Asthma and Pregnancy: A qualitative descriptive study of midwives’ current knowledge about asthma in pregnancy and their perceived role in antenatal asthma management in Australia.

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Statement of Originality

To the best of my knowledge and belief this thesis does not contain material, which has been accepted by any university or tertiary institution for the award of another degree or diploma. Material previously published or written by another person is referenced in the text. Subject to the Copyright Act 1968 the final version of my thesis may be made available worldwide via the University's digital repository.
List of publications and conference presentations.

Publications

1. McLaughlin, K; Keatinge, D; Murphy, V; Ebert, L; Kable, A. (2013) *Abstract:* Midwives’ current knowledge of asthma in pregnancy and their perceived role in antenatal asthma management – a qualitative descriptive study. Australian Conference 2013, p.63

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Asthma continues to be one of the most common potentially serious conditions that can complicate pregnancy. At least 12% of pregnant women in Australia are affected by asthma. Many studies have examined the link between poorly controlled asthma and increased exacerbations during pregnancy with increased foetal and maternal morbidity. Despite asthma management guidelines advocating a collaborative approach to antenatal asthma management among health professionals, the role of the midwife in antenatal asthma management has not previously been examined.

This study set out to explore what midwives currently know about asthma in pregnancy and their perceived role in antenatal asthma management. A qualitative descriptive design was used and data were collected via face-to-face interviews with 13 midwives who consented to participate in the study. Data collected from these interviews were digitally recorded, transcribed and analysed using qualitative content analysis.

The findings from these data are as follows: that midwives’ current knowledge about asthma in pregnancy varies among the sample group with some participants having an awareness of possible changes in asthma symptoms during pregnancy but few participants knowing the range of potential consequences of poor asthma management for both mother and baby. The perceived role of midwives in antenatal asthma management also varies with some midwives stating that they feel their role is to educate women regarding their asthma and others stating that their role is to refer women to other health professionals. Barriers to providing antenatal asthma management were also identified by the midwives. Participants also offered suggested solutions to the barriers that were identified.

Overall, there was found to be no uniform approach to the antenatal asthma management being undertaken in the facility in which this study took place. The development of an antenatal asthma clinical pathway could help to change current clinical practice regarding asthma management of pregnant women, and make that process more uniform. Increasing opportunities for asthma education for those who provide antenatal asthma management could also help determine the role of the midwife when caring for a pregnant woman with asthma. The findings of this study also have implications for further research into the role of the midwives working with women who have complex needs during the antenatal period.