

Midwife of the Month Zoë Hodgson

EXCELLENCE IN MIDWIFERY RESEARCH



MIDWIVES ASSOCIATION
of BRITISH COLUMBIA

Zoë Hodgson is an academic midwife practicing at the collaborative care clinic South Community Birth Program in Vancouver. Zoë is committed to bridging the gap between clinical practice and research and is dedicated to making midwifery care in BC more evidence based. Learn more about Zoë's clinically-informed maternal health research below.

MABC: What brought you to the profession of midwifery?

ZH: I've always wanted to be a care provider. In my first degree, in Psychology, I conducted a behavioural ecology study of meerkat behaviour, at the local zoo, for my honours project. Upon graduation, I went to South Africa and joined the University of Cambridge team, researching meerkat behaviour in the Kalahari desert. This experience furthered my interest in research and I returned to the UK to pursue a PhD at the University of Edinburgh. Upon completion of my doctoral work, I gained research experience in the clinical field through working as a Research Scientist at the Royal Edinburgh Hospital. It was this experience that cemented my desire to work in a people-focused area.

I met my future husband in Edinburgh whilst he was pursuing post-doctoral studies in Biology. I wanted to shift the focus of my career into a more applied, clinical role at the same time he was applying for faculty positions. We agreed that whoever "got their dream first, the other would follow". This resulted in our move to Vancouver when my husband secured a professorship over here. The easiest way for me to make friends and start working was to get a job in research when we first arrived. I started working as a research manager at Riverview Hospital for BC Mental Health and Addictions Services. This experience later led to me securing the role of Director of Research at the Women's Health Research Institute at BC Women's Hospital. Through my 6-year tenure in this position, I came to learn about maternity care in Canada and had the benefit of working with midwives, family doctors, obstetricians, and nurses. During that time, I became pregnant with my daughter and experienced time as a mother in Canada. I was further exposed to midwifery through my own pregnancies and birth experiences and identified a niche with regards to the need for future research in midwifery.

I was accepted into the UBC Midwifery Program in 2011 and began my training when my son was 1 year old. I have now “got my dream”. I am living it and truly believe I have the best job in the world. Through midwifery I am able to combine my passion for primary health care with my desire to pursue research and increase the evidence base for practice.

MABC: Why do you feel that research is important to the profession of midwifery?

Research is important to any practice that is evidence based and for midwifery to gain a strong reputation in British Columbia we need to be seen as evidence-based. As practicing midwives, we need to be producing and engaging with the research ourselves. Much of the research in the maternity field isn't necessarily as women centred as it could be and I think midwives do many things which are a little bit alternative to the standard, more-medicalized approaches to maternity care.

The best thing about being an academic midwife is I feel as though I am able to answer the practice-relevant questions, and the translation of the research finding into practice is shortened. There is often a disconnect between research and practice and I feel that if you're a practitioner who is able to do research that gap between research and the application of findings, or knowledge translation, is very much narrowed.

MABC: How are you able to balance maternal research with your clinical work?

I work at the South Community Birth Program (SCBP), an interprofessional practice, in Vancouver. We work shifts which means my schedule is more predictable and I usually have a few days per week to dedicate to research. SCBP is a busy practice that I love because it has enabled me to consolidate my clinical skills very quickly. In my first 6 months of working at SCBP I attended 60 births which is a lot compared to my colleagues working in community midwifery practice.

MABC: Are you engaged with any research studies or projects at the moment?

ZH: I am. I just applied for the Michael Smith Foundation for Health Research Health-Professional Investigator Award specifically for health professionals pursuing research and this is the first year it has been offered. They are offering salary money so that clinicians can buy themselves out of clinical time in order to pursue practice-relevant research. I just found out a few weeks ago that I was shortlisted and I'm working on my full application now which is due in February. The project that I am proposing in my application is termed "Building Capacity for Evidence Based Practice in Midwifery Care" and it contains three studies.

The first one looks at outcomes in midwifery with the use of the labour cocktail. Some midwifery clinics have already contributed data that I'm analyzing as part of a pilot study. If I were to get the funding from the Michael Smith Foundation my plan would be to expand the project into a provincial study where we can develop a uniform data collection platform, get some case by case data on the use of the labour cocktail and incorporate a client-centred evaluation.



The evaluation would ask clients questions like: How they found the labour cocktail? What did they feel was the benefit to using the labour cocktail over conventional methods?

The second one is looking at poke root. I was successful in being awarded the UBC Breastfeeding Grant last year and, together with some colleagues, designed a little pilot study which is evaluating midwives use and experience of poke root. Do midwives know what poke root is? Do they recommend poke root to treat lactational mastitis? It seems that many midwives use it and many midwives use it before they prescribe antibiotics. The way it is used differs – some midwives suggest a homeopathic version or tincture, whereas others suggest topical application but we don't really know a lot about it in terms of outcomes. Is it something we should all know about and is it something we should all incorporate into our practice? And if so, hopefully this research will enable us to develop protocols as to how it should be used and when it should be used.

The third research project is a BC Women's project where Midwifery Department Head Linda Knox has been collecting water birth audit data on all water births that midwives have attended since 2005. We're investigating perinatal outcomes associated with water birth. We've got all that data and I've been working with PHSA Decision Support to get a matching cohort to do a comparative study comparing outcomes between the water births and midwifery attended land births.

Another grant that I'm working with a family doctor on is looking at the group model of care for families with pregnancy after stillbirth. This is a grant we've put together last year and it's been funded through the Vancouver Foundation so we've got a 3-year proposal to basically engage with these families and see how their care with a subsequent pregnancy could have been better, and seeing if a group model of care would be appropriate or applicable or wanted for that particular group of families.

So, there's quite a few projects. It's all very exciting.



All of these projects, especially the labour cocktail one and the poke root one, evolved through discussions with other midwives. I saw the grant announcement for the breastfeeding funding at UBC and SCBP providers had recently had a discussion over the use of poke root and nobody really knew how to use it, so I thought that was a very applicable question to answer. The labour cocktail study was also developed in response to questions via the MABC email listserv. Lots of midwives seemed to be interested in knowing more about that so I thought the time was right.

MABC: Who would know better what topics are of most interest and relevant to the profession than a practicing midwife?

Right! As I was saying before I really want the disconnect between research and clinical practice to be abolished. I want to be doing research that is readily taken into clinical practice. That's the brilliant thing about being a midwife and hearing what questions come into the front line and then being able to conduct research that addresses those questions that you know people are going to be interested in.

MABC: Where do you feel we are in BC in terms of midwifery research?

ZH: Everybody looks to Ontario when they are looking to the midwives who are conducting research and the province has a reputation for midwifery research. I don't feel as though we really have much of a reputation for midwifery research in BC. I think it's because the profession is still relatively new. I think we have a long way to go in building research expertise here and I'm excited to take on that challenge.

MABC: What advice do you have for aspiring midwives or current midwives interested in getting involved with midwifery research?

ZH: Michelle Butler recent former Director of UBC Midwifery established the BC Midwifery Network hosted through UBC and they have virtual meetings and in-person meetings on a monthly basis where people can submit their research ideas for discussion. The research support infrastructure staff at UBC can help get people's research off the ground and investigate who might be interested in contributing to a particular topic. Michelle set up a research panel which is made up of people with research expertise interested in pursuing midwifery-relevant questions. Through the network, a number of action teams have already been established. These action teams are formed when collaborative projects are underway. Anybody interested in becoming involved can get in touch with the investigators via the Midwifery Network. There has been a few projects that have come from the front line and midwives have brought them to that meeting for discussion. What would be really great is if we carried on building capacity for women's health research, and midwifery research in particular, by growing greater ties with the Women's Health Research Institute and Child and Family Research Institute at BC Women's Hospital because they have lots of research support infrastructure there to help people get their ideas off the ground.

I feel as though the time is right for building capacity for midwifery research because it seems as though the research funding bodies are very much turning towards a model of engaging with people who actually work on the front lines so to speak. I feel as though the province is interested in backing research at this time so if people are interested, now is the time. In fact, becoming involved in midwifery research could be more fruitful perhaps than before because I think that there is now funding available to support our kind of research.

I think the problem we have is that midwifery is a very demanding career in terms of energy, time and emotional expenditures. Given the way that our certification is based on numbers and acquisition and renewal of various things it is very difficult for midwives to take some time out of practice in order to pursue research. It would be really nice if one day research activities could be recognised as an essential element to midwifery practice and become incorporated into our practice, and considered a continuing competency. I think many of the midwives in Ontario who are doing research are not actually practicing as midwives and I think that's such a shame because I feel as though the people who are practicing are even more aware of the current issues. It would be nice if somehow through the evolution of midwifery in BC research activities can be supported under our model of care.

MABC: I wonder if that happens in other health professions?

ZH: I think in medicine they have positions at the university where you can do some percentage of clinical work and research similarly to a traditional faculty position where work is divided between research and teaching. Even at the university level, sadly within the Division of Midwifery those positions aren't available. At the moment, it seems to be either or, or working with a very reduced clinical load in order to spend time doing research. I think both the clinical practice and the research would benefit from being intertwined rather than separate entities where people are having to make a choice between one and the other.



MABC: Is there a recent research project that you've worked on that you feel proud of and would like to talk about?

ZH: A few years ago, I worked on a project with Ron Abrahams who is the family doctor who established Fir Square – a unit at the hospital that cares for mothers with substance use issues in pregnancy. We did some research looking at outcomes associated



with allowing babies to room in with mothers who have substance use issues thereby benefiting from all the things the general population benefit from such as skin to skin and breastfeeding.

Previously this population was considered high risk and they thought that the babies needed to be separated from the mothers for monitoring because the babies would be withdrawing from the substances they were exposed to during gestation. But the research we did showed that actually babies do way better and the mothers do way better when babies are allowed to room in with their mothers. Findings of the study include: maternal status of baby custody at discharge was increased, breastfeeding rates were increased, and actual number of NICU admissions from the baby were reduced. Our studies contributed to the body of research that is now leading to the expansion of rooming-in programs across Canada and internationally. I know that Ron is super excited about the findings and that he continues to wave the flag for rooming in care. That is the one piece of research I've done recently that I feel as though the benefits to practice have been realized already.

I brought my research skills to the table and it was Ron who brought the clinical skills to the table and through our collaboration we conducted and published two studies. It is exciting to know that now I have the clinical skills to add to future projects. I'd love to carry on with research with the Fir Square population too. If we can incorporate a midwifery element into a future study of mothers with substance use issues as well it would be really cool to see how outcomes are affected especially if we evaluated outcomes associated with the continuity of care element of midwifery practice. Research is never done. One project always leads to further questions.



BC Midwife of the Month is a monthly profile series presented by the Midwives Association of BC. This series honours practicing midwives for their extraordinary contributions to current issues facing the profession and serves to introduce the public to a broad spectrum of midwives working in BC.

