

## 039

### Are pregnant women with asthma receiving guideline-recommended antenatal asthma management? - A survey of pregnant women in Australia

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**Background:** Asthma affects 12.7% of pregnant women in Australia. Key recommendations for asthma management during pregnancy include: 4–6 weekly review of lung function, medications, written asthma action plan, inhaler device technique, current asthma control and triggers; smoking cessation and vaccination advice. It is unknown if these key recommendations are provided to pregnant women with asthma in Australia.

**Aim:** To explore usual asthma management received by pregnant women in Australia and the inclusion of key recommendations in their care.

**Method:** Pregnant women with an asthma diagnosis were invited to complete a 30 question online survey which was developed, piloted and distributed in 2 antenatal clinics and via social media platforms from July 2017–Jan 2019.

**Results:** The survey was completed by 142 pregnant women with asthma. 87(61%) were enrolled in a trial of a novel asthma management strategy in pregnancy and were therefore not receiving 'usual' care. Data presented is from the 55(39%) women not enrolled in clinical trials at the time of the survey. Of these women, 36% did not have their asthma reviewed during their pregnancy, 31% had a written asthma action plan, 11% had their lung function assessed, 38% had an asthma medication review and 35% had their inhaler technique reviewed. 65% were not questioned about their asthma symptoms, 85% were not asked about asthma triggers, 96% were not given information about vaccinations and 95% did not receive smoking cessation information.

**Conclusions:** Overall, the key recommendations for antenatal asthma management were not always provided for this sample of pregnant women. Improved knowledge and implementation of these key recommendations by health professionals may alter this situation and improve maternal and infant outcomes.

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## 040

### Antenatal influenza immunizations: Midwives role and responsibility

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**Background:** Influenza acquired in pregnancy can have serious sequelae for both mother and foetus. Recent studies have demonstrated that influenza vaccine in pregnancy is both safe and effective. Despite this, evidence suggests that vaccine uptake in



pregnancy is suboptimal. The role of midwives in the promotion and provision of this vaccine is unknown.

**Aim/purpose/objective:** The purpose of this study was to investigate the role of midwives in the promotion and provision of antenatal influenza vaccine and, to provide a statistical and thematic description of the barriers and enablers midwives encounter in its promotion and provision.

**Methods:** This mixed method study incorporated a cross sectional on-line survey and in-depth face to face interviews conducted with midwives, employed in the South Australia.

**Results:** Quantitative data were available for 136 midwives and 7 midwives participated in the face to face interviews. Whilst all midwives indicated that education and vaccine promotion were part of their role only those employed in a Primary Health setting were providing the vaccine. Quantitative data suggests less than 43% of midwives felt prepared to provide the vaccine. Qualitative data identified the lack of immunization education as a barrier to practise.

**Key findings:** Midwives identified an immunization knowledge deficit. Those midwives who had received immunization education were more likely to be fully immunized and actively promote and provide the vaccine to pregnant women.

**Implication for midwifery education, practice and policy:** These findings indicate the need for more immunization education of midwives in both university and setting.

**Relevance:** This is the first Australian study to investigate the role of midwives in antenatal influenza immunization, hence, the results are relevant to education, practise and policy.

This study is in analysis phase and complete prior to September 2019.

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## 041

### A passionate group of midwives with a powerful message for policy makers and politicians: Making midwifery continuity of carer and community family birth centres a reality in South Australia

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**Introduction:** More than 99% of SA women who gave birth in 2016 did so in a hospital. Of these, an estimated 5% received midwifery continuity of carer. A small proportion (5%) birthed in birth centres situated within the hospital environment. Birth centres offer a compromise between hospital and home and research demonstrates that community-based or 'freestanding' facilities not only facilitate midwifery-led care but also reduce intervention and associated costs. Despite this, freestanding, community-based birth centres are not currently offered in SA.

**Background:** In 2016, the SA Branch of the Australian College of Midwives tabled three key strategic priorities, the first of which was to provide women with the option of freestanding birth centres. This was driven by an identified lack of access to midwifery continuity of carer models and increasing limitations with respect to choice of birth place and care provider.

**Approach:** This paper will discuss the key milestones, challenges and triumphs of working towards the development and implementation of community family birth centres in SA. Specifically, it will discuss the development of a written proposal, pivotal groundwork and relationships that facilitated engagement with politicians and key stakeholders and the key strategies that were

