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Probable posttraumatic stress disorder among Australian midwives: Prevalence and risk factors

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Background: Midwives are frequently exposed to traumatic birth events. There is a growing body of evidence that posttraumatic stress is a risk of exposure to birth trauma among maternity professionals. Posttraumatic stress may affect midwives' professional functioning and thus reduce the quality of midwifery care. Little is known about specific risk factors for the development of posttraumatic stress among midwives.

Main Objective: To identify prevalence and risk factors for probable PTSD among Australian midwives.

Methods: A national internet survey of Australian midwives registered with the Australian College of Midwives was conducted between March and June 2014. Trauma symptoms were assessed with the PTSD Symptom Scale Self Report (PSS-SR). Probable PTSD was assessed as meeting DSM IV PTSD diagnostic criteria B, C and D (a score of at least 'one' on the four point frequency scale for a minimum of one intrusion, three avoidance and two arousal symptoms) and a total PSS-SR score ≥ 14 . Personal, trauma event-related and environmental risk factors were assessed using multivariate analysis.

Preliminary Results: 707 surveys were completed (estimated recruitment fraction 15.4%). The prevalence of probable PTSD was 17% ($n=102$) (95% CI 14.2, 20.0). Multivariate analysis identified three factors independently associated with probable PTSD; each factor more than doubled the risk for probable PTSD: (1) feelings of horror during the traumatic birth event witnessed (AOR=2.57, 95% CI 1.20, 5.51); (2) feelings of guilt associated with the traumatic birth event (AOR=2.14, 95% CI 1.12, 4.08) and (3) a personal history of a traumatic experience when giving birth (AOR=2.12, 95% CI 1.24, 3.64).

Conclusions: Almost one fifth of Australian midwives meet criteria for probable PTSD. Posttraumatic stress in midwives should be acknowledged as occupational stress by health services and professional associations. Trauma informed care and practise (TICP), which acknowledges and responds to the impact of trauma among women and their care providers, are recommended.

Nurse executive leadership in ASCs pearl's

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Ambulatory services require more Nurse Executives to oversee operations focus on including items such as unit improvement, cost containment, keeping physicians content, maintaining a high level of satisfaction and quality care for patients and patient's families. As surgical patient care moves from inpatient to outpatient settings, ASCs Nurse Executive leaders are charged with developing creative solutions to address complex and challenging issues in a most competitive arena. They bring clinical expertise that will allow them to demonstrate a capacity to analyze and synthesize both qualitative and quantitative information in order to reach executive decisions.