

History in the making: a personal chair in midwifery research for Northern Ireland

On 27 September, I was promoted to professor of midwifery research at the University of Ulster Institute of Nursing Research. I am truly honoured – being the first midwife to become professor of midwifery research in the island of Ireland is, frankly speaking, breathtaking.

Dr William Featherstone Montgomery was the first doctor to be appointed professor of midwifery in 1829 at the College of Physicians in Dublin, and Dr Little was the first at Belfast Royal Academical Institution in 1835 (O'Sullivan, 2006). Midwife professors in the UK have a relatively short history: Mary Renfrew was the first in 1994, followed rapidly by Mavis Kirkham and Lesley Page. In Scotland it was Tricia Murphy Black, and most recently Billie Hunter in 2005 for Wales. Midwifery chairs are now seats of wisdom held by midwives.

For midwives in Northern Ireland, this appointment signals a major academic development for the profession. Midwifery has been formally recognised as an academic player in the field of research and as such, a real competitor for research monies, studentships and knowledge transfer.

I expect this chair to make a significant contribution to the capacity of my university to advance midwifery scholarship and evidence-informed clinical practice. It will establish it as an influential seat of midwifery theory and research, and reinforce the strength in depth that the subject has now achieved.

I remember my first research journal club in the neurosurgical unit of the Royal Hospital in Belfast in 1985, where I

understood little about the rigour of academic research. By 1990, when I introduced the first multidisciplinary journal club in the Lagan Valley Maternity Unit, the focus was the same – person-centred care, best practice informed by best available research evidence. But this time, midwives, doctors, physiotherapists and pharmacists came together in teams to discuss clinical policy and guidelines. Of course, we did not use the buzz words 'evidence-informed guidelines', 'meta-analysis', 'meta-synthesis' or 'hierarchies of evidence'. There was a genuine innocence about academia and a healthy respect for teaching and research.

Undertaking clinical research for my PhD involved a tough journey, but forced me to become stronger and more resilient. My experience of doctoral supervision since (n=12 to date) has assured me of the value of this learning.

As for the future, my particular field of expertise is how technology is used in support of childbirth. I believe its use should be appropriate, effective, efficient, ethical and based on best evidence as well as experiential knowledge. Midwives are expert users and we should be harnessing technology to bring about good outcomes where it is most needed.

References

- O'Sullivan J. (2006) Two hundred years of midwifery 1806 to 2006. *Ulster Medical Journal* 75(3): 213-22.

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