



Continuity and Change in Midwifery Science – Perspectives and Paradigms for Research and Practice

PROF CAROLINE HOMER AO

MIDWIFE

DEPUTY DIRECTOR: GENDER EQUITY, DIVERSITY AND INCLUSION

CO-HEAD: GLOBAL WOMEN AND NEWBORN HEALTH

BURNET INSTITUTE

EMERITUS PROFESSOR OF MIDWIFERY

UNIVERSITY OF TECHNOLOGY SYDNEY



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reach for the many

Research makes a difference to practice and policy

The impact of midwifery research

- Midwifery research improve patient outcomes and influence health system policy

Leadership in research

- Midwives can uniquely lead research due to their clinical and community insight

PhD student contributions

- PhD students play a vital role in advancing midwifery research agendas.

Importance of mentorship

- Mentorship supports researchers and doctoral students' success and promotes equitable, inquiry-led research.



Research active environments lead to better outcomes and improved policy

Reduced mortality and morbidity

Higher quality of care

Better patient experience

More efficient and cost-effective care

Benefits to staff experience, recruitment and retention

Evidence-based policy

Why does midwifery research matter?

Evidence-based practice

- Midwifery research generate **clinical evidence** that informs guidelines and protocols.
- Midwives apply findings to improve **safety, effectiveness, and efficiency** of care.
- Policy that is grounded in evidence

Patient-centered interventions

- Midwifery research often focuses on **real-world patient needs**, leading to tailored interventions.
- Examples: culturally sensitive maternity care, better discharge planning, midwifery continuity of care

Preventative health strategies

- Midwifery research identifies **risk factors** and effective prevention programs.
- Supports early detection and health promotion, reducing complications and hospital readmissions.

Quality improvement

- Midwifery research drives **continuous improvement** in models of care, workflows, infection control, and medication safety.
- Leads to measurable gains in **patient satisfaction and outcomes**.

Policy and system impact

- Midwifery research influences **health policy**, staffing models, and resource allocation.
- Strengthens **primary health care systems**, ensuring equitable access and better population health.

Why?

- It might be that research participation leads to better knowledge among staff
- Perhaps there are changes to institutional structures or mechanisms that are then used more broadly
- Internal processes may be more easily changed for the better as a result of conducting studies
- Research may encourage more collaboration between organisations, teams, and individuals
- Research-engaged health organisations are more likely to follow the most recent clinical guidelines
- Better-performing providers may be more likely to participate in research, rather than the research activity driving performance

Source: AAMHS Report 2022



In the health care system

- There is an overwhelming focus on clinical careers without visible research career entry points or progression
- Even positions with research components are often not operationalized
- Research positions rarely allow clinical work. There is a lack of research time and infrastructure (e.g., mentors, resources, space)
- In a female dominated workforce, part-time work and parental/carer responsibilities are common barriers
- Movement between clinical/academic employment is inflexible and risks employment security, salary loss, leave portability and promotion opportunities



Nurses and midwives

- Nurses and midwives together make up the largest groups in the global workforce
- Midwives hold the key to clinical research to make an impact on maternal and newborn outcomes



Research has led to the global recognition of the importance of midwives



Achieving **UNIVERSAL COVERAGE**
of midwife-delivered interventions
by 2035

Could avert



67%
of maternal
deaths



64%
of newborn
deaths



65%
of stillbirths

**SAVING 4.3 MILLION LIVES
PER YEAR BY 2035**

A less ambitious **25% INCREASE IN
COVERAGE** of midwife-delivered
interventions every 5 years

Could avert



41%
of maternal
deaths



39%
of newborn
deaths



26%
of stillbirths

**SAVING 2.2 MILLION LIVES
PER YEAR BY 2035**

... but only if

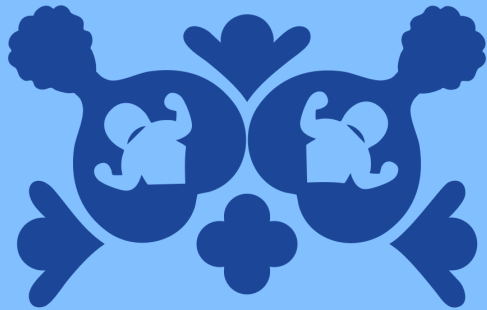
- Midwives have quality education and are regulated and part of an integrated joined-up system:
 - Primary health care level services for all women with access to secondary and tertiary level as needed
 - Access to specialist care for some
 - Obstetrics, caesarean section, blood transfusions and specialized neonatal care
 - Communication, consultation and referral systems
 - Drugs and commodities
 - Transport and roads
 - Regular pay and reasonable working conditions
 - Professional respect and mutual collaboration

#IDM2026 MILLIONMORE.ORG



2.3 million newborns die every year – and many more are stillborn.

One Million More Midwives could change that.

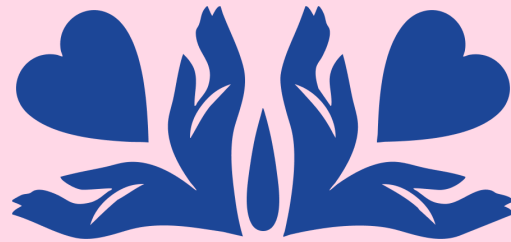


#IDM2026 MILLIONMORE.ORG



Every two minutes, a woman dies from causes linked to pregnancy or childbirth.

One Million More Midwives can change that.



#IDM2026 MILLIONMORE.ORG



Globally, 55% of women experience obstetric violence, often through non-consented care.

One Million More Midwives could ensure all women got respectful, rights-based care.



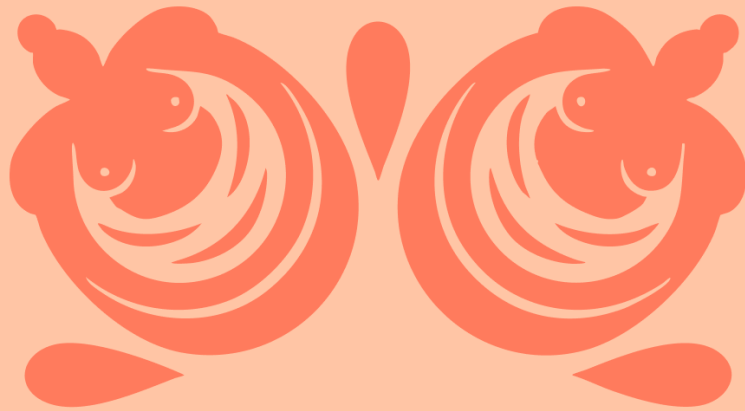
#IDM2026

MILLIONMORE.ORG



**By 2030, nearly
30% of births will be
caesareans—double
the WHO’s recommended
10–15%.**

One Million More Midwives
can help restore balance.



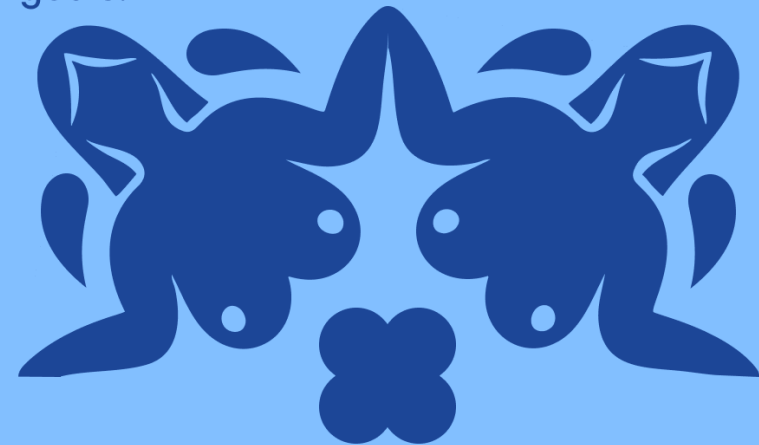
#IDM2026

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**Breastfeeding
to near-universal
levels could save
over 800,000
children’s lives
every year.**

One Million More Midwives could help
more women meet their breastfeeding
goals.



Midwife researchers are key

01

Identifying the problems or issues

02

Thinking of ways to solve the problems

03

Asking different questions

04

Including women and the community in the research

05

Using innovation in methodologies

06

Implementing the findings of the research

Midwives understand the problems, issues and challenges



Midwives are in a unique place to identify problems



Clinically grounded – can see the challenges especially in the wider system



Clinically curious – how could things be better



Close to the consumer – what matters to women and the community

Going from problem to question



Need to develop good skills in reviewing the literature



Move away from describing the problem to doing something about it



Always keep the patient or the people at the centre of solving the problem



Identify the partners and collaborators – all research is a team event

Research priorities	Research priority score
1 Evaluate the effectiveness of midwifery care across the continuum in increasing access to and acceptability of family planning services for women	90.4
2 Evaluate the effectiveness of midwife-led care when compared to other models of care across various settings, particularly on rates of fetal and infant death, preterm birth, and low birthweight	89.8
3 Determine which indicators are most valuable in assessing quality maternal and newborn care	89.7
4 Identify and describe aspects of care that optimise, and those that disturb, the biological/physiological processes for healthy childbearing women and fetus/newborn infants and those who experience complications	89.3
5 Evaluate the effectiveness of midwifery care in providing culturally appropriate information, education, and health promotion (eg, nutrition, substance use, domestic violence, and mental health)	89.1
6 Identify and describe enabling factors from examples of successful implementation of evidence-based maternal and newborn care across a variety of settings	89
7 Describe and evaluate the effectiveness of midwives working with others (such as health professionals, community health workers, and traditional birth attendants) in achieving quality maternal and newborn care including, but not limited to: Timely transfer of women to appropriate level/site of care Management of emergency situations Maximal use of skills and competencies Shared decision-making and accountability	89
8 Assess the views and preferences of women and families across a variety of settings about their experiences of maternal and newborn care including, but not limited to, care providers and sites of care (eg, place of birth, antenatal care)	88.8
9 Develop setting-specific benchmarks to assess measurable progress on implementation of quality maternal and newborn care	88.3
10 Identify and describe aspects of maternal and newborn care that strengthen or weaken women's psychosocial wellbeing and mental health	88.0
11 Assess whether new measures of morbidity are needed to more effectively evaluate outcomes of maternal and newborn care	88.0

Table: Ranking of research topics by overall research priority score

**Holly Powell Kennedy, Sashiyo Yoshida, Anthony Costello, Eugene Declercq, Marcos A Dias, Elizabeth Duff, Atf Gherissi, Karyn Kaufman, Frances McConville, Alison McFadden, Michaela Michel-Schuldt, Nester T Moyo, Kerri Schuiling, Anna M Speciale, Mary J Renfrew*

Asking different questions: research priorities to improve the quality of care for every woman, every child



Supporting High Quality Research



Connecting QMNC researchers across regions, topic areas, and skill levels.



Engaging in high-quality research to improve QMNC around the world.



Recognizing that the people with the solution are those closest to the problem.



Quality Maternal and Newborn Care Research Alliance

An international community of researchers, clinicians, advocates, and policymakers, improving quality maternal and newborn care through research.

[Join QMNC Now!](#)



Midwifery and Other Models of Care

INVESTIGATE the impact of quality maternal and newborn care and the contribution of midwifery, on maternal, newborn, and related outcomes across diverse settings.



Optimizing Childbearing Physiology

IDENTIFY and describe aspects of care that optimize or disturb physiology for all childbearing women, people and their fetus/newborn/infant.



Measures and Benchmarks

DETERMINE which indicators, measures, and benchmarks are most valuable in assessing quality maternal and newborn care across settings.

Supporting High Quality Research

“The importance of research to the nursing and midwifery professions cannot be overstated. Research is the primary source of the discrete professional knowledge upon which our professions are based, and upon which major gains have been made in the health of people locally, nationally, and internationally ... We must nurture and develop research capability and capacity within our professions.”

Source – AAHMS Report – Shelley Nowlan, Chief Nursing and Midwifery Officer in Queensland

Select contributions from nursing- and midwifery-led research in Australia

Important care outcomes

- Decreased incidence of catheter-associated urinary tract infections through use of chlorhexidine for cleaning before urinary catheterisation³
- Reduced short term death and disability and longer term mortality from stroke nursing protocols⁴
- Reduced psychological distress and increased preparedness for caregivers of palliative care patients⁵
- Effective relief from labour-related pain with water injections⁶

Major savings for the health system

- Less frequent replacement of infusion sets shown to be safe, reducing national costs by \$75 million annually for central venous and peripheral arterial catheters⁷
- Reduced health care costs (\$13 100 less per person) and duration of all-cause hospital stay (10 days fewer) with home-based intervention for older patients with chronic heart failure⁸
- Caseload midwifery proven safe and cost-effective for women of any risk, saving more than \$560 per woman⁹
- \$65 million savings in health care costs and \$252 million savings in societal costs from stroke nursing protocols over 5 years¹⁰

Midwifery and nursing led research makes a difference

Source: Eckert et al MJA, November 2022

Midwifery led randomised controlled trials in Australia and New Zealand

In total, 50 midwife led RCTs in the ANZCTR database met our inclusion criteria;

- 47 conducted in Australia, and 3 in New Zealand.
- Most selected trials were conducted by midwives that held university-based positions (n = 27), followed by midwives that held hospital or health service-based research positions (n = 11).
- Some research was carried out by midwives in solely clinical hospital or health service roles (n = 9), and three lead investigators reported both clinical and university-based positions on their trial registration.

Most common topics

- Midwifery models of care
- Breastfeeding
- Perineal care
- Antenatal care
- Counselling
- Pain relief in labour



Midwife led randomised controlled trials in Australia and New Zealand: A scoping review

Caroline Homer^a, Kim Neylon^b, Kate Kennedy^b, Kathleen Baird^c, Andrea Gilkison^d, Samantha Keogh^e, Sandy Middleton^f, Richard Gray^g, Lisa Whitehead^h, Judith Finnⁱ, Claire Rickard^j, Greg Sharplin^b, Stephen Neville^k, Marion Eckert^{b, e}



Strategies are needed to:

Develop research skills:

- by further **improving the teaching of undergraduate level research skills** and enabling conversion to **honours programs**
- **bolstering doctoral and postdoctoral research training opportunities** and ensuring suitability of programs for midwives, including those who remain clinically active
- improving the **quality of all research outputs**

Increase resources

- **funding opportunities and embedding career frameworks** for clinicians to undertake research that is clinically embedded,
- **creating roles** that are part clinical and part research, and providing clinicians with dedicated time alongside their care duties to undertake clinical research and translation work (we have this for medicine – what about the rest?)

Increase collaboration

- We can do more and make more impact when we collaborate.
- Ensure research is everyone's business

What can midwife researchers do?



Research things that matter



Be locally led and co-created



Collaborate including with policy makers and funders



Study the implementation – study the HOW to get into practice



Get funding



Disseminate in ways other than a published paper

What can the health care providers do?



Be willing to embrace change and try new things



Work with researchers to design and guide the research



Listen to the results



Help disseminate the findings



Get evidence into practice



Be brave

What impact do PhD students have?

- Innovative health research - PhD students contribute fresh perspectives and critical inquiry to complex health challenges, advancing knowledge and practice.
- Doctoral research provides evidence that shapes healthcare policy and enhances clinical practice.
- PhD students bring new energy
- Enable a focus on health issues that matter to women and the community

PhD success guide – my thoughts

Find a good problem to work on

You need to have passion but be pragmatic
This is not the only thing you will ever study

Develop a clear aim

This will guide everything

Get skilled in the research fundamentals

Understand whatever is your approach - quantitative, qualitative, and mixed-methods approaches.

Learn ethical research practices and approval processes early.

Build strong analytical skills

Get comfortable with data analysis tools (SPSS, R, NVivo).
Practice interpreting results for clinical and policy impact.

Engage consumers and community advocates

Include patients and communities in research design.
Ensure your work reflects real-world needs and equity.

PhD success guide – my thoughts

Write with impact

Develop academic writing skills for journals and theses.

Learn how to structure manuscripts and respond to peer review.

Network & find mentors

Seek experienced mentors for guidance and career advice.

Join/form a research group of fellow students

Join professional associations, attend conferences, and engage in research communities.

Secure funding

Explore scholarships, grants, and fellowships early.

Learn how to write competitive funding applications.

Manage your time

Use project management tools to track progress.

Balance research with teaching, clinical work, and personal life.

Think beyond the PhD

Understand how research influences policy and practice.

Develop skills to communicate findings to decision-makers.

Managing yourself

Personal resilience

Mental health awareness: Coping strategies, seeking support.

Adaptability: Handling setbacks and criticism constructively.

Work-life balance: Avoiding burnout and managing stress.

Community & belonging

PhD student associations: Social events and advocacy.

Inclusive spaces: Support for diversity, equity, and inclusion.

Mentorship programs: Pairing with senior researchers or alumni.



Find and nurture support

Academic Support

Supervisor relationship: Clear expectations, regular feedback, and mentorship.

Peer networks: Study groups, writing circles, and informal peer support.

Research training: Workshops on methodology, data analysis, and writing.

Library & digital resources: Access to journals, databases, and research tools.

Wellbeing & mental health

Counseling services: Confidential mental health support.

Stress management programs: Mindfulness, resilience workshops.

Work-life balance initiatives: Flexible schedules, wellness activities.



Other supports for all midwife researchers

Professional Development

Career services: Guidance on academic and non-academic career paths.

Conference funding: Opportunities to present and network.

Skill development: Training in teaching, grant writing, and project management.

Financial & practical support

Scholarships & stipends: Reliable funding reduces stress.

Travel grants: For conferences and fieldwork.

Childcare & family support: especially for students with dependents.

What do we all need?

Being able to do meaningful work with positive relationships

Support at home and at work

Flexible work patterns and systems

Thank you



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reach for the many