

# Enhancing Practice

## 2022 Conference

---

*20:20 Vision – Transforming Our Future  
Through Person-Centred Practices*

---

**WEDNESDAY 6 – FRIDAY 8 APRIL 2022**  
**SAGE HOTEL WOLLONGONG, NSW AUSTRALIA**

**#enhancingpractice2022**



**iPDe**  
working together  
to develop practice



An aerial photograph of a coastal town and bay, overlaid with a semi-transparent blue filter. The town is situated on a hillside overlooking the water, with a winding road visible. The bay is calm, and the surrounding hills are visible in the background.

Co-designing interventions in Midwifery

# Engaging consumers

Leanne Cummins (PhD candidate UOW),  
Dr Shahla Meedya, Prof. Val Wilson

# Background – Gestational Diabetes (GDM)



- Complication of pregnancy that affected over 17 million births around the globe in 2019
- Australia (NDSS, 2020) - 114 women registered with GDM every day (12 more per day than 2016)
- Mothers who have GDM (and their babies) have higher risks for developing health conditions after birth which may be mitigated by breastfeeding

# Background – breastfeeding...

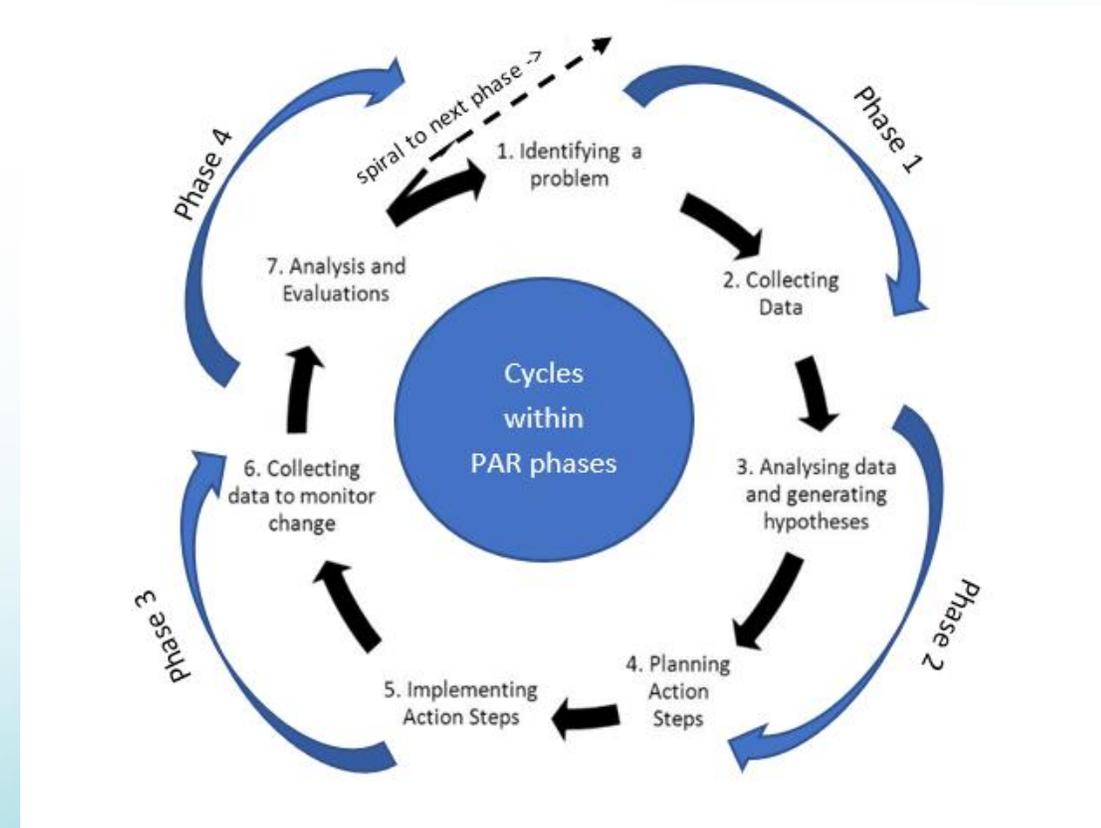
- Despite help from health professionals, women do not breastfeed as often as pregnant women without diabetes (globally)
- Study hospital (2018) – exclusive breastfeeding rates on D/C:
  - 64.2% (GDM) vs 74.5% (no-GDM)
- Antenatal education tailored to the individual needs of a woman with GDM, gathered from person-centred approaches, may be one way to find strategies useful for improving confidence and intention to breastfeed.



# Participatory action research (PAR) workshops with practice development (PD) principles

## WHY PAR?

- Places value on **collaboration** between researchers and participants to implement change
- Pregnant women diagnosed with GDM were recruited to participate in workshops to obtain a better understanding of their thoughts, concerns, and experiences in relation to their care and breastfeeding support in an antenatal clinic
- To work together on ways to improve clinical practice at this hospital for other women



# The AD-MIRE Breastfeeding Study

- Participatory Action Research Study
- AIM- To develop a new strategy in collaboration with women and staff in an acute care hospital, using a participatory workshop with practice development (PD) principles through a person-centred framework.
- Co-designing an intervention in Midwifery:
  - Engaging consumers & keeping the woman at the centre of all decisions regarding her care
    - » Women
      - > women engaged and worked together to develop ideas to meet their demands of high quality, evidence-based healthcare
    - » Staff
      - > women's ideas were discussed with staff
      - > strategies formulated for moving forward with their ideas



## Engaging consumers -

- Recruitment – part of broader study
- Women knew I was a midwife (trusted)
- 30 women – up to 10 workshops (PD)
- Almost 50% eligible women invited to attend workshops (with no incentive) did participate  
- *illustrates the importance women placed on having their views heard*

Characteristic	Face to face (Dec-March) n=11	Group telephone (March-Sep) n=19	Total participants n=30	Percentages
<b>Gravity</b>				
Primiparous	4	7	11	37%
Multiparous	10	9	19	63%
<b>Age range</b>				
< 30 years	6	8	14	47%
≥ 30 years	5	11	16	53%
<b>Intention to breastfeed baby</b>	11	19	30	100%
<b>Gestation:</b>				
20-28 weeks	4	4	8	27%
29-35 weeks	5	11	16	53%
36-40 weeks	2	4	6	20%
<b>Participated in:</b>				
- General diabetes education (diet & GDM monitoring)	11	19	30	100%
- ANE midwife education	1	2	3	10%

## Enter ... COVID-19



# Face to face PD workshops vs Group phone calls

Participant recruitment	Recruitment to AD-MIRE Breastfeeding Study	Workshop interest	Able to participate per workshop
Face to face recruitment and workshops (pre-covid) – 4 workshops	6-12 per week	6-8	2-4
Phone calls (from March 2020) - 6 workshops	100%	As required	2-5
On-line (April 2020)	30	1	1

Women still wanted to talk!  
Recruitment was easier over the phone

# Face to face PD workshops vs Group phone calls

(researcher worries)

- Face to face interaction – PD – creativity, communication through body language, etc
- Phone calls – how do we get women to talk about their experience?
- Women remained engaged– wanted to talk
- 100% women with GDM participated in telephone survey and showed an interest in workshop participation (if asked)
  - “I’m more anonymous this way”
  - “I can talk while the 7-year-old does school on the computer”
  - “I prefer to talk on the phone”

# What women were saying-

Women felt stressed and overwhelmed by concerns and frustrations after a diagnosis of GDM.

They believed:

- they are **treated differently** from other pregnant women because of their diagnosis,
- **breastfeeding was hard** (compounded by uncertainty of support for breastfeeding), and
- there was **inconsistency in breastfeeding information** offered to them by **different caregivers**.

» **On reflection, women offered their ideas for what support they thought would help them**

# What women thought would help them improve exclusive breastfeeding rates on discharge from hospital

## Continuity of care

*“that person already knows you and your journey up until that point “*

*“I haven't even had the opportunity to talk to a midwife about breastfeeding”*

*“I've been googling like crazy”*

## On-line hospital-based information

*“I'm confused, (you) get lost in all the information on the internet”*

*“reading is not quite the same as watching videos especially when you're busy, like I can watch stuff while I'm cooking”.*

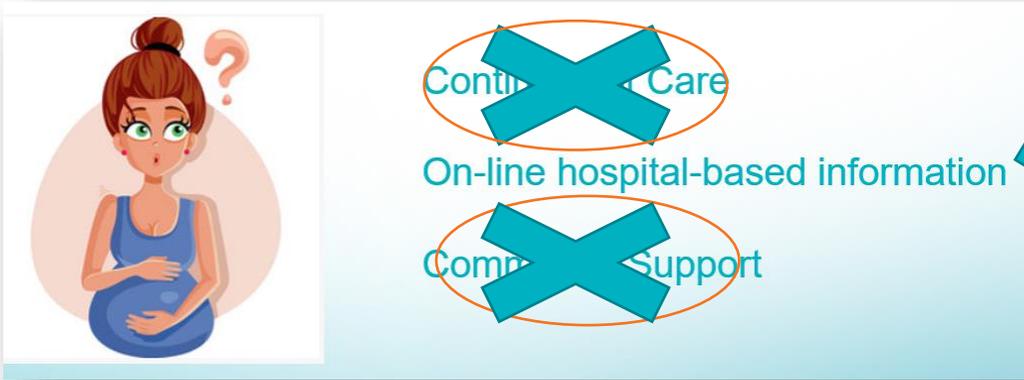
## Community Support

*“it's really good for mums to be supported by other mums”*



**You Said**

**We Did**



## Engaging staff –

- 79 staff were engaged to co-design interventions from the ideas women suggested.

	Date	No. participants	Stakeholders included
Breastfeeding Education Day 1	5/8/20	9	Midwives, Child & Family Nurses, Nurse managers
Breastfeeding Education Day 2	18/2/21	20	Midwives, Child & Family Nurses
Antenatal Clinic ward education (over 3 days)	23-26/2/21	17	Midwives, Manager
Maternity Ward meeting	3/3/21	12	Midwives, Manager
Diabetes services meeting	24/3/21	12	Manager, Dietitians and diabetes educators
Maternity Forum	17/6/21	9	Nurse managers, Maternity Services
<b>Total staff participants</b>		<b>79</b>	

## Pregnancy and diabetes - Gestational (GDM), Type 1 or Type 2 diabetes



During your pregnancy the doctors, midwives, dietitians and diabetes educators will provide information about how diabetes will affect some parts of your care.

This web page will provide some information to guide you through a few questions you may already have.

Please ask us at your visits if you don't understand or need some more information.

If you have GDM, we welcome you to take part in research to help us improve our service. You may be invited to fill in a survey for us when your baby is about 6 weeks old. To make sure you don't miss out, [please click here to send your name, expected date of birth and phone number to a researcher.](#)

**There are different forms of diabetes that affect some women during pregnancy: Type 1, Type 2 and Gestational diabetes (GDM).**

Having diabetes in your pregnancy means that you need to have a few extra visits to the hospital clinics and the Illawarra Shoalhaven Diabetes Services to manage your blood glucose levels and look after baby as they grow.

**Type 1 and Type 2 Diabetes** are forms of diabetes that you may already know you have. You may already be seeing an endocrinologist and they can continue to be involved in your care.

**Gestational Diabetes Mellitus (GDM)** is a form of diabetes that affects some women during pregnancy and usually goes away after the baby is born.

Sometimes GDM can be controlled by your diet and sometimes you will need medication such as insulin to help you control your blood glucose (sugar) levels.

It is diagnosed when higher than normal blood glucose levels (BGL's) first appear during pregnancy.

The National Diabetes Services Scheme (NDSS) has some great information about diabetes and it is also available in different languages:

- [GDM](#)
- [Type 1 and Type 2 diabetes](#)

How is diabetes in pregnancy diagnosed?	+
Am I at risk for developing GDM?	+
What happens if I have GDM?	+
Do I still have GDM after baby is born?	+
What happens to baby after birth?	+
Is breastfeeding important for me?	+
Antenatal HAND EXPRESSING of breastmilk (colostrum) from 36 weeks of pregnancy	+
Breastfeeding support before and after baby & The Milky Way App	+
Care at your hospital	+

### In this section

- Antenatal (Pregnancy) Care - Milton Ulladulla Hospital
- Antenatal (Pregnancy) Care - Shoalhaven Hospital
- Antenatal (Pregnancy) Clinic - Wollongong Hospital
- Antenatal (Pregnancy) Shared Care with your GP
- Birth Unit (BU) - Shoalhaven Hospital
- Birth Unit (BU) - Wollongong Hospital
- Childbirth & Early Parenting Education - groups and videos
- Early Pregnancy Assessment Service (EPAS)
- Maternity Ward (C2 West) - Wollongong Hospital
- Maternity Ward - Shoalhaven Hospital
- Midwifery Group Practice (MGP) - Wollongong
- Neonatal (Baby) Unit - Shoalhaven Hospital
- Neonatal (Baby) Unit - Wollongong Hospital
- Coronavirus (Covid-19) - Pregnancy and Breastfeeding
- Diabetes in pregnancy- Gestational (GDM), Type 1 or Type 2
- Feeding your baby
- Resources and brochures - pregnancy, baby, other languages
- Maternity and Women's Health Services

# New ISLHD website pages

- Team of interested staff
- Ongoing consumer consultation
- Specific pages for GDM & BF
- Pregnancy & Baby Resources (& videos)
- Hospital-based service information
- Ongoing evaluation



**SO YOU HAVE GESTATIONAL DIABETES?**  
WE'RE HERE TO HELP!

Join our on-line midwife information session - call Wollongong Antenatal Clinic to register Ph.4253 4256

Ask to see the same midwife or doctor through your pregnancy

Scan this QR code to find out more

visit our website

- revisit information
- watch videos
- connect with others

talk to our research team to improve our service

visit our diabetes service to learn to manage your sugar (glucose) levels 1300 308 969

# Engaging consumers to co-design a midwifery intervention with practice development (PD) principles

## Principle 1

PD is fundamentally about person-centred practice that promotes safe and effective workplace cultures, where all can flourish.

## Principle 2

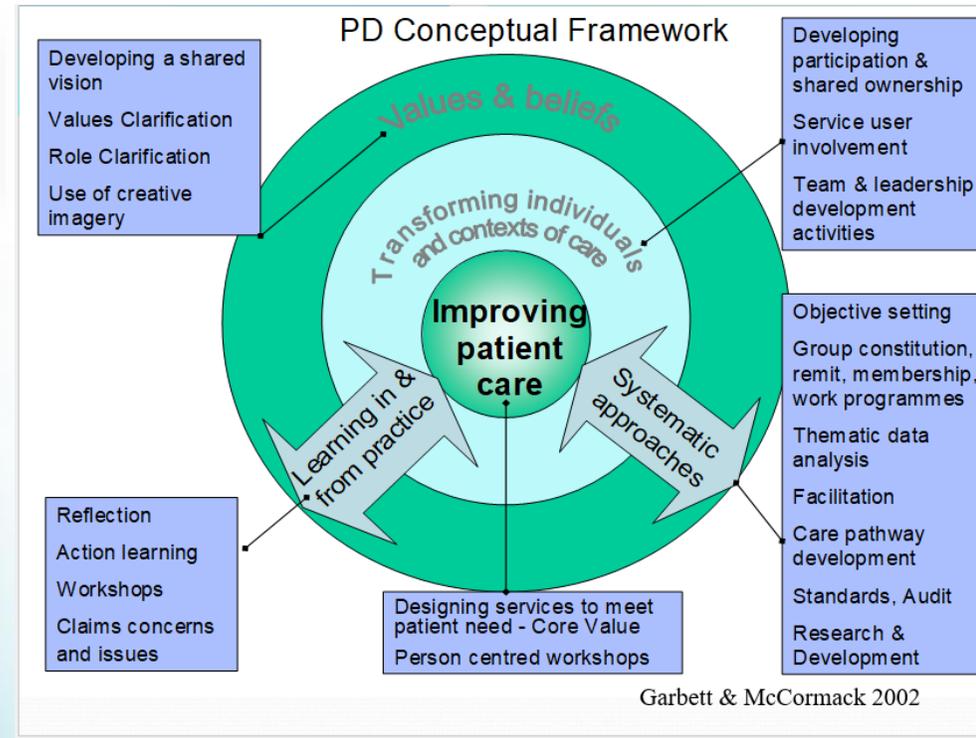
PD uses collaborative, inclusive and participatory (CIP) approaches.

## Principle 3

PD blends creativity with learning, freeing people's hearts, minds and souls, to achieve new ways of thinking, doing and being.

## Principle 4

PD utilises active work-based learning to facilitate individual, practice and cultural transformation.



## Principle 5

PD is a facilitated process that seeks to promote critically informed action.

## Principle 6

PD uses inclusive evaluation to integrate evidence from process and outcomes of transformation.

## Principle 7

PD focuses on supportive relationships across individuals, teams and systems to stimulate effective change.

## Principle 8

PD is a complex methodology that uses a variety of evidence to inform transformation for individuals, teams and systems.

## *Take-home message*

### Engaging consumers to co-design interventions

- Communication flows when people talk to others in similar situations.
- Consumer's reflections may allow us to improve hospital services and support women with GDM in a person-centred way
- Groups can provide insightful strategies e.g. for improvement of breastfeeding rates, and for healthier futures for both mothers and babies.

Leanne.Cummins@health.nsw.gov.au

[www.enhancingpractice.com.au](http://www.enhancingpractice.com.au)

[#enhancingpractice2022](https://twitter.com/enhancingpractice2022)



working together  
to develop practice

