

Academic midwifery: A different pathway to impact

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An article for 'The Practising Midwife' by Dr Sally Pezaro @SallyPezaro

Academic Midwife at Coventry University

[Academic Midwifery: A different pathway to impact](#)

[Summary](#)

The future of the midwifery profession holds many exciting opportunities for those looking for new challenges and aspiring to make a difference. Aside from clinical practice, midwives can now enjoy a multitude of career avenues within the profession, which offer alternative pathways to impact. This article explores how academic midwifery practice can instigate broad scale transformations and challenge the status quo via research, evidence, leadership and mentorship. Support and advice is also outlined to those midwives looking to publish their own work and share evidence-based practice with a global audience.

[Midwifery career opportunities](#)

The future of midwifery is currently under consultation, and midwives across the United Kingdom are being asked what midwifery should look like in 2030. This is an exciting prospect for midwifery, because aside from clinical practice, the future midwife will be enabled to build a lifelong career in the following areas:

- Education
- Research
- Management
- Leadership
- Policy

With new careers come new opportunities, and midwives may revalidate to renew their registration with the Nursing and Midwifery Council in the following areas of practise, aside from providing direct clinical care:

- Commissioning
- Consultancy
- Education
- Management
- Policy
- Quality assurance
- Inspection
- Research

For midwives looking for a new challenge, opportunity knocks, and midwifery educators will be preparing students to take on these new opportunities should they so wish. Whilst midwives delivering clinical maternity care focus on one childbearing person and their family at a time, these other areas of practice may allow the midwife to make an impact on a much larger scale. To illustrate this here, I put forward the story of my own professional journey to becoming an academic midwife, coupled by a few such impact stories.

[Rocky beginnings](#)

I have wanted to become a midwife since the age of 4 when my baby brother entered the world. It is not just my profession; I consider it to be a part of who I am. Following the completion of a bachelor's degree, I took direct entry into midwifery practice and some of my early experiences allowed me to practise in both the Gambia and Ethiopia, as well as in the United Kingdom. Eager to contribute to excellence in maternity services from a senior level, I went on to complete an MSc in Leadership for health and social care, after which I hoped

to deliver on innovative projects to enhance the quality and safety of services. However, two newly diagnosed health conditions meant that my future professional career and fitness to practise then became uncertain.

Though these times were turbulent, they allowed me to sit back and reflect on what I really wanted out of my midwifery career and how I could best support excellence in the profession. I have always had a thirst for knowledge and been eager to seek out new challenges. As such, I decided that a PhD in the field of midwife wellbeing and an advanced diploma in global leadership would focus my mind and channel my passions. Once I started to work in these new and likeminded academic circles, I really began to thrive. I am now highly motivated by the changes that academic work can make on a much broader scale. I am also keen to mentor others motivated to join the world of academic midwifery.

How much of a difference can you really make in academia?

Midwifery practice is evidence based. Therefore, any new evidence generated and published has the power to influence maternity services worldwide. Part of my job is to identify where the gaps in the evidence and literature lie, and where a difference can be made. This task is made easier by working collaboratively with interdisciplinary teams.

Case One: As active users of social media, myself, Dr Gemma Pearce (a psychologist) and Dr Emma Reinhold (a General Practitioner (GP)) observed that many women with hypermobile Ehlers Danlos syndrome were identifying childbearing as a key transition period in exacerbating their condition online. These discussions were accompanied by concerns that maternity staff were ill equipped to meet their needs. Consequently, my colleagues and I pulled together a review of the evidence, and published care considerations in the British Journal of Midwifery to support the evidence-based decision making of both service users and staff. This article has since been downloaded over 14,000 times and remains the journals most widely read (Pezaro, Pearce et al. 2018a). The difference this article has made can be evidenced by the collection of over 60 impact stories.

"I gave this to my consultant when I was pregnant earlier in the year. The article was put in the front of my notes and I think it definitely helped with my care 🙌 "

""It enabled more sensitive care and a timely and appropriate referral to the pain team. I printed it off to share with colleagues including student midwives to learn from."

"I'm showing this to my GP tomorrow. It's the first time since the birth of my daughter and diagnosis 5 years ago that I've felt it possible to consider having the 2nd child I've longed for! I didn't have the knowledge to advocate for proper care, now I do, thanks to new research."

""I think this paper has made a huge difference as my daughter was able to take this with her into hospital to support her birth plan. She had a major haemorrhage and extensive tearing plus multiple other complications. She was taken very seriously by midwives and obstetricians. Thanks so much"

Case two: Patient and public involvement (PPI) in research is important as it can provide researchers with insights into what it is like to live with a particular health condition. Such insights can help to make health research more relevant to those who will benefit from it. In developing an online intervention designed to support midwives in work-related psychological distress, myself, Dr Gemma Pearce and a fellow academic midwife, Dr Elizabeth Bailey considered that it may have been useful to include midwives in PPI activities, as they were to be the intended recipients of the intervention proposed. Yet we could not include midwives in these PPI activities due to them having a professional role in health and social care services. Nevertheless, as midwives were the intended end users and direct beneficiary of the intervention proposed, we argued that they should "not necessarily be excluded from PPI activities simply because they treat patients"(Pezaro, Pearce et al. 2018b). This published academic debate was used as a case study to spark deliberations about changing INVOLVE policies about staff being included in PPI activities where they are identified as 'end users.' Watch this space!

Other collaborative research projects along with reviews of the literature can also inform key recommendations for employers in maternity services. For example, in working with colleagues from the Royal College of Midwives (RCM) to explore the topic of workplace support for staff experiencing domestic abuse,

newly formed recommendations could be published to enable maternity service managers and NHS Trusts/Boards to support staff experiencing domestic abuse more effectively (Pezaro, Fyle et al. 2018). Similarly, quotes from a literature review published by myself and colleagues exploring work-related psychological distress in midwifery populations were used to provide guidance to heads of midwifery in an RCM publication on work-related stress (The Royal College of Midwives 2016, Pezaro, Clyne et al. 2015). Academic midwives can also positively influence the direction of midwifery research and mentor others as part of editorial boards along with key stakeholder and steering groups. I do this via those associated with the Mary Seacole Awards and a variety of academic journals.

How can I publish my own work?

Many job specifications for leadership and consultant midwife roles now require applicants to have published academic articles. Additionally, if you are doing something special then it makes sense to share best practice in an academic article, right? Moreover, if you are reviewing the literature for yourself on a certain topic, why not save another midwife the trouble and publish a review of that literature for all to see? I have published a couple of 'How to' guides on my blog (sallypezaro.wordpress.com), but my 10 top tips for publishing would be:

1. Ensure that what you are wanting to publish is unique in some way
2. Start drafting your work early. Articles generally require many edits and re-writes
3. If you want to publish your dissertation/final project, prioritise passing your course first
4. Collaborate with co-authors. Input from others generally strengthens the publication overall
5. Identify other successful articles and journals for ideas on how to model your own publication
6. Use author guidelines and checklists to structure your article
7. Prepare yourself for rejections and resubmissions. This is all part of the journey
8. Once you publish your work, take opportunities to share it with the wider community
9. Think about what pathways to impact your work might follow
10. Identify follow on research questions. Why stop at answering only one?

I am always keen to act as a co-author to support others in publishing their work. If this is something that you are keen to do, please get in touch – sally.pezaro@coventry.ac.uk

How can I become an academic midwife?

As an academic midwife working in a university, I have the privilege of working with many inspiring people. Academic midwifery also affords me the opportunity to inspire and guide students in their quest to achieve great things. However, linking with a university isn't the only way to go. Clinical academic career options are also available via Health Education England (HEE) and through the National Institute for Health Research (NIHR). You may also be able to join a research team associated within other NHS organisations. Opportunities for PhD studentships are usually advertised by universities, and I share as many opportunities as I can via 'The Academic Midwife' Facebook page.

In 2017 I wrote an article for 'The Conversation' highlighting 7 things that the general public may not know about midwives (Pezaro 2017). It is important to remember that midwives don't just catch babies. There are a world of opportunities out there for the midwifery profession to promote excellence in maternity services. I would encourage all midwives to identify where they themselves can thrive and lift one another up as they rise. I am eternally grateful to the mentors and collaborators who enabled me to flourish. I hope to continue to support others in the same way.

PEZARO, S., 2017. *Oh baby: seven things you probably didn't know about midwives. The Conversation.*

PEZARO, S., CLYNE, W., TURNER, A., FULTON, E.A. and GERADA, C., 2015. 'Midwives Overboard!' Inside their hearts are breaking, their makeup may be flaking but their smile still stays on. *Women And Birth: Journal Of The Australian College Of Midwives*, 29(3), pp. 59-66.

PEZARO, S., FYLE, J., BOURKE, G. and SORBY, A., 2018. *Safe places? Workplace support for those experiencing domestic abuse A survey of Midwifery Leaders, Midwives and Maternity Support Workers.* Royal College of Midwives.

PEZARO, S., PEARCE, G. and REINHOLD, E., 2018a. Hypermobility Ehlers-Danlos Syndrome during pregnancy, birth and beyond. *British Journal of Midwifery*, **26**(4), pp. 217-223.

PEZARO, S., PEARCE, G. and BAILEY, E., 2018b. Childbearing women's experiences of midwives' workplace distress: Patient and public involvement. *British Journal of Midwifery*, **26**(10), pp. 659-669.

THE ROYAL COLLEGE OF MIDWIVES, 2016. *Work-Related Stress*. Equality and Diversity Guidance Publication. RCM.