

Editorial

Some of the great academic journals in the field of health and medical research have titles that do not completely cover their cargo. *The Lancet*, for example, has a title which suggests a focus on surgery, but the journal covers much more than just surgery in the field of medicine. Similarly *Midwifery* is not solely focused on midwifery nor is it just for midwives (Box 1). Indeed some of the key papers published in *Midwifery* address more general research issues in the field of health services design, health promotion, health care provision or education of health professionals. Articles are often relevant to a wider audience since they address generic problems around rural maternity care, retention of staff, midwives/doctors relationships, safe guarding, and ethics of care. These are not ‘simply’ related to midwifery, but they are examples of larger social and health care issues.

Readers will be aware of articles that address issues relevant to a number of different disciplines within the maternity field, see for example papers on health care provision by Harris et al. (2011) or health-care utilisation by Edmonds et al. (2012). Both illustrate how *Midwifery* publishes academic work which raises more general issues. Harris and colleagues (2011) reported a qualitative study comprising 72 staff (just over half of whom were midwives) from ten maternity units in rural Scotland. The paper concluded that: “skills in risk assessment and decision-making are central to high quality remote and rural midwifery care. However, linked to different perspectives on care, there is a risk that these skills can be undermined by contact with colleagues in large urban units, particularly when staff do not know each other well. There is a need to develop a professional understanding between midwives in different locations.” If we remove the word ‘midwifery’ from the first sentence and replace ‘midwives’ with ‘health care providers’ in the last sentence we have a conclusion that rings true for the provision of rural services ranging from cardio-vascular medicine to accident and emergency care and many other fields.

There are numerous examples of manuscripts published in *Midwifery* that might have sat equally well in more general journals such as public health, epidemiology, sociology, or medical anthropology to name a few. Several recent papers on aspects of midwifery education have relevance to educationalists and health-policy makers, e.g. Fullerton et al. (2011) highlighted considerations for educational programming and workforce planning in Africa.

One example of a psychological issue is an article by Jones et al. (2012) that looked at staff attitudes towards maternity service users in distress. The fact that the tool used in this study was originally developed for use with general practitioners is indicative of how this paper may have relevance to other health-care workers, in a wide range of settings, who may be dealing with patients in distress.

A couple of final examples to make our point: the paper 'A critical analysis of maternal morbidity and mortality in Liberia, West Africa' (Lori & Starke 2012) would not be out of place in a general public health journal and the paper on translating a measurement of informed choice into Greek (Gourounti & Sandall 2011) is 'pure' health service research.

Some *Midwifery* articles may also suit more specialist journals. For instance, Benute et al. (2012) examined women's feelings regarding end-of-life decision-making after ultrasound diagnosis of a lethal fetal malformation. The decision-making process covered issues such as grief, anger and acceptance that might be equally relevant to patients who are coping with loss in other areas of their lives. The paper discusses legal and ethical issues that arise because termination of pregnancy in Brazil requires judicial authorisation, and therefore this paper might easily be found in an ethics journal. An interesting article by Wellock (2010) with the title 'Domestic abuse: Black and minority women's perspectives' would be equally suitable for a more general social-work journal or a specialist journal such as *Ethnicity & Health*. Suggesting the paper is appealing to a much wider readership than 'just' working in the field of midwifery and reproductive health.

The general aims of *Midwifery* are listed in Box 1.

Box 1 Aims of the journal *Midwifery*

- *enhance the quality of care for childbearing women & their families; to encourage midwives to explore & develop their knowledge, skills & attitudes;*
- *provide an international, interdisciplinary forum for the publication, dissemination & discussion of advances, controversies & current research;*
- *promote continuing education through publication of reviews & updates on all aspects of midwifery;*
- *cover the clinical, epidemiological, education, managerial & technological areas of Practice.*

Source: <http://ees.elsevier.com/ymidw/>

Why does this matter? Unless we are conducting a systematic review many of us probably read articles in the journals we are familiar with, those that are regarded as key in our academic field or those to which our library (physical or electronic) subscribes. With the volume of publications across the globe it is understandable that we do not necessarily read much outside our field. The problem is, of course, that in doing so we can easily miss some valuable and insightful publications. It is clear that *Midwifery* articles have a wide scope and appeal. We always welcome readers from other fields and disciplines to the journal and we would like to take the opportunity to invite authors from other disciplines to submit their relevant manuscripts!

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