

[O32]**Human rights in childbirth and midwifery care –
Joining hands to change the 21st century for any
woman, anywhere**

Bashi Hazard

BW Law, Sydney, Australia

We are witnessing, in nations rich and poor, the learned and enforced powerlessness of women, and a lack of knowledge about the respective rights and responsibilities of mothers, care providers, and the state, in the context of pregnancy and childbirth. In Australia, we see the heavy arm of the state bearing down on women who challenge the limits of our maternity care system, and anyone who dares to support them. In light of this, how is motherhood to be perceived in contemporary Australia? Is it a path to empowerment (see New Zealand, Netherlands and the UK), or a vulnerability (see the USA and Ireland)?

Should we simply accept that any maternity care system will have the unintended consequence of undermining a woman's fundamental human rights? Do we understand the long-term implications of undermining human rights for our mothers, our daughters, our midwives?

Around the world, midwifery is pointing to a better way – the human rights way – that is both sustainable and has positive consequences for both mothers and midwives. By working together, we can resurrect women's human rights in pregnancy and birth – observed in practice, respected at law.

<http://dx.doi.org/10.1016/j.wombi.2015.07.065>

[O33]**Sustaining 'super' midwives: Building resilience
in midwifery students**

Rosemarie Hogan*, Fiona Orr, Allison Cummins

University of Technology Sydney, Sydney, Australia

*Corresponding author.

Introduction: Resilience is the capacity to bounce back or respond to adversity and is understood to be a significant factor in sustaining midwives in the profession, which is acknowledged as emotionally demanding work. Midwifery is increasingly embracing the concept of resilience as an approach to ameliorate the effects of stress on the workforce. Several common themes within the literature are apparent. The need to invest and develop in the 'self' was identified by several papers. In the United Kingdom, researchers identified managing and coping, self-awareness and the ability to build resilience as key to resilience in midwifery practice. In response, we developed a training package to develop in students the knowledge and skills needed to promote emotional wellbeing and resilience.

Aim: To evaluate the effectiveness of a training package embedded into the UTS Bachelor of Midwifery program.

Methods: A 'flipped learning' package, comprising of on-line learning, videos and in-class activities, was made and embedded into the undergraduate midwifery clinical subjects. The learning package focused on building students skills in managing and coping, self-care and resilience. Students completed surveys after they had finished the learning package and had participated in class activities.

Results: The use of the learning package and videos was helpful in enhancing the students' knowledge and skills in self-care and developing resilience. Most students stated that they would access the on-line learning package again for self-directed study.

Conclusion: The conclusion was that a practical, accessible learning package of how to develop skills in resilience and self-care is a useful learning tool for midwifery students in maximising their health and wellbeing.

<http://dx.doi.org/10.1016/j.wombi.2015.07.066>

[O34]**Thirty-one flavours: How consumer engagement
helps midwives offer more than just vanilla**

Naomi Homel

*Australian College of Midwives Consumer Advisory Committee,
Australia*

There is a long and rich history of consumer engagement around pregnancy and birth in Australia. From grassroots movements to strategic political lobbying, maternity specific consumers have long spoken loudly about their reproductive, perinatal and parenting rights. But what is a maternity consumer? What motivates them? How do they work and crucially, why are they important for midwives?

If you only taste vanilla you only know to ask for vanilla. Women are diverse and so are their experiences. Maternity specific consumers help highlight the varied needs of women. By meeting these needs of birthing women, midwives take a huge step towards providing woman-centred care. When consumers and midwives form effective partnerships, 31 flavours is just the beginning.

<http://dx.doi.org/10.1016/j.wombi.2015.07.067>

[O35]**Midwives' understanding of perinatal
depression and the scope of midwifery practice**

Dianne Hurt*, Cathrine Fowler, Maralyn Foureur

University of Technology Sydney, Sydney, Australia

*Corresponding author.

Background: Perinatal depression may occur at any time from conception, through pregnancy and up to 12 months after birth. Over the last 25 years the rate of depression in the first postnatal year has remained between 10 and 20% of childbearing women; antenatal depression rates are considered to be similar. Midwives are frequently the primary contact for women in the perinatal period and are therefore well placed to identify, interpret and support women with PND (i.e. screening for perinatal mental health disorders, providing mental health support, administering a psychosocial screening tool (including the Edinburgh Postnatal Scale (EPDS)), making medical/physical assessments as required, as well as being mindful of the importance of the mother–infant interactions and communicating with the woman's supporters. A major gap identified in a recent literature review was the absence of studies investigating specific midwifery led programs for women experiencing PND. This study investigates whether midwives see PND as part of the midwifery scope of practice and what is needed to enable this to occur.

Aim: To explore midwives' confidence and skills in identifying and supporting women with, or at risk of, PND.

Methods: Following ethical approval, in depth, one to one interviews with a purposive sample of up to 20 practising midwives were undertaken.

Findings: Thematic analysis of interview data will be presented at the conference.