WOMEN AND BIRTH
Journal of the Australian College of Midwives (ACM)

AUTHOR INFORMATION PACK

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DESCRIPTION

Women and Birth is the official journal of the Australian College of Midwives (ACM). It is a midwifery journal that publishes on all matters that affect women and birth, from pre-conceptual counselling, through pregnancy, birth, and the first six weeks postnatal. All papers accepted will draw from and contribute to the relevant contemporary research, policy and/or theoretical literature. We seek research papers, quality assurances papers (with ethical approval) discussion papers, clinical practice papers, case studies and original literature reviews.

Our women-centred focus is inclusive of the family, fetus and newborn, both well and ill, and covers both normal and abnormal pregnancies and births. The journal seeks papers that take a women-centred focus on maternity services, epidemiology, primary health care, reproductive psycho/physiology, midwifery practice, theory, research, education, management and leadership. We also seek relevant papers on maternal mental health and neonatal well-being, natural and complementary therapies, local, national and international policy, management, politics, economics and societal and cultural issues as they affect childbearing women and their families. Topics may include, where appropriate, neonatal care, child and family health, womens health, related to pregnancy, birth and the postpartum, including lactation. Interprofessional papers relevant to midwifery are welcome. Wherever possible, articles are double blind peer-reviewed, primarily by midwifery experts in the field of the submitted work.

The journal is indexed in PubMed, MEDLINE, Thomson Reuters, Scopus and CINAHL.

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Mixed Methods Appraisal Tool (MMAT)

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Problem or Issue
What is Already Known
What this Paper Adds

Example of Statement of Significance
Problem
Poor assessment and clinical reasoning are major contributors to adverse birth outcomes.

What is Already Known
Midwifery decision-making during birth is mediated by hierarchies of surveillance and control. Midwives are often unable to implement their preferred decision. The international and national professional decision-making frameworks are not sufficiently detailed to guide midwives’ clinical reasoning.

What this Paper Adds
Evidence that half of the midwives interviewed did not use clinical reasoning to make decisions. A new and detailed model of midwifery clinical reasoning which incorporates a role for intuition.

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