Nobody left behind

High-quality research leads to high-quality midwifery practice. Dr Sally Pezaro outlines how you can get involved in producing the evidence that makes a real difference to women

s an academic midwife who is passionate about evidence-based midwifery, I was thrilled to be invited on to the editorial board of British Journal of Midwifery (BJM). I have worked hard to engage more midwives in academia and research as 'The Academic Midwife' on Facebook. Now, I am excited to use this opportunity to engage midwives in publishing and sharing their own work, making sure that any publications remain high quality. My own research interests lie predominantly in midwifery and health services research, with a large focus on midwifery workforce issues.

BJM has long been known as a publication with a broad readership in midwifery and maternity care. As such, it offers midwives and other professionals the chance to make a real impact with their work. One of our most recent publications has remained BJM's most widely read for more than a year (Pezaro et al, 2018), generating more than 60 impact stories and having a positive influence in maternity care for those childbearing with hypermobile Ehlers Danlos Syndrome (hEDS). Yet there is still work to be done.

In 2007, the World Health Organization (WHO) introduced standards of maternal and neonatal care, which emphasised the need to recognise and treat underlying conditions during pregnancy (WHO, 2007). However, hEDS remains an underdiagnosed, misunderstood and underresearched condition, especially in the context of childbearing and maternity services. With the recent Long Term Plan (NHS, 2019) pledging to strengthen

Sally Pezaro

Midwife, Researcher and Lecturer, Coventry University



the contribution to health inequalities, the future is filled with opportunities to improve maternity care. We want to ensure that nobody is left behind when it comes to the delivery of optimal maternity care; therefore, as well as interviewing 40 women with hEDS and experience of childbearing, we are also conducting two international surveys to inform future practice.

One of these international surveys will ask women with experience of childbearing and hEDS or a related diagnosis about their experiences in maternity care. The other will ask those delivering care to childbearing women about their knowledge and practices. These surveys will allow many more people to drive further improvements in maternity care, with participants invited from the UK, US, Ireland, Canada, New Zealand and Australia. As such, we hope that readers of BIM will continue their support for this area of research by completing and sharing these surveys widely. We will be sure to update readers with the results of these surveys as early as possible.

We all have a responsibility to support the generation and dissemination of high-quality evidence to inform world class maternity services. As an editorial board member, I hope to engage more midwives in this task, and would welcome any requests of support from those looking to publish their own work in *BJM*. I am keen to ensure that no childbearing person or midwife is left behind. I am excited for what lies ahead. **BJM**

If you are a woman with hEDS or a related diagnosis, complete the survey at: http://bit.ly/EDSMothersSurvey

If you care for women with hEDS or a related condition, visit: http://bit.ly/ EDSMaternityStaffSurvey

NHS. The NHS Long Term Plan. London: NHS England; 2019

Pezaro S, Pearce G, Reinhold E. Hypermobile Ehlers-Danlos Syndrome during pregnancy, birth and beyond. Br J Midwifery. 2018;26(4):217-23

World Health Organization. Standards for maternal and neonatal care. Geneva: WHO; 2007