



The pre-implementation process of the continuity of midwifery care research strategy: An implementation science methodologically guided initiative

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ARTICLE INFO

Keywords:

Continuity of care
Implementation science
Midwifery
Pre-implementation
Research and development
Stakeholder involvement

ABSTRACT

In 2017, the continuity of midwifery care model was introduced as the way forward in Scottish maternity and neonatal services. There is no shared research strategy aligning research needs with an agenda, setting goals and revising plans. In this paper, we outline the systematic multi-actor and integrated knowledge translation process that frames and informs our initiative to develop a continuity of midwifery care research strategy, focusing on establishing a comprehensive mission, vision, and research topics. Guided by the pre-implementation process as part of the implementation science methodology, we engaged with a Scottish group of stakeholders, including service providers, academics, managers/policymakers, service users' advocates and midwifery students during targeted activities to contribute to a widely held perspective. We collected data using an online poll, subgroup brainstorming sessions, plenary group discussions, evaluation and video recording to frame and inform the research mission, vision and study topics. Data collection tools included word clouds, brainstorming sheets, observation notes, ranking, evaluation forms and recording transcripts. The outcomes of a stepwise analytic approach of mapping, synthesising, and using the data to develop a continuity of midwifery care research direction and focus will inform future funding applications, studies and projects. The pre-implementation process and actions described in this paper can serve as an example of structuring comprehensive research strategies in other settings, cultures, domains or contexts.

1. Introduction

Continuity of Midwifery Care (CMC) is a model of care in maternity services, underpinned by rigorous, ample, and worldwide research and evidence showing that the model positively influences the short- and long-term health and well-being of women and their families (Sandall et al., 2024). In CMC, the midwife is the lead professional in planning, organising, and providing care to a woman from the first visit during pregnancy to the postnatal period within a multidisciplinary network of consultation and referral with other care providers (ICM, 2011; Sandall et al., 2024). The CMC model is key to the Scottish Government's maternity and neonatal five-year forward plan *The Best Start* (Scottish Government, 2017). *The Best Start* includes 76 recommendations, of

which 42 are CMC-specific, informing midwifery practice, organisation and management of care, midwifery education and academia. Of the 14 Scottish Health Boards, five early adopter Health Boards agreed to lead the way in implementing the CMC recommendations (Scottish Government, 2020). An implementation framework was published as a practical guide for initiating, developing and implementing *The Best Start's* CMC recommendations (Scottish Government, 2020).

The Best Start report's recommendations are based on a review of efficient evidence (Scottish Government, 2017), including systematic and rapid reviews, guidelines, the Lancet Series on Midwifery Quality Maternal and Newborn Care, the NHS Scotland Maternity Survey, observational studies, and the predominantly England-based Preconception to pOst-partum study of cardiometabolic health in Primigravida

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PregnancY (POPPY) study (Connolly et al., 2020; Gavin et al., 2017; Scottish Government, 2017). The implementation framework's description of testing and evaluation of CMC recommendations used a case study approach on the Health Board level, using local cases to illustrate how CMC was implemented and the lessons learned from this (Scottish Government, 2020). Scottish CMC studies that were conducted after the implementation of *The Best Start* primarily assessed the implementation of CMC or evaluated the care model in the early adopter Health Boards, the outcomes measures being stakeholders' perceptions (e.g. midwives, leaders in maternity service and service users) and homebirth and continuity of carer with the primary midwife (Hollins Martin et al., 2020; McInnes et al., 2020; Symon & Shinwell, 2020a, 2020b). These studies included recommendations for best CMC practices (e.g. visible leadership, effective change management strategies, long-term thinking and planning, CMC knowledge translation and transformation proactivity) and recommendations for research such as the comparison of regional CMC implementation across Scotland (Hollins Martin et al., 2020; Symon et al., 2020a), assessing the eligibility and uptake of homebirth in deprived areas and conducting larger-scaled CMC studies (Symon & Shinwell, 2020a, 2020b). After the COVID-19 pandemic, a new strategy was formulated to remobilise *The Best Start*, including audits to measure CMC effectiveness to inform improvement priorities (Scottish Perinatal Network, 2022). An additional five-year forward plan for CMC implementation in Scotland, known as The Equality Impact Assessment, identified the workforce, infrastructure, education and cross-cutting policy work preventing the desired outcomes of *The Best Start* (Scottish Government, 2024). In the report, gathering evidence from national statistics, health surveys or consultation with relevant equality groups has been advised to assess and evaluate potential impacts to promote equality of CMC (Scottish Government, 2024). Despite various research and evaluation recommendations, a strategic research plan or initiative to focus on these recommendations is lacking.

We have limited evidence on the moderating or mediating influence of specific determinants on the effectiveness of implementing a CMC research plan. Additionally, having little in the way of a shared CMC research strategy, how to match research needs with an agenda, set goals and revise plans, the authors initiated and adopted a systematic, evidence-based and tailored approach to construct a plan for a Scottish CMC research strategy. The initiative addresses the gap presented by the absence of a shared CMC research strategy, emphasising its originality. Systematic evidence-based tailoring involves the selection of a conceptual framework or model to guide the process, identifying the factors that might prevent or enable the development and construction of Scottish CMC research - to increase the likelihood of successful implementation (Wensing, 2017). Our primary aim was to outline the systematic process for developing a comprehensive strategy for CMC research, a mission and vision and a corresponding research agenda with topics of study, including the following objectives:

- To have a multi-actor dialogue
- To provide the direction and focus for CMC research
- To guide decision-making for topics of study for research proposals, studies and/or projects

Our systematic process and objectives will fundamentally direct the advancement of a vision towards the aspired mission. Establishing a sustainable research vision, mission, and content for a research agenda will be guided by input from stakeholders, incorporating opinions on logic and feasibility and drawing on a comprehensive knowledge reservoir to guide CMC research purposefully. To achieve this, context specificity, domain expertise, and proportionality are essential to collaboratively address research adaptability (Barley et al., 2020; Leggat et al., 2021; Peters et al., 2013).

2. Methods & pre-implementation approach

2.1. Design

The implementation science methodology guided our process, focusing on the core components of pre-implementation: the plan or innovation, the context, and influencing factors and strategies (Moulin et al., 2015). Implementation science seeks to understand and exchange knowledge within real-world conditions. Implementation science works with populations representing various interacting contexts or settings, including reciprocal sharing of interests and worlds to provide greater democracy, transparency and feasibility (Leggat et al., 2021; Proctor et al., 2011). Implementation research involves informing and advising decision-making, promoting the adoption and integration of stakeholder information, supporting implementation strategies, planning purposeful and deliberate action, and influencing the direction and design of research agendas (Peters et al., 2013; Proctor et al., 2011; van den Driessen Mareeuw et al., 2015).

2.2. Methodology

We applied a pre-implementation analytic approach, including (1) identification of the stakeholders, (2) data collection, and (3) analysis, mapping and synthesising, and use of data to inform the tailored research strategy (Haverhals et al., 2022). These steps form a multifaceted and integrated knowledge translation process composed of different types of stakeholders using practice-based, research-based, and experienced-based knowledge shared during multiple actions (Leggat et al., 2021; van den Driessen Mareeuw et al., 2015). To execute the pre-implementation process, we planned and conducted targeted activities to engage stakeholders and collect data for analysis. This process included organising multi-actor dialogues and actively involving students.

2.2.1. Identification of the stakeholders

We sought a representative group of Scottish CMC stakeholders, including decision-makers (Barley et al., 2020; Leggat et al., 2021) who would engage in our activities and work collaboratively to facilitate the knowledge translation process and to ensure that the results would be applicable and appropriate to the CMC context (McCormack et al., 2013). There were no defined inclusion and exclusion criteria, but we regarded stakeholders as individuals possessing expertise and interest in CMC. To be eligible, participants needed to self-identify as having an interest in or having expertise related to CMC in the widest sense (e.g. practice, management, academia, politics). The stakeholders were sought in the authors' networks. These contacts existed of, for example, practising midwives, academia, policymakers, and Health Board managers. Each group member sent an invitational email to inform their network about the upcoming activities and asked the recipients to snowball the invitation. We obtained consent from the stakeholders who participated in the activities to use their data for dissemination purposes. We did not require a minimum number of stakeholders to obtain valid data.

2.2.2. Data collection

To ensure the collection of context-specific data (McCormack et al., 2013), the authors organised kick-start events that facilitated a multi-actor dialogue among the stakeholders using a variety of data collection tools: An online real-time poll (Mentimeter®), interactive subgroup brainstorming, plenary reflexive collaborative dialogues of co-constructive knowledge sharing and collective knowledge building, and post-event evaluation. Data collection was driven by the aim to construct a CMC mission (WHY do we need CMC research? WHY does CMC research need to exist?) and a vision (WHAT do we want to achieve with CMC research? What is the ultimate purpose CMC research would serve?), and research topics providing clarity on the future pursuing this

agenda (HOW can the vision be achieved; with which research topics?). We used Simon Sinek’s Golden Circle Ted Talk video (<https://www.youtube.com/watch?v=7dAaWweraQ4>) as a vignette to stimulate the stakeholders to think about their sets of beliefs and to encourage them to reveal personal WHY-WHAT-HOW ideas and experiences (Gourlay et al., 2014).

As a first step, the stakeholders were asked (Mentimeter©): “Which information on continuity of midwifery care is needed/missing?” The stakeholders could anonymously provide a maximum of three responses (each 25 characters). The anonymous responses were displayed on a screen with word clouds, followed by an unstructured and reactive group discussion (10 minutes). As a second step, we organised (sub) group activities in three different sessions: the WHY (mission), WHAT (vision) and HOW (research topics) questions were answered in 30-minute brainstorming subgroups of 3–4 stakeholders, each followed by a 20-minute plenary group discussion. Stakeholders were invited to feel free to share and document all ideas and to write down actionable outcomes (brainstorming sheets). ‘Wild ideas’ were welcomed. The authors (YK, AAA, KH, AC) joined the subgroups/brainstorming not to generate ideas but to ask clarifying questions to stimulate further idea generation. The plenary discussions focussed on debriefing, reviewing and reflecting on the outcomes. During the HOW plenary session, the stakeholders ranked all the research strategy ideas provided by the subgroups based on their thoughts on importance, relevance, and changeability and verbally explained their choices. The stakeholders used coloured stickers to indicate or rank their preferences (green = first rank, amber = second rank, red = third rank, blue = wild card). The wild card was defined as a topic in which qualities or characteristics are indeterminate or unpredictable. One researcher (HJ) took notes during the WHY-WHAT-HOW group discussions. One week after the kick-start event, we took a third step by sending stakeholders a link to an online evaluation form (Microsoft forms©). This allowed them to share anonymous, open-ended feedback on the event, including highlights, areas for improvement, and any additional suggestions.

We also extended invitations to a representative from the Scottish Nursing and Midwifery Officer Directorate, as well as the Director of Midwifery from an early adopter Health Board, to participate in selecting pertinent abstracts on proposed CMC research written by Midwifery master’s students. The representatives were asked to review the abstracts and to select and rank three that they deemed particularly significant, relevant, and capable of promoting meaningful change in Scottish CMC practices. To gain insight into their decision-making processes, the representatives were asked to record a video explanation outlining their rationale for each selection. These video recordings were then transcribed and incorporated into the research data.

2.2.3. Analysis process

The data are analysed in six steps - after removing identifiable information such as names and settings and merging the data (observation notes, brainstorming sheets, word clouds, transcripts, and evaluation forms) into one document:

- (1) Structural text reduction: organising units of meaning (what is said) by extracting original text fragments. Subsequently, units of significance (what the text is talking about) are constructed by collaboratively rearranging, shortening, and restating the text preserving the original meaning of the units of meaning (Geanellos, 2000).
- (2) A concept-driven coding frame for context analysis using the Tailored Implementation for Chronic Diseases (TICD) worksheets pragmatically guides the pre-implementation process. TICD is a meta-theoretical determinants framework with 57 determinants grouped into seven domains: recommendations/factors of evidence, individual health professional factors, patient factors, professional interactions, incentives and resources, capacity for organisational change, and social, political and legal factors

(Flottorp et al., 2013). The TICD was developed primarily for healthcare implementations for patients with chronic diseases but can be applied more broadly and modified to help implementation researchers reflect on and tailor the determinants that are most relevant and important to the design of their plans (Aakhus et al., 2014; Dunlop et al., 2023; Flottorp et al., 2013; Kuipers, 2024; Zipfel et al., 2021).

- (3) Assigning a TICD determinant and domain to each unit of significance for mission and vision and assess the impact, adherence and feasibility of the unit of significance using the criteria listed in Table 1. This way, the key CMC units of significance and corresponding determinants are organised and prioritised as recognised as valid by stakeholders having been exposed to CMC, accommodating the Scottish context (Wensing, 2017). The researchers derive the scores from their CMC research and practice expertise and knowledge.
- (4) For each unit of significance, the data is screened to identify and extract the barriers (i.e. challenges) and the facilitators (i.e. enablers) for the research mission and vision and the recommendations for research (Dunlop et al., 2023).
- (5) Transforming the ranked research topics into scores the following scores are applied: first rank

= 3, second rank = 2, third rank = 1, wild card = 2. A frequency count will guide prioritisation. An *a priori* constructed flowchart based on the study of Zipfel et al. (2021) aids the frequency count, which determines the prioritisation of the most important mission and vision units of significance/determinants and research topics (Fig. 1).

Using the pre-implementation process in developing a research strategy offers a targeted and essential framework to align research efforts with practical and actionable objectives. Pre-implementation is rarely applied in the early stages of research strategy development, highlighting our initiative’s unique contribution to the field (Alley et al., 2023). Our pre-implementation methodology reflects an organised, systematic and original approach to CMC research strategy development. The variety of tools employed emphasises the methodological rigour and creative ways of capturing stakeholder perspectives. This multidimensional data collection process ensures a robust and nuanced understanding of the CMC research strategy.

3. Pre-implementation actions

We describe the pre-implementation actions that contribute to

Table 1
Scores impact and feasibility (adapted from Aakhus et al., 2014; Flottorp et al., 2013; Dunlop et al., 2023).

| CATEGORY | SCORE |
|--|---------------------|
| The likely impact of the unit of significance on the CMC research strategy (the impact if the unit of significance would be part of the mission and/or vision and thus research strategy) | 1 = No |
| | 2 = Probably not |
| | 3 = Uncertain |
| | 4 = Probably |
| | 5 = Yes |
| The likely impact of adherence to the unit of significance on the CMC research strategy (the level of seriousness of not including the unit of significance in the mission and/or vision/ non-adherence to the unit of significance) | 1 = minor impact |
| | 2 = moderate impact |
| | 3 = major impact |
| The feasibility of the unit of significance in the targeted settings (how likely will research related to the unit of significance contribute to real-world CMC) | 1 = low |
| | 2 = moderate |
| | 3 = high |

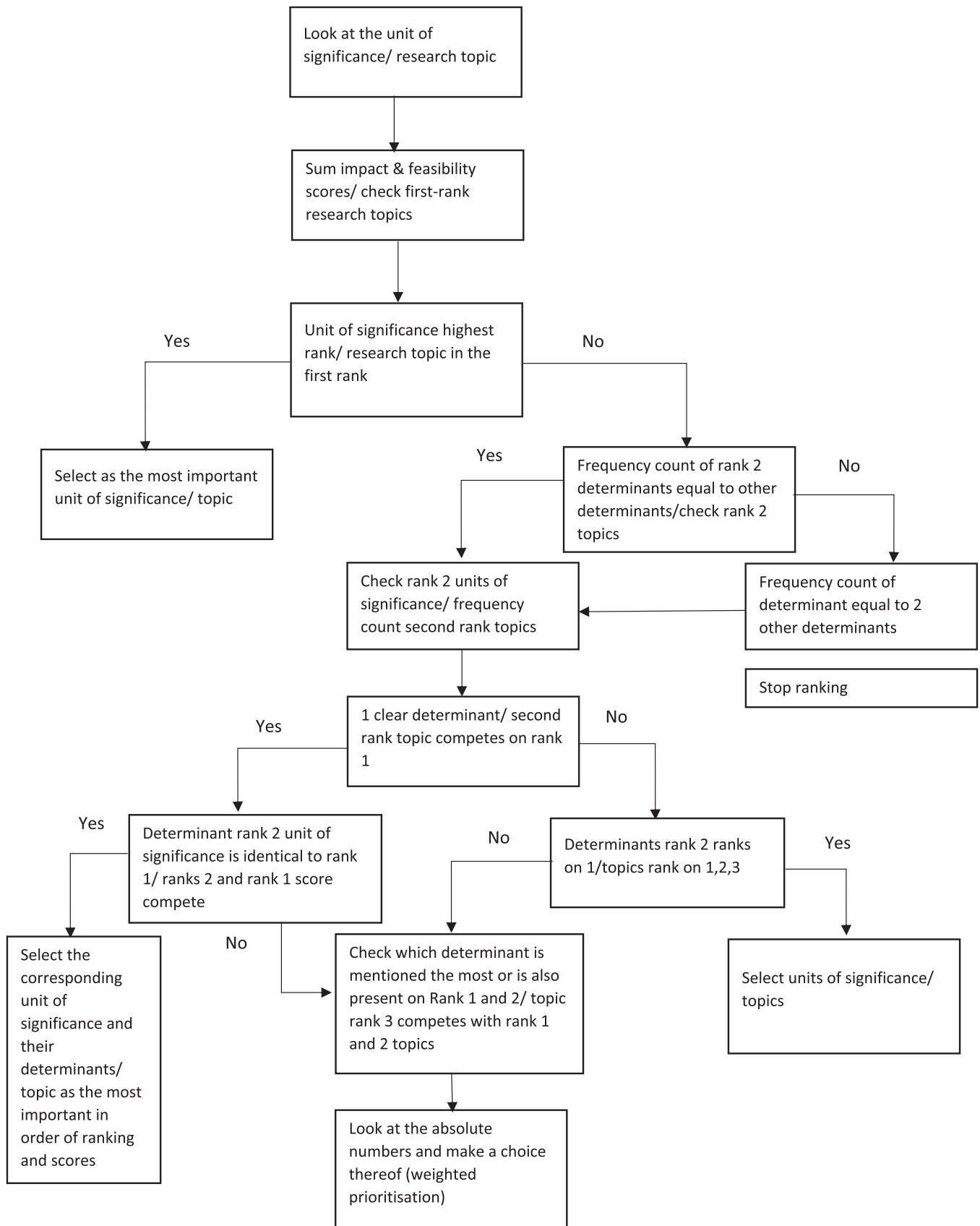


Fig. 1. Flowchart data analysis prioritisation determinants mission, vision and research topics (adapted from Zipfel et al., 2021).

developing a collaborative perspective on a CMC research vision, mission, and research topics within the CMC context. Our pre-implementation actions show how we involved a cohesive and interconnected network of individuals, agents, organisations, and events (Kuipers, 2024). We believe we have successfully, meaningfully and effectively engaged with this network. Our future actions are focused on further stakeholder involvement and development, application, and dissemination of the CMC research vision, mission, and research topics. Our pre-implementation phase sets the stage for effective implementation of the CMC research strategy.

3.1. Kick-start events

The authors (YK, AAA, KH, AC, HJ) organised two full-day kick-start events for stakeholders representing perspectives from practice, academia, policy, management, childbirth activism and education, and midwifery education. The kick-start events took place in April 2024 and were hosted by Edinburgh Napier University, Scotland. A total of 24 stakeholders attended the kick-start events, with 11 and 13 stakeholders attending one of the two kick-start events, respectively. The stakeholders included midwives (community-, hospital-based and homebirth midwives), midwifery care managers, policymakers (e.g. Scottish Government, Royal College of Midwives, Education Scotland), midwifery lecturers, leaders in midwifery education, researchers, childbirth educators, and childbirth activists. Some stakeholders fulfilled one of these roles; some had multiple roles/positions. The stakeholders were from across Scotland. The kick-start events included three program elements: (1) An information session presenting and discussing past and current influential CMC research on practice and best practices; (2) formulating and discussing individual and group perceptions; (3) evaluation.

3.2. Midwifery student involvement

We involved 23 Midwifery master students (Edinburgh Napier University) during a research module (June, 2023). Involving students in research activities contributes to their sense of topic ownership and being a stakeholder in the real world of midwifery (Kuipers & Verschuren, 2023). Exposing student midwives to CMC increases their desire to work in CMC and might support the implementation and sustainability of the model (McInnes et al., 2020). During the module, the students were instructed to read *The Best Start* Chapter 5: New Model of Care (Scottish Government, 2017), to identify gaps in the existing CMC literature related to Scottish CMC/*The Best Start* context, and to write a research proposal to bridge this gap. The research single-centre/university proposals of midwifery master students were written between May and August 2023. In February 2024, the representatives selected six proposals and video-recorded their explanations.

Our pre-implementation actions demonstrate a comprehensive approach to collaborative engagement and co-creation, showing inclusivity and systematic engagement. These elements add depth and credibility to the Scottish CMC research mission, vision, and agenda.

3.3. Next steps

The pre-implementation process informs the tailored CMC research strategy (Haverhals et al., 2022) and guides forthcoming actions. The first author (YK) has secured funding to collect data from service users of Scottish maternity services about perceptions of CMC research for which ethical clearance has been obtained. Midwifery lecturers and students in Scotland have requested the kick-start event to be repeated among midwifery students. These activities will contribute to a more widely held perspective on the CMC research strategy and are added to the perceptions of service providers, academics, managers/policymakers and service users' advocates. All data collection is expected to be completed by the end of 2024, and the analyses in 2025, followed by dissemination. The findings and strategy will be disseminated to inform

the Scottish maternity services context and an international audience, as CMC is a global issue (Kuipers, 2024). Findings will be disseminated through scientific publications and conference presentations. The Edinburgh Napier University *All-you-need-to-know-about-continuity-of-carer* CMC newsletter is an effective communication medium to share information about the Scottish CMC research mission, vision, research strategy and further accomplishments (Kuipers, Greig, et al., 2024). The strategy will ultimately purposefully drive funding applications, inform (PhD/master) studies, (PhD/master) study protocols and CMC projects, and inform policymakers and funding bodies to support the rollout. The Edinburgh Napier University marketing and communication team has posted a blog about the Scottish CMC research strategy on social media platforms (June 2024) to inform and reach a large, interested audience. The CMC research strategy can support the development of individual researchers becoming an independent CMC research group. Our pre-implementation process and actions can be an example of structuring comprehensive research strategies in different settings, cultures, domains or contexts.

Eventual implementation success may hinge, in part, on pre-implementation (Alley et al., 2023). The pre-implementation phase, or formal dimension, involves the intellectual development and articulation of the CMC research strategy – the actions described in this paper – serving as a comprehensive statement, framework and communication tool. The implementation phase or dynamic dimension of the CMC research strategy focuses on the practical application of the strategy, involving ongoing or planned research activities, the underlying motivation for conducting CMC research and adherence to the overarching research strategy (Rey & Bastons, 2018). The transition from formal pre-implementation to dynamic implementation is a critical juncture with implications for the overall uptake of our CMC research strategy (Alley et al., 2023; Rey & Bastons, 2018). Incorporating policymakers in our stakeholder group during pre-implementation may lay the groundwork for achieving future rollout of the strategy (Alley et al., 2023). Similarly, engaging representative stakeholders during pre-implementation and soliciting their feedback seems to be critical for ensuring effective CMC research strategy implementation (Rey & Bastons, 2018; Witt, 2022). An alternative approach to implementing the CMC research strategy involves evaluating the alignment - or "fit" - of specific research initiatives with the CMC strategy itself. This approach enables benchmarking individual studies with the CMC research strategy to assess whether these contribute meaningfully to advancing CMC practices, particularly in the Scottish context (Bartkus & Glassman, 2008). Another critical factor influencing the success of the CMC research strategy is fidelity to the pre-implementation process. This includes questions such as whether the CMC mission, vision and research agenda will gain widespread adoption, whether funders will support the strategy by financing projects aligned with its priorities, and whether researchers will select research topics that reflect these strategies (Beidas et al., 2022). Identifying barriers and facilitators affecting our strategy's implementation is an aspect of our stepwise analytic approach, enabling the use of prospective insights to enhance the likelihood of implementation success (Beidas et al., 2022). Additionally, iterative pre-implementation processes and periodic evaluations of the CMC research strategy will be essential for maintaining its alignment with the evolving Scottish CMC landscape. Those ongoing actions will be critical to promoting successful implementation and ensuring the strategy's long-term sustainability (Ellis et al., 2020).

3.4. Lessons learned

We learned that a pre-implementation process can't be underestimated or overlooked as it is a valuable preparatory process to collect relevant information and set priorities. Engaging with CMC experts in our pre-implementation activities might have attracted individuals with strong CMC and/ or research opinions. However, this facilitated high levels of knowledge sharing and catalysed the generation of collective

knowledge. This collaboration built a shared CMC intelligence to inform the mission, vision, and research agenda. We realised a safe environment was vital for the pre-implementation activities to flourish. Because our pre-implementation activities and data collection methods draw heavily on intuitive expert knowledge, we recognised the value and need for a systematic method of information analysis and processing the information to integrate intuitive knowledge into a mission and vision by reinterpreting individual stances to consistent clusters of knowledge that characterise high consistency. We experienced that the pre-implementation activities contributed to the awareness of the need for a CMC research strategy and developing enthusiasm among stakeholders. Although the pre-implementation activities focused on gathering information to develop a research strategy, we learned that focusing on enjoying the activities and the importance of fun played a role in energising participants and promoting creativity contributing to productive pre-implementation efforts.

4. Conclusions

The pre-implementation activities reached various stakeholders, although further activities are required to give voice to service users and midwifery students. The pre-implementation findings will be used to construct a continuity of midwifery care mission, vision and research agenda informing a Scottish research strategy, funding application, studies, study protocols and/or projects, which will be shared with policymakers and an (inter)national audience. Implementation of the CMC research strategy hinges on our pre-implementation process. We have articulated a novel approach to developing a CMC research strategy within Scotland's maternity care context. The originality of this initiative is rooted in its systematic, multi-actor, and integrated knowledge translation process.

Ethics

Ethical approval is obtained from the Edinburgh Napier University Ethics Committee (Ref. No. SHSC3631690).

Funding

The Research Culture Fund (2023–24) Edinburgh Napier University funded the study.

Author agreement statement

We, the undersigned declare that this manuscript is original, has not been published before and is not currently being considered for publication elsewhere. We confirm that the manuscript has been read and approved by all named authors and that there are no other persons who satisfied the criteria for authorship but are not listed. We further confirm that the order of authors listed in the manuscript has been approved by all of us. We understand that the corresponding author is the sole contact for editorial process. She is responsible for communication with the authors about progress, submissions of revisions and final approval of proofs.

CRedit authorship contribution statement

Kuipers Yvonne: Writing – original draft, Validation, Supervision, Methodology, Funding acquisition, Conceptualization. **Aitken-Arbuckle Alix:** Writing – review & editing, Validation, Resources, Investigation, Data curation, Conceptualization. **Hardie Kathryn:** Writing – review & editing, Validation, Resources, Investigation. **Corrigan Amy:** Writing – review & editing, Validation, Resources, Investigation. **Jenkins Holly:** Writing – review & editing, Validation, Resources, Project administration. **Craig Justine:** Writing – review & editing, Validation, Conceptualization.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgements

Holly Jenkins took part in the initiative as part of the Clinical Academic Research Gateway Awards scheme funded by NHS Lothian Charity, Scotland.

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- Alix Aitken-Arbuckle** Midwife, researcher and a Clinical Academic Senior Midwife at NHS Lothian and Edinburgh Napier University. research interests include midwifery, models of midwifery care, services for families impacted by social complexity, infant feeding, alcohol, drug use and parenting and realist methods.
- Kathryn Hardie** Midwifery lecturer, midwife, PhD student, a senior fellow of the Higher Education Academy and the Deputy Programme Leader for the Bachelor of Midwifery programme. Areas of research interest include midwifery continuity of carer and the woman/birthing person-midwife relationship.
- Amy Corrigan** Research midwife at the University of Edinburgh. Areas of interest include midwifery continuity of carer, parenting and the role of the midwife
- Holly Jenkins** A home birth midwife at NHS Lothian with an interest in Feminist research, physiological birth and women's views, evidence-based maternity care, home birth and woman-centred care
- Justine Craig** Chief Midwifery Officer at the Scottish Government and honorary professor at Edinburgh Napier University. Clinical career includes the labour ward setting, and community midwifery, before senior roles including Head of Midwifery, Associate Midwifery and Nurse Director and Director of Midwifery for NHS Lothian