NURSES EXPERIENCES OF PROVIDING CARE TO WOMEN AFFECTED BY A PREGNANCY ASSOCIATED CANCER

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ACKNOWLEDGING THE TRADITIONAL OWNERS OF THE LANDS ON WHICH WE MEET

THE WHADJUK NOONGAR PEOPLE, OF THE BOORLOO LANDS

I pay my respect of Elders past, present and emerging.
To the Mubaarn, the healers who restore spiritual harmony between people and country

Images sourced from Our Medicine, ScreenWest

COLLABORATORS

Prof Deborah Davis

Dr Marjorie Atchan

Dr Mary-Ellen Hooper

Prof Catherine Paterson

PREGNANCY ASSOCIATED CANCER

Definition

A cancer diagnosed during pregnancy or within the year following birth[1]

Incidence

1 in 1000 pregnancies[1]

33.6 in 100,000 women were affected by a cancer during pregnancy, and 99.1 in 100,000 women diagnosed postnatally[2]

Common cancer types include breast and blood cancers. However, any entity type may be diagnosed[1]

Evidence

There is comprehensive evidence for oncology treatment of PACs yet there is limited knowledge informing supportive care[3]

Women affected by PAC report significant gaps in care relating to psychosocial, care coordination and breastfeeding[4]

Images shared with consent

THE STUDY

OBJECTIVE

To understand the experiences of nurses providing pregnancy associated cancer care in Australia

DESIGN

A qualitative research study embedded with feminist standpoint theory

METHODOLOGY

Recruitment promoted via a social media and email led campaign.
Data managed via REDCap
Semi-structured interviews via Microsoft TEAMs.
Recorded and transcribed for the purpose of analysis.
Data was analysed using Braun and Clarke's six-stage thematic analysis to generate iterative reflexive findings[5].

ETHICS

Human Ethics University of Canberra - HREC14531

THE NURSES

RECRUITMENT

Recruitment flyer shared via Facebook, Instagram and LinkedIn; and email campaign shared with Cancer Nurse Society of Australia, McGrath Nurses, Ovarian Cancer Australia and the Australian Primary Health Care Nurses Association.

PARTICIPANTS

15 nurses participated in interviews.

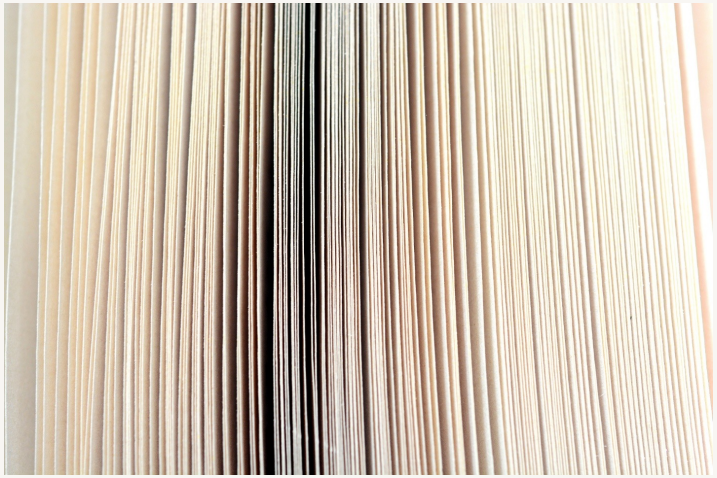
DEMOGRAPHICS

GENDER: 14 female; 1 male
AGE: 30- 67 years

QUALIFICATION: Graduate Certificate (n=1); Bachelor's Degree (n=8); Master's Degree (n=6)
YEARS OF PROFESSIONAL EXPERIENCE: 3-5years (n=1); 11-20years (n=4); 21+years (n=10)

SERVICE: not-for-profit (n=1); private (n=4); public (n=10)
SETTING: metropolitan (n=12); regional (n=3)
STATE: ACT (n=4); NSW (n=5); QLD (n=2); VIC (n=4)

FINDINGS



EMERGENT CARE LACKS KNOWLEDGE AND COLLABORATIONS

- Rise of PACs not matched by professional education, resources and support for nurses
- Clinician discomfort impedes supportive care
- Experience assumed competence

OPTIMISING TREATMENT OUTCOMES

- Biomedical approach to care
- Supportive care determinants and referral services were not holistic for the needs of women affected by a PAC
- Person-centred care unable to be provided in the context of a PAC

IS THAT A CANCER RELATED CONCERN? IS IT A CANCER SLASH MATERNAL CONCERN?

Emergent care lacks knowledge and collaborations

OUR HARDEST THING IS TRYING NOT TO BE, "I JUST REALLY WOULD LIKE YOU TO TERMINATE THIS CHILD AND JUST GET ON WITH YOUR TREATMENT BECAUSE I WANT YOU TO BE HERE TO HAVE MORE CHILDREN"

A focus on optimising the treatment outcome

DISCUSSION

AWARENESS of

- Matrescence is the physical, psychological and emotional changes that occur through pregnancy, birth, breastfeeding and mothering[6]
- Education for clinical and support care across maternity and oncology with midwives for shared learning[7]

COLLABORATIONS with

- Ethical collaborations between oncology and maternity care providers to address the gap in women's unmet care needs[8]
- Ensure nurses and midwives are equally informed on clinical and supportive aspects of care

QUESTIONS

Isla and Freddie - Image shared with consent

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THANK YOU