



HAL
open science

Midwifery research in France: current dynamics and perspectives

Priscille Sauvegrain, Cl Émence Schantz, Anne Rousseau, Laurent Gaucher, Corinne Dupont, Anne Alice Chantry

► **To cite this version:**

Priscille Sauvegrain, Cl Émence Schantz, Anne Rousseau, Laurent Gaucher, Corinne Dupont, et al.. Midwifery research in France: current dynamics and perspectives. Midwifery, 2024, pp.103935. 10.1016/j.midw.2024.103935 . hal-04448298

HAL Id: hal-04448298

<https://univ-lyon1.hal.science/hal-04448298v1>

Submitted on 9 Feb 2024

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

Please cite this article as: P. Sauvegrain, Clémence Schantz, Anne Rousseau, Laurent Gaucher, Corinne Dupont, et Anne Alice Chantry, the CNSF (Collège National des Sages-Femmes de France – French National College of Midwives), Midwifery research in France: current dynamics and perspectives, Midwifery (2024), doi: <https://doi.org/10.1016/j.midw.2024.103935>.

Midwifery research in France: current dynamics and perspectives

Sauvegrain P^{1,2}, Clémence Schantz³, Anne Rousseau^{4,5}, Laurent Gaucher^{6,7}, Corinne Dupont^{6,7} et Anne Alice Chantry^{2,9}, and the CNSF (Collège National des sages-Femmes de France – French National College of Midwives)

Affiliations: (affiliation + country name + email address)

¹ Sorbonne Université, Department of Maïeutics, F-75013, Paris, France

² Université Paris Cité, Epidemiology and Statistics Research Center/CRESS/EPOPé Research Team, INSERM, INRA, F-75014 Paris, France

³ Université Paris Cité, IRD, Inserm, Ceped, F-75006 Paris, France (clemence.schantz@ird.fr)

⁴ Université Paris-Saclay, Inserm U1018, CESP, Epidémiologie Clinique Team, F-78180, Montigny le Bretonneux, France (anne.rousseau@uvsq.fr)

⁵ Poissy-Saint Germain-en-Laye Hospital, Maternity Ward, F-78498 Poissy, France

⁶ Université Claude Bernard Lyon 1, INSERM U1290, Research on Healthcare Performance (RESHAPE), F-69000, Lyon, France (corinne.dupont@chu-lyon.fr)

⁷ Geneva School of Health Sciences, HES-SO University of Applied Sciences and Arts Western Switzerland, Geneva, Switzerland (laurent.gaucher@hesge.ch)

⁸ Université Lyon 1, University of Medicine and Maïeutics, F-69921, Lyon, France

⁹ Université Paris-Cité, Departement of Maïeutics, F-75006 Paris, France (anne.chantry@inserm.fr)

Corresponding author :

Priscille Sauvegrain: priscille.sauvegrain@inserm.fr

Unit 1153, Epopé Team, 123 boulevard Port-Royal, 75014 Paris

Twitter Handle: @anne_chantry

Declaration of Competing Interest

None declared

Ethical Approval

Non applicable

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Acknowledgments

We thank Caroline Matteo and Camille Le Ray for their reading and their advice, as well as the members of the CNSF Board for sponsoring this proposal.

Author Contributions

PS initiated the project. All the authors contributed to the reflexions and the writing of the paper.

In France, midwifery represents the specialized field of midwives. They practice as health professionals, having the right to consult and prescribe medications, and have an autonomy of practice, as outlined in the Public Health Code. Midwives' traditional areas of practice are obstetrics and neonatal pediatrics. Since 2009, they have also been practicing gynecology and, from 2016, are qualified to provide treatment and care for abortion. They also provide psychological and social support to women. However, few midwives are involved in research. This commentary aims to highlight the ongoing momentum in midwifery research in France and define the scope of this research, considering the scientific fields it encompasses or intersects with.

A Semantic entanglement

Midwifery as an academic discipline was established in France in 2019 using the term “Maïeutique”. While this term was chosen by The Lancet in 2014 to translate its «Midwifery» series into French [1], it was rarely used internationally and was little known in France. This semantic confusion led to use of a variety of terms to describe research related to midwifery: research in midwifery, research in midwifery sciences, research in midwifery practices or midwifery research [2]. The institutionalization of this term was established through its use in the title of the Midwifery section of the National Council of Universities (CNU). The introduction page of this section states that it «covers all scientific disciplines related to midwifery [maïeutique] (the medical discipline practiced by midwives) in the fields of perinatal, gynecological and sexual health».

Despite the lexical confusion that accompanied its emergence [2], [midwifery] “maïeutique” has risen to the rank of academic discipline in France. This article will continue using the term «**midwifery research**» to discuss this field.

Midwifery Research Efforts

The Lancet's extensive «Midwifery» series publication highlighted the lag in this academic discipline. However, it also emphasized the visibility of research conducted, especially in the United Kingdom, Northern European countries, and the United States, in specific university departments. Notably, 11 out of the top 12 universities in medical sciences, according to the Shanghai ranking (<https://www.shanghairanking.com/rankings/gras/2022/RS0401>), have established midwifery research departments.

In France, the delayed development and lack of visibility of midwifery research has had a negative impact for several reasons. Firstly, such research could contribute to improving the

health of women and newborns both in France and internationally. Secondly, it would enable practices that integrate Evidence-Based Medicine/Midwifery, emphasizing salutogenesis. Lastly, this research could lead to greater autonomy within the profession.

Midwives engaging in research studies in France pursue masters and doctorates in a wide array of disciplines: public health (epidemiology, clinical research), basic research, human and social sciences, political sciences, educational sciences, etc. There is no specific doctorate in midwifery in France. This is also true for other health professions: there are no doctorates in obstetrics, gynecology, nursing sciences, or rehabilitation. Healthcare professionals who wish to pursue a research pathway must also complete a master's degree followed by a doctoral thesis (PhD) in a scientific field.

Defining Midwifery Research in France

Since 2015, the Scientific Commission of the National College of Midwives of France (CNSF) has brought together midwife researchers. It has made several attempts at proposing a definition of midwifery research that reflects two French specificities: medical research is related to scientific discipline rather than to a profession and the extended medical practice of midwives. In documents supporting a university-based midwifery training rather than a vocational training for midwifery, we have reached a definition in line with international standards, based on the **pursued objectives**: «Midwifery research aims to improve care and support in maternal, perinatal, and reproductive health, and to promote evidence-based practices» (Lancet's Midwifery series, 2014 [3]).

- Documenting and Mapping Research Conducted in France

In 2016, an initial study, «*State of Midwifery Research in France*» [4], was conducted through an online questionnaire among midwives engaged in research. This study provided an overview of their scientific publications and established an agenda for priorities and challenges to be addressed. While midwives' participation in clinical research, driven by their physician colleagues in medical services, was not new, the responses highlighted that midwives were beginning to initiate and conduct their own scientific research. The study also uncovered several obstacles impeding the unification of this research field such as: the lack of a recognized and esteemed French-language scientific journal (Elsevier suspended the publication of the «*Revue Sage-femme*» in 2018 for diverse reasons), or topics that were challenging to advocate for in the research units where midwives were affiliated, or even the recently lifted requirement for research to be led by a physician to receive funding. Moreover, statutory difficulties were hindering the continuation of research after obtaining a doctorate.

- Current Challenges

The rise of this research field continues to face reluctance from funders hesitating to finance these still uncommon themes. Another barrier is the rarity of students pursuing research in midwifery masters' programmes; thus, encouraging them to publish their findings to enrich the body of work is challenging. Finally, until recently, the French healthcare system did not provide midwives with the opportunity to have specific time allocated for research.

- A Promising Dynamic

After years of advocacy, the establishment of a Midwifery section at the National Council of Universities (CNU) in 2019 historically marked the political recognition of the evolution of the midwifery profession. Midwifery research benefits from the diversity of scientific disciplines involved. The current momentum, with an increasing number of midwives receiving the official qualification that allows a combined teaching and research position in university (31 in three years, indicating interest in this role), the gradual creation of university positions in midwifery (10, including 3 Professors), the recruitment of 3 midwives into our national research institutes. The fact that several of us have recently been awarded the "habilitation à diriger les recherches" qualification, will foster and strengthen collaborations. The potential for a hospital-university status, which allows combining clinical practice with research and lecturing activities – similar to the current status of physician-researchers – is under consideration. This status, sought by all representative bodies of the profession, would support and enhance this dynamic.

Proposed Structuring of the Field

To clarify the position of midwifery research in the French academic environment, we suggest categorizing these research interests into three distinct groups:

- 1. Clinical Research on Midwife Practices, Women's Health, and Fundamental Research:**

The goal of these three research focuses is to promote evidence-based midwifery, enabling adjustments to our clinical practices to better respect physiology. This aligns with the initial recommendations from the College of Midwives, focusing on more moderate administration of Oxytocin [5]. Continuing clinical research by midwives in hospital settings in France is recommended [6-14]. Birth centers and other midwifery-led units also serve as a «privileged observatory» of physiology, which are crucial to study in the era of the biomedicalization of childbirth [15]. Finally, clinical research in midwifery should also cover practices in community settings, where an increasing number of midwives are practicing.

2. Research on the Midwifery Profession, Their Commitment to Women, and Societal Role

Additionally, it is essential to continue developing a body of work on midwives' practices, their commitment to women's health, their ethical engagements, and their societal role [16, 17]. This corpus, almost ethnographic in nature, can aid in transmitting their art and science. Numerous studies, for instance, are conducted by historians and sociologists in this regard [18-20]. These straddle the boundary between the field of midwifery and the disciplinary fields in which they are conducted.

3. Research on Healthcare Systems and Organizations Specifically Involving Midwives

Finally, midwifery research should emphasize the role of midwives as public health actors to improve the health of populations (women, newborns, and families) and thereby demonstrate and develop their expertise in primary care, prevention, health education, and salutogenesis. In this context, it seems crucial to assess the performance of midwifery care within the healthcare system. Numerous studies conducted by midwives have shown that the organization of care impacts practices and women's health. This includes various aspects such as pain management during labor, interventions in postpartum hemorrhage, reorganization of midwifery care during the COVID pandemic, or simply listening to women's childbirth preferences [21-24]. Finally, research on midwifery pedagogy should also expand in the future [25, 26].

These midwifery research areas are ultimately always at the crossroads of multiple academic disciplines and sometimes at the interface between research and the applied medical specialty.

Proposed Definition

While this typology currently represents research conducted in France, these themes are also found internationally. This leads us to propose a **new definition** of midwifery research, not solely based on its objectives, as defined in *The Lancet*, but encompassing all the fields it covers. Thus, we propose:

Midwifery research encompasses all research activities related to midwifery (the discipline practiced by midwives): empirical, clinical, and fundamental research in midwifery; research on midwifery education and the profession, its evolution and societal role; and finally, research on the organization of healthcare systems and services specifically involving midwives. The fields of perinatal, gynecological and sexual health, as well as medical education, are included in midwifery research. The methodologies employed are diverse, reflecting the variety of scientific disciplines of the researchers.

Conclusion

Our clinical and human experiences with women and their families form the foundation of our interdisciplinary research in midwifery. While the typology of French research and the general definition of midwifery research may evolve, they contribute to the use of terms more suited to the academic and medical context. This could facilitate their acceptance in countries where they are not yet well developed. It also better reflects the comprehensive approach - medical, psychological, environmental, and social - that midwives take with women, newborns, and their families. This approach is what distinguishes our profession. In conclusion, we aspire for these research efforts to continue, be productive, and contribute to the expansion of knowledge and the development of clinical and public health recommendations, thereby improving maternal, perinatal, reproductive, and sexual health worldwide.

References

1. Renfrew, M.J., et al., *Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care*. Lancet, 2014. **384**(9948): p. 1129-45.
2. Meyer, Y., C. Lemay, and C. de Labrusse, *From Midwifery to Maïeutique: Lost in Translation*. Int J Childbirth, 2018(3): p. 177-188.
3. Horton, R. and O. Astudillo, *The power of midwifery*. Lancet, 2014. **384**(9948): p. 1075-6.
4. Goyet, S., et al., *State of midwifery research in France*. Midwifery, 2018. **64**: p. 101-109.
5. Dupont, C., et al., *[Oxytocin administration during spontaneous labour: Guidelines for clinical practice. Guidelines short text]*. Gynecol Obstet Fertil Senol, 2017. **45**(1): p. 56-61.
6. Barasinski, C., et al., *Intervention during the Perinatal Period: Synthesis of the Clinical Practice Guidelines from the French National College of Midwives*. J Midwifery Womens Health, 2022. **67 Suppl 1**: p. S2-s16.
7. Le Ray, C., et al., *Alternative to intensive management of the active phase of the second stage of labor: a multicenter randomized trial (Phase Active du Second STade trial) among nulliparous women with an epidural*. Am J Obstet Gynecol, 2022. **227**(4): p. 639.e1-639.e15.
8. Schantz, C., *[Methods of preventing perineal injury and dysfunction during pregnancy: CNGOF Perineal prevention and protection in obstetrics]*. Gynecol Obstet Fertil Senol, 2018. **46**(12): p. 922-927.
9. Gaucher, L., et al., *The challenge of care coordination by midwives during the COVID-19 pandemic: a national descriptive survey*. BMC Pregnancy Childbirth, 2022. **22**(1): p. 437.
10. Rousseau, A., M. Fourmond, and S. Baumann, *Prophylactic administration of oxytocin by midwives: A qualitative study of facilitators and barriers*. Midwifery, 2023. **118**: p. 103604.
11. Rousseau, A., et al., *How midwives implemented teleconsultations during the COVID-19 health crisis: a mixed-methods study*. BMJ Open, 2022. **12**(4): p. e057292.
12. Merrer, J., et al., *Predictors of incomplete maternal satisfaction with neuraxial labor analgesia: A nationwide study*. Anaesth Crit Care Pain Med, 2021. **40**(5): p. 100939.
13. Barasinski, C., D. Lemery, and F. Vendittelli, *Do maternal pushing techniques during labour affect obstetric or neonatal outcomes?* Gynecol Obstet Fertil, 2016. **44**(10): p. 578-583.
14. Sauvegrain, P., et al., *Exploring the hypothesis of differential care for African immigrant and native women in France with hypertensive disorders during pregnancy: a qualitative study*. BJOG, 2017. **124**(12): p. 1858-1865.
15. Chantry, A., et al., *Rapport d'étude sur la qualité des soins prodigués en maisons de naissance. Analyse des données 2018 par le groupe de recherche sur les maisons de naissance*. . 2019.
16. Le Dù, M., *Synthèse entre cure et care : les sages-femmes déboussolent le genre*. Clio. Femmes, Genre, Histoire, 2019. **49**(1): p. 137-151.
17. Rozée, V. and C. Schantz, *Les violences gynécologiques et obstétricales : construction d'une question politique et de santé publique* Sante Publique, 2022. **33**(5): p. 629-634.
18. Knibiehler, Y., *Accoucher. Femmes, sages-femmes et médecins depuis le milieu du XXe siècle*. 2016, Rennes: Presses de l'EHESP. 204.
19. Morel, M.-F., *Accompagner l'accouchement d'hier à aujourd'hui. La main ou l'outil ?* 2022, Toulouse: Érès. 352.
20. Sage-Pranchère, N., *L'école des sages-femmes. Naissance d'un corps professionnel. 1786-1917*. 2017, Tours: Presses universitaires François Rabelais. 456.
21. Leavy, E., et al., *Disrespect during childbirth and postpartum mental health: a French cohort study*. BMC Pregnancy and Childbirth, 2023. **23**(1): p. 241.
22. Schantz, C., et al., *A strong capacity to face the shock of the health crisis: MaNaO, a midwife-led birthing centre in France*. Midwifery, 2023. **127**: p. 103837.
23. Rousseau, A., et al., *Variations in Postpartum Hemorrhage Management among Midwives: A National Vignette-Based Study*. PLoS One, 2016. **11**(4): p. e0152863.

24. Chantry, A.A., et al., *Preferences for labor and childbirth, expressed orally or as a written birth plan: Prevalence and determinants from a nationwide population-based study*. Birth, 2023. **50**(4): p. 847-857.
25. Demeester, A. and A. Chantry, *La recherche en maïeutique concerne aussi le champ de l'éducation et de la formation ! Pédagogie Médicale*, 2022. **23**(2): p. 93-96.
26. Ambroise Grandjean, G., et al., *[Skills assessment for the practice of fetal ultrasound biometry: Prospective validation of the OSAUS METHOD score]*. Gynecol Obstet Fertil Senol, 2021. **49**(4): p. 275-281.