

often have vastly differing working structures, management and cohorts of women. Additionally, while caseload midwifery is highly promoted and supported by evidence, adequate staffing in MGP and levels of burnout of on-call midwives remains an issue plaguing the expansion of MGP models. A detailed examination, by the long serving MGP Midwifery Unit Manager, into the development, maintenance and working directive of the Mater MGP offers insight into what works, and why in Mater MGP.

Implications: This presentation contributes to our growing body of knowledge about managing and sustaining MGP's. Openly sharing and discussing the working practices, leadership strategies and managerial decisions behind a successful MGP has the ability to open a wider discussion about how this evidence-based model of care can be expanded.

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O78

What women want: A reflexive thematic analysis of how women with female genital mutilation/cutting experience health services in South Australia

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Background: Female genital mutilation/cutting or FGM/C is an ancient cultural tradition, that despite its serious health risks, continues to be practiced globally. Female genital mutilation/cutting can cause significant lifelong biopsychosocial implications for many girls and women. Pregnancy and childbirth are often reported as time women with FGM/C notice an exacerbation of their symptoms placing healthcare professionals, working in maternity services, in an ideal position to support the needs of women with FGM/C and reduce adverse maternal and fetal outcomes often associated with the practice.

Aim: To explore the lived experiences and needs of women with female genital mutilation/cutting accessing maternity, gynaecological and sexual health services in South Australia.

Method: Braun and Clarke's reflexive thematic analysis was used to analyse one-on-one semi-structured interviews of women with female genital mutilation/cutting living in South Australia who had accessed women's health services.

Results: Ten women with female genital mutilation/cutting from five different countries consented to participate in the interviews. Four themes and fifteen subthemes were identified during the analysis. The main themes were: 1) the healthcare experience, 2) cultural values shape the healthcare experience, 3) speaking up about female genital cutting and 4) working together to improve healthcare experiences. Communication, access to continuity of care, cultural empathy, and psychosocial implications of FGM/C, were expressed as the determinants that mostly impact women's experiences with health services.

Conclusion: The results of this study demonstrate that women with female genital mutilation/cutting have specific cultural needs that can be supported by health services through the inclusion of culturally safe care education and provision of woman-centred care.

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O79

Mature-age rural midwives: valued as 'knowledge workers' in the transition experience

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Introduction: Rural Western Australia is experiencing a shortage of midwives, which is expected to worsen. Many ageing rural midwives will retire in the next decade, taking valuable local cultural and contextual knowledge with them. This professional knowledge acquired over many years cannot be found in textbooks and is essential to improving rural maternal and neonatal health outcomes. Midwives relocating from resource-rich metropolitan settings are confronted by resource-poor rural practice settings while learning to adapt their midwifery practice. Rural midwifery 'knowledge workers' are a valuable support to transitioning midwives, assisting them to become skilled autonomous rural practitioners capable of providing holistic midwifery care.

Aims: This study explored the transition experience for midwives relocating from metropolitan to rural practice settings to understand the strategies that enabled their transition process.

Methods: A grounded theory approach was used to purposively recruit and interview 32 midwives about their transition experience. Constant comparison of data allowed the capture of emerging categories.

Results: Preliminary findings from this PhD study indicate that midwives relocating to rural areas experienced a loss of professional stability while adapting to the rural environment. In under-resourced rural settings, midwives learn to adapt their midwifery practice, caring for women in the context of greater autonomy and decreased support. The experienced rural midwife 'knowledge worker' was highly valued and considered integral to a successful practice transition experience, enabling professional growth in midwives new to the rural practice setting.

Conclusions: Inter-generational passing of midwifery knowledge is essential in preparing future rural midwives. A process of knowledge and expertise transfer to enable new-to-rural practice midwives would benefit both midwives' careers and succession planning for rural healthcare facilities. Midwives with appropriate training are necessary to bridge health gaps and improve health outcomes for rural populations.

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O80

An Exploration of Risk Factors for Severe Postpartum Haemorrhage in "Normal" Vaginal Births at Two Melbourne Hospitals 2013-2022

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Background: Blood loss of 1500 mL or more following birth, or severe postpartum haemorrhage (PPH), requires emergency treatment to minimise / stop further bleeding and prevent ongoing morbidity or, predominantly in low-middle income countries, mortality. The "4-Ts" are considered when assessing an individual's likelihood of having a severe PPH and how to manage it should it occur. These include Thrombin: primary coagulation defects; Tone: how well the uterus contracts during 3rd stage; Tissue: ensuring that the placenta and membranes are completely delivered; and Trauma, including severe perineal trauma (3rd/4th degree), cervical or