planning interventions aimed at increasing vaginal birth after caesarean section.

Submission ID: 135

Session: Outcome Measurement – 4B (OM)

Venue: QB

Time: 10.50, Thursday, 10th April

Format: Oral



DISTRUSTING EACH OTHER: CAREPROVIDERS' AND WOMEN'S PERSPECTIVES ON 'NATURAL CHILDBIRTH' IN CZECH BIRTH CARE

Emá Hresanová* (University of West Bohemia in Pilsen, Czech Republic)



The term 'natural childbirth' has dominated calls for changes of the (over)medicalized birth care system in the Czech Republic since the 1990s. In response, many maternity hospitals have modified their birth practices, however, controversies between some birth care providers and women who desire natural childbirth still remain.

This contribution deals with such tensions surrounding 'natural childbirth' and aims to provide deeper insights into both perspectives while focussing on the issue of dis/trust in birth care provider-receiver relations.

It builds on two interconnected research projects: 1) ethnographic research of two maternity hospitals in the Czech Republic; 2) an interview-based study with women who gave birth naturally or desired to do so. The first research took place from August 2004 to November 2007 and aimed to describe organizational cultures of the investigated hospitals building on semi-structured in-depth interviews with 12 midwives, 8 ob-gyns and 32 women who gave birth in those hospitals, long-term participant observation in various maternity wards of both hospitals and document analysis. The written

ethical approval was gained both from individual participants and hospital authorities. The second study includes 15 narrative interviews with women of various age, education and parity who gave birth in various settings in the Czech Republic (including the investigated hospitals) about their birth experience; I conducted them from June 2012 to October 2013. Informed consent was gained from all the interviewees beforehand via email or telephone and again before the start of the interview.

My findings show essential misunderstandings about the perspective of the other side and point to strong feelings of frustration and deep distrust in provider-receiver relations that is perceived on both sides. The presentation will elaborate on this and suggest steps that could help to overcome this issue.

Submission ID: 174

Session: Outcome Measurement – 4B (OM)

Venue: QB

Time: 11.20, Thursday, 10th April

Format: Oral







CARE: AN EVIDENCE BASED STRATEGY TO REDUCE CAESAREAN SECTION RATES FOR LOW RISK WOMEN

Esther Shoemaker*, Ivy Bourgeault
(University of Ottawa)



Introduction:

In 2010, a Canadian hospital (birth volume of about 3000 births annually) in collaboration with health researchers developed and implemented the CARE (CAesarean REduction) strategy to optimise rates of Caesarean section among low risk women and to save healthcare costs for the hospital.

Aim of the study

Our research objective is to evaluate the cumulative effect of a multifaceted, evidenced based strategy to minimize the use of Caesarean section (and other interventions during birth), while maximising health outcomes for women and newborns.

Research Methodology:

Interviews are being conducted with healthcare professionals of the maternity care unit to address the sustainability of the CARE strategy and the feasibility of scale up to other hospitals and health regions. Changes in

rates of Caesarean section, induction, and trial of labour after previous Caesarean section are being evaluated using the BORN data base (a large database collecting data on all birth in the province of Ontario).

Ethical Approval:

Approval has been received from the research ethics boards of the University of Ottawa and the hospitals involved in the study.

Study Findings:

Since the implementation of the intervention in 2010, the hospital has seen a substantial reduction in the annual rates of Caesarean section (from 30.4% to 26.5%) and labour inductions (from 27% to 21.3%).

Having shared their preliminary success during various public events, a second hospital decided to adopt and implement the CARE initiative in its childbirth unit in Fall 2012.





Conclusion:

Unnecessary interventions during childbirth are expensive and can cause unnecessary harm to mothers and infants. Our research reflects the emerging health needs

of women and infants, and supports health policy decision-making. The results of this project are important for the organisation, management, and delivery of evidence-based maternity care services.

Submission ID: 155

Session: Outcome Measurement – 4B
(OM)

Venue: QB

Time: 11.50, Thursday, 10th April

Format: Oral





USING 'THE PREGNANT WOMAN WITHIN THE GLOBAL CONTEXT' MOVING TOWARDS MEETING THE HEALTH AND SOCIAL NEEDS OF PREGNANT ASYLUM SEEKING AND REFUGEE WOMEN IN THE VOLUNTARY SECTOR



Rose McCarthy* (Refugee Council),
Melanie Cooper (University of Bradford)

Introduction:

Pregnant asylum seeking and refugee (AS&R) women in the UK generally have poor underlying physical and mental health, deteriorating further due to living in difficult social circumstances such as social isolation. They are also at a disproportionately greater risk of poor pregnancy outcomes including maternal mortality.

'The pregnant woman within the global context' evidence based model was initially constructed with the intention of educating health professionals about the holistic health and social needs of pregnant AS&R women.

However, the context of its use has surpassed this, with it now being implemented within the voluntary sector to address these inequalities in health and pregnancy

outcome

Aim of practice change

To enhance an existing befriender training programme, enabling volunteers to identify and understand a pregnant AS&R woman's holistic needs, respond to these needs and therefore signpost women to appropriate services.

Action taken

The principles within the model were integrated into an existing befriending training programme. To evaluate the effectiveness of the befriending programme on-going research is generating qualitative data through questionnaires, focus groups and individual interviews which in this context is being analysed to examine how the principles of the model have influenced the pregnant

AS&R women's experiences of being befriended.

Main findings

Alongside the existing training programme, the model appears to enhance the ability of the befriender to identify possible negative experiences pregnant AS&R woman have endured and signpost women to relevant services. Focusing on difficult issues in training such as domestic abuse and suicidal feelings appears to enable

the volunteer to broach these with women when otherwise they may not have been addressed.

Conclusions

This model appears to be a useful tool in enhancing volunteer befrienders' training and preparing them to work with AS&R women. It appears valuable in improving AS&R women's access to maternity and other related services.



CHILDBIRTH EXPERIENCE OF INTERNAL MIGRANTS IN CHINA

Ngai Fen Cheung*
(Midwifery Expert Committee, CMCHA),
Anshi Pan (Independent researcher)

Background:

China had 261 million internal migrant population from 2010 Census, while the international inflow, 1.02 million. It is estimated that 500 million left behind will join them in the next 30 years.

Aim

To understand the experiences of migrants, to assess maternity services and to explore ways to meet their needs.

Participants and methods:

Semi-structured interviews were undertaken with 25 migrant women and 10 health workers after a systematic literature review. Data were transcribed and analyzed in Chinese and the report was written in English for wider readership.

Results:

Underuse of maternity services because of the hassles of obtaining a birth permit as migrants. Over half of participants had to cope with caesarean, and some had to return home to give birth and nurse the child because of



the need of family support. Their socioeconomic status makes them vulnerable when using maternity services.

Discussion:

Four main themes emerged:

- (1) women's right to health and giving birth;
- (2) relationship between one-child family and sex ratio;
- (3) barriers to maternity services;
- (4) the commitment of equity required of maternity services.

The birth experience of migrants women illustrated a gap between the expectations and realities. Their basic needs, social and financial status pose a challenge to their service provider.

Conclusion:

Childbirth is not just a 'natural' life event, but social issue, which can only be understood within a framework of society and culture. Migrants in China, alike those elsewhere are vulnerable especially when pregnant and giving birth. Their needs and access to maternity services



must be recognised, respected and improved.

Research is required in this area to improve multi-

sectoral partnership, cross-cultural communication and integrated community care with a focus on empowerment and cooperation.

Submission ID: 74

Session: Impact on Migrant Women – 4C (MW)

Venue: Building D, D 0.02

Time: 11.20, Thursday, 10th April

Format: Oral



DECISION-MAKING PROCESS IN OUT OF HOSPITAL BIRTH SETTING: MIDWIVES' AND WOMEN'S PERSPECTIVE IN TWO LANGUAGE REGIONS IN SWITZERLAND – A GROUNDED THEORY STUDY

Franziska Parpan*, Pehlke-Milde Jessica
(Zürcher Hochschule für Angewandte Wissenschaften), Yvonne Meyer, Franziska Schlaeppy-Muntwyler
(Haute École de Santé Vaud/Lausanne)

Background

Women who plan an out of hospital birth in developed countries are generally classified as low risk. Nevertheless, during birth, unexpected complications may arise, which need competent decisions from the responsible health professionals. Although there are some published models of decision making in midwifery, very little is known about the special out of hospital birth setting. Furthermore only few studies analysed these decision making processes from the perspective of the women.

Therefore we undertook a project to obtain important insights to midwives' and women's decision making when complications arise during out of hospital births. This 18 month study (2012-2013) was government-funded and approved by the relevant ethics committee.

Method

Based on the assumption that decision making is a complex social process, this investigation was undertaken using Grounded Theory (Strauss/Corbin).

Qualitative interviews were conducted with 20 midwives and 20 women working, respectively living in two language regions (French, German) within Switzerland.

Midwives were selected and contacted based on their professional experience in out of hospital birth, whereas women were first approached by their midwives, and then recruited by the researchers. Interviews began with an invitation to talk about out of hospital birth experience with the focus on the decisions made in light of the



complications. Interviews were transcribed verbatim and analysed according to Grounded Theory Methodology. Data collection and analysis were conducted simultaneously, with intensive exchange between the researchers of both language regions during the analysis process.

Findings

Results point to the central role of leeway in decision-

making in that the decisions must be flexible enough to consider both clinical situation and respect the women's perspective.

Factors that may impact the decisions made under complex birth situations, such as the urgency with which a decision must be made or the midwives' experiences, were found to reduce and expand flexibility, respectively, in the decision-making process.



COMPLEXITY THEORY AND MATERNITY CARE SYSTEMS

Marianne Nieuwenhuijze*

(Head of Research centre for Midwifery Science, Zuyd University, the Netherlands),
Marlies Rijnders (TNO, the Netherlands), Helga Gottfreðsdóttir (Associate professor,
Head of Midwifery Studies, Department of Midwifery, Faculty of Nursing, University of
Iceland), Antoinette Du Preez (Programme Manager, School of Nursing Science, North West
University, Potchefstroom, South Africa), Piedade Vaz-Rebello (Professor, University of Coimbra, Portugal),
Soo Downe (professor in midwifery studies, University of Central Lancashire)

Background

Healthcare systems are complex, adapting dynamically to changes and demands from their environment. This makes it hard to predict their behaviour. Within healthcare research and organisation, there is a growing critique on the linear focus of 'normal science', because of its relative inability to take account of this complexity. There is a turn towards complexity theory, as a more appropriate framework for understanding system behaviour.

However, there appears to be no agreed, comprehensive taxonomy for assessing the nature of complexity in such systems.

Our study aims to identify the key concepts in complexity theory, and to examine their explanatory power in healthcare systems. Maternity care was chosen as a paradigm case.

Methods

First, a taxonomy of complex systems was developed based on a search in PubMed using the terms "complexity theory", "complexity science" and "complex adaptive systems".

Second, we explored whether the attributes in our taxonomy could be used reliably by independent reviewers, and how far these attributes were present in studies describing maternity care systems.

These studies were identified in SCOPUS and PubMed using the MESH terms 'maternity' and 'organizational models'.

The work was carried out as part of European COST Action IS0907: Childbirth - Cultures, Concerns, and Consequences: creating a dynamic EU framework for optimal maternity care (http://www.cost.eu/domains_actions/isch/Actions/IS0907).



Ethical approval

Ethics approval was not required.

Findings and Conclusion

Based on 36 articles a taxonomy was built, defining 11 attributes: interconnection, feedback loops, open boundaries, initial conditions, self-organization, simple rules, emergence, co-evolution, attractors, non-linearity, and unpredictability. Each attribute was illustrated by an example from maternity care. Using the taxonomy, 11

selected studies were systematically and independently assessed by 3 team members for attributes of complexity. Out of the 121 possible combinations of studies and attributes (11x11) there were 6 times when the reviewers disagreed. Studies focusing on multidisciplinary collaboration were most likely to demonstrate use of complexity attributes. Overall, few papers used the attributes explicitly. The taxonomy can be applied to studies of healthcare organisations. More real-life research is needed to gain insight into complex systems.



COMMUNITY ENGAGEMENT TO REDUCE HEALTH INEQUALITIES IN EXPECTANT AND NEW MOTHERS AND THEIR CHILDREN: UNDERSTANDING 'WHAT WORKS'



Ginny Brunton*, Alison O'Mara-Eves, James Thomas
(EPPI-Centre, Social Science Research Unit, Institute of Education, University of London)

Introduction:

A recent systematic review evaluating community-engagement interventions found that they tended to be effective, particularly for disadvantaged new and expectant mothers. However, such interventions are complex, and traditional synthesis methods can only broadly indicate effective intervention 'ingredients'.

Study Aim

To assist intervention planning by identifying the 'active ingredients' of community engagement.

Research Methodology

A qualitative comparative analysis (QCA) assessed 24 trials from the review relevant to the priority area of 'ensuring the best start in life', including: Outcomes related to antenatal care (n=4), immunisation (n=4), breastfeeding (n=15), and early intervention (n=1).

Four conditions categorised community engagement: health need identification; intervention design; collaboration on delivery; or leading on delivery.

Effect size estimates were assigned one of four fuzzy set values from 'effective' through to 'not effective'.

Using fsQCA software, a truth table and solution set were created. Solutions were assessed for consistency and unique coverage and interpreted in light of the included studies, our research question, and the original review's conceptual framework.

Two researchers agreed relevant conditions and interpreted results, with a third reviewer resolving conflicts.

Ethical approval

Funder and academic workplace ethical approval for the systematic review was obtained.



Findings

From all possible combinations of intervention conditions, two solutions emerged: lay-delivered interventions without a community-identified need (consistency = 0.833, unique coverage = 0.625); and interventions in which community members collaborated on delivery but did not identify the health need or inform intervention design (consistency = 0.833, unique coverage = 0.208). Few empowerment models were identified, suggesting that community members are utilised to 'deliver'

rather than 'plan and own'.

Conclusion

Policy- and decision-makers in maternity and early years care should consider using either peer delivery or collaborative delivery models when planning interventions for disadvantaged women and children. Designing and evaluating appropriate empowerment models could further support woman-centred care.

Submission ID: 48

Session: Complex Systems – 4D (CS)

Venue: QC

Time: 11.20, Thursday, 10th April

Format: Oral



STRATEGIES TO TRANSFER RESEARCH FINDINGS TO PROFESSIONALS IN MATERNITY SERVICES: A SYSTEMATIC REVIEW

Karin Minnie*, Christa van Der Walt (North-West University, South Africa), Ans Luyben (Iresearch4birth, Working group 5), Michaela Michel-Schuldt (Midwifery Research and Education Unit, Hannover Medical School, Germany), Kleopatra Alamantariotou (School of Nursing and Midwifery, Trinity College Dublin, Ireland), Georgia Kontosorou (Iresearch4birth, Working group 5), Rita Borg Xuereb (University of Malta), Caroline Homer (University of Technology, Sydney), Katerina Nicolopoulou (Iresearch4birth, Working group 5)

Background

As part of the Cost Action study IS0907 (Childbirth cultures and consequences, creating a dynamic EU framework for optimal maternity care), a working group was tasked to develop a knowledge transfer (KT) plan to assist in transferring new knowledge to those who may benefit from it. The KT plan should be based on best practices.

Aim:

The purpose of this systematic review was to identify effective KT strategies that have shown to promote the spread of research findings to health professionals in maternity settings.

Methodology:

Search strategy:

Combinations of the following search words were used:

Knowledge transfer, research dissemination, sharing, communities of practice, in service training, social network, development, education, diffusion of innovation, journal club, health professionals, practitioners, nurses, midwives, doctors, medical practitioners, staff, personnel, Health care, health setting, health system to identify primary studies and systematic reviews published between 2000-2013.

The search included multiple electronic databases, hand searches, grey literature and reference lists of core articles. Team members independently reviewed studies for relevance and methodological quality.

Synthesising methodology:

We extracted data and used inductive and deductive reasoning iteratively to synthesise the findings of the included studies.



Main Findings:

The search yielded 212 papers that could be relevant. After critical appraisal, 29 studies were found to meet the inclusion criteria. Of these, 14 were CRTs, 10 reviews, 3 mixed method studies and 3 evaluation papers. Four dominant themes were elicited namely education strategies, communication strategies, packaging research evidence in different formats, and other multi-faceted strategies.

Conclusion

Our findings indicated that there is no final answer on what KT strategies is most effective in different contexts in public health, due to the complexity of the characteristics of the knowledge, context, target audience etc. We operationalise our findings by compiling a toolbox to enable researchers to select the most appropriate mix of strategies for their specific circumstances.

Submission ID: 82

Session: Knowledge Transfer – 4E
(KT)

Venue: QD

Time: 10.50, Thursday, 10th April

Format: Oral



A TRANS-DISCIPLINARY UNDERSTANDING OF THE CONCEPT KNOWLEDGE TRANSFER

Christa van Der Walt*, Karin Minnie
(North-West University, INSINQ Research Unit, Potchefstroom, South Africa),
Katerina Nicolopoulou, Kleopatra Alamantariotou
(Iresearch4birth, Working group 5, Athens, Greece)



Aim and rationale:

Midwives who ground their practice in the best available research will contribute to the health of pregnant women and their families globally. To reach this aim knowledge translation and knowledge transfer are crucial in the process of taking research findings to practice.

The Knowledge Transfer working group was tasked by the Cost Action ISO907: 'Childbirth Cultures, Concerns, and Consequences: Creating a dynamic EU framework for optimal maternity care' to develop a toolkit of knowledge transfer strategies.

The working group soon realized that its members did not share a similar understanding of knowledge transfer. Before the Toolkit could be developed, a working definition of knowledge transfer had to be constructed.

Method:

A scoping review confirmed the diversity of meanings to

the concept but no paper could be found that outlined a trans-disciplinary understanding of knowledge transfer. This paper therefore provides an overview of the research method the Working Group used as well as the findings.

A team of four researchers consisting of two midwives, a management expert and an expert team on knowledge translation, started by independently searching the literature for definitions that relate to their understanding of knowledge transfer at that point in time. Core characteristics of knowledge transfer were identified. During the process of data extraction various consensus discussions took place followed by an integrative review of the meaning and methodology of knowledge transfer.

The working definition of knowledge transfer and its core characteristics and methodology informed the systematic review that followed on this study.

Sharing a common understanding of knowledge transfer





enabled the researchers to construct a Toolkit for the larger research team of the Cost Action with the primary aim to ensure that the findings of the research will be transferred in an effective manner to practice.



Submission ID: 169
Session: Knowledge Transfer – 4E (KT)
Venue: QD
Time: 11.20, Thursday, 10th April
Format: Oral





CLINICIANS VIEWS OF FACTORS OF IMPORTANCE FOR IMPROVING THE RATE OF VAGINAL BIRTHS AFTER CAESAREAN SECTION (VBAC) A STUDY FROM COUNTRIES WITH HIGH AND LOW VBAC-RATES



Ingela Lundgren*

(University of Gothenburg), Evelien van Limbeek (Zuyd University), Katri Vehvilainen-Julkunen (University of Eastern Finland), Jane Nicoletti (Universita Degli Studi di Genova), Joan Lalor (Trinity College Dublin), Andrea Mannerne (Hannover Medical School), Cecily Begley (Trinity College Dublin), Christina Nilsson (University of Gothenburg)

Introduction:

This study is a part of the ongoing 4-year OptiBIRTH project, which is funded by EU and involving eight European countries. The key aim of the project is to promote increased VBAC rates across Europe. Repeat caesarean section (CS) following previous CS is one of the most significant factors contributing to increased CS rates in the EU. Even though VBAC is the recommended option associated with better outcomes for both mothers and babies, vaginal birth rates after CS vary widely through healthcare settings and countries across Europe. It is important to obtain a deeper knowledge about clinician's views on VBAC in different countries to understand important factors for improving VBAC rates. The findings of this study will assist in the development

of educational interventions targeted towards both clinicians and women, and tested in an upcoming randomised trial in three European countries with low VBAC rates.

Aim of the study:

The aim with this study was to investigate clinicians' views on important factors for improving the rate of VBAC in women.

Research methodology:

Individual interviews, telephone interviews and focus groups interviews with clinician's (doctors and midwives as well as GPs in different maternity care settings and in rural and urban regions) have been conducted in six



countries during 2012-2013; Finland, the Netherlands, Sweden (high VBAC rate), Ireland, Italy, Germany (low VBAC rate).

In total about 115 clinicians were interviewed. They answered five questions about VBAC and participation in decision-making.

The interviews were analysed using content analysis.

Ethical approval:

Approval was obtained from study sites in each country.

Study findings and conclusions:

Full findings (with head categories and their sub categories) will be presented at the congress under the domains: important factors for VBAC, barriers for VBAC, views on decision-making, and support for VBAC.



DEVELOPING LEADERSHIP EXPERTISE – IN THE COMFORT OF YOUR ARMCHAIR?

Gail Johnson* (The Royal College of Midwives)

Midwifery Leadership is key if women, babies and their families are to receive safe and effective care. Leaders of the profession do not have to sit high within the medical hierarchy, the midwives that can make a difference to care and outcomes are to be found at all levels of experience and working in all arenas of practice.

Leadership education needs to be embedded in the entry to register education and supported throughout midwives' careers, to enable current leaders to recognise potential to ensure that there is clear succession planning to keep women and babies safe.

In 2011 the National Health Service (NHS) Leadership Academy launched a competencies framework, Leadership Framework (LF) for health practitioners to support their leadership development. Experience of supporting midwives in leadership education demonstrates that midwives prefer to work with tools which clearly reflect their particular professional needs and to address this, with consent from the Academy, the LF has been "adapted" to meet the needs of midwives.

However, to make a tool such as the LF accessible and

applicable to midwives for their development the framework has been incorporated into online learning modules, which link the domains to aspects of practice and provide activities to further develop and apply knowledge and skills.

This approach enables midwives at all levels of practice and expertise to work to a common framework which is adaptable and flexible enough to meet their individual development needs.

It also ensures that leadership education and training is seen as part of a continuum of learning which will increase the midwife's confidence in her leadership ability and enhance the care of women and babies.

Submission ID: 7

Session: Knowledge Transfer – 4E (KT)

Venue: QD

Time: 12.20, Thursday, 10th April

Format: Oral







ORGANISATION RESEARCH IN CHILDBIRTH AND HEALTH OF MIDWIFE-LED CARE UNITS

Ramon Escuriet*
(Department of Health of Catalonia, Spain),
Mercedes Perez-Botella (University of Central Lancashire UK)



Aim

To understand the organisation of Midwifery-led care provision in three Midwife-led care units (MLU).

Methods

A successful model of midwifery-led care was identified, which included alongside and stand-alone MLUs. To understand relevant aspects of the organisation of care that promotes normal birth a week visit to East Lancashire Hospitals three birth centres was planned. A meeting was also arranged with the Head of Midwifery, Midwifery Team Leaders, clinical midwives and obstetric consultants. In addition, ReaCH Unit in UCLAN was also visited.

Results

The Trust provides maternity care in four different settings and geographical locations: an Obstetric unit, an alongside Midwifery Unit and two Freestanding Midwifery Units. A Head of Midwifery position and a strong

Supervisor of Midwife's presence ensures that midwives have a recognised and prominent role in the provision of low risk care for women. Intrapartum care is planned so that one-to-one care is ensured.

In addition, continuity of care during the childbirth continuum is promoted by working within an integrated model of care which ensures antenatal, intrapartum and postnatal care is provided by a small group of team members per geographical area.

Protocols for the functioning of MLU have been agreed upon by all health professionals involved in maternity care and agreed at Trust level. The model of care is focused on women and families' needs and all health professionals follow the same clinical guidance and admission criteria. Women receive consistently positive information from every professional they meet about maternity care provision in the MLUs. When women fit the admission criteria they are encouraged to freely choose their preferred place of birth.



Discussion:

The success of the MLUs has been shown by positive birth outcomes. It arises from a philosophy of care focused on the promotion of normality in childbirth

which is shared by all professionals involved in care provision. Equally important are the strong presence of leadership and the prominent role of supervisors of midwives.

Submission ID: 178
Session: Short Term Scientific Missions –
STSM (2)
Venue: Building D, D 0.03
Time: 10.50, Thursday, 10th April
Format: Oral



PREGNANCY-RELATED PELVIC GIRDLE PAIN: CORE OUTCOMES IN PRACTICE AND RESEARCH

Francesca Wuytack*

(Trinity College Dublin), Helen Elden (Sahlgrenska Academy, University of Gothenburg)

Research topic/aim/question

About a third of women suffer from Pregnancy-related Pelvic Girdle Pain (PPGP) which may in turn lead to reduced mobility and negatively impact women's sleep. The past decades several studies have investigated the effectiveness for various management strategies for PPGP; however, the significant variety in outcome measures used makes pooling data from such studies difficult. A defined core outcome set for PPGP during pregnancy and the postpartum period is thus important and hopefully will promote consistency in recording outcomes in clinical practice and audit.

The aim of this STSM was to conduct exploratory work to progress the development of core outcomes for Pelvic Girdle Pain during pregnancy and in the postnatal period.

Methods

Informal, exploratory discussions were held with experts in the field of Pelvic Girdle Pain including researchers, clinicians and women. Moreover, a visit took place to the maternity hospital and physiotherapy department of Sahlgrenska University Hospital.

Encounters with women with PPGP were also observed

in a physiotherapy practice.

Results

The development of core outcomes for PPGP needs to be preceded by clear diagnostic criteria and be followed by the identification of appropriate measurement methods for such outcomes. A network of researchers in Sweden and Norway recently conducted a Delphi study on core diagnostic criteria and outcomes for Pelvic Girdle Pain. Core outcomes for PPGP could be further developed by involving women in this process as well as exploring relevance at international level. In addition, examining potential differences in outcomes for Pelvic Girdle Pain that occurs during pregnancy, postpartum, or not related to pregnancy is also important. Finally, strategies for global dissemination and implementation need to be developed in terms of terminology, diagnosis and outcomes.

Submission ID: 181

Session: Short Term Scientific Missions–STSM (2)

Venue: Building D, D 0.03

Time: 11.20, Thursday, 10th April

Format: Oral





MLUs IN NORTHERN IRELAND - AN EXPLORATION OF THE CRITERIA UTILISED FOR ADMISSION TO AND TRANSFER FROM MLC

Dr. Maria Healy*
(University College Dublin), Marlene Sinclair (University of Ulster)



Aim of visit:

To increase understanding of the culture and the organisation of Midwife-led care services in Northern Ireland, in particular to gain a deeper insight into the guidelines utilised for the admission and/or transfer of women accessing the services. There has been a steady increase in the provision of midwife-led units (MLU) in Northern Ireland since the first unit opened in 2001; this is strongly supported by Government policy (DHSSPS, 2012). Currently there are seven midwife-led units, three free-standing and four alongside maternity care units.

Methods

A case study approach was employed and involved visiting six MLUs across Northern Ireland in April 2013, covering 604Kms and undertaking pre-arranged meetings with Directors of Midwifery and senior midwives based in the MLUs. In-depth discussions explored the model of midwifery care provided, the criteria employed for admission and/or transfer from the MLU; concluding with a guided tour of the unit.

Findings

This STSM uncovered a number of interesting findings

including: the historical development of the MLUs in Northern Ireland; MLUs which provided an extremely conducive and competent environment for women to labour and give birth and, a variation from unit to unit in the model of midwifery care provided and criteria used for admission into, and transfer from. Each MLU has its own locally developed criteria which may unnecessarily exclude individual women from admission or lead to the transfer of women into an obstetric unit where they progress to have a normal birth. The exclusion criterion used may be maternal age, estimated fetal weight or BMI related. Midwives expressed the need for up to date midwife-led care guidelines, funding for which has recently been secured by Dr Healy and a research colleague.

Submission ID: 180

Session: Short Term Scientific Missions –
STSM (2)

Venue: Building D, D 0.03

Time: 11.50, Thursday, 10th April

Format: Oral





UNDERTAKING AN EXPLORATION OF THE NATURE AND MANIFESTATIONS OF BULLYING IN MIDWIFERY EDUCATION IN SWITZERLAND

Patricia Gillen*
(Southern Health and Social Care Trust/ University of Ulster),
Ans Luyben (Women's Clinic, Spital STS AG Thun)



Introduction:

The nature, manifestations and consequences of bullying in the workplace are extensively described in the literature. However, bullying in midwifery education in Switzerland has not been studied before and knowledge about the nature and manifestations of bullying can improve midwifery education.

Aim of study:

To determine the nature and manifestations of bullying among a cohort of student midwives in Switzerland.

Research methodology:

An exploratory descriptive study in May 2011 that focused on 42 student midwives in the third year of their course.

A mixed method approach of questionnaire and semi-structured interview was used. A response rate of 59.5% (n=25) was achieved (18 student midwives completed

the questionnaire and 7 were interviewed) about their exposure to bullying behaviours as a student midwife. Data was analysed using SPSS and content analysis as appropriate.

Ethical approval

Ethical approval was obtained from the researcher's university and from the University in which the research was taking place.

Study findings:

32% (n=8) of the 25 students who took part in the study felt bullied during their time as student midwives with short and long term consequences including ill-health, fear of going to work, lack of confidence and a negative impact on the care they provided. They perceived that the academic nature of their programme had contributed to them being bullied with the students describing jealousy and ageism as reasons for being bullied. Mentors and managers played a lead role in bullying.





Conclusion:

This research points to the existence of a culture of bullying in midwifery education in Switzerland which is perceived to impact negatively not only on the educational experience of these student midwives but

also on the care they provide.

Midwifery educators in both university and clinical settings need to consider how best to provide a supportive learning environment for student midwives.

Submission ID: 49

Session: Short Term Scientific Missions –
STSM (2)

Venue: Building D, D 0.03

Time: 12.20, Thursday, 10th April

Format: Oral





COCHRANE REVIEW OF MIDWIFE-LED CONTINUITY MODELS VERSUS OTHER MODELS OF CARE FOR CHILDBEARING WOMEN

Jane Sandall*

(Women's Health Academic Centre, King's Health Partners, King's College, London),
Hora Soltani (Centre for Health and Social Care Research Centre, Sheffield Hallam University),
Simon Gates (Warwick Clinical Trials Unit, Division of Health Sciences, Warwick Medical School, The University
of Warwick), Andrew Shennan (Women's Health Academic Centre, King's Health Partners, King's College,
London), Declan Devane (School of Nursing and Midwifery, National University of Ireland Galway.)



Aim :

To compare midwife-led continuity models of care with other models of care for childbearing women and their infants.

Search strategy

We searched the Cochrane Pregnancy and Childbirth Group's Trials Register and reference lists of retrieved studies. All published and unpublished trials were included. All review authors evaluated methodological quality. Two review authors checked data extraction.

Main findings

We included 13 trials involving 16,242 women. Women who had midwife-led continuity models of care were less likely to experience regional analgesia, episiotomy, and instrumental birth, and were more likely to experience

no intrapartum analgesia/anaesthesia, spontaneous vaginal birth attendance at birth by a known midwife and a longer mean length of labour. There were no differences between groups for caesarean births. Women who were randomised to receive midwife-led continuity models of care were less likely to experience preterm birth and fetal loss before 24 weeks' gestation, although there were no differences in fetal loss/neonatal death of at least 24 weeks or in overall fetal/neonatal death. Due to a lack of consistency in measuring women's satisfaction and assessing the cost of various maternity models, these outcomes were reported narratively.

The majority of included studies reported a higher rate of maternal satisfaction in the midwifery-led continuity care model. Similarly there was a trend towards a cost-saving effect for midwife-led continuity care compared to other care models.



Conclusion

Most women should be offered midwife-led continuity models of care and women should be encouraged to ask for this option although caution should be exercised in applying this advice to women with substantial medical or obstetric complications. Future research in this area

would benefit from exploring the theoretical underpinnings of these complex interventions and their associations with processes and outcomes. There remains relatively little information about the effects of midwife-led continuity models of care on mothers' and babies' health and wellbeing in the longer postpartum period.



AN ORGANIZATIONAL CASE STUDY OF ALONGSIDE MIDWIFE UNIT IMPLEMENTATION PROCESS IN A TEACHING HOSPITAL IN BRAZIL

Camilla Schneck*

(Sao Paulo University),

Christine McCourt (City University London), Ana Lucia Bonilha (Federal University of Rio Grande do Sul),

Ticiana Ramos (Universidade de Brasilia)



Introduction:

Despite the recent organization of Unified Health System in Brazil (SUS), that provides public health access across the country, Brazilian childbirth care is over-medicalized and causes negative consequences for maternal and infant health. The c-section rate is about 53% and there are very low rates of "normal birth" in the whole group of vaginal births. Recent public policies implemented by Ministry of Health aimed to input strong strategies for change. These include the creation of a number of alongside birth centres across the country in the next few years as a key strategy, introducing the principle and practice of midwives as a primary professional responsible for care in these maternity units for low-risk pregnant women.

Aims:

The aim of this study is to investigate the implementation process of an Alongside Midwife Unit at a teaching hospital in Brazil regarding the main challenges and

facilitators involved.

Methods:

An ethnographic organizational case study on going, building on the protocol for a similar study in the UK. The data collection included: analysis of service documents, interview with stakeholders (including details of organization), observation of key decision-making points in the service and interviews with professionals. The data analyses will be made using a framework approach adapted from existing studies. The focus will be both the framework and the identification of new themes arising in the implementation process.

Ethical issues:

The project was approved by the local Research Ethics Committee. Main results: the research is on-going, will be partly completed by December, when midwives experiences will be presented.





Implications for practice:

This study can clarify what kind of measures are needed to support the implementation of AMUs in Brazil in order to better prepare for opening AMUs in the future

and therefore help to make such units effective and sustainable.

This research has been supported by Leverhulme Trust.



Submission ID: 95
Session: Midwife-led Care – 5A (OD)
Venue: QA
Time: 14.15, Thursday, 10th April
Format: Oral





FACILITATING AND IMPEDING FACTORS FOR THE IMPLEMENTATION OF MIDWIFERY LED CARE

Liesbeth van Kelst*
(Katholieke Hogeschool Leuven / Catholic University Leuven),
Leila Rchaidia (Katholieke Hogeschool Leuven)



Although literature has clearly demonstrated the benefits of midwifery led care in a low-risk population, hospital based maternity care today is still obstetrician led in many European countries.

Aim

The aim of this study was therefore to identify potential impeding and facilitating factors as perceived by obstetricians, family doctors and midwives on the implementation of Midwifery Led Care (MLC) in a country where virtually all maternity care is obstetrician led.

Method

A qualitative study using descriptive phenomenology was undertaken. Trough in-depth interviews with a purposive sample of 11 obstetricians and family doctors and 11 midwives potential facilitating and impeding factors for the implementation of MLC were explored. Data were collected until saturation occurred and rigour was ensured throughout the study. Giorgi's method was used for data-analysis. In the first stage data were analysed

within each group (doctors and midwives). In the second stage findings from the two groups will be compared to seek agreements and differences.

Ethical approval

Ethical committee approval was obtained from a University before the start of the study.

To date, data were only analysed within each group. Preliminary results of the study demonstrated that as for the obstetricians and family doctors twelve important facilitating and impeding factors could be identified: midwives, obstetricians, family doctors, teamwork – communication and task differentiation, patients, demedicalisation, partnership and equality, continuity of healthcare (worker), organization of care, the hospital, costs, geography and employment.

The majority of these factors were considered to be both facilitating and impeding. As for the midwives, 6 facilitating and impeding factors were identified: woman centred care, team up with obstetricians, education and





responsibility and autonomy, female Flemish population. The comparison between doctors and midwives is currently ongoing and full findings hereof will be presented.

Submission ID: 142
Session: Midwife-led Care – 5A (OD)
Venue: QA
Time: 14.45, Thursday, 10th April
Format: Oral





MIDWIFERY-LED CHILDBIRTH CARE IN IRELAND FIVE YEARS OF EXPERIENCE AFTER THE MIDU TRIAL

Anna Dencker*

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Introduction

Midwifery-led maternity and childbirth care is shown to be a safe alternative for women with low-risk during pregnancy. In Ireland, two midwifery-led units (MLUs) have existed as an option since 2004 when a randomised controlled trial (the MidU study) took place to compare MLU care with consultant-led care. Following study completion the two MLUs have remained as a maternity care option in Ireland.

Aim

The aim of this study was to evaluate the outcomes of one of the MLUs.

Methods

University ethical approval was granted. MLU data for the five years 2008-2012 were retrospectively analysed. Rates of transfers, reasons for transfers, mode of birth,

and maternal and fetal outcomes were assessed. A retrospective analysis with descriptive statistics was performed.

Findings

During the study period 3162 women were registered at the MLU. The antenatal transfer rate was 38.5% (1217 women). Twenty women gave birth at home, in transit or at the antenatal ward and 1925 women came to labour in the MLU. Throughout labour and birth 417 women (13.2%) transferred to the consultant-led unit, of which 53 women were transferred after birth due to need for suturing, or postpartum hemorrhage. The most common reasons were fetal reason including meconium stained liquor (38.5%), delayed labour progress in first or second stage (29.7%) and woman's wish for epidural analgesia (19%). At the MLU, 1561 babies were born, of these 1543 (99%) were spontaneous vaginal births



and 18 (1%) were instrumental (ventouse/forceps). Only 14 babies (0.9%) were admitted to neonatal intensive care unit.

Conclusion

Midwifery-led care is a safe option that could be offered

to a large proportion of healthy pregnant women. With strict transfer criteria there are very few complications during labour and birth.

Countries without the option of MLU care should consider their introduction.



AFTERPAINS: A COMPARISON BETWEEN ACTIVE AND EXPECTANT MANAGEMENT OF THE THIRD STAGE OF LABOR

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Background:

Management of the third stage of labor, the period following the birth of the infant until delivery of the placenta, is crucial. Active management using synthetic oxytocin has been advocated to decrease blood loss. It has been suggested, but not studied, that oxytocin may increase afterpains. The aim of this study was to compare women's experience of pain intensity when the third stage of labor was managed actively and expectantly and their experience of afterpains.

Methods:

A single-blind, randomized, controlled trial was performed at two delivery units in Sweden in a population of healthy women with normal, singleton pregnancies, gestational age of 34 to 43 weeks, cephalic presentation, and expected vaginal delivery. Women (n = 1,802) were randomly allocated to either active management or expectant management of the third stage of labor. Afterpains were assessed by Visual Analog Scale (VAS) and the Pain-o-Meter (POM-WDS) 2 hours after delivery of

the placenta and the day after childbirth.

Results:

At 2 hours after childbirth, women in the actively managed group had lower VAS pain scores than expectantly managed women ($p = 0.014$). Afterpains were scored as more intense the day after, compared with 2 hours after, childbirth in both groups. Multiparas scored more intense afterpains, compared with primiparas, irrespective of management ($p < 0.001$).

Conclusions:

Active management of the third stage of labor does not provoke more intense afterpains than expectant management.

Submission ID: 36

Session: Outcome Measurement – 5B (OM)

Venue: QB

Time: 13.45, Thursday, 10th April

Format: Oral







EXPERT MIDWIVES' VIEWS OF PREVENTING, DETECTING AND MANAGING POSTPARTUM HAEMORRHAGE WHEN USING EXPECTANT MANAGEMENT OF THE 3RD STAGE OF LABOUR: THE 'MEET' STUDY



Cecily Begley*

(School of Nursing and Midwifery, Trinity College Dublin, Dublin 2, Ireland), Karen Guilliland, Lesley Dixon (New Zealand College of Midwives), Mary Reilly (Cavan General Hospital), Caroline Keegan (Midwifery-led Unit, Our Lady of Lourdes Hospital, Drogheda, Ireland)

Introduction:

Postpartum haemorrhage can cause severe morbidity in women. Active management of the third stage of labour (AMTSL) was introduced to prevent postpartum haemorrhage (PPH), yet rates of PPH are rising across the world.

In Ireland and New Zealand, observational studies show that blood loss can be low even when expectant management of the third stage (EMTSL) is used, when the women have had a normal labour and birth and the midwives giving care are skilled in EMTSL.

Aim:

To explore the views of expert midwives in Ireland and New Zealand who use EMTSL, to determine how they prevent, detect and manage postpartum haemorrhage.

Methods:

A qualitative, descriptive design was used and the lead author's institution granted ethical approval. Semi-structured interviews were recorded with 27 consenting midwives in Ireland and New Zealand in 2010. All midwives had PPH rates of <4%, and used EMTSL in at least 30% of births. Analysis used the constant comparative method.

Findings:

These expert midwives believed that the main reason for PPH was excessive intervention in normal first and second stage of labour. In order to prevent PPHs, the midwives avoided directive pushing at birth and did not handle the uterus after the baby was born. Signs of PPH included nausea, vomiting and 'not feeling right', signs



that often preceded visible blood loss.

Being confident in detecting the difference between a separation bleed and a PPH was important.

Treatment included massaging the uterus once the placenta was out, giving an ecboic and using homeopathic remedies.

Conclusion:

The expertise of these midwives in preventing and detecting excessive blood loss early resulted in very low PPH rates. The techniques and approaches learned from these experts can be used to guide practice and teach student and junior midwives. Protection of these skills is fundamental to the promotion and practice of midwifery excellence in the future.

Submission ID: 21

Session: Outcome Measurement – 5B
(OM)

Venue: QB

Time: 14.15, Thursday, 10th April

Format: Oral



HOME BIRTH IN PORTUGAL

Zwart Mary* (liberal midwife)

Introduction

Home birth is not regarded as safe in Portugal. Women are not able to choose homebirth in the public maternity service but find caregivers by accessing the website of the consumers' organisation HumPar, or by oral testimonials. The program of the midwifery education is a Masters of nursing and does not include risk selection. Home birth is not supported by the government.

Aim of study

To describe the outcomes of my practice of home birth in Portugal over a five-year period.

Research methodology

The study entails a retrospective cohort study of 5 years homebirth in Portugal. Ethical approval was not required as all data were anonymised and retrospective studies do not require formal ethical approval in Portugal. Data were analysed using descriptive statistics.

Study findings

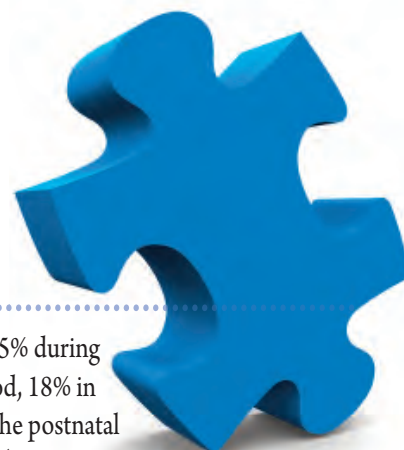
106 women booked under the care of one midwife to have a homebirth in Portugal in the period 2007 to 2012. 20 women were excluded for various reasons like too distanced, choice for hospital birth, another care giver. The

referral rate was 3,5% during the antenatal period, 18% in labour and 0% in the postnatal period. 68 women (82% of those who booked for homebirth) actually had their birth at home. Not one baby was admitted to the hospital after birth. The caesarean section rate was 2.5%, the rest were assisted vaginal births in the hospital.

Conclusion

Women are looking for options for low interventional births. Homebirth is a good option, after risk selection. Surprises always will happen

Infrastructure and cooperation between caregivers should be implemented to give women a choice according to EU regulations



Submission ID: 28

Session: Outcome Measurement – 5B (OM)

Venue: QB

Time: 14.45, Thursday, 10th April

Format: Oral







THE SHIP TRIAL – SELF-HYPNOSIS TRAINING WITH PREGNANT WOMEN AND THEIR BIRTH COMPANIONS FOR INTRA-PARTUM PAIN CONTROL



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Peter Diggle (Lancaster University), Cathie Melvin (East Lancashire Hospitals NHS Trust),
Susan Hinder (Independent researcher), Peter Whorwell (The University Hospital of South Manchester)

Background

Self-hypnosis is becoming increasingly popular as a means of labour pain management. There is as yet little definitive evidence on the effectiveness of this form of pain relief, especially where the training involved birth companions

Aim:

To assess the effect of a group self-hypnosis programme on rates of epidural use and other clinical and psychosocial outcomes in nulliparous women.

Intervention:

2 x 90 minute group training sessions led by midwives trained in hypnosis techniques, and including pregnant women and their birth companions, held at 32 and 35 week gestation, and followed by the use of a training CD daily and in labour, in addition to usual antenatal education provision.

Control:

Usual antenatal education provision alone. In the UK, this is accessed differently by individual women.

It can include both public and private provision of a range of educational support, from group learning, to yoga, hypnobirthing, and acquanatal classes, or no specific education at all

Design

Multisite pragmatic non-blinded individual RCT contextualized by interviews, focus groups, diary logs and questionnaires. This presentation will report on the trial data only.

Methods

The study was originally powered for a reduction in the use of epidural analgesia for labour from 25% to 15% (550 women). Exclusions were lack of consent;



planned cesarean section; current drug treatment for hypertension/mental health problems. Provisional consent was sought at the 20 week antenatal clinic visit in 3 different Trusts (6 clinical sites, including hospital units of up to 8000 births and alongside and freestanding birth centres).

Eligibility and consent were confirmed at 28 weeks gestation. Randomisation occurred between 28 and 32 weeks gestation.

Planned analysis:

A range of standard inferential analyses were undertaken,

based on Intention to Treat.

Results:

680 women were randomised. Analysis is complete, but the results will not be public until later in 2014. The presentation will discuss the process of study set-up and running, and implications of two studies published while the SHIP trial was recruiting.

The study was funded by the UK NIHR RfPB programme. All appropriate ethics and governance approvals were obtained before the study commenced.

Submission ID: 92

Session: Outcome Measurement – 5B
(OM)

Venue: QB

Time: 15.15, Thursday, 10th April

Format: Oral



SOCIO-CULTURAL ASPECTS OF SAFE/UNSAFE MOTHERHOOD

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Background

Even though pregnancy and childbirth can be considered universal life events for women, the socio-economic, cultural, religious and political contexts in which these events take place vary across countries. This makes childbirth a uniting event for women on one hand and a conflicting event on the other hand.

Traditional/socio-cultural and religious beliefs have often been mentioned in the literature as barriers to achieving safe motherhood in developing countries particularly in sub-Saharan African region.

Objective:

This paper will highlight the socio-cultural aspects of safe and unsafe motherhood as articulated by women, midwives and traditional birth attendants (TBAs) in south-east Nigeria.

Methodology & Ethical approval:

The data are drawn from an on-going PhD study which is exploring the concept of safe motherhood. The study is approached by employing hermeneutic phenomeno-

logical and poststructural feminist lens following ethical approval from relevant bodies.

Information was gathered through individual semi-structured interviews.

Findings:

Women interviewed during the antenatal period and hospital-based midwives expressed disappointment over the fact that many women still choose to give birth under the care of the TBAs who utilises both the traditional and modern medicine. They described traditional practices as dangerous, and backward.

The TBAs and women in the rural area maintained that the journey to motherhood can also be safe in an environment where the women's cultural belief and preferences are valued and respected.

Conclusion:

While effort is being made to eradicate some of the African cultures on the basis that they are dangerous and harmful, nothing is done about the harmful nature of western-derived obstetric maternity care in developing



countries where it cannot be sustained. It is obvious that emphasis is placed on physical harm ignoring the psychological and economic harm, and the cultural insensitivity of western-derived obstetric model of care.

Submission ID: 154
Session: Socio-Cultural Aspects – 5C (S-
C)
Venue: Building D, D 0.02
Time: 13.45, Thursday, 10th April
Format: Oral



CULTURAL DIFFERENCES IN POSTNATAL QUALITY OF LIFE AMONG GERMAN-SPEAKING WOMEN

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Mechthild Gross (Midwifery Research and Education Unit, Hannover Medical School, Germany)



Introduction

Assessment of quality of life after childbirth constitutes an important health-outcome measurement for child-bearing women and midwifery. The Mother-Generated Index (MGI) is a validated instrument used to assess postnatal quality of life. The tool has not been applied for cross-cultural comparison before.

Study Aims:

to investigate (a) responses to the MGI in German-speaking women; and (b) associations between MGI scores, maternity and midwifery care.

Ethical approval:

Ethical approval was received from the university.

Methodology:

A two-stage survey including a follow-up was conducted in two rural hospitals in the south of Germany and in the

north of Switzerland. Both questionnaires included the MGI, socio-demographic, health and maternity-care-related questions and were distributed during the first days and six weeks postpartum. The surveys were developed during a STSM. Parametric and nonparametric tests were computed with SPSS.

Findings:

A total of 129 questionnaires were returned three days and 83 seven weeks after birth. There were no significant differences in the MGI scores between German and Swiss women at both times ($p=0.22$, $p=0.43$). At three days significantly higher MGI scores were associated with (a) more information ($p=0.01$) and better support ($p=0.02$) in hospital, and at seven weeks (c) more adequate information during pregnancy ($p=0.02$); (d) higher rated birth experience ($p<0.01$), (e) having had an epidural anaesthesia ($p<0.01$); (f) higher self-esteem of coping ($p<0.01$); (g), more support at home



($p=0.03$); and (h) less disturbed sleep ($p<0.01$). Significantly lower MGI scores were associated with a private doctor attending birth ($p=0.01$) and exclusively breastfeeding ($p=0.04$).

Conclusion:

The instrument is able to detect differences in postnatal

quality of life among women with more divergent cultural backgrounds.

Gaps in maternity and midwifery care were detected.

The MGI has potential as a tool in cross-cultural comparative maternity research.

Submission ID: 75
Session: Socio-Cultural Aspects – 5C
(S-C)
Venue: Building D, D 0.02
Time: 14.15, Thursday, 10th April
Format: Oral



INTIMATE PARTNER VIOLENCE: EXPLORING THE PERSPECTIVE OF THE MUSLIM COMMUNITY: A UK COMMUNITY CONSULTATION

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Introduction:

Intimate Partner Violence (IPV) is a major global public health and social problem that affects millions of people. The World Health Organisation (2002) suggests that a preventive approach is required but highlights that the development of preventive strategies require in-depth understanding of the makeup of the target population.

Evidence suggests culture, ethnicity and religious affiliation shape people's behaviours and expectations in different relationships (Niaz, 2009).

Strategies for IPV must therefore, understand the perceived needs of the community in order to ensure services are culturally appropriate and sensitive. Collaboration with existing services can also be a major factor for success, so consideration of the availability, acceptability and accessibility of services is key for marginalised groups.

Aim of the study:

This study sought to explore IPV within the Muslim community, in a city in the North of England. The study explored the community's perceptions of the factors considered to produce IPV alongside awareness of existing services. One key outcome of the study was the development of appropriate strategies to support IPV victims in a culturally appropriate and sensitive manner.

Methods & Ethical approval:

Using a grounded theory methodology, data was collected through fifteen individual interviews and three focus group discussions. Participants selected through theoretical sampling, included Muslim men and women, religious leaders, interpreters and practitioners dealing with IPV in this community. The data was analysed using constructivist grounded theory approach.

Approval for the study was granted by the local University ethics committee.



Study Findings and conclusion:

Four categories emerged from the data including "Is it IPV"; "Who will help"; "Barriers to access help"; "Strategies to overcome barriers". Findings highlight the impor-

tance of improving awareness about IPV for not only the general public, and victims but for the practitioners, who often feel unprepared to deal with IPV in marginalised groups such as Muslim communities.

Submission ID: 186

Session: Socio-Cultural Aspects – 5C (S-C)

Venue: Building D, D 0.02

Time: 14.45, Thursday, 10th April

Format: Oral



PREVALENCE AND EVOLUTION OF INTIMATE PARTNER VIOLENCE BEFORE AND DURING PREGNANCY: A CROSS-SECTIONAL STUDY

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Deschepper Ellen (Ghent University, Faculty of Medicine and Health Sciences, Department of Public Health,
Biostatistics Unit), Michielsens Kristien (Ghent University, Department of Obstetrics and Gynaecology (ICRH)),
Temmerman Marleen, Verstraelen Hans (Ghent University, Department of Obstetrics and Gynaecology)

Background:

Intimate partner violence (IPV) before and during pregnancy is associated with a broad range of adverse health outcomes.

Objectives

To study the prevalence of psychological abuse, as well as physical & sexual violence, and to provide insight into the evolution of IPV 12 months before and during pregnancy.

Methods

Between June 2010 and October 2012, a cross-sectional study was conducted in 12 antenatal care clinics in Belgium. Consenting pregnant women were asked to complete a questionnaire (available in Dutch, French and English) in a separate room. Ethical clearance was

obtained in all participating hospitals.

Results

The overall percentage of IPV was 14.3% (95% CI: 12.7 - 16.0) 12 months before pregnancy and 10.6% (95% CI: 9.2 - 12.1) during pregnancy. Physical partner violence before as well as during pregnancy was reported by 2.5% (95% CI: 1.7 - 3.3) of the respondents (n=1894), sexual violence by 0.9% (95% CI 0.5 - 1.4), and psychological abuse by 14.9% (95% CI: 13.3 - 16.7). Risk factors for IPV were being single or divorced, a low level of education, and using another language than Dutch to fill out the questionnaire.

The adjusted analysis showed that physical partner violence (aOR 0.35, 95% CI: 0.22 - 0.56) and psychological partner abuse (aOR 0.7, 95% CI: 0.63 - 0.79) were significantly lower during pregnancy as compared to



the period of 12 months before pregnancy. The difference between both time periods is bigger for physical partner violence (65%) as compared to psychological partner abuse (30%). The analysis of the frequency data showed a similarly significant evolution for physical partner violence and psychological partner abuse, but not for sexual violence.

Discussion and conclusion

The IPV prevalence rates in our study are slightly lower than what can be found in other Western studies, but even so IPV is to be considered a prevalent problem before and during pregnancy. We found evidence, however, that physical partner violence and psychological partner abuse are significantly lower during pregnancy.



REVIEW OF WOMEN'S EXPERIENCES OF PREGNANCY AFTER PREVIOUS STILLBIRTH & LOSS

Margaret Murphy*, Dr. Patricia Leahy-Warren, Professor Geraldine McCarthy (University College Cork)



Background

Notwithstanding advances in maternity care, babies die around the time of their birth and the reasons can be varied. European perinatal statistics reveal that there is an average of stillbirth rate of 4.0 per 1,000 births.

This varies from country to country with differing definitions of stillbirth. Figures also show that approximately 2% of multiparous women record a history of previous stillbirths. There are health services implications in supporting these women in their subsequent pregnancies which are considered to be high risk.

By exploring women's experiences of pregnancy following stillbirth services can be tailored to best suit women's needs and improve satisfaction with care in the subsequent pregnancies after loss.

Aim of Review

To systematically review the literature on women's experiences of subsequent pregnancy following stillbirth.

Search Strategy

A systematic search strategy was conducted to include relevant studies. The following Boolean search terms 'wom*n' and 'stillbirth' or 'intrauterine death' or 'pregnancy loss' or 'f*tal death' and 'subsequent pregnancy' or 'next pregnancy' or 'pregnancy' were utilised. Whittemore and Knaf's (2005) integrative framework was used to structure the review.

Main Findings

A total of 22 studies met the inclusion criteria (10 quantitative, 1 mixed methods and 11 qualitative studies). Emerging themes from the quantitative studies included on-going mental health considerations together with depression; prolonged grief; Post Traumatic Stress Disorder and the issues of coping, fear and anxiety in subsequent pregnancies. The themes from the qualitative studies included fear, anxiety and grief during subsequent pregnancies; having restrained expectations or conversely, intentionality of parenting with subsequent pregnancies.

Conclusion

Women are aware that their perceptions of pregnancy are forever altered by their experiences of stillbirth and loss and that this may result in hyper-vigilance and emotional distancing from their pregnancies or conversely intentional parenting of their unborn child. Women who

utilised additional support measures in subsequent pregnancies found them to be beneficial. Healthcare professionals need to provide empathetic, supportive, continuous midwifery care to support women in adjusting existing coping mechanisms in order to interact positively with subsequent pregnancies.



PROMOTING BEREAVED PARENTS WELLBEING AFTER A PREGNANCY LOSS THROUGH THE IMPROVEMENT OF MIDWIVES' CONFIDENCE TO PROVIDE EFFECTIVE PERINATAL BEREAVEMENT CARE

Felicity Agwu Kalu* (University College Dublin)



Introduction and background to the problem

Perinatal bereavement is a cause of mental health problems for some bereaved mothers. For example, there is an increased anxiety around the time of loss and in subsequent pregnancies for such mothers.

Although the provision of bereavement support requires a multidisciplinary team approach involving midwives, doctors, social workers, pastoral workers and counsellors, midwives are generally the lead professionals who provide care to women during the significant and normal life of the pregnancy, labour and postpartum. Therefore the outcomes for many parents in relation to coping with the loss and adapting effectively to the loss is often dependent upon midwives' abilities to identify and respond appropriately to the needs and expectations of bereaved parents

Aim of the study

The aim of the study is to explore the factors that affect

midwives' confidence to provide effective perinatal bereavement care to grieving parents.

The objectives of the study are:

To establish the level of the confidence midwives have to provide perinatal bereavement care to grieving parents;

To identify the factors that affect midwives' confidence to provide care to bereaved parents;

To identify the support needs of midwives to promote their confidence to provide effective care to grieving parents.

Methodology & Ethical approval

Data were collected through a structured questionnaire from three maternity hospitals in Ireland. 274 midwives completed the questionnaire (71% response rate). Ethical approval was received from the three research sites.



Findings

The findings revealed that bereavement support knowledge and skills influenced the midwives' abilities to provide effective bereavement support to grieving parents. 56.6% (n=150) of midwives had bereavement support training while 43.4% (n=115) had no bereavement support training. 96.3% (n=266) reported that there is a need for ongoing education and training for midwives to enable them to provide effective care to

parents who have experienced a perinatal loss.

Conclusion

The midwives in this study want to help bereaved parents to cope with their loss through the provision of effective bereavement care.

However, there is a need ongoing education and training to enable them to provide effective care.



SOMATIC PAIN BEFORE, DURING AND AFTER PREGNANCY IN PRIMIPAROUS WOMEN IN IRELAND: A LONGITUDINAL, COHORT STUDY

Francesca Wuytack*, Deirdre Daly, Elizabeth Curtis, Cecily Begley
(School of Nursing and Midwifery, Trinity College Dublin, Dublin 2, Ireland)

Introduction

Somatic pain is a commonly reported complaint, often perceived as a normal part of pregnancy, but the potential negative consequences for mothers' and infants' health and wellbeing are significant. Most existing studies focus on lumbopelvic pain, affecting over half of pregnant women. However, women may have pain in multiple areas, adding to the complexity. There is a need for further examination of the pain experienced by women globally, identifying trends before, during and after pregnancy, to assess its impact and target management.

Aim of the study

To identify the prevalence of, and changes in, somatic pain experienced by primiparous women pre-pregnancy, during pregnancy, and postpartum in one maternity hospital in Ireland.

Research Methodology

Data were collected by self-administered antenatal and

postnatal postal questionnaires as part of a longitudinal cohort study including primiparous women in Ireland to date (December 2013). Data analysis used descriptive and correlation statistics.

Ethical Approval

Ethical approval was granted by the site hospital and university.

Study Findings

Lumbar pain increased from 18.2% (n=1092) pre-pregnancy to 25.2% in early pregnancy, pelvic girdle pain (PGP) from 40.3% to 59.7%. Headache, thigh and lower leg pain were also more commonly reported during pregnancy. Conversely, the prevalence of neck and shoulder pain reduced. Preliminary findings (n=425) from the 3-month postnatal survey indicate that rates of lumbar pain and PGP further increase to 36.7% and 67.1% in late pregnancy and do not return to pre-pregnancy prevalence 3 months postpartum, with 38.1% still having lumbar pain and 53.3% PGP.



Conclusion

Findings show that somatic pain significantly increases during pregnancy and persists postpartum. Women often have pain in several areas, increasing its negative

impact. Midwives should be aware of the presence and consequences of maternal somatic pain and thus of the importance of monitoring this common complaint. Further research is needed worldwide for comparison.



NURSING MOTHERS IN AN ICU AFTER COMPLICATED CHILDBIRTH

Åsa Engström*, Inger Lindberg
(Luleå University of Technology)

Background:

A critically ill obstetric patient or a patient who just has become a mother after a complicated birth have special needs because of the significant alterations in their physiology and anatomy.

There are also specific needs to consider as breastfeeding and mother-child bonding. Providing nursing care for these women can be a challenging experience for critical care nurses (CCNs).

Aim:

The aim with this study was to describe CCNs' experience of nursing the new mother and her family after a complicated childbirth.

Method:

The design of the study was qualitative. Data collection was carried out through focus group discussions with 13 CCNs in three focus groups during spring 2012. The data were subjected to qualitative content analysis.



Ethical approval:

The study was conducted according to the Ethical Review Act (Ministry of Education and Cultural Affairs, 2003:460) and was approved by the Regional Ethics Board (Dnr 09-098M).

Findings:

The analysis shows that when nursing a mother after a complicated birth CCNs prioritize the woman and her vital signs.

The fathers of the children or partners of the mothers are expected to take responsibility and care for the newborn child and to serve as the link with the neonatal ward. There is no clear agreement between CCNs and midwives which defines the responsibility of caring for the new family.

The environment in the postoperative parts of ICUs could be improved.





Conclusion and relevance to clinical practice:

It is suggested that education about the needs of new families for nursing care would improve the situation

and have clinical implications. Whether the ICU is always the best place in which to provide care for mothers and new families is debatable.



Submission ID: 40
Session: Complicated Childbirth – 5E
(CC)
Venue: QD
Time: 14.15, Thursday, 10th April
Format: Oral





NEW FATHERS' EXPERIENCES OF CARE IN RELATION TO COMPLICATED CHILDBIRTH

Inger Lindberg*, Åsa Engström
(Luleå University of Technology)



Introduction

When childbirth does not progress as expected or when pregnant women experience an acute or serious delivery-related complication and thus require care in an intensive care unit (ICU), the father-partner is also affected by being placed in an unexpected and overwhelming situation concerning not only the newborn but also the critical situation of his partner. Previous research show that partners of critically ill or injured persons face situations that can be overwhelming and emotionally challenging, which results in their felt need to be heard and seen.

Aim:

The aim of the study was to describe new fathers' experiences with care related to complicated childbirth.

Methods:

A midwife in the maternity ward orally informed families about the purposes of the study and distributed information letters to prospective participants. A purposive sample of eight fathers staying at the maternity ward

consented to participate. They all met the inclusion criteria, having experienced their partners' complicated childbirth that involved a postoperative stay at an ICU and wanted to talk about it.

A qualitative approach consisting of individual interviews using a semi-structured interview guide with open-ended questions was applied. The interview text was subjected to qualitative thematic content analysis. The interviews were rich in content and described similar experiences, which created a pattern that we found adequate to serve as a basis for the findings.

Ethical approval:

The study was conducted according to the Ethical Review Act (The Ministry of Education and Cultural Affairs, 2003:460) and approved by the Regional Ethics Board (Dnr 09-098M).

Results:

Fathers generally lack the support and understanding of care staff, they strive to fulfill their roles as fathers guard-



ing their families and keeping them together.

In summary, caregivers involved in the childbirth process should realize that by acknowledging and encouraging fathers in their roles, they also support the entire family unit.

Conclusion:

Interventions developed specifically for fathers and family care requires further development. There is a need for additional research concerning how midwives and critical care nurses view the presence of fathers in emergency situations that occur during childbirth.

Submission ID: 42

Session: Complicated Childbirth – 5E (CC)

Venue: QD

Time: 14.45, Thursday, 10th April

Format: Oral



AN EXPLORATION OF THE EMOTIONAL EFFECTS OF PRENATAL DIAGNOSIS ON MEN DURING AND AFTER THEIR PARTNER'S DIAGNOSIS

Joan Lalor*
(Trinity College Dublin, Ireland)



Background: Research into men's experience of pregnancy suggests that men play a supportive rather than a participatory role in the birth of their children. Fetal imaging allows men to form an image of their unborn child for the first time, yet their experiences of receiving an adverse diagnosis at a routine ultrasound examination have been poorly reported, and even less so in countries where termination of pregnancy is illegal.

Aim:

The aim of this study is to explore the emotional effects of prenatal diagnosis on men, by reference to the actual experience of a small sample of men during and after their partner's diagnosis.

Methodology:

Using a grounded theory approach, twenty one men in Ireland were interviewed once after they had returned from the UK for a termination of pregnancy for fetal anomaly. Data were analysed using the constant comparative method.

Ethical approval

Ethical approval was granted from the university and clinical site, and the usual tenets of written informed consent were obtained.

Findings:

Several potentially conflicting male roles were identified. Men frequently spoke of their concern for their partner's well-being and the difficulties faced in supporting their partner whilst they sought to come to terms with their own reactions to the diagnosis.

Societal expectations of masculinity that inhibit the display of emotion leave men in a double-bind as explicitly they are expected to be strong and support their partner, yet implicitly they are expected to show some degree of emotional pain.

A lack of acknowledgement of the complexity of the situation in which they find themselves compounds difficulties with emotional disclosure as the male sense of



competence is challenged.

Conclusion:

Male partner responses in the aftermath of fetal anomaly diagnosis are complex. The freedom to express grief and

pain is influenced by the desire and expectation that supporting their partner should be a priority. Health professional acknowledgement of men's feelings and need for support are required if male grief reactions are no longer to be condemned as secondary to their partner's.



EXCHANGING INNOVATIVE KNOWLEDGE TRANSFER BETWEEN IRELAND AND GREECE

Kleopatra Alamantariotou* (University of Peloponnese Greece),
Georgia Kontosorou (City University London, Health Informatics)



Aim

The purpose of the Short Scientific Mission:

- a) To visit open innovation conference, organized by European Commission and Trinity College Dublin.
- b) To join the research team in Trinity College Dublin, exchange knowledge about tools of open innovation, knowledge transfer, communities of practice and survey development.

What was done

Upon completion of this Short Scientific mission we were able to:

- Shape policies and sustainable environment that promote and sustain maternal health systems
 - Identify key networks and knowledge transfer tools.
- The main purpose of this Scientific mission was to present a «state of the art» of the Open Innovation concept applied to health care and digital age with social impact

in Europe. Upon completion of this short scientific mission participants can design and administer more effective surveys and develop strategies to link survey data to organizational objectives.

Results- New Knowledge gained

Innovation that benefit from local communities, national and European input and different teams could result in new knowledge, contexts products and services that can reach more people and create social cultural health change and economic value.

Also this mission adds knowledge of how to create surveys and partnerships with organizations, universities, industries and government organizations, recognizes that good ideas come from everywhere and emphasizes that it is essential to create new innovative ways of working in maternal health care systems.

Conclusion

The knowledge gain during participants stay in Trinity College Dublin provide the insight of the importance



of survey development and open innovation activities, in knowledge transfer and communities of practice.

Plans for Future Research and Action Arising from STSM

Short scientific mission participation helps to spread the news about the work to other interested partners

throughout Europe, to create dissemination activities, like book chapters, journal papers in open innovation, survey development and communities of practice in health and maternal systems.

Also new skills and knowledge from Short scientific Mission has been used in order to create new projects.

Submission ID: 182

Session: Short Term Scientific Missions – STSM (3)

Venue: Building D, D 0.03

Time: 14.15, Thursday, 10th April

Format: Oral



UNDERTAKING A COOPERATION OF SCIENCE AND TECHNOLOGY (COST) SHORT TERM SCIENTIFIC MISSION (STSM) IN THE IRESEARCH4BIRTH ACTION (PART 1)



Marlene Sinclair* (University of Ulster),
Olga Gouni (cosmoanelixis, prebirth psychology center), Christine Loytved (University of Osnabrueck)

Background

STSMs are about developing networking opportunities, creating new knowledge for methodological understanding and gaining new research knowledge.

Aim

The aim of this presentation is to explore the value of completing an STSM and describe the process.

The session will be in two discrete parts:

Part One:

Key tips for completing a good application form and writing a good report. Emphasis will be placed on how to write a good application form with clear aims and objectives and how to maximize the learning outcomes.

Examples will be drawn from the current Action to

illustrate how to write a good evaluation report and how to work in partnership with the host organization.

Part Two:

"Living the Dream" will be a personal journey from application to successful mission and will explore the personal, professional and academic learning that ensued for one candidate on the STSM committee.

Submission ID: 189

Session: Short Term Scientific Missions
STSM (3)

Venue: Building D, D 0.03

Time: 14.45, Thursday, 10th April

Format: Oral





UNDERTAKING A COOPERATION OF SCIENCE AND TECHNOLOGY (COST) SHORT TERM SCIENTIFIC MISSION (STSM) IN THE IRESEARCH4BIRTH ACTION (PART 2)



Marlene Sinclair* (University of Ulster),
Olga Gouni (cosmoanelixis, prebirth psychology center), Christine Loytved (University of Osnabrueck)

Background

STSMs are about developing networking opportunities, creating new knowledge for methodological understanding and gaining new research knowledge.

Aim

The aim of this presentation is to describe the assessment and evaluation of the STSM process.

The session will be in two discrete parts:

Part One:

Will present a profile of the STSMs for this COST ACTION and will summarize the perceived benefits of these missions for the individual, their Working Group and the overall COST Action.

Part Two:

This section will offer a platform for the most recent STSM candidates to share their experience of undertaking an STSM and will encourage debate and discussion with the audience about how to improve the process and the outcomes from STSMs in the future.

Submission ID: 190

Session: Short Term Scientific Missions
STSM (3)

Venue: Building D, D 0.03

Time: 15.15, Thursday, 10th April

Format: Oral









A MIDWIFERY MODEL OF CHILDBIRTH CARE - DEVELOPMENT AND IMPLEMENTATION IN SWEDEN AND ICELAND



Marie Berg*

(Professor in Health Care Sciences specialising reproductive and sexual health, Head of Midwifery Program and of research program, Institute of Health & Care Sciences, Sahlgrenska Academy, University of Gothenburg, Sweden.), Olof Asta Olafsdottir (Assistant professor, Department of Midwifery, University of Iceland.), Ingela Lundgren (Professor, Head of Institute of Health Care Sciences, Sahlgrenska Academy, University of Gothenburg, Sweden.)

Introduction

Theoretical models are important as tools for guiding health care practice, also when optimising quality of maternity care.

Aim of study:

The aim was to identify and implement an evidence based woman centred midwifery model of childbirth care in the cultural context of Sweden and Iceland.

Research methodology:

With a qualitative hermeneutic approach a woman centred model of care was developed by a synthesis and meta-interpretation of own published qualitative studies (n=12) about women's and midwives' experiences of child birthing. For purposes of validity and reliability the model was assessed in six focus group interviews with

practising midwives (n=30). For implementation of the model in praxis we had discussions with midwives in practice and with midwifery teachers.

Ethical approval

Ethical approval was obtained in the earlier studies.

Study findings:

The model includes five main themes. Three central intertwined themes with sub-themes that involve interactions with each woman and family are: a reciprocal relationship; a birthing atmosphere; and grounded knowledge. The remaining two themes around the others, which likewise influence care, are the cultural context with hindering and promoting norms of a midwifery approach and the balancing act in basing work on midwifery philosophies, facilitating woman-centred



maternity care in cooperation with other health professionals. Implementation and evaluation of this salutogenic woman centred midwifery model is in progress.

Conclusion:

In an era of rising technicality, the model with its balanc-

ing act could have positive impact on provision and outcome of childbirth care, raise normality of all birth and interdisciplinary care. This midwifery model of care could be a broad theoretical framework in maternity care and applied to other cultural contexts for the benefit of the women, babies and families.

Submission ID: 131

Session: Poster Presentations – PP (1)

Venue: Nelson Mandela foyer

Time: 13.15, Wednesday, 9th April

Format: Poster



ASSOCIATION OF MODE OF DELIVERY AND NEONATAL MORTALITY AND MORBIDITY: A COHORT STUDY IN BRAZIL

Luis Carlos MacHado Júnior*,
Pedro Ferreira Awada, Paulo Caruso, Marilandi Marcolin, Jorge Washington Zamboni, Emerson Oliveira,
Wirley Munhoz, Ricardo Zanetti Giunta, Cristian Eric Sevrin, Mauro Sancovski, José Carlos Araújo (Faculty of
Medicine of ABC, Santo André, state of São Paulo, Brazil), Heráclito Barbosa de Carvalho (Faculty of Medicine,
University of São Paulo, Department of Preventive Medicine, São Paulo, state of São Paulo, Brazil)



Context & objective

There is a great concern about the raising rates of cesarean sections across the world. Important aspects of this discussion are maternal and neonatal risks related to mode of delivery.

Purpose:

To study association of mode of delivery with neonatal mortality and morbidity in term pregnancy.

Design & Setting

Cross sectional retrospective study in a public teaching hospital in Santo André, São Paulo, Brazil.

Methods

Births from single pregnancies with 37 or more weeks, from January 2003 to March 2004 (1471 births). Data were collected from medical records. We named

elective cesarean those performed before labor.

Analyses conducted:

Cesarean vs. vaginal, elective cesarean vs. cesarean in labor, elective cesarean vs. trial of labor, elective cesarean vs. laboring women. Exclusions: abruption, fetal malformations and fetal death.

Outcomes studied:

Neonatal deaths, jaundice, Apgar score below 5 in the fifth minute, mechanical ventilation for more than 24 hours, convulsions, meconium aspiration syndrome, trauma and late discharge. Maternal variables assessed to control for confounders: age, parity, previous cesareans, hypertension (chronic or preeclampsia), diabetes (overt or gestational), heart disease, anemia, infection with HIV, placenta previa. Utilized the chi square test, and logistic regression for multivariate



analysis. Level of significance of 5 %.

Ethical approval

Study approved by the Committee of Ethics on Research under number 40/05.

Results:

We found a significant negative association of elective cesarean with the outcomes: neonatal deaths, "any neonatal complication" and "any neonatal complication plus deaths". Adjustment for confounders made the associations stronger. Example: elective cesarean vs. laboring women for the outcome "any neonatal

complication", adjusted odds ratio (OR) = 0.59; confidence interval (CI) 0,31-0,89; elective cesarean vs. trial of labor for "any neonatal complication plus deaths", OR = 0.46; CI 0.28 – 0.78.

The analysis cesarean vs. vaginal (actual mode of delivery) showed no significant differences in the outcomes.

Conclusion:

It was found a negative association of elective cesarean with neonatal mortality and morbidity in term pregnancy, compared with trial of labor, laboring women and cesarean in labor.

Submission ID: 146

Session: Poster Presentations – PP (1)

Venue: Nelson Mandela foyer

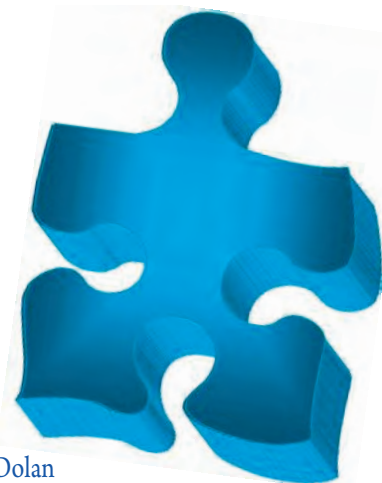
Time: 13.15, Wednesday, 9th April

Format: Poster



COMPARING CENTERINGPREGNANCY TO STANDARD PRENATAL CARE PLUS PRENATAL EDUCATION

Ingunn Benediktsson*, Suzanne Tough, Sheila McDonald
(University of Calgary), Deborah McNeil (Alberta Health Services), Siobhan Dolan
(Albert Einstein College of Medicine of Yeshiva University)



Introduction

There is significant evidence to support the importance of prenatal care in preventing adverse outcomes such as preterm birth and low infant birth weight.

Previous studies have indicated that the benefits of prenatal care are not evenly distributed throughout the social strata.

This suggests that an alternate care model is necessary, one that seeks to address some of the myriad of social factors that also contribute to adverse birth outcomes.

In previous studies, the group prenatal care model CenteringPregnancy had been shown to reduce adverse birth outcomes, but to date, no comparison had been made with a model that included prenatal education.

Aim of the Study:

This study sought to investigate whether any significant

difference remained within the comparison groups when both models accounted for social factors.

Research Methodology:

This analysis was based on survey data collected from a prospective cohort of pregnant women in Calgary, Alberta.

Ethical Approval:

The study was approved by a university health research ethics board.

Study Findings:

At baseline, there were significant differences between the comparison groups in their psychosocial health, with the women in the CenteringPregnancy group scoring higher levels of depressive symptoms, stress and anxiety.

At four months postpartum, the differences between the groups were no longer significant.



Conclusions:

These results suggest that CenteringPregnancy can recruit and retain a demographically vulnerable group of women with a constellation of risk factors for poor pregnancy and birth outcomes, including poverty, language barriers and poor mental health. Post program, the rates of stress, anxiety and depression were similar to other women with more social and financial advantage. To

date, no studies have been conducted that compared CenteringPregnancy to a model of prenatal care that included an educational curriculum and strategies to encourage the formation of social support networks. These findings suggest that CenteringPregnancy may be a community based care strategy that contributes to improved mental health, knowledge, and behaviours to optimize outcomes for mothers and children.



DEVELOPING A KNOWLEDGE TRANSFER TOOLKIT FOR COST ACTION IS0907

Karin Minnie*, Christa van Der Walt (North-West University, South Africa),
Kleopatra Alamantariotou (School of Nursing and Midwifery, Trinity College Dublin, Dublin 2, Ireland),
Michaela Michel-Schuldt (Midwifery Research and Education Unit, Hannover Medical School, Germany)



Background:

A systematic review that was done to identify strategies that can be used to transfer knowledge to those that may benefit from it, found that the choice of specific strategies will vary because of the complexity of the characteristics of the knowledge, context, target audience etc.

Articles published in scientific journals or presentations at conferences are the most common dissemination methods. These methods of dissemination are usually only effective to transfer knowledge to other researchers interested in the same topic. Various tools are available that can be used to assist researchers on how best specific research knowledge can be 'packaged' for specific audiences such as practitioners, policymakers or the public.

Aim:

The knowledge transfer group was tasked to develop a toolkit to enable researchers to select the most appropriate

mix of strategies for their specific circumstances.

Methods

An extensive literature search resulted in a variety of well-acknowledged KT literature. In compiling the toolkit credit was given to all these documents.

Contributors in the KT team have extensive experience of working in international collaborative research teams and much of what is presented reflects not only the literature review, but also our collective knowledge and experiences.

Findings

Thirty-two tools were categorised in the following groups: (1) Tools to assist with planning knowledge transfer, (2) Tool to clarify the message, (3) Tools to adapt the message for the audience, (4) Tools to select the most appropriate format to transfer the message and



(5) Tools to evaluate the effect of the KT process. Some of the tools could be used in more than one step. Researchers can select the appropriate tools that fit their aim.

Conclusion

The Toolkit can be used by researchers to clarify how

and what about their research should be shared and who can benefit from it, over and above from publishing their findings in peer-reviewed journals or delivering papers at conferences.

The toolkit is currently being used and refined as the other working groups start to develop and implement their KT plans.

Submission ID: 86

Session: Poster Presentations – PP (1)

Venue: Nelson Mandela foyer

Time: 13.15, Wednesday, 9th April

Format: Poster



HIGH DOSE VERSUS LOW DOSE OXYTOCIN FOR AUGMENTATION OF DELAYED LABOUR, A RANDOMIZED CONTROLLED TRIAL



Lotta Selin*

(Department of Obstetrics and Gynecology, NU-Hospital Group, Trollhättan, Sweden), Marie Berg (Institute of Health and Care Sciences, Sahlgrenska Academy, University of Gothenburg, Sweden), Ulla-Britt Wennerholm (Department of Obstetrics and Gynecology, Institute of Clinical Sciences, Sahlgrenska University Hospital, Gothenburg, Sweden), Gunnar Wallin (Department of Obstetrics and Gynecology, Sahlgrenska University Hospital, Gothenburg, Sweden), Elisabeth Almström (Department of Obstetrics and Gynecology, NU-Hospital Group, Trollhättan, Sweden), Anna Dencker (Centre for Person-centred Care, Institute of Health and Care Sciences, Sahlgrenska Academy, University of Gothenburg, Sweden), Max Petzold (Akademistatistik- Centre for Applied Biostatistics, Occupational and Environmental Medicine, University of Gothenburg, Gothenburg, Sweden)

Introduction

Delay in labour due to ineffective uterine contractions is a major problem in obstetric care and a main reason for the increased rate of caesarean deliveries, particularly among nulliparous women. Infusion with synthetic oxytocin is a commonly used treatment of hypotonic uterine contractions however there is a gap of knowledge concerning which dosage of oxytocin should be used, both starting dose and increment dose of oxytocin.

Aim of the study

The aim is to compare starting dose and increment of amount of oxytocin for augmentation of delayed labour to determine whether augmentation by high dose of

oxytocin improves labour outcomes compared with a low dose of oxytocin, without affecting neonatal or maternal outcomes including birth experiences negatively.

Research methodology

In a randomized double-blind controlled trial conducted in three labour wards in Sweden, consenting nulliparous women in active labour and with a defined delayed progress are randomized to receive a regimen of either high dose or low dose of oxytocin (33.2 respectively 16.6 microgram oxytocin in 1000 ml isotone saline solution). Randomization will be computer-generated, with allocation concealment by a coding system. Primary outcome is caesarean delivery rate.



Based on a sample size calculation ($\alpha=0.05$, $\beta=0.80$), a minimum of 688 women will be included in each group in order to reduce caesarean section rate from 17.5 % to 12 %.

Ethical approval

The study is approved by the Regional Ethics Board in Gothenburg (Dnr: 090-12), and by the Medical Products Agency–Sweden (Eudra-CTnr:2012-000356-33).

Study finding

This poster will describe the study protocol and the first

period of data collection.

Results will concern

- 1) maternal and fetal outcomes in randomized groups, and
- 2) maternal overall childbirth experience including labour pain.

Conclusion

The study will contribute to establishment of evidence-based routines regarding oxytocin treatment of delayed labour progress.



INTIMATE PARTNER VIOLENCE AND PREGNANCY: A SYSTEMATIC REVIEW OF INTERVENTIONS

Van Parys An-Sofie*

(Ghent University, Department of Obstetrics and Gynaecology (ICRH, FWO)),
Verstraelen Hans, Temmerman Marleen (Ghent University, Department of
Obstetrics and Gynaecology)



Background

Intimate partner violence (IPV) around the time of pregnancy is a widespread global health problem with many negative consequences. Nevertheless, a lot remains unclear about which interventions are effective and might be adopted in perinatal care.

Objective

The objective is to provide a clear overview of the existing evidence on effectiveness of interventions for IPV around the time of pregnancy.

Methods

Following databases PubMed, Web of Science, CINAHL and the Cochrane Library were systematically searched and expanded by hand search. Our search was limited to English peer-reviewed randomized controlled trials published between 2000 and 2013. We included all types of interventions aiming to reduce IPV around the time of pregnancy as a primary outcome, and as

secondary outcomes to enhance physical and/or mental health, quality of life, safety behavior, help seeking behavior, and/or social support.

Results

We found few randomized controlled trials evaluating interventions for IPV around the time of pregnancy. Moreover, the nine studies identified did not produce strong evidence that certain interventions are effective. Nonetheless, home visitation programs and some multifaceted counseling interventions did produce promising results. Five studies reported a statistically significant decrease of physical, sexual and/or psychological partner violence (odds ratios from 0.47 to 0.92).

Limited evidence was found for improved mental health, less postnatal depression, improved quality of life, fewer subsequent miscarriages, and less low birth weight/prematurity. None of the studies reported any evidence of a harmful effect of the interventions.





Conclusions and implications

Strong evidence of effective interventions for IPV during the perinatal period is lacking, but some interventions

show promising results. Additional large-scale, high-quality research is needed to provide further evidence about the effect of certain interventions.



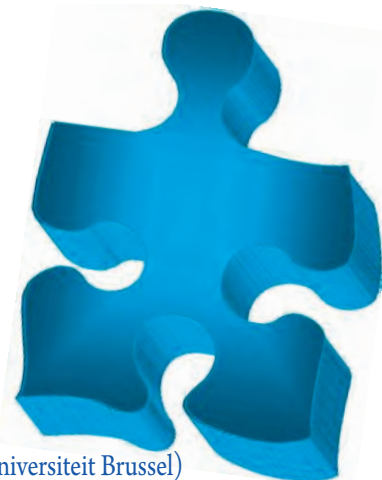
Submission ID: 111
Session: Poster Presentations – PP (1)
Venue: Nelson Mandela foyer
Time: 13.15, Wednesday, 9th April
Format: Poster





LATE START OF PRENATAL CARE IN A WESTERN COUNTRY: THE MOTIVES OF DELAY AND THE MEASUREMENTS AGAINST IT

Hoogewys Annemarie*
(University College Arteveldehogeschool Gent), Vanden Broeck Jana (Vrije Universiteit Brussel)



Introduction

Introduction: An important aspect of adequate prenatal care is a timely start with a first checkup before 14 weeks of gestation. In high income countries, deprived women are at risk for not achieving this goal.

Aim of the study:

In order to find effective measurements, this study explores thinking patterns, barriers and motivating factors that deprived women experience signing up late for prenatal care.

Methodology:

The research uses literature study and qualitative method of inquiry. Possible causes preventing adequate access to care were identified from models of access to care in general and were put into a thematic code list. Consent from the ethical committee was obtained.

From January till September 2011, deprived pregnant women who signed up after fourteen weeks of preg-

nancy were recruited from an antenatal clinic in a western multicultural city. An in-depth interview with 15 participants of different origin, education, age and background was conducted in the participant's choice of location, usually their home. Transcription of these interviews was coded separately by two investigators with the codes derived from literature. Analysis focused on counteracting the barriers involved.

Findings:

Barriers can be arranged chronologically from the start of the pregnancy to the first visit. Admission to prenatal care is the ultimate result of a multifactorial process "against the clock" that starts with the awareness of pregnancy and culminates after a long-term wandering in the first consultation. Both inner delays (awareness of pregnancy, perceived benefit versus perceived severity) and external delays (personal and general accessibility) cause impediments. Opposite to this multifactorial model several preventive counteractions can be taken.





Conclusion:

Active invitation of deprived women by an organized multidisciplinary group of caretakers, education about

pregnancy symptoms and the importance of early prenatal care and free access to prenatal care are important tools to improve a start in time.



Submission ID: 145
Session: Poster Presentations – PP (1)
Venue: Nelson Mandela foyer
Time: 13.15, Wednesday, 9th April
Format: Poster





MOTHERS' EXPERIENCES OF A STAY IN AN ICU AFTER A COMPLICATED CHILDBIRTH

Åsa Engström*, Inger Lindberg
(Luleå University of Technology)



Introduction

Background: To be cared for in an intensive care unit (ICU) after a complicated childbirth is often an unplanned and transforming experience and there is lack of studies describing mothers' experiences of this phenomenon.

Aim:

The aim of this study was to describe experiences of becoming a mother after a complicated delivery and a stay in an ICU.

Method:

Critical care nurses from the ICU recruited mothers, in accordance with the purposive sample criteria, i.e. that they had a complicated delivery that involved a post-operative stay in an ICU, remembered the delivery and their stay in the ICU and could talk about their experiences.

Qualitative approach using individual face-to-face inter-

views were conducted with 8 mothers. The interview texts were subjected to qualitative thematic content analysis. The interviews were rich in content and described similar experiences, which created a pattern that we found adequate to serve as a basis for the findings.

Ethical approval:

The study was conducted according to the Ethical Review Act (The Ministry of Education and Cultural Affairs, 2003:460) and approved by the Regional Ethics Board (Dnr 09-098M).

Findings:

Becoming a mother after a complicated delivery entails a stay in an ICU is a demanding experience. The mothers, and their families, need support and encouragement from the health care staff throughout their hospital stay, and sometimes afterwards.

There is need for mothers to be supported, receive information especially about the baby and to have one's





family close by, even when not critically ill in an ICU.

In summary, how the new family is met by the staff is of great importance.

Conclusion and relevance to clinical practice:

There is a need to receive information; especially about the baby, and to have one's family close by, when in an ICU despite illness severity.





SALUTOGENICALLY FOCUSED OUTCOMES IN SYSTEMATIC REVIEWS OF INTRAPARTUM INTERVENTIONS: A SYSTEMATIC REVIEW OF SYSTEMATIC REVIEWS



Valerie Smith*,
Deirdre Daly (Trinity College Dublin), Ingela Lundgren (University of Gothenburg), Tine Eri
(Vestfold University College, Norway), Carina Benstoem (Hannover Medical School), Declan Devane (National
University of Ireland, Galway)

Introduction

Salutogenesis explores health systematically in terms of movement along the health continuum, thereby eliminating a distinct dichotomy of being in a state of health or being in a state of disease. Currently there is little understanding of what constitutes salutogenically focused outcomes in maternity care. In evaluating current maternity care intrapartum intervention-based research, a systematic review of reviews, to determine the type and number of salutogenically-focused reported outcomes, was performed.

Aim:

To present the findings of this systematic review of systematic reviews.

Methodology:

Systematic reviews of randomised trials of intrapartum

interventions were eligible for inclusion. Protocols for systematic reviews and systematic reviews that had been withdrawn were excluded. Issue 9, 2011 of the Cochrane Database of Systematic Reviews was searched for all reviews published by the Cochrane Pregnancy and Childbirth Group using the group filter "hm-preg".

At least two review authors independently reviewed each review for inclusion and extracted the data using a purposively designed data extraction form. Any disagreements were resolved through within pair discussions or deferral to the team for consensus.

Unique lists of salutogenically-focused and non-salutogenically-focused outcome categories were identified.

Ethical approval:

Not applicable.



Findings:

A total of 102 reviews were included. 135 salutogenically-focused outcomes were identified and collapsed into 16 outcome categories. Examples include maternal satisfaction, spontaneous vaginal birth, maternal parenting confidence and breastfeeding. 1632 non-salutogenically-focused outcomes, collapsed into 49 outcome categories, were identified. Examples include preterm birth, instrumental birth and neonatal death.

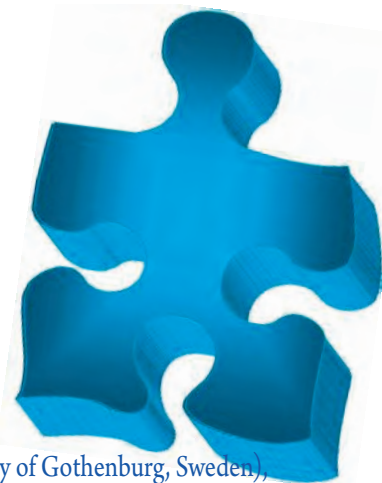
Conclusion:

The findings of this review support the hypothesis that the effectiveness of intrapartum interventions is measured against adverse outcomes rather than increases in measures of health and wellbeing. Given the relative absence of salutogenically-focused reported outcomes identified in this systematic review of reviews, the development of a core dataset of salutogenic outcomes for reporting in maternity care research, is recommended.



STAKEHOLDER ENGAGEMENT AND THE DIFFUSION OF CHILDBIRTH KNOWLEDGE: EXPERIENCES OF THE COST PROJECT

Joanna White* (Centre for Research in Anthropology (CRIA-IUL), Lisbon),
Maria Schouten (University of Beira Interior, Portugal), Marie Berg (University of Gothenburg, Sweden),
Claudia Meier Magistretti (University of Lucerne, Switzerland)



Aim:

A vital element of COST Action IS0907, "Childbirth Cultures, Concerns and Consequences: Creating a Dynamic EU Framework for optimal maternity care", was the engagement of service users and other stakeholders in the knowledge transfer associated with the Action. Strategic national seminars which took place in Sweden, Switzerland and Portugal between 2011 and 2013 and were attended by a range of local stakeholders and international COST members, prove to be an important vehicle for the sharing of experiences of childbirth cultures within and across countries as well as the dissemination of current ideas on best practice and salutogenic birth.

These events involved, variously, women of reproductive age, representatives of civil society organisations concerned with pregnancy and childbirth, midwives, obstetricians, maternity unit managers, policy makers, and academics from the fields of midwifery, maternal

health, sociology and anthropology.

This presentation will give a multi-media flavour of the proceedings of the seminars, including the debates which occurred around "optimal" birth. A broader aim is to highlight how intra- and inter-country exchange on childbirth through public events can be catalysed by initiatives such as the COST Action.

Medium:

A cross-over between an artistic presentation and an informative poster, including text, photography, video and sound.

Description of content:

A poster-style stand will provide a visual entrypoint, presenting textual and photographic extracts of the events and their outcomes. Digital sound recording will share elements of the debates which took place. Selected video presentations from the seminars related to normal birth





will be shared on a loop. The audience will be invited to provide their feedback either in writing or video; these responses will become part of the presentation.

This presentation can be made during break periods when the organisers of the seminars will be available to answer questions and interact with the audience.



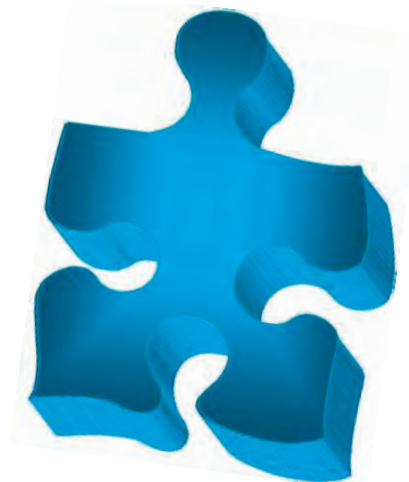
Submission ID: 160
Session: Poster Presentations – PP (1)
Venue: Nelson Mandela foyer
Time: 13.15, Wednesday, 9th April
Format: Poster





STRATEGY FOR ASSISTANCE AT NORMAL CHILDBIRTH. RELATED INDICATORS AND CHILDBIRTH HUMANIZATION IN CATALONIA, SPAIN

Josefina Goberna-Tricas* (Universitat de Barcelona),
Ramon Escuriet (Health Department (Catalonia), M^a Carmen Gimenez-Segura, Monstserrat Roca-Roger, Lourdes Garcia-Viñets, Immaculada Ubeda-Bonet, Carmen Caja-Lopez (Universitat de Barcelona),
Noemi Obregon-Gutierrez (Universitat de Barcelona. Hospital Parc Taulí),
Neus Garriga-Comas (St Joan de Deu Hospital, Althaia Foundation)



Introduction:

Catalan public Health System provides maternity care. A series of actions were initiated in 2008 to implement the Strategy for Assistance at Normal Childbirth. This strategy for improving childbirth care is coordinated by the Department of Health and currently involves 32 public hospitals (accredited hospitals)

Strategy purpose:

Sensitizing health professionals, promoting women's participation in decision-making and improving resourcing and care at birth

Currently a structural assessment is being performed. At the same time a research project MATER (FEM2012-33067), funded by the Spanish Ministry of Economy and Competitiveness, examines different conceptions of

humanized care and aims to identify the physical and social conditions during the birth process. Information presented in this work comes from specific institutional outcome indicators

Aim:

Identify existing structural and organizational factors in the Health System that may contribute to humanization of care at birth

Methodology:

Descriptive analysis: structure data and outcome indicators. Information source: Sanitary Establishments Survey 2010 and Hospital Discharge Database 2011.

Ethical approval

Ethical approval was received from the Committee on



Bioethics of the University of Barcelona

Preliminary results:

70% of deliveries are attended to in public hospitals. There is an important variation in the percentage of caesarean sections (CS) among public and private hospitals (Regional variation range: 19%-24% public hospitals versus 24%-48% private hospitals) this difference is maintained by controlling the percentage for the variable maternal age. Outcome indicators show non-significant differences between accredited and non-accredited public hospitals

Proportion of obstetricians, midwives and paediatricians working full-time is higher in public hospitals and non-contracted regular collaborators proportion is higher in private hospitals.

173 obstetricians and 128 midwives are currently in training. Continuous education activities are addressed to health professionals involved in maternity care (330 professionals have attended to 12 courses and 6 seminars).

Conclusions:

Changes to improve childbirth care are observed in accredited and non-accredited hospitals although non-accredited hospitals have not received economic support for equipment. Giving birth in public hospitals and full-time professionals availability is associated to lower CS percentage. Further investigation is needed to know if higher proportion of CS in private hospitals is related to other factors than medical indication.

Submission ID: 83

Session: Poster Presentations – PP (1)

Venue: Nelson Mandela foyer

Time: 13.15, Wednesday, 9th April

Format: Poster

THE GLOBAL PRENATAL INITIATIVE : 9 MONTHS TO SAVE THE WORLD!

Julie Gerland*

(Chief UN Representative for OMAEP - World Organisation of Prenatal Education Associations)



2014 is the 20th Anniversary of the United Nations International Year of Families. The Global Prenatal Initiative (GPI) is an campaign started by OMAEP's ECOSOC Commission. OMAEP, the World Organisation of Prenatal Education Associations is a non-governmental organization for prenatal education in special consultative status with the Economic and Social Council of the United Nations. The campaign, in partnership with the UN International Year of Families, aims to raise awareness of the vital importance of the long term impact of the prenatal and perinatal period for the human being.

Over three decades of scientific research show that what the mother lives during pregnancy and birth her baby lives with her. The impact of her environment, on the forming baby, through epigenetic and other factors greatly influence the life-long character, capacity to love, behavior and health of her child. Natural prenatal education empowers mothers to provide optimal conditions for her baby's harmonious and peaceful development and birth. Future mothers need the support of not only

the father of her baby, but her family, professional health care providers and also governments. OMAEP and The GPI recommend to both governments and civil society the need for this preventive approach to eliminating violence, disease, depression, suicide and the economy. This understanding and implementation of prenatal education are vital to achieving the UN goals for sustainable development and a peaceful world for all. The opening ceremony of the GPI took place in New Zealand on the 1st January 2014, grassroots, national, international events will take place around the globe ending with the closing ceremony in Hawaii as the sunsets on 31st December.

<http://globalprenatalinitiative.org>

<http://omaep.com>

<http://naturalprenataleducation.com>

Submission ID: 34

Session: Poster Presentations – PP (1)

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THE EXPERIENCE OF UNWANTED CESAREAN SECTION TO BRAZILIAN WOMEN: PERSPECTIVES ON WOMEN'S DECISIONS AND THEIR IMPLICATIONS FOR LABOR AND BIRTH



Heloisa De Oliveira Salgado*, Carmen Simone Grilo Diniz
(Universidade de São Paulo - Faculdade de Saúde Pública)

According to the literature, 70-80 per cent of women who underwent a cesarean wanted a normal delivery in early pregnancy. Among the related factors, we identify decisions along with the team that accompanied the prenatal and labor.

We can infer that the frustration of this desire may have implications in the postpartum period, especially in relation MotherBaby, breastfeeding and postpartum mental health.

Aim:

The aim of this study was to describe and analyze the experience of unwanted cesarean section by Brazilian women seeking to a vaginal delivery and the mechanisms associated with the disagreement between the original desire (normal delivery) and the outcome (c-section) and its implications in the postpartum period, namely in breastfeeding, in the occurrence of

depression/babyblues and in bonding.

Methodology

This is a qualitative research which included filling out a script of semi-structured questions, via email, by women who take part in social media and the analysis of data from pre-determined categories and new categories that came from the analysis.

Ethical approval

This research was approved by the Ethics Committee of the University.

Findings

This study documented the routine use of inappropriate and disrespectful practices, such as the persuasion to perform a cesarean section based on threatening information, the disregard for women's physical and emotional welfare, the lack of resources and procedures



based on scientific evidence for conducting pre-natal and labor, the disrespect of the "Lei do Acompanhante" (Law of the Escort), the deprivation of contact with the baby after birth, the use of medication to sedate women after childbirth among other occurrences analyzed under the perspective of the obstetric violence.

The process that leads women to an unwanted cesarean

section is marked by an assistance that virtually precludes the possibility of female protagonism and informed choice, prioritizing convenience and needs of the team and the institution, with significant emotional impact on the post delivery and the MotherBaby relationship.

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TWO SIDES OF BREASTFEEDING SUPPORT: EXPERIENCES OF WOMEN AND MIDWIVES

Caroline Bäckström*, Anette Ekström, Elisabeth Hertfelt Wahn
(School of Life Sciences, University of Skövde, Skövde, Sweden)



Introduction:

Midwives' support in breastfeeding in maternity wards has been proven to provide an impact on women's breastfeeding experiences. In previous studies women describe professional support unfavourably, with an emphasis on time pressures, lack of availability or guidance, promotion of unhelpful practices, and conflicting advice.

Aim:

The present study aims to investigate women's experiences and reflections of receiving breastfeeding support and midwives' experiences and reflections of giving breastfeeding support.

Research methodology:

This study was carried out in a county in south western Sweden during 2003-2004. A qualitative method, content analysis, was chosen for the study. The data was collected through interviews with women as well as interviews with midwives who were experienced in

breastfeeding support.

Ethical approval:

Approval was received from the Regional Ethics Committee before data collection started.

Study findings:

The women's and midwives' experiences and reflections of receiving and giving breastfeeding support were conceptualized as one main theme: "Individualized breastfeeding support increases confidence and satisfaction." This theme contained three categories: "The unique woman," "The sensitive confirming process," and "Consistency of ongoing support."

In order to feel confident in their new motherhood role, the women wanted more confirmation as unique individuals and as breastfeeding women; they wanted to be listened to; and they wanted more time, understanding, and follow-up from health professionals.



In contrast, the midwives described themselves as encouraging and confirming of the women's needs.

Conclusion:

If health care professionals responded to the woman's unique needs, the woman felt that the breastfeeding

support was good and was based on her as an individual, otherwise a feeling of uncertainty emerged. The midwives, however, expressed that they gave the women individual support, but they also expressed that the support came from different points of view, because the midwives interpreted women's signals differently.



URINARY INCONTINENCE (UI) AND FAECAL INCONTINENCE (FI) IN PRIMIPAROUS WOMEN BEFORE AND DURING PREGNANCY

Deirdre Daly*,
Cecily Begley (Trinity College Dublin, Ireland), Mike Clarke (Queen's University Belfast)



Introduction

Three months postpartum, 1 in 3 first-time mothers experience UI and 1 in 12 experiences FI. Less is known about continence status before and during pregnancy.

Aim of the study

The MAMMI (Maternal health And Maternal Morbidity in Ireland) Study is exploring the health and health problems experienced by first-time mothers up to 12 months postpartum. This presentation will focus on the prevalence of UI and FI before and during early pregnancy.

Research methodology

The MAMMI study is a mixed method design comprising a cohort study with primiparous women using self completed surveys, data extraction from women's records and interviews with a sub-sample of women

experiencing morbidities postpartum. Women attending an urban maternity hospital in Dublin are invited to participate at their first booking visit. Eligibility criteria are primiparous women aged 18 years or over who can read and understand English. The study commenced in February 2012.

Ethical issues

The university and site hospital granted Research Ethics Committee approval.

Study findings

Sixty eight percent (n=1092) of the target sample size of 1600 women have been recruited by December 2013. The prevalence of stress UI rose from 21.6% before pregnancy to 31.3% in early pregnancy and the prevalence of urge UI decreased from 24.2% before pregnancy to 20.4% in early pregnancy.



The prevalence of soiling underwear decreased from 8.1% before pregnancy to 3.2% in early pregnancy.

Leakage of liquid and solid stool rates decreased from 4% and 1.3% before pregnancy to 3.1% and 0.9% in early pregnancy.

Conclusion

UI and FI are not normal but preliminary findings show that they are common before and during early pregnancy in primiparous women. Opportunities for promoting urinary and faecal continence exist, particularly in the early antenatal period.



WHAT DO WOMEN REALLY UNDERSTAND ABOUT FETAL ANOMALY SCREENING ?

Angela Williamson* (University of West London)

Purpose

The purpose of this research study is to explore women's understanding of the information given by healthcare professionals and the role of informed consent relating to fetal anomaly screening.

Data from phase 2 will be entered into SPSS for statistical analysis to explore relationships between women's understanding and their decisions. Healthcare professionals have an ethical and professional obligation that incorporates information provision and discussion so that women are able to make an informed decision.

Method

Ethical approval is being sought for this mixed method study which consists of two phases.

Phase 1 will be qualitative and comprise phenomenological interviews with a purposive convenience sample of healthcare professionals. Using an unstructured open-ended interview, this will explore the relationship between information given by the healthcare professionals and the decision made by women offered fetal anomaly screening.

Phase 2 will be a quantitative questionnaire, devised

from the concepts emerging from phase 1 of the study given to a purposive convenience sample of women pre and post fetal anomaly screening.

Data Analysis

Data from phase 1 will be analysed with a constant comparative method using Colaizzi's (1978) methodology. Clusters of themes will be organised in order to develop a detailed description of the healthcare professionals lived experienced of the information given to women pre and post screening.

Data from phase 2 will be entered into SPSS for statistical analysis.

Proposed Outcome

The findings from the study will be used to review and develop international and national guidelines for fetal anomaly screening and to deliver best practice.

Submission ID: 37

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Venue: Nelson Mandela foyer

Time: 13.15, Wednesday, 9th April

Format: Poster







A SYSTEMATIC REVIEW IDENTIFYING OUTCOMES TO MEASURE THE EFFECT OF OXYTOCIN USED IN TREATING DELAY IN LABOUR

Cecily Begley* (Trinity College Dublin),
Mechthild Gross (Midwifery Research and Education Unit, Hannover Medical School, Germany),
Anna Dencker (Centre for Person-Centred Care (GPCC), Institute of Health and Care Sciences, Sahlgrenska
Academy, University of Gothenburg), Carina Benstoem (Midwifery Research and Education Unit, Hannover
Medical School, Germany), Marie Berg (Sahlgrenska Academy, University of Gothenburg), Declan Devane
(National University of Ireland, Galway)



Background:

Different outcome measures have been used in studies examining the effects of oxytocin used to treat delay in labour. Comparison of study results is thus difficult, and evidence is inconsistent.

Aims of review:

To identify outcomes, including salutogenic, positive, health-focussed outcomes, used in systematic reviews and randomised trials designed to measure the effectiveness of oxytocin used to treat delay in labour. This review was supported by the European Commission under COST Action:IS0907.

Search and review methodology:

A comprehensive search strategy was employed, and eight relevant citation databases were searched up to Jan-

uary 2013. Randomised trials, and systematic reviews of randomised trials, that measured effectiveness of oxytocin in treating delay in labour were included. Trials comparing different action lines on partograms or active management of labour were excluded.

Two reviewers screened a total of 1918 citations identified and data were extracted independently. No results were to be used, therefore no quality assessment of papers was required. Five systematic reviews and 26 randomised trials were included. Primary and secondary outcomes were recorded and frequency distributions calculated.

Findings:

Primary outcomes used most frequently were caesarean section (n=15, 46%), labour length (n=14, 42%), measurements of uterine activity (n=13, 39%) and mode of



vaginal birth (n=9, 27%). Maternal satisfaction was identified a priori by only one review and included by four papers as a secondary outcome. No further salutogenic or positive health-focussed outcomes were identified.

Conclusions:

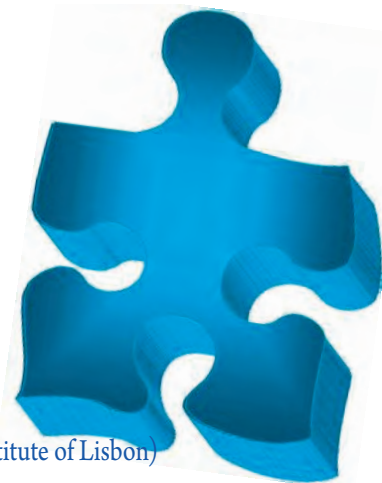
Heterogeneous outcomes were used to measure the effectiveness of oxytocin in treating delay in labour. Addi-

tional salutogenic, women-centred and health-focussed outcomes should be included in future randomised trials of oxytocin used as a treatment for delayed labour. An improved focus on salutogenesis in childbirth may result, with potential for increased resilience in women. A core outcome dataset, based on evidence and applicable for evaluating the effects of oxytocin in prolonged labour, should be generated to support future research.

BRINGING BIRTH BACK HOME – THE OPTION OF A DEINSTITUTIONALISED BIRTH IN PORTUGAL

Mario Santos*

(Center for Research and Studies in Sociology (CIES) from the University Institute of Lisbon)



In the hospital there is generally little space for women's choices, but the reduction of infant and maternal mortality has served both as a flag of the success of obstetrics and as a ground for the development of a medical culture of intervention. In recent years, the return of home births seems to defy the established model of childbirth. In fact, in Portugal, this option is not publicly funded and has raised some debates between different health professionals and professional organisations.

Aim

This study aims to comprehend the option and the experience of a home birth in the contemporary Portuguese society. The experience and its meanings are the research objects, so a qualitative approach was chosen. Eighteen semi-structured interviews were conducted with women and couples across the country.

Ethical approval

This research project, including its ethical remarks, was approved by its host university. Plus, a formal informed

consent was signed by each participant.

Findings

The option of a home birth can be described as a reflexive process through which women could integrate the pregnancy in their biography, in a search for identity coherence. A personalised set of resources is mobilised, with different degrees of compliance with the conventional care.

Although the hospital is medically assumed as the less risky place to give birth, in this study it is mentioned as a place full of risks.

Not the place, but the control women have over birth seems to be one of the most relevant factors. When happening under woman's control, home birth is described as a fulfilling, powerful and empowering experience.

The diversity of processes and experiences described in a home birth is clearly incompatible with the normalis-



ing systems of control found in the hospital. This incompatibility drives birth into a new direction: a deinstitutionalisation movement that rejects the centrality of medical practice has conquered over pregnancy and birth.

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Session: Poster Presentations – PP (2)
Venue: Nelson Mandela foyer
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Format: Poster





CAESAREAN SECTIONS AND MATERNAL MORTALITY IN SAO PAULO

Luis Carlos MacHado Júnior*
(Faculty of Medicine, University of São Paulo, Department of Preventive
Medicine, São Paulo, state of São Paulo, Brazil), Samuel Kilstejn
(Pontifícia Universidade Católica de São Paulo)



Objectives

To evaluate the association of caesarean section with demographic data in all births in São Paulo State, Brazil. To study maternal mortality associated with mode of delivery in the public sector (Sistema Único de Saude, SUS) in the same region.

Study design

It was conducted a cross sectional study with all births in both public and private sectors for 2003 (610,630 births) and with all births in the public sector for 2001–2003 (1,153,034 births).

Data were derived from Public Health Registers of the State of São Paulo. It was used the odds ratio (OR) and logistic regression for multivariate analyses. It was assumed a p value of 0.05.

Results

In 2003, the caesarean section rate was 32.9% in the pub-

lic sector, and 80.4% in the private sector. It was found important independent associations of caesarean with higher education, married status, seven or more prenatal visits and maternal age 25 years or more.

Example: adjusted OR = 2,6; confidence interval of 95% (CI) 2.6 – 2.7 for 12 or more years of education; adjusted OR = 2,2; CI 2.2 - 2.3 for seven or more prenatal visits.

In the public sector, it was found an association of caesarean with maternal mortality, compared with vaginal delivery, OR = 3.3 (CI 2.6–4.3), adjusted for maternal age, hypertension and other disorders and complications.

Conclusions

The State of Sao Paulo presented a high caesarean section rate in the private sector. Considering both public and private sectors together, caesarean sections were



associated with demographic variables that could be considered markers of higher income level. Caesarean section compared to vaginal delivery in the public sector presented higher risk for mortality, even when adjusted for hypertension, other disorders and complications, as well as for maternal age.



CAN A CLINICAL SCREENING TOOL BE ADAPTED FOR USE AS A MEASURE OF WELLBEING: INVESTIGATING THE GHQ-12 IN A POSTPARTUM POPULATION?



Carmen Spiteri (University of Malta), Julie Jomeen* (Faculty of Health and Social Care, University of Hull, UK), Colin Martin (Buckinghamshire New University)

Background:

The concept of wellbeing feels intuitively synonymous with the continuum of postpartum recovery, which should be viewed as normative not pathologic.

In psychological terms, however, clinical focus has traditionally been on identification of morbidity, despite evidence of positive associations between postpartum recovery and maternal emotional wellbeing. T

his raises questions about the relevance of current assessment which seeks to predominantly identify poor psychological health, rather than focus on identifying positive adjustment and wellbeing.

Currently many validated tools aim to measure wellbeing and the related concepts of quality of life and general health. The General Health Questionnaire, 12 items (GHQ-12) is one such instrument, widely used and

globally validated to determine general non-psychiatric morbidity. Its use in postpartum settings has been documented but not without critique, particularly of scoring method and threshold.

Despite the apparent limitations of the GHQ-12 in postpartum women, in the absence of a validated measure of postpartum wellbeing and the potential congruence of the concepts of general health and wellbeing, the GHQ-12 was considered as a potentially useful instrument to assess postpartum wellbeing.

Study aim:

To adapt the GHQ-12 using a different scoring method (visual analogue scale: VAS) to determine wellbeing in a postpartum population

Methods:

The GHQ-12 was adapted to facilitate its use as a well-



being measure using VAS.

Using a within-subjects design, 124 postpartum women in Malta were recruited to complete the adapted GHQ-12 as a wellbeing measure (GHQ-12(WB)) at four time points postpartum .

The psychometric properties of the GHQ-12(WB) were explored.

Ethical approval

Local Research Ethics Committee and the participating institution approved the study.

Conclusion:

Findings generally support the reliability and validity of the GHQ-12(WB) utilising VAS scoring. Further evaluation of both the GHQ-12 and a GHQ-8(WB) is recommended.

Submission ID: 187

Session: Poster Presentations – PP (2)

Venue: Nelson Mandela foyer

Time: 13.15, Thursday, 10th April

Format: Poster



CREATING A MINDFULNESS INTEGRATED APPROACH TO OPTIMISE CHILDBIRTH

Antonella Sansone Southwood* (ISPPM Affiliation)

In our Western modern societies childbirth has lost its naturalness and become difficult and often a source of stress and depression rather than fulfilment.

The alarming rise of caesarean births, birth complications, and outcomes relating to low birth-weight are viewed as consequent to two phenomena.

Women have learned to distrust their bodies and feelings, to place their trust in outer authorities instead of their inner resources or so-called feminine qualities.

On the other hand, the introduction of more specialised doctors and electronic machines in the birth environment has led to medical control and intervention.

A male culture tends to neglect the woman's true needs and resources and disturbs the subjective reality of the complex mother-baby synchronised psychophysiological fit.

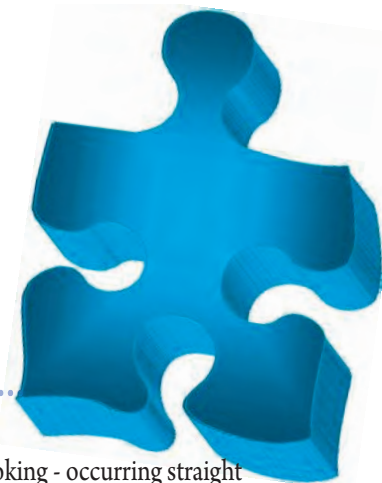
The consequences of this can be dramatic, involving the human mother-baby co-adaptive system. The mother-

baby behaviours – cooing, stroking, looking - occurring straight after a natural birth – need to unfold undisturbed and be biologically regulated to nurture and protect mother and baby.

Mother and baby need to be fully present and aware of each other. Prospective parents as well as maternity services staff need to see this purposefulness in nature and understand the delicate psychophysiological process during the perinatal period.

What prospective mothers need from conception throughout pregnancy is an environmental provision adopting a mindfulness integrated approach, which fosters their self-confidence and thus empowers their invaluable resources.

Studies have found mindfulness approaches to childbirth lead to positive outcomes for women, babies and families. In my view a mindfulness-based program including prenatal and perinatal psychology preparation for prospective parents and involving schools as well as



training courses could be the route to optimal maternity care. The changing culture of medicine is becoming more responsive to the imperative of business and technology, making a more sensitive and humane care difficult to find. Yet, there is likely to be a business advantage

to a more humane medicine revaluing the 'feminine' values: enhancing maternity care and high consideration of the mother and baby's right of natural birth can save huge money.

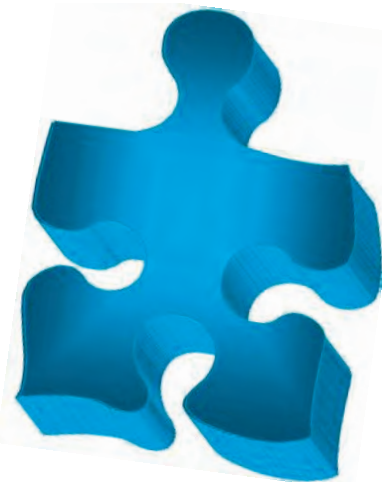
The paper includes a literature review.

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EARLY SKIN-TO-SKIN CONTACT AMONG MOTHERS AND HEALTHY INFANTS BORN BY CESAREAN IN THE OPERATING ROOM

Montserrat Pujol Abajo*,
Raquel Moreno Iglesias, Anna Rosa Pujol Requena, Enric Genover Llimona
(Hospital de Mataró- Consorci Sanitari del Maresme)



Early skin-to-skin contact involves placing the naked baby prone on the mother's bare chest at birth or soon afterwards, but always during the first 30 minutes of life. It is well known that this practice has positive effects for the mother and the newborn. In order to improve neonatal care, there are more and more hospitals that are including early skin-to-skin contact as the main healthy infants' intervention in vaginal deliveries, but unfortunately, this is not happening in cesarean deliveries.

Even though the regional anesthesia enables the mother to see and to interact with the newborn immediately, the most common practice consists in the separation of both during the first hour or even more, preventing the early mother-infant contact.

Aim

The aim of this work is to implement early skin-to-skin contact among mothers and healthy infants in the operating room in cesarean deliveries. For this reason, a new

evidence-based guide of healthy newborn attention has been developed for all types of deliveries, with a specific section for cesarean ones. In this section the main actions described are

- (i) the need to change the position of the cardiac electrodes moving them to the back of the pregnant to allow newborn-mother interaction,
- (ii) the presence of a midwife during all early skin-to-skin contact in the surgery, taking care that the mother and the baby are recovering well, and
- (iii) not disturbing the skin-to-skin contact since the first breastfeed has finished, delaying routine cares (weigh, ocular and vitamin K prophylaxis).

During the last six months, the early skin-to-skin contact has been successfully implemented in 21% of cesarean deliveries. In conclusion, although the implementation rate is still low, it is steadily increasing, and the routines





in the operating room in cesarean deliveries are changing
in favor of infants' well-being.



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EVALUATION OF THE MOTHER-TO-INFANT RELATION AND FEELING SCALE: INTERVIEWS WITH FIRST-TIME MOTHERS' FOR FEELINGS AND RELATION TO THEIR BABY THREE DAYS AFTER BIRTH



Elisabeth Hertfelt Wahn*,
Stina Thorstensson, Anette Ekström (School of Life Sciences, University of Skövde, Skövde, Sweden),
Ann Langius-Eklöf (Karolinska Institutet, KI, Stockholm, Sweden)

Introduction:

Becoming a parent is a major life-changing event that affects the parents and their relationships in many ways. Mothers' perception of their relationship with their baby might affect sensitive parenting.

Aim:

The present study aimed to explore first time mothers' feelings for and their relation to the baby associated with how they responded to the "mother to infant and feelings (MIRF) scale" as a step in the validation process of the scale.

Method:

An inductive and deductive approach inspired by the "Think aloud" method guided the study. Ten first-time

mothers were interviewed three days after birth, where open questions were used followed by questions directly from the MIRF scale items.

Ethical approval:

Approval was received from the Regional Ethics Committee before data collection started.

Findings:

The first time mothers' descriptions were conceptualized as one main category: New mothers bewilderment and anticipation which contained four categories; Natural and great but mixed, Maternal instinct and kinship, Ability and expectations and Not yet for real. When mothers responded to MIRF scale items they describe talking to their baby which they did not in their open answers.



Answering the MIRF scale helped mothers in differentiating between their own mixed feelings of becoming mothers and their relation to and feelings for the baby.

Conclusion:

The MIRF scale appears valid in reflecting important aspects of first-time mothers' feelings for and relation to their baby. The fact that mothers struggle in their new

role was also evident in their answers and could be understood as one important aspect of their perception of feelings for and relation to their baby. The MIRF scale could be used in research and when evaluating care routines. The MIRF scale items could also be used in dialogue with new mothers to support mother-to-infant interactions.



INVESTIGATION OF THE USE OF THERMOGRAPHY FOR RESEARCH AND CLINICAL APPLICATIONS IN PREGNANT WOMEN

Anastasia Topalidou*
(University of Crete, Faculty of Medicine), Soo Downe (University of Central Lancashire UK)



Introduction:

Thermography (digital infrared thermal imaging) is a non-invasive method with the ability of real-time monitoring and imaging.

It uses no radiation and no contact, is free from any limitations or contra-indications and objective. It is also a relatively inexpensive method, easy to use. Already, the method has been introduced in the clinical research area for diagnosis and prevention of various diseases.

However, to the best of our knowledge, apart from some applications of the method in the evaluation of preterm premature rupture of the fetal membranes, there are no scientific studies to investigate the use of thermography in pregnant women.

Aim

The purpose of the study is the conduction of a pilot study in healthy volunteers in order to investigate the im-

aging ability of the method and its implementation, to determine hot and cold areas and to create a "map" of temperatures' distribution (mapping) of the whole body.

Method:

A total of 15-20 healthy volunteers, aged 18-45 years, participated in the pilot study.

The measurements took place in a laboratory environment with a stable room temperature and without any external environmental interference.

All participants performed free walking at a steady pace for 10 meters, until they reached a reverse spot where they stood for 30 seconds and then returned back.

Each measurement was repeated three times.

For thermal imaging recording one infrared camera was located at a distance of one meter from the reverse line.



Ethical approval

Ethical approval was received from the study site.

Results:

The measurements will be completed on March 15.
Full findings will be presented at the Conference.

Discussion:

The pilot test of the method in healthy population will create guidelines for subsequent use in pregnant women and further study.



MATHER-CH.CH: PILOTING THE MATERNAL EXPERIENCES SURVEY (MES) QUESTIONNAIRE FOR SURVEYING WOMEN'S EXPERIENCES OF MATERNITY CARE IN SWITZERLAND



Ans Luyben*

(Women's Clinic, Spital STS AG Thun/ Department of Health Services Research, University of Liverpool),
Ruth Forster Fink (Section Health, Bern University of Applied Sciences), Sue Brailey (Middlesex University,
London), Stefan Fink (Women's Clinic, Spital STS AG Thun/ Praxis für die Frau, Spiez), Edwin van Teijlingen
(Centre for Midwifery, Maternal & Perinatal Health, School of Health and Social Care, Bournemouth University)

Introduction:

Quality of care during pregnancy, childbirth and the postnatal period has both short- and long- term effects on the health of women and families. Although medical data in Switzerland are collected, little is known about women's experiences.

Aim

The aim of this study was to develop a questionnaire for data collection in a German-speaking country and subsequently survey the experiences of women.

Methods

During the first stage of the study, the questionnaire of

the Maternal Experiences Survey (Public Health Canada) was translated, reviewed and adapted. During the second stage, a pilot study was conducted in three regions, in which data collection involved the survey combined with semi- structured one-to-one interviews with a convenience sample of women 8 to 12 months after the birth of their child. Data analysis was conducted using SPSS 18 and thematic content analysis.

Ethical approval

Ethical approval was obtained.

Findings

Sixty-one women took part in the study. Women were



satisfied with professional care provided, but emphasised lacking psychosocial and informational support. Women themselves collected information from a variety of sources; about 20% was contradictory. 54% experienced pregnancy as a strenuous time, 28% reported health problems. Ten to 20% of the women experienced physical and psychological complications up to a year after childbirth.

During childbirth, a lack of continuity of care and high intervention rates in regard to epidural anaesthesia (48%), labour induction (33%) and augmentation (32%) were reported. 87% of the women stated that they

had a positive birth experience; more than 50% however said that they wanted to change something about their birth experience. The partner was the most important source of support during the postnatal period.

Conclusion

Although this pilot study involved a small convenience sample, the results demonstrate important areas for optimising health care provision before, during and after childbirth. Routine national monitoring of the experiences of women in Switzerland up to a year after childbirth is therefore recommended.

Submission ID: 70

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Format: Poster



OPTIMUM MATERNAL CARE MUST NOT ONLY BE BIOLOGICAL BUT PSYCHOLOGICAL AND SOCIAL AND INCLUDE THE FATHER AND THE UNBORN

Ana-Regina Rodrigues*
(Prenatal and Postnatal Education Center/Company)



Introduction:

Although pregnancy is a physiological process it may bring about a psychological impact (anxiety) for the expectant couple which can negatively affect their relationship, it might influence labour as well as the baby before and after birth.

Objective:

The aim of this exploratory, descriptive study was to measure the level of anxiety through three responses (cognitive, physiological and/or motor anxiety) and four specific factors (FI- situations involving evaluation or assumption of responsibility, FII- situations of social interaction, FIII- phobic situations and FIV- everyday situations using the Inventory of Situations and Responses to Anxiety (ISRA).

To account for the father's presence at the birth and collect perinatal data from the mother and newborn in relation to the variables mentioned.

Method:

Participant criteria for inclusion in the study were to be in the seventh month of a low risk pregnancy, have no medical ailments and sign the informed consent form for the use of data from postpartum and perinatal from mother and newborn. 30 couples agreed to participate.

The sample was part of a programme for expectant parents in a private center as well as from the Public Health Center in Murcia, Southeast Spain, dealing among other variables with anxiety reduction strategies.

The Inventory of Situations and Responses to Anxiety (ISRA) and a structured interview were the tools used. The data were analyzed with SPSS, Version 11.

Results:

In the studied sample both men and women showed some degree of anxiety. There were negative correlations among the mothers' anxiety and the newborns' variables



apgar scores.

Conclusions:

Allowing for the fact that the work was done with such a small sample it is possible to conclude that it is important to teach anxiety reduction strategies to the couple during pregnancy.

We professionals in the different fields of maternity care can no longer turn a blind eye to the negative implications of anxiety in the process of pregnancy and outcome and therefore we should incorporate anxiety reduction strategies as a tool for wellbeing during this physiological process, for it benefits parents and baby.

Submission ID: 156

Session: Poster Presentations – PP (2)

Venue: Nelson Mandela foyer

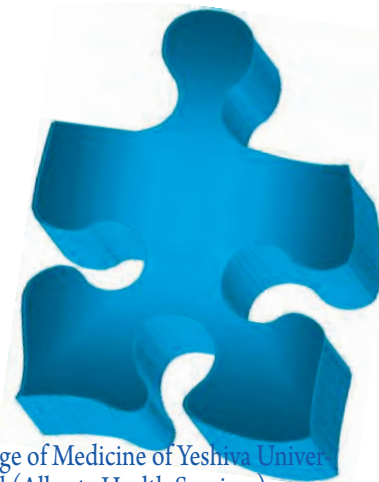
Time: 13.15, Thursday, 10th April

Format: Poster



PARTICIPATING IN CENTERINGPREGNANCY: THE EXPERIENCE OF GROUP PRENATAL CARE FOR PATIENTS, PHYSICIANS, AND EDUCATORS

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Introduction:

Pregnant women in Canada have traditionally received prenatal care individually from their physicians, with some women attending prenatal education classes. Group prenatal care is a departure from these practices, combining medical care and child birth education simultaneously in a group setting.

Although other qualitative studies have described the experience of group prenatal care, this is the first to compare the central meaning for both patients and care providers. This study is unique as it is the first to address CenteringPregnancy in a Canadian context and to feature perspectives from physicians and perinatal educators working in cooperation to provide CenteringPregnancy.

Aim of the Study:

The aim of this study was to understand the central meaning of the experience of group prenatal care for pa-

tients and providers involved in CenteringPregnancy through a maternity clinic in Calgary, Canada.

Research Methodology:

The study followed the phenomenological qualitative tradition and recruited three groups of participants. Twelve new mothers, three physicians, and four perinatal educators who had been involved in group prenatal care completed one-on-one interviews and/or group-specific validation sessions. Interviews followed an open ended, general guide and were audio taped and transcribed.

Ethical Approval:

The study was approved by a university health research ethics board.

Study Findings:

Overlapping themes emerged from each category of study participants, highlighting greater personal connec-



tions, cooperative roles, time efficiency, and information sharing. There was a different core phenomenon for each group: prenatal patients 'got more than they realized they needed,' physicians felt they were 'providing richer care,' and educators felt 'invested in success.'

Conclusions:

Patients and care providers felt prenatal care was improved through group delivery because of the devel-

opment of cooperative relationships, greater information exchange and improved time efficiency. New mothers, physicians, and educators emphasized in particular the increased support and personal connection fostered by group prenatal care. Additionally, physicians emphasized the increased time efficiency and educators emphasized improved coordination and cooperation with physicians and prenatal patients, highlighting key benefits for each type of care provider.



PREGNANCY OUTCOMES IN WOMEN AGED LESS THAN 35 YEARS OLD COMPARED TO WOMEN 35 YEARS OR OLDER WITH PREECLAMPSIA. A REGISTER-BASED STUDY.



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Introduction:

Preeclampsia is a common syndrome which is caused by multiple factors, making prevention a continuous challenge. One of the suggested risk factors for preeclampsia is advanced maternal age. In the Western world, maternal age at first delivery has been steadily increasing, yet few studies have examined women of advanced maternal age with preeclampsia.

Aim of the study

The purpose of this paper was to compare the obstetric outcomes in primiparous and preeclamptic women younger and older than 35 years.

Research methodology

The data for the study (N=690 555) is a population based cohort covering the years 1997-2008 consisting of three Finnish health registers: Medical Birth Register,

Hospital Discharge Register and Register of Congenital Malformations. The sample contained first-time mothers <35 years of age (N=15,437) compared with ≥ 35 (N=2,387) who were diagnosed with preeclampsia. In statistical analyses we used multivariate modeling to explore the outcomes.

Ethical approval

Approval for the study was obtained from the National Institute for Health and Welfare (THL).

Study findings

Women of advanced maternal age (AMA) exhibited more preeclampsia (9.4%) than younger women (6.4%). Women of AMA had higher rates of: preterm delivery before 37 weeks 19.2% (OR 1.39 CI 1.24 to 1.56) and before 34 weeks 8.7% (OR 1.68 CI 1.43 to 2.00), low Apgar scores at 5 min. 7.1% (OR 1.37 CI 1.00



to 1.88), Small-for-Gestational Age (SGA) 26.5% (OR 1.42 CI 1.28 to 1.57), Asphyxia 12.1% (OR 1.54 CI 1.34 to 1.77), Caesarean delivery 50% (OR 2.02 CI 1.84 to 2.20) and admission to a Neonatal Intensive Care Unit (NICU) 31.6% (OR 1.45 CI 1.32 to 1.60).

Conclusion

Advanced maternal age is an independent risk factor for adverse pregnancy outcomes in first-time mothers with preeclampsia.

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PREGNANT MIGRANT WOMEN IN THE CZECH REPUBLIC

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Obstetrics and Gynaecology)



Introduction:

The results of prenatal and postnatal care in the Czech Republic show excellent scores even in international assessment. But the concepts of prenatal and postnatal care mostly show prevailing purely medical approaches, neglecting in some cases the salutogenic principles. In the intrapartal period it applies particularly to interventions in the physiological processes of the birth, i.e. indications for episiotomy, C-sections. Information of mothers and families on progressive medical methods in connection with salutogenic concepts is important. Another basic task consists in solving the issue of caring for immigrant mothers.

Aims of the study

To elaborate a system of complex care for prenatal and natal provision of medical and salutogenic approaches; To gather information focused on care for pregnant immigrant women, their needs and implementation of their care in the Czech Republic; To elaborate the

organization structure of the system of care for migrant mothers and their children.

Research methodology

Secondary analysis of medical documentations of migrant mothers. The subsequent contact in the form of qualitative and narrative research - directed interview. We have compiled a questionnaire for mothers, which contained fifty questions as a basis for interview. The 172 mothers in the study were from Ukraine, Mongolia and Vietnam.

Ethical approval

The study was approved by the Ethics Committee, Faculty of Health and Social Studies University of South Bohemia in the Ceske Budejovice, Czech Republic.

Study findings

In summary, we can say that in all states is lower detection rate in preventive care, prenatal care, even though it



was surprisingly high. Most births take place in institutions. Breastfeeding is encouraged.

Other findings:

language barriers, unwillingness of health professionals to give the necessary individual attention.

In the Czech Republic the participation of the family (not only the father) at birth is not supported, as is usual

in their home cultures.

Conclusion

The system will consider the tradition of care for mother and child in the migrant mothers' countries of origin. Further, medical procedures will also be integrated with specific salutogenic traditions.



PRENATAL AND INTRAPARTAL INTERVENTIONS AND THE OUTCOME OF DELIVERY IN CZECH REPUBLIC

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Introduction:

There is an absence of salutogenic approaches in the period of prenatal, intranatal and postnatal care in Europe, and thus in the Czech Republic. In the Czech Republic, discussions concerning salutogenic approaches must be supported and the approaches must be integrated with medical issues. There are more and more women having C-sections "at request".

Scientific research concerning prenatal life of the foetus is delayed, including prenatal psychology. It is therefore necessary to elaborate, suggest and implement projects focused on integration of medical and salutogenic approaches. The foetus must be understood and approached. The project is important and needed to improve the approach to women.

At present, with the low mortality in the Czech Republic, emphasis must be put on salutogenic approaches that

would complete the comprehensive care for the above stated group.

Aim of the study

To gather information on current medical and salutogenic methods in perinatal care for Czech women.

Research methodology

Secondary analysis of medical documentation of women, retrospective and prospective. Questionnaire with a medical part (authors - experts in the field of medicine) and salutogenic part (authors - midwife) for mothers after childbirth. Selecting a group of women and execution of research carried out in two regions in multiple locations. 500 questionnaires were distributed.

Ethical approval

Research study was approved by the Ethics Committee Faculty of Health and Social Studies University of South



Bohemia in the Ceske Budejovice, Czech Republic.

Study findings and Conclusion

In childbirth there is a high percentage of cesarean sections and episiotomies in natural childbirth. Breastfeeding is supported by the medical staff. Mothers use

antenatal courses and participation of fathers during the childbirth. Home deliveries are currently not supported. Cesarean sections on request are occurring. At present, the medical procedures in care for women and children in perinatal period are at a high level. But their integration with salutogenic procedures is missing.

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THE BUDDY MODEL: LEVERAGING OPPORTUNITIES & LIFE CHANGING ACHIEVEMENTS FOR DEPRIVED CHILDBEARING FAMILIES AND THEIR (FUTURE) CAREGIVERS

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Introduction:

High barriers to healthcare play a major role in the relationship between poverty and poorer pregnancy outcome. Perinatal professionals should develop specific skills to work with disadvantaged people, applying a contextual and multidisciplinary approach.

In the buddy project, ongoing for the fifth year, midwifery and social work students act as a coach to a deprived childbearing family in an intensive outreaching one-on-one trajectory. Lecturers are counseling.

Medical and social care organizations are partnering.

Aim of the study:

The buddy model is applied in a perinatal context for the first time. In order to explore its' benefits and obstacles experienced by the stakeholders, an evaluation was performed.

Methodology:

A qualitative method of inquiry was applied. Since the project is part of a regular student program, ethical approval was not required. From January till April 2013, 30 recent or ongoing participants (families, students and caregivers) were recruited by purposive sampling. An in-depth interview was conducted and audiotaped. After verbatim transcription, anonymized text fragments were coded simultaneously by two investigators, gradually emerging to a code list. Deductive analysis was performed.

Findings:

The model creates conditions with positive consequences for family, student and caregiver: supply on demand, flexibility, the low threshold, the volunteering aspect. Informative and administrative support is complementary to regular care and has a leverage effect to

better life circumstances. The buddy's stimulating attitude and often arising warm bond promote mothers' self-reliance and the building of a network on longer terms. Students' attitudes are changed forever.

Obstacles to a proper function are merely due to poverty itself and the associated chaotic life style. Intercultural

differences and language are minor barriers. Intensive communication with all partners is necessary.

Conclusion:

All stakeholders are in favor of the model on short and longer terms. Application by several institutions offers the opportunity for further assessment.



WOMEN'S EXPERIENCES OF VBAC: RESULTS OF A METASYNTHESIS

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Ingela Lundgren (Institute of Health and Care Sciences, Sahlgrenska Academy,
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College Dublin, Dublin 2, Ireland), Terese Bondas (Faculty of Professional Studies, University of Nordland,
Bodo, Norway)



Background:

More and more women experience a caesarean section with their first, or later, birth. During a subsequent pregnancy they experience a challenging period of decision making on the mode of birth. Vaginal birth after caesarean section (VBAC) is a relevant option for a large number of women. Despite lots of quantitative studies on VBAC there is a lack of studies that report the experiences of women.

Aim of review:

To report the main themes of women's experiences of VBAC.

Search strategy:

The following databases were searched: CINAHL, EBSCO, Journals@ OVID, Pubmed, PSYCHINFO, using the keywords VBAC, vaginal birth after caesarean section, qualitative study, experiences, qualitative and

women's experiences in various combinations.

Review methodology:

In total, 1981 papers were identified; of these, 1959 had to be excluded. From the remaining 22 papers eleven were excluded at this stage, as not focusing on women's experiences, or only focusing on experiences of CS in relation to VBAC.

A metasynthesis based on the interpretative meta ethnography method was conducted.

Main findings:

Four final themes became obvious: 'to be involved in decision about mode of delivery is difficult but important,' 'vaginal birth has several positive aspects mainly described by women,' 'vaginal birth after CS is a risky project,' and 'own strong responsibility for giving birth vaginally'.



The papers discussed issues such as the women's experience in relation to different aspects of VBAC, decision-making whether to give birth vaginally, the influence of health professionals on decision-making, reason for trying a vaginal birth, experiences when choosing VBAC, experiences of giving birth vaginally, and giving birth with CS when preferring VBAC.

Conclusion:

It became obvious that women may feel as though they are in a fog when preparing for a VBAC.

Women need evidence-based information not only about the risks involved but also about positive aspects of VBAC.



EFFECT OF PELVIC FLOOR PROGRAMME TRAINING FREQUENCY ON PERINEAL OUTCOMES

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Background:

Perineal injury is common after birth and may be caused by tears, episiotomy or both. Perineal massage has been demonstrated useful to prevent episiotomies in primiparous women, and pelvic floor exercises have influence on length of second stage of labour.

Aim:

To investigate the effects of a pelvic floor training programme (PFTP) and their frequency (daily or 3 times a week) on perineal damage.

Methods:

A quasi-experimental study was undertaken in three Primary Health Clinics in Seville (Spain). Women (n=466) who were 32 weeks pregnant with a singleton pregnancy and anticipating a normal birth were eligible. Women in the experimental group were asked to

perform perineal massage and pelvic floor exercises from 32 weeks of pregnancy until birth (daily or 3 times in a week). The control group had standard care not involving a perineal/pelvic floor intervention. Ethics committee of Virgin Macarena University Hospital approved this study.

Results:

254 women were randomised to the intervention group but only 162 performed the programme (40 women daily and 122 women 3 times a week). 53 women had a caesarean section and 109 a vaginal birth. Women who performed PFTP daily were older (32.28 (SD 3.87) vs 31.77 years (SD 3.87)). Women who performed the programme had higher education (p=0.025). Length of second stage in women who trained their perineum every day was slightly shorter (49.83 vs 55.11 minutes), but this difference was not statistically significant (p=0.579).



Women who completed daily PFTP were no less likely to receive an episiotomy when compared with those who completed the programme at least 3 times in a week ($p=0.094$). There was no significant difference regarding minor second degree tears ($p=0.06$) although more women who performed the programme daily had an intact perineum ($p=0.04$). No differences were seen in

pain after birth or medication for pain relief. Duration of postnatal hospital stay was unaffected.

Conclusions:

To perform the PFTP 3 times a week is enough to prevent perineal trauma. There is a higher likelihood of having an intact perineum if training is performed daily.

This Conference in the maternity care field is based on the work of the COST (Co-operation in Science & Technology) Action IS0907.

This Action, over the period 2010-2014, set out to advance scientific knowledge about ways of improving maternity care provision and outcomes for mothers, babies and families across Europe by understanding what works, for who, in what circumstances, and by identifying and learning from the best. Bringing all maternity care in Europe up to the standard of the best is the ultimate aim of the Action.

This Conference presents the work of the Action.

Part-funded by the COST Action IS0907:
Childbirth Cultures, Concerns & Consequences:
Creating a dynamic EU framework for
OPTIMAL MATERNITY CARE.



Information on the Action can be found at
<http://www.iresearch4birth.eu>