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Aim: The aim of this research is to co-design, implement and evaluate a comprehensive ongoing education program for maternity health professionals related to psychosocial issues in the perinatal period. This presentation will discuss the co-design development phases of the project.

Methods: Phases 1 & 2 used mixed methods gathering both qualitative and quantitative data. Including two workshops key stakeholders, maternity clinician needs assessment and focus groups. A scoping review identified gaps in lack of current perinatal psychosocial education and experiential learning opportunities in this space. A co-design team was formed with lived experience consumers, experts and clinicians with experience in psychosocial concerns to develop the program

Results: The two initial workshops key stakeholders (n=40), maternity clinician a survey (n=133) and focus groups (n=52) were conducted to identify the key learning priorities across a local health district in NSW. This data was used by a co-design team to develop the overall program content, modes and learning objectives for face-to face and online workshops. The principles of co-design Equal Partnership; Openness; Respect; Empathy; Design Together were displayed in this process working to create a safe interprofessional learning program.

Conclusion: Together co-design with lived experience consumers and interprofessional experts by experience in the development phase can positively impact the co-design team and create better program outcomes for all.

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Midwives and maternity vaccination programs: critical learnings from the COVID-19 pandemic

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Introduction: Vaccination against COVID-19 is an urgent global public health strategy. Health professionals including midwives and doctors support and influence vaccination uptake by childbearing women in their care. The aim of this study was to address the gap in knowledge and explore the perceptions and intentions regarding COVID-19 vaccination from consumers and providers of maternity care in Australia from early in the vaccination roll-out.

Methods: A national cross-sectional online study conducted in May 2021 in Australia. Recruitment was undertaken through parenting and health professional social media sites and professional college distribution lists. A total of 853 completed responses were received, from women of childbearing age (n=326), doctors (n=58), midwives (n=391) and midwifery students (n=78).

Findings: Early on in the vaccination roll-out, personal intention to be vaccinated ranged from 48-89% with doctors most likely and women least likely. Doctors and midwifery students were significantly more likely to recommend the vaccine to pregnant women in their care than midwives (p<0.001). More than half of the midwives (53%) had concerns about the COVID-19 vaccine for the women in their care compared with 35% of doctors and 46% of midwifery students. More than half of the practitioners (54%) surveyed were willing to delay or not offer vaccination to pregnant women, with

many citing a lack of information to scaffold supportive conversations with those in their care.

Conclusion: This is the first study to explore the perceptions and intentions regarding COVID-19 vaccination from both the perspective of those who receive and those who provide maternity care in Australia. Findings have utility to support targeted public health messaging for these and other cohorts. In light of new evidence, critical discussion will reveal the complex and important public health role of midwives and doctors in national maternity vaccination programs.

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Birth Houses in Australia: Women's motivations for and experiences of using birth houses

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Background: In Australia, childbirth occurs largely within institutionalised settings, however this does not meet all women's needs. Current literature has reported on women's experiences of alternative birthplaces including birth centres, homebirth and freebirth, however there is no published data on Australian birth houses. Birth houses are low-technology, unlicensed birthplaces where women receive care from registered midwives in private practice. Knowledge of women's perspectives and experiences of birth houses is unreported.

Aims: Gain understanding of women's motivations for accessing and experiences of birth houses; and develop insight into the role of birth houses within Australian maternity services.

Methodology: Qualitative descriptive. Participants were recruited via purposive sampling. Women who used any of the three known birth houses in Australia were invited to participate and considered eligible if they laboured and/or birthed within the birth house. Data was collected via semi-structured in-depth interviews and thematically analysed. Ethical approval was granted.

Results: Data analysis from interviews with ten women revealed four interwoven themes: "I knew there must be another way", "The best of both worlds", "Discovering a safe space" and "Transformation". Birth houses offered women a level of choice and agency unavailable within hospital-based maternity care. While close proximity to medical facilities was important, women's definitions of safety transcended biomedical perspectives to incorporate emotional and psychosocial wellbeing. Midwifery care within birth houses fulfilled women's needs by being informative, respectful, guided by women, demonstrating trust in normal birth and women's abilities alongside rigorous safety considerations. Women described their experiences as transformational, life-changing, empowering, highly satisfying and positive influences for future birthplace choices.

Conclusion: Women sought birth houses for safety, convenience, agency and autonomy. This study has demonstrated these needs were met within birth houses and highlight these birthplaces as a middle ground between home and hospital. High levels of satisfaction illustrate the validity of birth houses and reiterate the call for greater birthplace choice for all women. Further research is needed to further explore birth houses in Australia.

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