the MCoC increased the likelihood of women to access pregnancy care early and ongoing.

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O10
Findings from a Qualitative Survey in the Asia-Pacific Region on Maternal and Perinatal Death Surveillance and Response (MPDSR) and Maternal Health Service Disruptions During the COVID-19 Pandemic 2020–2021

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The global maternal mortality ratio (MMR) decreased by approximately 38% in two decades with reductions accelerating prior to 2020. The COVID-19 pandemic has caused major health system interruptions, and the direct and indirect consequences of this has worsened maternal and neonatal outcomes.

The Maternal and Perinatal Death Surveillance and Response (MPDSR) system, used in countries with a high maternal mortality burden, and the "Near Miss" system, for countries such as Australia with very low maternal mortality, have been identified by the World Health Organisation (WHO) as essential interventions to mitigate against the indirect effects of COVID-19 on maternal and perinatal outcomes.

We undertook a rapid stocktake process to understand the impact of COVID-19 on service provision and MPDSR in the Asia Pacific Region, where the majority of countries experience high maternal mortality. Data were collected by survey of 22 countries utilising a Likert scale measuring respondents' agreement with statements regarding MPDSR practices and health service disruptions.

Most frequently reported disruptions to MPDSR systems were lack of completion or delay of death reviews at both facility and country level and decreases in number of community death notifications. Redeployment of both midwives and those responsible for MPDSR activities was identified as key issues. Other Covid-19 related service disruptions included reduced attendance at facilities for birthing, shortages of life-saving drugs, reduced operating theatre availability, and difficulty accessing emergency transport.

Alongside evidence from other epidemics and emerging evidence about the global impact of the COVID-19 pandemic on maternal and newborn outcomes, the survey results indicate continued disruptions to essential maternal and newborn services. Midwives working together as part of a team and supported to provide clinical care and roles in health improvement systems such as MPDSR, have the capacity to ensure the gains made in tackling maternal and perinatal death will not be undone.

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O11
A Vision for Women

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Aim: To provide a contemporary, evidence based and consumer driven maternity service that ensures each woman achieves her optimal outcome.

Description: Australian healthcare services measure the quality of their maternity care via clinical outcomes e.g. Perinatal statistics, Healthcare Acquired Conditions (HAC's) and Clinical Indicators. The increasingly broad variation in maternal demographics between health services Australia wide make accurate benchmarking difficult e.g. rates of obesity, assisted fertility, maternal age >35 years and poor education and socio economic status. A Tertiary maternity service in NSW reviewed how women Australia wide measure their healthcare during pregnancy, labour and birth. The search identified that the factors that are important to women do not correlate with the priorities of health care services. The maternity service responded by reviewing how it would provide maternity care through a different lens. Core business was no longer '4000 births' per annum but became the creation of '4000 mothers' per annum. The team ensured that the evidence based strategies that impact physical birth outcomes were in place and aligned with evidence e.g. models of care, medical and non-medical interventions and provision of information. However a new approach saw the hospital team aligned in their language, energy and actions when interacting with the woman. This approach brought a new philosophy and energy to the team, impacting the emotional outcome for each woman following her birth experience.

Rationale: Obstetric interventions have been increasing nationwide for a number of decades with no demonstrated improvement in outcomes and in some cases a deterioration e.g. increasing rates of postpartum haemorrhage. An alternate strategy was required that would engage both women, medical and midwifery clinicians and optimise each woman's pregnancy and birth outcome.

Implications: A multidisciplinary hospital team aligned in their vision and belief resulting in the creation of strong and confident mothers…. 'this is the moment I dreamed about'.

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O12
Multiple birth mental health outcomes throughout pregnancy, delivery and postnatally

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Background: While there is awareness that multiple birth pregnancies and postnatal experiences are more challenging generally, little is known of the mental health impacts.

Aim: To explore multiple birth mothers pregnancy experience and mental health outcomes during pregnancy, following delivery and postnatally.

Methods: An open online anonymous survey was used to collect data from multiple birth parents, 1006 responses were collected. 713 completed the survey fully, providing very detailed responses to open-ended questions, whilst 293 provided high level responses only.

Findings: The challenges of a multiple birth pregnancy was associated with high levels of mental distress and mental health problems. 73.3% of respondents noted that they experienced challenges during their pregnancy, and of these, 84.7% cited these challenges as directly impacting upon their emotional or mental health. Despite the challenges, 70% of these respondents did not seek treatment or a diagnosis. At birth, 73.7% of those surveyed had a caesarean delivery and another 2.3% had at least one baby delivered via caesarean. Almost 28% of respondents reporting experiencing a traumatic birth, with over 60% not seeking support or treatment.