AIMS For a better birth...

Working together to influence the future of midwifery research

AIMS Journal, 2025, Vol 37, No 3



By Dr Jude Field and Jenny Cunningham

The UK's top 10 midwifery practice and maternity care research priorities are here!

We first wrote about this project two years ago when we were in the planning stage. AIMS was a founding member of the project, with Nadia Higson on the Steering Group and AIMS as a Project Partner. We have been delighted with the involvement of AIMS and thank Nadia very much for her commitment and engagement throughout the life of the project.

The Royal College of Midwives (RCM) led the project and worked with the James Lind Alliance (JLA) to make sure we used a clear and trusted process. We invited AIMS and other service user organisations to become Project Partners to make this a collaborative project which reflected the priorities of women and birthing people, as well as midwives, midwifery students, maternity support workers (MSWs) and maternity care assistants. Perhaps you responded to one of our surveys which led to the top 10. You can see more about the project including details of the research team, steering group and project partners here. As a reminder, we circulated two electronic surveys, one in January 2024 and one in January 2025. The first survey gathered people's thoughts and ideas about what was important to them and where the gaps in evidence were. The second survey listed 67 priorities for research – created from the information given in the first survey - and asked respondents to identify up to 10 of their choices.

EDI considerations

We used an Equalities, Diversity and Inclusion (EDI) lens throughout as we wanted to ensure the top 10 reflected the UK's diverse population. We know that research is so often drawn predominantly from white, middle-class participants who are typically overrepresented in research. We used strategies throughout the life of the project to seek to change this bias, including reaching out to service user organisations who represent or work for minoritised groups, extending the surveys to respondents from the global ethnic majority, and considering the priorities which were considered most important by those from the global majority, members of the LGBTQ+ community and respondents who had identified as disabled (both physical and psychological). This was to ensure that EDI was central to the priorities discussed by the workshop.

The workshop

The top 10 were decided at a workshop of 24 people - women, birthing people and representatives of service user organisations (including AIMS) as well as midwives, midwifery students and MSWs. This group chose from a list of 26 priorities which were the most important options of those who completed our 2nd survey. The list of the 26 priorities can be viewed on the JLA website.

We were observers to a carefully developed and gently led day, with plenary as well as important breakout sessions. We were struck by the respect each person showed to others when discussing sensitive and often personal topics, which included baby loss and racism within maternity services. The outcome – the top 10 – was announced at the end of the day and everyone had at least one of their top 10s in the final list.

We are excited to share with you the final top 10.

1. What is required to create and implement culturally safe maternity care in the UK for women and birthing parents, and their babies, and staff from the global ethnic majority? What role does decolonisation of the midwifery curriculum and ongoing learning in clinical settings play in

improving cultural competence and safety?

2. What are the appropriate reasons for induction of labour? What are the short and long term maternal and baby outcomes associated with it? How should this be communicated to women and birthing parents and their informed consent gained?

3. What are the important components of personalised maternity care to ensure informed choice and decision making and how should this care be provided?

4. How does the culture within the maternity services, including racism, incivility and other negative behaviours amongst staff impact on midwives, maternity support workers and maternity care assistants, and what can be done to address this?

5. What factors mean that birth is becoming increasingly medicalised, and what are the long and short term outcomes resulting from interventions? How does medicalisation impact on the choices that women and birthing parents can make and the clinical care that they receive?

6. How can the causes and consequences of pre-existing psychological trauma during the perinatal period be better understood and prevented or the impact reduced? What role does trauma-informed care play in addressing it?

7. How can postnatal care be prioritised and improved so that mothers and birthing parents and their babies receive high quality care that meets their individual needs?

8. How can the maternity services improve bereavement care? How should the best available information be used by maternity services to improve the bereavement care experience for parents who suffer a loss in their current or previous pregnancies? What support and care provision should be available for families following a maternal death?

9. How can midwifery continue to be an attractive career for potential applicants? How can midwifery students and qualified midwives be helped to stay in the profession in a way that provides a positive work environment and supports the provision of safe and compassionate care?

10. What are the specific needs of neurodivergent individuals (including those undiagnosed) throughout their maternity care, and what knowledge, understanding and communication skills should maternity care professionals possess to provide safe and compassionate care?

What happens next?

We need to make sure that these top 10 priorities become funded research projects. The RCM will champion the Top 10 research priorities and seek to ensure their take-up by individuals and organisations across the UK. We will highlight and promote funding opportunities with grant makers and charities, such as the NIHR (National Institute for Health and Care Research) and the Wellbeing of Women. As a JLA project, they are automatically eligible to be used by midwives and other researchers in the NIHR James Lind Alliance Priority Setting Partnerships rolling call.

While it is acknowledged that this project was undertaken in the UK the RCM will highlight its relevance to the international midwifery community.

We will also evaluate the success of the top 10 on a regular basis.

The RCM will embed the Top Ten research priorities within its organisational-wide practices. It is a central plank in the RCM Research and Development Strategy 2025-27, as is the commitment to amplifying the voices of women, birthing people and their families within midwifery and perinatal research.

We would be delighted to hear from any of AIMS members who wish to get involved in research into one of the top 10.

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Author Bios:

Jenny Cunningham - I am one of the part time Research Advisors at the RCM. Prior to this I was a clinical midwife, a research midwife, and a midwife researcher in the southwest of England. I was also the RCM Learning Rep at my local hospital Trust. Since working for the RCM, I have led on the development of the RCM's Research and Development strategy and am now with my Research Team colleagues delivering projects to help and support midwives with their involvement in research. I am also undertaking a part time PhD on the topic of weight stigma in pregnancy.

Dr Jude Field - I job-share with Jenny as one of the two part-time RCM Research Advisors. Alongside this roles I am a side-by-side maternity trainer with The Flying Child. Prior to working for the RCM I was a clinical midwife and midwifery lecturer in North Wales, and have also worked as a qualitative research assistant on a perinatal mental health RCT running across England. I completed my PhD in 2018, and my

focus was on improving how home birth is offered to women and birthing people. My current research interests also include maternity care provision for victims and survivors of abuse.