

Implementing Project Primip - a normal labour and birth model of care, in a regional Victorian maternity service

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Introduction

Caesarean section rates in low risk primiparae, at a Victorian regional health service, have increased substantially over a 7-year period, are higher than the state averages for similar maternity care services, however, perinatal mortality rates are in the highest quartile for the state. The aim of this study was to explore clinicians' views and experiences of using Project Primip, a new approach to caring for a low risk primip in labour and birth.

Methods

A mixed methods study was conducted of staff obstetricians, midwives - survey based on the Theory of Planned Behaviour and focus groups. Survey questions were analysed using descriptive and regression analyses. Focus group questions were semi-structured and an inductive approach was used to identify emergent themes.



Results

Survey (n=78) analysis identified two variables, self-efficacy (confidence in own ability to follow Project Primip) ($p=0.03$) and subjective norm (social pressure) ($p<0.001$), as significant predictors of intention to use Project Primip. Focus groups identified five themes as key influences on the successful implementation of the model and reducing interventions that were not clinically indicated: philosophy of care supporting safe, normal labour and birth; organisational support; effective staff collaboration; standardised clinical decision-making; and the regional health service environment.

Discussion

These results suggest that the successful implementation of Project Primip may be enhanced when medical and midwifery staff feel capable and confident in using the model, and when staff perceive they have the approval and support of the organisation, their work colleagues, and peers.

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