Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
**Methods:** This poster is informed by a range of resources including a review of current literature, the NSW LGBTIQ + Health Strategy, and collaboration with Rainbow Families. The poster will be professionally designed and printed.

**Expected outcome:** A simple, easy to download reference guide developed by midwives for midwives, in consultation with community organisations who contribute their expertise. Something to put on your education noticeboard!

**Conclusion:** This accessible poster meets the needs of midwives wanting to use gender inclusive language, supporting respectful conversations between midwifery colleagues and students, and contributing to best practice and better health outcomes for LGBTQIA + individuals.

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**O90**

**Barriers and enablers for antenatal care access of women engaged with social work services in the Geelong North region**

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**Introduction:** The early years of a child’s life (including the intrauterine environment) have an important influence on their immediate and long-term developmental and health outcomes. Intervening as early as possible is key to preventing these consequences. Effective engagement with perinatal services during pregnancy and the postnatal period can have a positive impact on the long-term health and wellbeing of children and families.

Evidence shows that uptake of antenatal care services is lower among disadvantaged communities, resulting in less two-way information sharing, fewer assessments and screenings, and reduced informed decision-making. A number of barriers to service access exist, however these are dependent on the context within which individuals live. The Geelong North region has been identified as a significantly socio-economically disadvantaged area and has one of the highest rates of neurodevelopmental vulnerability in school-aged children. Antenatal care access is poor; therefore, the aim of this study was to examine the barriers and enablers to uptake of antenatal services in the Geelong North Region.

**Methods:** A qualitative interview study using a constructivist grounded theory approach undertaken. Participants included 6 pregnant women engaged with social workers at Barwon Health and 11 clinicians involved in their antenatal care.

**Results:** Key barriers included difficulties in access, due to location, balancing appointment scheduling with personal commitments, and perceptions of care. Key enablers included the provision of practical and health related support, continuity of care and non-judgemental staff attitudes.

**Conclusion:** A service that best suits the needs of women experiencing social disadvantage in Geelong North is centred on the philosophy of continuity of care. It is flexible, close to women, considers their lives outside the health service and avoids stigmatization. A one-stop-shop where women can receive care from pre-conception through early childhood is likely to have the best outcomes for families in the region.

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**O91**

**Postnatal experiences and outcomes of women who gave birth during the COVID-19 pandemic: a cross-sectional survey of women birthing in Melbourne, Victoria in 2020**

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**Introduction:** The COVID-19 pandemic meant there were significant changes to the way maternity care was provided. Postnatal care was impacted by restrictions on visitors and support people in hospitals as well as decreased home-based midwifery care after birth. Anecdotally, many providers report considering maintaining some of the restrictions post-pandemic. Women’s views and health outcomes should be considered in policy decisions.

**Aim:** Explore the impact of changes to postnatal care for women who birthed during COVID-19 restrictions in Melbourne.

**Methods:** A cross-sectional survey of all women who birthed at one tertiary service in Melbourne in September and October 2020 was undertaken. Women were invited to participate in the study when their baby was four to six months old. They could choose to complete the survey via telephone or online.

**Results:** In total, 483 out of 1002 eligible women (48%) participated, of whom 40% rated their hospital postnatal care as ‘Very good’, with 53% rating their baby’s care as ‘Very good’. Two-thirds felt postnatal hospital visitor restrictions impacted their experience, with most reporting this was a negative impact (72%). During the first six weeks postpartum, 75% of respondents felt the restrictions impacted the support they received from their partner, family or friends, and two-thirds felt this was a negative impact. At four months, 83% of women were giving any breast milk, and 60% were giving only breast milk. Eighty-three percent of reported that the way they were feeding their baby was affected, and 73% of these considered it had a negative impact.

**Conclusion:** The COVID-19 pandemic affected women’s postpartum experiences in a variety of ways, most often negatively. As we emerge from the pandemic, it is important to reflect on women’s experiences and outcomes and refocus on what the women themselves consider to be the important elements of support for optimum outcomes.

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**O92**

**COVID-19 and beyond – changes to provision of maternity care and future plans in Victorian maternity services**

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**Background:** Due to the COVID-19 pandemic, rapid service changes were made to maternity care provision in Victorian maternity services. From March 2020 many routine face-to-face visits in pregnancy were replaced by telehealth (telephone or video), along
with changes to routine screening. Many providers plan to continue these changes despite a lack of evidence to guide practice. We aimed to describe the changes in maternity care provision, understand the perceived impact and explore services’ future plans regarding these changes.

**Methods:** A population-based cross-sectional study of midwifery managers of all Victorian public and private maternity services was conducted between March and October 2021. Questions explored health service characteristics, changes to maternity care delivery, telehealth practices, perceived impact of changes, and future plans.

**Results:** Fifty percent of services (34/68, 27 public and 6 private) responded, with a broad representation of location, birth numbers and size of service. Around 50% of all pregnancy visits became telehealth. There were multiple combinations of which visits were face-to-face and which were telehealth. No visit was conducted face-to-face by all responding services. Visits most likely to be face-to-face were at 39 and 40 weeks gestation (65%). For telehealth appointments there was an ad hoc approach to advising women on routine screening, e.g., measuring blood pressure (11% did not advise at all), fetal growth (26% – no specific strategy) and fetal heart rate (15% – no specific strategy). Over half (52%) would consider maintaining telehealth post-pandemic.

**Conclusions:** Even in a single state there is great variation in telehealth timing, when pregnant women should have face-to-face visits, and what routine screening is maintained. In light of emerging evidence of some potentially poorer clinical outcomes associated with telehealth in pregnancy, these findings need to be considered.

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**O93**

**Association of continuity of carer and women’s experiences of maternity care during the COVID-19 pandemic: A cross-sectional survey**

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**Background:** Recent research highlights the impact of the COVID-19 pandemic on maternity services, although none to date have asked women how they feel about the changes to care or analysed the association between continuity of carer and women’s experiences.

**Aim:** The aim of our research was to discover pregnant women’s self-reported changes to their planned care and associations between continuity of carer and how women felt about changes to their planned care.

**Methods:** A cross-sectional online survey of pregnant women aged over 18 years in their final trimester of pregnancy in Australia was undertaken.

**Results:** 1668 women completed the survey. Most women reported at least one change to pregnancy care and birthing plans. Women receiving full continuity of carer were more likely to rate the changes to care as positive (p<0.001) when compared with women who received partial or no continuity.

**Conclusions:** Pregnant women experienced many changes to their planned pregnancy and birth care during the COVID-19 pandemic. Women who received full continuity of carer experienced fewer changes to care and were more likely to feel positive about the changes than women who did not receive full continuity of carer. Our study demonstrates that women are better together through continuity of carer models.

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**O94**

**COVID-19 Vaccination in Pregnancy: Factors influencing uptake by women**

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**Introduction:** COVID-19 infection in pregnancy is associated with increased morbidity and mortality for the mother as well as complications for the baby. In July 2021, the Australian Technical Advisory Group on Immunisation and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists recommended that pregnant women should be prioritised for COVID-19 vaccines and routinely offered Pfizer vaccine at any stage of pregnancy. There is no evidence on the pregnant women’s perceptions and acceptance of COVID-19 vaccine after this recommendation.

**Aim:** The aim of this research was to map COVID-19 vaccination in pregnancy acceptance, hesitancy and a change in original vaccination intentions.

**Methods:** A cross-sectional, anonymous, online survey was conducted in one area health service in New South Wales, including one large tertiary referral hospital and two smaller metropolitan hospitals. Descriptive analysis was done using SPSS.

**Results:** During September 2021 to January 2022, 1103 women responded to the survey and 1,026 completed the questions, with the completion rate of 93%. Women who did not complete the survey beyond demographics (8%) or were not pregnant (3%) were excluded. The mean age of the women was 33.3 years and most were either in their second (31%) or third (49%) trimester of pregnancy. Around half of the women were having their first pregnancy (51%) and born in Australia (47%). The majority of women agreed that COVID-19 vaccine was important for their health (84%) and important to protect others in the community (81%). Although 66% of women reported that at some stage they felt unsure about having the vaccine, the majority (87%) of women had at least one dose of vaccine.

**Conclusion:** This is the largest survey of pregnant women in Australia, providing evidence that acceptance of COVID-19 vaccination in pregnancy appears to be high among Australian women living in metropolitan areas.

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