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### Exploring midwives' practice and experience of episiotomy



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**Aim:** This study explored Australian midwives' experience and practice of performing an episiotomy.

**Background:** Evidence underpins the recommended angle and length of episiotomy to avoid morbidity for the woman, yet there is limited research regarding midwives' episiotomy knowledge, skill and attitudes.

**Methods:** A cross-sectional anonymous survey of Australian midwives with current birthing experience was employed. The survey contained items modified from validated instruments with Likert scales, a diagram, categorical responses and open ended responses. Data was analysed using descriptive statistics and thematic analysis.

**Results:** A total of 360 surveys responses were analysed. Approximately half (46%) midwives were in senior clinical positions. Experience varied considerably, with approximately half of the midwives (55.6%) having undertaken <4 episiotomies independently and 20% 'very confident' in the procedure. Only 28% midwives identified the episiotomy length correctly while 73% midwives identified the angle correctly. Two thirds of participants ( $n = 236$ ) identified the correct angle on the pictorial representation. Overall, only 15% of midwives identified the three characteristics of a correctly performed episiotomy.

The three most common clinical reasons for performing an episiotomy were fetal distress, perineal 'buttonhole' and previous severe perineal trauma. Analysis of attitudes revealed themes such as lack of confidence and experience, fear, and limited evidence supporting episiotomy explaining midwives' use/non-use of episiotomy.

There was significant variation in health service requirements to establish a midwife's competence to perform episiotomy. Most midwives (75%,  $n = 270$ ) wanted further education regarding episiotomy, with face-to-face workshops as the preferred format for education.

**Implications:** Knowledge and practice gaps demonstrated the need for continuing professional development to translate evidence to practice and promote optimal outcomes for women. Many midwives are inexperienced with the procedure and simulation in workshops may assist midwives feel more confident to perform an episiotomy when is clinically indicated.

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### Bridging the midwifery theory to practice gap: developing an interactive online implementation resource for change-leader midwives



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**Introduction:** Midwifery is a research-informed profession however midwives struggle to implement latest evidence into practice, with no clear direction to guide the translation of new knowledge into practice. Despite achievements in creating quality midwifery services, the uptake of theory to clinical practice is slow. Australian research investigating midwives' experience of implementing evidence-based innovations into practice has clearly

identified that access to implementation 'tools' and mentorship are invaluable during the process. There is increasing interest in the design of knowledge translation resources, or 'toolkits', that facilitate practice and organizational change. Midwives are key stakeholders in providing evidence-based care as part of mandatory professional guidelines, creating an opportunity for midwives to become change-leaders, translating new knowledge to practice with accessible 'tools' that expedite the process.

**Aim:** The purpose of this research is to confirm a lack of implementation resources specific to Australian change-leader midwives', and to create an online forum that provides both support and clear direction for midwives to facilitate the uptake of new evidence into midwifery settings. This forum will provide an accessible 'toolkit' for midwives who wish to implement a sustainable practice or organisational change. The online resource will also provide a space for knowledge exchange between like-minded midwives and offer connectivity between midwifery communities. This will ensure midwives receive the guidance and clear direction needed to create their sustained change.

**Implications:** It is anticipated this resource will expedite the currently slow uptake of latest best evidence into midwifery practice and contribute to the significant role midwives' play in supporting each other to create maternity services that progress in line with new knowledge and latest evidence. This will lead to a greater sense of both personal and professional satisfaction between midwives who value the relationship that exists between like-minded peers and the women and infants they care for.

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### Making a difference for aboriginal families



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**Introduction:** The gap between the health status of Aboriginal people and that of other Australians has been well documented. Recent figures from the Western Australia (WA) Department of Child Protection and Family Support show that 53% of children in out-of-home care are Aboriginal, yet Aboriginal people represent just 3.6% of the population. In the Perth metropolitan area, 11% of Aboriginal children are in care, with as many as 25% of Western Australian Aboriginal children referred to child protection agencies for problems related to parenting capacity.

There is a consensus among researchers and service providers that parenting programs that focus on early parenting to specifically improve parent-child interaction, and parenting practices more generally; are key to promoting well-being of children and preventing the development of later health and social and emotional problems.

**Approach:** In response to a recognised need, St John of God (SJG) Outreach Services developed the 'Connected Parenting - The Big Picture' Aboriginal Attachment resources and training program. The culturally appropriate resources and training program support midwives, other health professionals and Aboriginal health workers to work with Aboriginal families to improve the parent-child interaction. The resources incorporate attachment and Circle of Security (COS) concepts and emphasise that Indigenous parenting is embedded within family and community. They incorporate the importance of:

- Connection to culture;