

Discussion: This presentation aims to share the history of political advocacy by midwives in South Australia. Strategies to promote midwifery and advocate for women in the political arena will be discussed as well as potential pitfalls that are best avoided, and lessons learned from mistakes made.

Conclusions and implications for practice: Passionate midwives can help to shape the political landscape through political engagement.

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O26

The role, practice and training of unregulated birth-workers in Australia: A mixed methods study



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Introduction: In Australia, the provision of homebirth services by unregulated birthworkers (UBW) (doulas, ex-registered midwives, traditional midwives and lay workers) appears to have increased in recent years. The reasons for this are unclear and no data exists to identify their numbers, training or work practices. Access to a homebirth with a registered midwife via mainstream services is limited and there is growing concern that new legislation aimed at prohibiting UBW practice may result in more women choosing to freebirth (birth at home with no professional support).

Aim: To explore the training, practices and role of Australian UBWs who assist women to give birth at home with no registered midwife present.

Methods: A mixed methods sequential exploratory design was used and had two phases. In phase 1, 9 participants, (4 UBWs and 5 women) were interviewed in in-depth individual interviews. Findings from Phase 1 informed the development of a National UBW survey in Phase 2. Ethics approval was gained from Western Sydney University Human Research Ethics committee No H10281.

Results: UBWs support women to have a normal physiological birth at home when they are unable to access a suitable homebirth from mainstream maternity services. They practice very like a registered midwife would providing antenatal, birth and postnatal care home without a midwife present. UBWs in this study were well educated and the majority held a midwifery (not currently registered or lay), nursing or allied health degree. All had completed further studies either in childbirth and/or complementary therapies to support their role. While UBWs do not call themselves a midwife, women view them as their midwife.

Conclusion and implications: When women are unable to access homebirth support from registered maternity health care providers, they will seek support from UBWs. This has implications for the safety of mothers, their infants and UBWs in terms of legal ramifications in light of new Australian legislation which makes a UBW supported birth at home without a midwife illegal in some states. The findings of this study will inform discussions regarding improving mainstream maternity services delivery to ensure it is responsive to woman's expressed needs and choices.

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O27

Private midwives and collaboration: What are their experiences?



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Rationale: The requirements to practise privately as a midwife have changed over the last several years presenting some interesting challenges for private midwives and the women they serve. One requirement is to demonstrate collaboration with other health care professionals and the health care system.

Aims: My research examined privately-practising midwives' experiences with collaboration: how midwives are collaborating, whether it is working and what their ideas are for improving collaborative processes.

Methodology: The study had a qualitative descriptive design. Ethics was applied for and approved through the University of Technology Sydney. Data was gathered from ten privately practising midwives using open ended questions in semi-structured interviews. Data were analysed using thematic analysis.

Findings: While the study participants were a geographically diverse group and practised in a variety of ways, common themes emerged. These included power differentials between privately practising midwives and "the system", midwives' fear of "getting in trouble" and the lack of respect for the role of privately practising midwives and the choices of their clients. These findings are examined and discussed along with implications for future of legislation and regulation around privately-practising midwives in Australia.

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O28

Trial by media; the vilification of homebirth



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Introduction: The anti-homebirth debate continues to rage fiercely although research increasingly suggests planned homebirth is a safe option in which women and babies experience less intervention and fewer complications.

Aim: To apply discourse analysis to media representation of homebirth to illuminate the social construction of appropriate place of birth.

Methods: A critical discourse analysis was undertaken. Data were published media articles pertaining to homebirth and hospital birth mortality in Australia in the year 2012. No ethical approval was necessary.

Results: Five themes surfaced relating to the social construction of appropriate place of birth which were: 1. Birth outside the hospital system—criminal behaviour; 2. Character assassination of the midwife; 3. Ignorant and selfish childbearing women; 4. The assumption that death can be prevented in hospital; 5. Undermining birth at home.

Conclusion and implications: As a vehicle of cultural discourse, the media construct and maintain cultural norms of birth, including appropriateness of place of birth. Media cultural norm construction around homebirth is not in keeping with the evidence base;