

### O35 Womens experiences on their infant feeding during COVID-19

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**Background:** Although breastfeeding is the optimum feeding method for infants, women's breastfeeding decisions can be influenced during pandemics.

**Approach:** A descriptive qualitative study with a person-centred approach was used to explore women's experiences of infant feeding during the COVID-19 pandemic among a group of Australian women. The barriers and enablers were also explored. Fifteen women were interviewed via semi-structured interview. All of the interviews were recorded digitally due to the pandemic. Braun and Clarke framework was used for the thematic analysis.

**Outcome/ Results:** Four main themes were extracted: "social isolation"; "sense of security and support", "food security"; and "social media". Due to social isolation, some felt safe and relaxed but many felt lost and unsupported leading to breastfeeding cessation. Feeling safe was mentioned by many participants when they face the COVID safe practices across different places. Food security was a major issue for women who were giving formula as they could not find formula in the shops. Uncertainty with lack of face-to-face support was mentioned when women were managing infant feeding challenges. The main barrier was losing the face-to-face medical visits, family and friends gathering while the main enabler was the support of their partner, online health care professional support and follow up.

**Take Home Message:** Women during the Covid-19 pandemic need extra support and guidance as they leave health care facilities early and often feel isolated and unsure. Food security is an issue for formula fed babies; therefore, women need a person centred care plan prior to birth and discharge from the hospital.

**Keywords:** COVID-19; breastfeeding; experience; person centred; infant feeding

<http://dx.doi.org/10.1016/j.wombi.2022.07.041>

### O36 Labouring Together: Women's Experiences of "Getting the Care that I Want and Need" in Maternity Care

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**Introduction:** Poor collaboration has been identified as detrimental to the safety and experience of maternity care. The Labouring Together study was conducted to explore women's and clinicians' perceptions and experiences of collaboration in maternity care in Victoria, Australia.

**Methods:** Underpinned by well-established conceptual theories of collaboration and shared decision-making (SDM), a sequential, mixed-methods, multi-site case study approach was used to explore women's perceptions and experiences of maternity care in four diverse case studies of public and private hospitals. Women's preferred and experienced role for SDM were quantified using the Control Preferences Scale (CPS) and analysed using chi-square analyses by case and socio-demographic characteristics. In depth interviews were conducted to explore preferences and experiences reported by women.

**Results:** Most women indicated that they preferred an autonomous or collaborative role for SDM, however 24.4% of women reported experiencing a passive decision-making role during their maternity care. Statistically significant differences were identified between the preferences and experiences of decision-making among women who chose private obstetric care compared to public maternity care. The conceptual framework of *Getting the Care that I Want and Need* emerged from inductive analysis of qualitative data. Impacts upon women's autonomy over decision-making in maternity care included: access to midwifery models of care, access to relational continuity of care; understanding of the rights of the woman; and models information sharing for risks and benefits of all options and proposed interventions. Bureaucratic style decision-making based upon a dominant discourse of risk avoidance was identified as a major barrier, with power to ultimately veto the woman's choice

**Conclusion:** The Labouring Together study findings provide evidence to support women to use SDM processes to enable decision-making in maternity care. However, fundamental barriers were identified to hinder collaboration; and shared decision-making with women is not routine practice in Victoria, Australia.

<http://dx.doi.org/10.1016/j.wombi.2022.07.042>

### O37 The PNG Midwifery Leadership Buddy Program; bringing midwives together

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**Background:** The PNG Midwifery Leadership Buddy Program aims to improve maternal and newborn health outcomes in Papua New Guinea (PNG), by strengthening midwifery leadership. Participating midwives from PNG and Australia, form buddy pairs and undertake 4 days of leadership training in Port Moresby. Each pair also commits to a 12-month online, peer-support relationship. During this time, they develop a small quality improvement project together. Two cohorts of midwives (23 in total) have completed the program and were invited to participate in an evaluation.

**Methods:** Semi-structured interviews were conducted over the telephone or via an online platform. The interviews were audio recorded, transcribed and then thematically analysed.

**Results:** Twenty midwives participated in the evaluation. Four major themes emerged from the qualitative data: (1) Building leadership capacity, (2) Strengthening Midwifery, (3) Positive impacts for women and babies in PNG and, (4) Barriers and challenges. Participants reported increased confidence for leadership, action and advocacy. In addition, the program resulted in tangible projects that are improving maternity care in PNG. Participants also identified a number of challenges. These were usually related to technological or cultural barriers that limited