# **Nobody left behind**

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Author post-print (accepted) deposited by Coventry University's Repository

#### Original citation & hyperlink:

Pezaro, S 2019, 'Nobody left behind' British Journal of Midwifery, vol. 27, no. 8, pp. 475. https://dx.doi.org/10.12968/bjom.2019.27.8.475

DOI 10.12968/bjom.2019.27.8.475

ISSN 0969-4900 ESSN 2052-4307

Publisher: Mark Allen Healthcare

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## Nobody left behind

As an academic midwife, passionate about evidence-based midwifery, I was thrilled to be invited on to the British Journal of Midwifery's editorial board. For some time now, 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, whilst also making sure that any future scientific publications remain of high quality. My own research interests lie predominantly within midwifery and health services research, with a large focus on midwifery workforce issues. I am also a steering group committee member and academic mentor for the Mary Seacole Awards, promoting improved health outcomes for people in black and minority ethnic (BME) communities.

The British Journal of Midwifery (BJM) has long been known as a publication with a broad readership focussed on midwifery and maternity care. As such, it offers midwives and other professionals the prospect of making a real impact with their work. For example, one of our most recent publications has remained the BJM's most widely read for well over a year now (Pezaro, Pearce, Reinhold 2018), generating over 60 impact stories in relation to having a positive influence in maternity care for those childbearing with hypermobile Ehlers Danlos Syndrome (hEDS). Yet there is still so much work to be done.

In 2007 the World Health Organisation (WHO) introduced standards of maternal and neonatal care which emphasised the need to recognise and treat underlying conditions during pregnancy (World Health Organization 2007). Yet, hypermobile Ehlers-Danlos syndrome remains an under-diagnosed, misunderstood and under-researched condition, especially in the context of childbearing and maternity services. However, with the recently

published Long Term Plan (NHS England 2019) by the National Health Service (NHS) pledging to strengthen its contribution to health inequalities, our future is filled with opportunities to improve maternity care for this, and other unique subgroups. 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 (<a href="http://bit.ly/EDSMothersSurvey">http://bit.ly/EDSMothersSurvey</a>) will ask women with experience of childbearing and hEDS or a related diagnosis about their experiences and outcomes in maternity care. The other (<a href="http://bit.ly/EDSMaternityStaffSurvey">http://bit.ly/EDSMaternityStaffSurvey</a>) 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 United Kingdom, Ireland, the United States of America, Canada, New Zealand, and Australia. As such, we hope that readers of the BJM will continue with 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. As midwifery practice is evidence based, we all have a responsibility to support the generation and dissemination of high-quality evidence to inform the future delivery of world class maternity services. In my new role 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 the BJM. Going forward, I am keen to ensure that no childbearing person or midwife is left behind. I am excited for what lies ahead.

Dr Sally Pezaro, midwife, researcher and lecturer at Coventry University, UK



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