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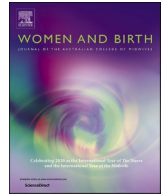
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Navigating midwifery solidarity: A feminist participatory action research framework

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ABSTRACT

Background: A core aspect of midwifery philosophy is the optimisation of normal physiology; however, this has been challenged as a radical idea in the medicalisation of birth. Research has demonstrated the benefits of midwifery in improving outcomes for both mothers and babies. The understanding of midwifery benefits fails to reach wider sociocultural contexts as births become more medicalised. Midwifery research requires an action arm, to help translate theory to practice and mobilise midwives in solidarity with women towards action and change.

Aim: The aim of this article is to describe a Feminist Participatory Action Research (FPAR) by establishing the philosophical underpinnings, theory and methodology with an exemplar.

Methods: FPAR has two distinct yet intertwined parts, a research arm and an action arm. The study was conducted using FPAR, and collaboration with nine women, who led transformative action within their community. The exemplar details the use of the FPAR framework.

Findings: A FPAR framework was developed through this research to guide researchers aiming to use the FPAR design. The framework details four steps: 1. Create, 2. Collaborate, 3. Consider, and 4. Change. The iterative FPAR cycles were shown in this study to centre women in the research and guide the community research group towards transformative action.

Conclusion: FPAR is shown in this project to assist midwifery researchers to realise solidarity and provides support for other midwifery researchers in applying feminist theory and participatory methodologies to bring about transformation within their research.

Introduction

Contemporary midwifery is situated in a sociocultural context that considers the philosophical underpinning of midwifery itself, including the notion of normal birth physiology as radical [1]. The international 'definition of the midwife' [2] presents the understanding that midwives should "optimise the normal biological, psychological, social and cultural processes of childbirth" (p.1) and yet these midwifery foundations have been labelled as 'normal birth ideology', not just a dangerous ideal but one that could harm mothers and babies [1,3]. This is strongly

countered by midwifery and other research which has demonstrated the importance of midwifery care as key to improved outcomes for women and babies [4]. Unfortunately, research about the benefits of midwifery have yet to fully inform policy and practice [5].

Feminist criticism of positivist research have explained that research can and has been used to continue to control knowledge and the impact of research [6,7]. Midwifery research is well-placed to explore the problematic constructs that underscore the surface issues that continue to oppress women's agency throughout the pregnancy and birth experience, within the medicalised maternity context [8]. Midwifery

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research is also underpinned by a feminist philosophy, that seeks to promote women's empowerment and transformative intentions [9–12]. However, research outcomes become more powerful with a strong plan for translating findings into action and change. Feminist researchers have been called to add an action arm to their research which "...can help feminist researchers move out of the academic armchair by engaging in more transformative research" (13, p. 94). Midwifery researchers argue for the integration of Participatory Action Research (PAR) and feminist theory to strengthen the foundation of women's research, because they share the same theoretical and epistemological underpinnings, and emancipatory goals [14,15].

FPAR methodology is defined as a "conceptual and methodological framework that enables a critical understanding of women's multiple perspectives and works towards inclusion, participation, and action" [16] (p 316). FPAR is a research design that includes a participatory action core with an explicit feminist theoretical lens [16,17]. The advantages of feminist participatory action research is that its method, addresses the real needs of participants, and through women representing their own interests they become empowered through the research process with the additional potential to improve and change practice and highlight power imbalances that prevent change [18–20]. Despite its advantages, FPAR is still an underutilised methodological choice for midwifery researchers, where the latest Sage handbook of Action Research did not include FPAR, and there is limited midwifery literature detailing how to use it in research practice.

The complexity of FPAR is it has two distinct yet intertwined parts, a research arm and an action arm [13–20]. The purpose of this paper is to present and demonstrate the application of the FPAR framework for midwifery research using a working example, and to provide recommendations for FPAR practice. The first part of the paper provides an overview of the philosophical and theoretical underpinnings of FPAR and presents the FPAR framework for midwifery research. The second part of the paper is an exemplar of the FPAR framework for midwifery practice and details the action arm of FPAR.

FPAR – A research design for transformation

FPAR is grounded in emancipatory and action research conceptualisations of Lewin [21], Freire [22] and Maguire [23] amongst others. FPAR is a research design that facilitates research participants to construct knowledge together and pays attention to power to overcome oppression of dominant systems [16,17]. Within this approach: critical realist ontology, social constructionist epistemology, emancipatory axiology and feminist theoretical lens can be combined to position FPAR as a methodological choice that encompasses the values of midwifery research, as evident in Fig. 1. Summary of FPAR philosophical and theoretical positioning.

Critical research is value-driven and reinterprets data in view of critical theory to help shape and inform methods and action [15]. Feminist theory does not have a specific unified research methodology or framework but rather shares a concern for understanding ways that gender impacts women's lives, seeking to reveal unjust power relations and contributes to transformative action [23,24]. In midwifery research, this feminist lens can be used to highlight the personal and social factors that uphold women's disempowerment in the maternity system.

Feminist PAR is intended to give voice to the participants within the research itself, by collaborating with them to shape and design the research to build evidence and then enact the social change deemed necessary by the group [14,24]. FPAR utilises 'bottom up' or 'ground up' approaches where actions and outcomes involve the people who are directly affected by a problem, in addition to participation, collaboration and democratic enquiry [24]. Thus FPAR, which brings together critical feminist theory and action research, has a flexible design that includes three important elements: to promote common good through addressing a problem specific to that community of women; to ensure a theoretical lens is evident in the research to clarify the social constructs

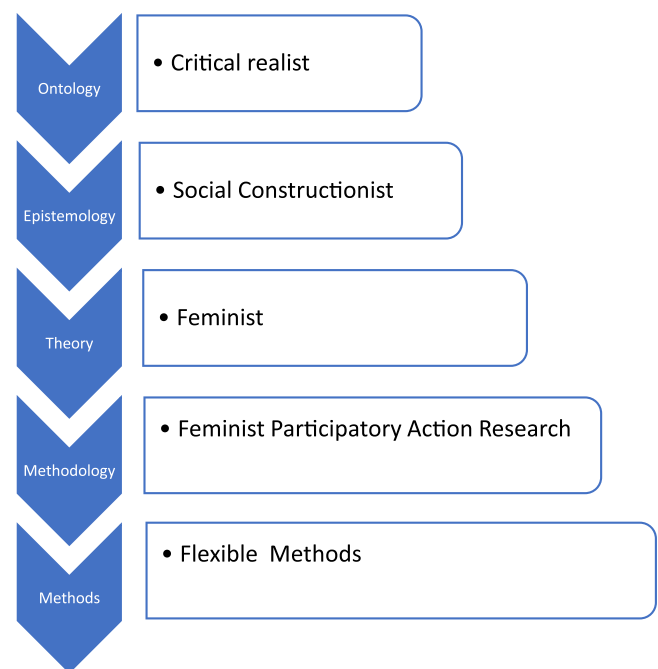


Fig. 1. Summary of FPAR philosophical and theoretical underpinnings.

of oppression; and to plan to engender change and immediate benefit to a community group [13,16,25].

The operationalisation of FPAR has therefore not been clearly delineated. Rather, FPAR has been described in terms of dimensions, elements, goals, research practices and principles that can be used to guide the research. Within FPAR, it is assumed that researchers will apply these elements to action research cycles. For example, Reid and Frisby [13] have detailed the use of 6 dimensions to guide FPAR in their research, including: (1) centring gender and women's experiences while challenging patriarchy; (2) accounting for intersectionality; (3) honouring voice and difference through participatory research processes; (4) exploring new forms of representation; (5) reflexivity; and (6) honouring many forms of action. Similarly, Shimei and Lavie-Ajayi [17] has described FPAR research with young women in social distress in Israel, using four FPAR research practices of: 1. coalescing into a group; 2. encouraging the shared ownership of the research process and its outcomes; 3. developing multiple centres of power; and 4. promoting interdependency. Also Sampson et al. [26] have applied 5 principles of FPAR practice to create their concept mapping in addressing food security covering aspects of: inclusion, participation, action, social change and reflexivity. However, a guiding framework incorporating the feminist lens with the action research cycles has yet to be formulated to help researchers. These contemporary research projects, in addition to an exemplar from the doctoral research of the first author, was used to form a FPAR framework for collaborative, feminist midwifery research. A proposed FPAR framework may help fellow midwifery researchers navigate this research process.

FPAR framework for midwifery research

To clearly guide our research methods, an FPAR framework for midwifery research was designed (Fig. 1). In this paper, we present four important aspects that guide the FPAR research and action process based on the three cyclical and reoccurring steps of action research; plan, act and reflect [25], with the design underpinned by feminist principles to better reflect the purpose, partnership and emancipation of FPAR with women through the research and action phases. The four steps bring together the many documented aspects and dimensions of FPAR into one clear framework (Fig. 2).

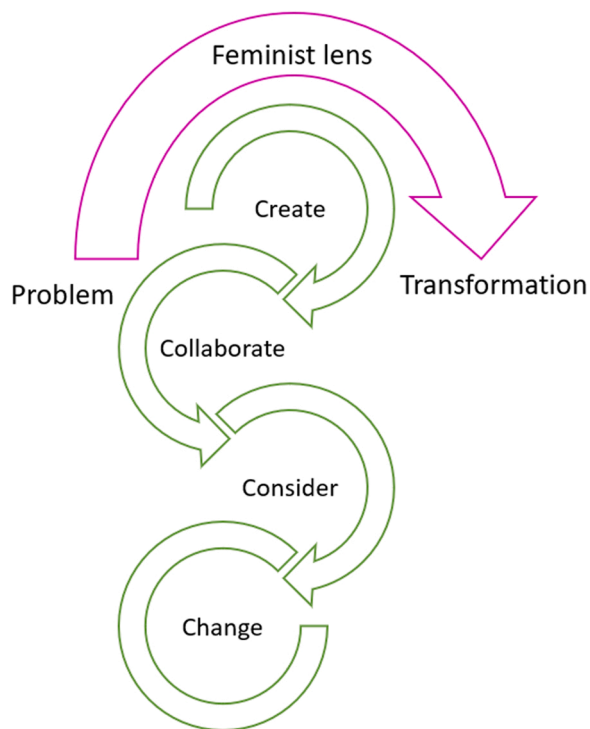


Fig. 2. FPAR framework for Midwifery research.

Create – Woman-centred

The purpose of the ‘Create’ phase is to create an action research group with women who are directly affected by the research problem, and who wish to see change. Through a consumer-led and democratic process the group defines the problem from their perspective, create shared values, goals and vision for the group. This group remains with the researcher through the research project and offers important advice and guidance. Community researchers help extend the reach of the research by helping produce results that are relevant, meaningful and potentially transformative to the community [13].

Collaborate – Shared ownership

The purpose of the ‘Collaborate’ is to democratise the research and equalise the power of the relationship between the researcher and community members. Feminist theory highlights that woman have an embodied, diverse and particular knowledge and these other ways of knowing are honoured through the research [22]. Ownership of the research is shared, and participants lead the action and change phase of the research. Each step of the research process can be validated by the community research group to ensure equalised power and acknowledge embodied knowledge. The research methods applied to this context can be flexible and adaptable to each research project. Connectivity and understanding in turn build a collaborative group where ownership is shared. Ongoing relationship building is established through regular face to face communication and social media platforms and community led conversations to ensure community needs are being met.

Consider – Use reflexivity

Considered critical reflection is used by the researcher to level power differentials, honour different voices and build relationship with community members. Critical reflection ensures the researcher acknowledges their own philosophical positioning, safeguards transparency, and improves all aspects of interaction with the participants and the research [26]. The researcher stance is open and reflexive, which encourages feedback and encourages community researchers to guide and lead

research and action ideas. Each member of the group in this model is valued and honoured for individuality, diversity skills and abilities and accounts for intersectionality, whereby each voice is honoured in the group [13].

Change – Interdependence and transformation

The ‘Change’ phase is the action arm of the research. ‘Action’ is the large or small changes, transformations or actions that are achieved by the group. This includes learning from actions taken, adapting and improving the research through the iterative FPAR cycles. Larger change may be the way the research is translated to practice, changes to policy or application of recommendations. It also includes promoting interdependency and working toward individual and collective empowerment. Feminist PAR acknowledges that smaller individual empowerments are as important and significant as larger outcomes [13,23]. This includes exploring new ways of action and feminist representation.

The next section details the working exemplar that utilises FPAR and is the experiences of KB lead author, written in first person.

FPAR framework exemplar

The research exemplar using the FPAR framework for midwifery research is described below. The overarching research aim was to derive an in-depth understanding of the perceptions and experiences of child-bearing women within the context of ethics as told by women themselves. The first objective was to collaborate with a team of women to guide and conduct the research and to work with women toward change. The second objective was to understand women’s experience of ethical care in maternity settings. The final objective was to determine whether a care ethics model would address these needs. The FPAR design was chosen as it meets those aims and to ensure congruence with my own perspective and historicity (academic, practising midwife, feminist, homebirth activist). This paper presents the first objective only, which correlates to the action arm of FPAR. Quotes used through this next section are not data collection for analysis but rather evidence of collaborative action within the FPAR framework.

Ethical considerations

This article does not report the findings of the study but conveys the methodological approach and provides a working example of FPAR framework collaboration between researchers and community members. Ethics was approved (REM xx and REM xx).

For three years (2019–2022), I used feminist participatory action research (FPAR) as a framework for conducting community-based action research. A Community action research group (CARG) was formed and guided the research project. Table 1. below summarises the FPAR framework exemplar, describing one complete cycle, accounting for the description, research and action processes and evidence of use.

Create – A group, a vision and a research project

Participants and setting

The participants for the community action research group (CARG) were childbearing women with experience of childbirth in the West Australian setting with a midwife as primary carer (MLC). The purposive sample of childbearing women was self-selected from an electronic bulletin advertising the research amongst maternity consumer networks. The participants contacted me and were emailed a research information letter detailing the purpose of the community research group and the roles and commitment involved. The women returned via email their consent form. Verbal consent was also obtained prior to the first CARG focus group. Nine women formed the final Community Action research Group (CARG), after one moved overseas soon after the first focus group with demographics described in Table 2. Participant

Table 1

FPAR framework for midwifery research - one complete cycle with examples from practice.

FPAR	Description	FPAR Research arm	FPAR Action arm
Create	Create and consult with community group	Group defined the research problem Group refined research question and aims	Community-led focus group met Identified the problem from their perspective Researcher validated their expert, embodied knowledge Values, goals and vision for action created by CARG
Collaborate	Shared Ownership of research and actions	Group informed interview questions for data collection Group developed A priori codes for analysis	Relationship built through regular face to face communication and social media platforms Data collection method changed on advice from CARG Participant set two - snowball – Contacts from CARG CARG member checked analysis and papers CARG helped share research in different ways – infographic on Instagram to reach other women CARG focused on social justice - Attend women's march CARG led focus groups - democratised interaction and levelled power Encouraged different skills, abilities, and voices within the group Encouraged groups ideas to be achieved
Consider	Use reflexivity to honour different voices and level power	Researcher maintained reflective journal Group member checks findings Expert supervision	Created another maternity consumer-led groups Created flow charts of dreams for change Joined with health consumer networks to create maternity choices website Networked with other consumer activists Joined with government agencies to inform policy Group morphed into interdependence
Change	Promote interdependence toward meaningful change	Group disseminated findings in new ways Research published	

demographics.

The CARG definition of the research problem

An important aspect of FPAR is that the community group define the research problem from their perspective [13–20]. The CARG problem formulation generated by the CARG, created the basis of the research topic and guided the research questions and parameters of the research. The CARG defined the research problem thus:

“The contemporary maternity system is unethical for many reasons. The care provided is not woman centred or individualised. Women don't have

Table 2

Participant Demographics.

Pseudonym	Place of first birth	Place of second birth	Parity	Occupation
Bonnie	Hospital	Home	2	Birth photographer
Sara	Home	NA	1	Engineer
Solange	Birth centre	Home	2	Accountant
Amy	Birth Centre	Home	2	Hairdresser
Kylie	Birth Centre	NA	1	Physiotherapist
Georgie	Home	Home	4	Physiotherapist
Eve	Hospital	Home VBAC	3	General Practitioner
Jenna	Birth centre	Home	2	Bookkeeper
Elise	Home	Home	2	Occupational therapist
Lana	Hospital transfer from home	NA	1	Bio Scientist

access to information to make decisions about their own bodies and babies. The knowledge women are given is not evidenced based nor current. There are structural barriers policies and procedures and standardised care in place likened to financial companies - instead of marketing and adds they have policies and procedures. There is a sociocultural fear of normal physiological birth.” (CARG, 2020)

Collaborate – Shared ownership

Shared ownership of research and actions were a guiding principle to the research project and took on many forms. Firstly, my philosophical and epistemological stance, ensured an open and democratic approach to research and interactions with the participants. Following are examples of the CARG leading and guiding the research and action arms. In the initial meeting a shared vision and goals were developed through open discussion, honouring each woman's voice, that set the tone for community ownership. The CARG developed ideas that guided the researcher and informed thematic analysis. The group also contributed to the interview questions for the second round of data collection, where data collection methods were altered with advice from the group. For example, an initial idea had been to capture women's descriptions of their birth experience via other forms of data such as a photograph an image or poem. Early in data collection it was noted that women were not bringing a visual artefact to the interview, the CARG recommend removing this additional data source. The next set of participants were sourced through snowballing from the CARG contacts. The CARG members checked analysis and papers before publication. They disseminated findings to the community most directly affected by the problem through social media links such as infographs.

Collaboration ensured decisions regarding planning and executing action were made by the group. The democratic leveling of power, was aided by releasing control over the direction of the group including forming branching groups and connecting with other consumer groups. Renfrew et al. [8] describes that through working in partnership with women, researchers and academics form alliances with women's advocacy groups. This inroad was an important collaboration result, opening up new inroads into consumer representation, whereby the researcher was invited to other consumer groups which in turn aids research dissemination and advocacy.

Consider – Use reflexivity

Reflexivity was both a stance and a process, and these were maintained through a commitment to journaling. Being a community member of the CARG group, I critically reflected on my position and power in the group and aimed for equality and transparency. A democratic style of interaction was fostered and quickly led to community led group focus group meetings. Once the group was established, I became a

passive participant, sitting quietly as the group discussed an issue or topic as the group took on its own identity and purpose. Reflexivity helped manage the two-fold role of the researcher in FPAR both as an engaged community member acting for change with the participants and as researcher focused on knowledge development [16,27,29].

Reflexivity was invaluable through the research process whilst reflecting on the broader social and political context that shapes the research [15]. I used a reflexive approach when analysing the data, which is important in feminist research, given that it stems from a position that identifies power imbalance and oppression. Reflexivity is important to maintain an openness about prior assumptions and experiences, identifying and acknowledging them while also staying close to the raw data to ensure that analytic rigour is maintained [30].

I ensured reflexivity by journaling for deeper understanding and meaning of the raw data and repeatedly going back to the data sources, audit trails and peer examination and CARG member checking. Reid & Frisby [13] explains how a researcher cannot just “write ourselves into the text”; we must also write ourselves into action and activism and use our self-reflections to generate actions of self-discovery within the research process” [16]. They detailed questions to guide the researcher in critical reflection which were used by this researcher through the FPAR journey. For example, this journal excerpt to the question - Who owns the research?

‘This has been the hardest thing to account for. On a logistical level I do due to answering to Higher education institute and required processes but it’s the women’s voice and words and passion and striving for change and action. How do I find other ways that they can feel more ownership, or do I surrender to the research continuing to be project led by me because there are simply steps that must be led and made by me? and yet understand and continue to foster and surrender ownership of the action wing is where the group find most excitement in planning and actioning the ideas they have? I feel a shift from feeling like I project managing two wings a research wing and action wing toward surrendering the action wing to the group (KB Journal entry, 14/4/2021)

Change – Actions realised

Meaningful and transformative action was the CARG goal. They wished to see maternity transformation for the lives of other women being cared for in the maternity system. Being a consumer-led group and fully democratised, the group changed over time, subgroups were formed, and it became more than the original community research group, but rather a village of women supporting, inspiring and encouraging other women. Change occurred on both individual and collective levels. Some actions were realised and other remained a dream and a goal the group describing these as the butterfly effect – small ripples in time can make big changes that aren’t realised yet. Larger systems based change was harder to realise but reassuringly Reid et al. (15, p. 317) explain action as “a multifaceted and dynamic process that can range from speaking to validating oneself and one’s experiences in the world to the process of doing something, such as taking a deliberate step to changing one’s circumstance”. They described the action wing of action research as a dynamic process that not only determines the problem and develops strategies but also develops a sense of community and helps understanding of the world. This description therefore allows an understanding that all action no matter how small by the group is a form of action, a view supported by feminist researcher Maguire [23] who describes the importance of many forms of action both on an individual and collective level.

There were many larger transformative actions the CARG were involved in. For example, CARG members joined an existing maternity advocacy group which has political involvement, and one member became the state representative. Another member was inspired to create an offshoot group that supports intersectionality among birth workers and created a support group. The vision for the support group was to

create a website to have a directory of birth workers and monthly group meetings. Since October 2020 it has morphed into a monthly meeting whose main vision is birth worker support with a focus on inclusivity and diversity – encouraging all women but particularly welcoming LGBTQTI, marginalised and ethnic groups.

Smaller and individual empowerments were described by the group members for example one participant explained through being in the group she felt stronger and more liberated to choose a homebirth for her second birth, “from the support and connection in the group I went on to have a homebirth, the group expanded my mind, provoked a lot of thought, created in me a sympathy and empathy for other people’s lives and spurred off other ideas” (Georgie). Another participant described being in the CARG thus “It has been cathartic and having been unheard in society, for someone to hear my unheard voice because I’ve learnt my voice is vital on small, tiny levels. But also, to have been in this group and to be with other women during this journey has changed me” (Amy).

Discussion – Final reflections

This paper details FPAR methodology as a useful design for midwifery research in translating research to action. In this study, the FPAR framework comprised of four steps – create, collaborate, consider and change, umbrellaed by the feminist lens, helped navigate the research design. The feminist lens ensured the researchers were committed to the feminist aim of advancing social justice for women in the maternity system. The four parts of the framework provided steps to direct the path for the novice researcher, which together ensured the researchers remained true to women when journeying together over a long period of time. The ‘create’ phase, set up the community research group creating the vision and direction for the group and goals for transformative action. ‘Collaborate’ ensured ownership of the research throughout with the group becoming managers of the action plans. ‘Consider’ ensured researchers were using reflexivity to view things from the perspective of the women, checking power differentials and honouring the embodied knowledge of the group. ‘Change’ was the action realised by the group, both on an individual level and a collective level.

The inspirational aspects of the FPAR framework included seeing women empowered on the individual level, where the group grew and developed off shoot groups as well as the translation of the research to wider audiences of women where it may not normally have reached. The feminist goal of subversions of power relations, not just at the outset of the project but how power was balanced through the entire project, was a source of success but also a source of tension as described by other FPAR work [31,32,33]. Ponc et al. [29] explains that tensions show that power relations are being destabilised in FPAR, which although difficult to navigate ultimately releases the power back to the group members. A more recent FPAR described similar tensions related to power that were mediated by researchers’ communication style and openness to critical reflection, highlighting the importance of researcher reflection [33].

My greatest learning involved releasing the action wing of the project to the group and seeing it go in directions I wouldn’t have chosen. Further, this involved discovering these other ‘ways of doing’ an important learning for me about subverting authoritarian action and standing in solidarity with women. The CARG had answered patriarchal systems with new ways of doing, new truths and smaller grass roots action that met transformative goals of the group.

The limitations of FPAR design that have been previously described by other researchers, such as the time-consuming nature, juggling the demands of research and the time required for collaborative planning and executing action, were all true of this research [28]. Successful change requires many resources, people, time, financial and structural. However, the FPAR framework ensured the women were centred through the entire research process and provided a clear path to realise transformational interdependent change, led by women.

Conclusion

FPAR is a powerful research tool for midwives to stand with woman in solidarity under the weighty medicalisation of birth. This study met the objectives of the study through co-creation of research with women and development of consumer recommendations that may be used to change policy and contribute to transforming maternity care towards more humanised, respectful and ultimately ethical birth practice. The use of the FPAR framework helped this midwifery researcher find solidarity with women in collaborating for change.

Statement of significance

Issue	Midwifery research has limited reach in the dominant medicalised sociocultural context. Feminist participatory action research (FPAR) is one way to extend the reach of research by collaborating with women but is underutilised in midwifery research.
What is already known	Feminist theoretical positioning in qualitative midwifery research is common, feminist theory combined with Participatory Action Research (PAR) is less commonly reported but is an effective means of increasing the reach and impact of midwifery research.
What this paper adds	This paper proposes a FPAR framework to help guide researchers. The framework details four iterative steps: 1. Create, 2. Collaborate, 3. Consider, and 4. Change. The iterative FPAR cycles are utilised to ensure women are centred within the participatory research process. The paper provides an exemplar of FPAR framework use, demonstrating collaboration with a community research group towards action.

References

- H.P. Dietz, L. Exton, Natural childbirth ideology is endangering women and babies, *Aust. N. Z. J. Obstet. Gynaecol.* 56 (5) (2016) 447–449, <https://doi.org/10.1111/ajo.12524>.
- International Confederation Midwives, Definition of the Midwife 2017 [14/03/2022]. Available from: (<https://www.internationalmidwives.org/our-work/policy-and-practice/icm-definitions.html>).
- G. Logan, J. Kelly, The Ockenden report and its implications for midwifery practice: some reflections, *J. Clin. Nurs.* 30 (19–20) (2021) e64–e66, <https://doi.org/10.1111/jocn.15982>.
- World Health Organisation, *The Prevention and Elimination of Disrespect and Abuse During Facility-Based Childbirth*, WHO, Geneva, 2014.
- J. Sandall, H. Soltani, S. Gates, A. Shennan, D. Devane, Midwife-led continuity models versus other models of care for childbearing women, *Cochrane Database Syst. Rev.* 4 (2016), CD004667, <https://doi.org/10.1002/14651858.CD004667.pub5>.
- D. Coghlan, M. Brydon-Miller, *The Sage Encyclopedia of Action Research*, SAGE Publications Ltd, London, 2014, <https://doi.org/10.4135/9781446294406>.
- E. Newnham, B.K. Rothman, The quantification of midwifery research: Limiting midwifery knowledge, *Birth* 49 (2022) 175–178, <https://doi.org/10.1111/birt.12615>.
- M.J. Renfrew, A. McFadden, M.H. Bastos, J. Campbell, A.A. Channon, N.F. Cheung, et al., Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care, *Lancet* 384 (9948) (2014) 1129–1145, [https://doi.org/10.1016/S0140-6736\(14\)60789-3](https://doi.org/10.1016/S0140-6736(14)60789-3).
- W. Frisby, P. Maguire, C. Reid, The ‘f’ word has everything to do with it: How feminist theories inform action research, *Action Res.* 7 (1) (2009) 13–29, <https://doi.org/10.1177/1476750308099595>.
- M. Barnes, Research in midwifery – the relevance of a feminist theoretical framework, *Aust. Coll. Midwives Inc. J.* 12 (2) (1999) 6–10, [https://doi.org/10.1016/S1031-170X\(99\)80013-0](https://doi.org/10.1016/S1031-170X(99)80013-0).
- C. Feeley, G. Thomson, S. Downe, Understanding how midwives employed by the National Health Service facilitate women’s alternative birthing choices: findings from a feminist pragmatist study, *PLOS One* 15 (11) (2020), e0242508, <https://doi.org/10.1371/journal.pone.0242508>.
- D. Walsh, M. Christianson, M. Stewart, Why midwives should be feminists, *MIDIRS Midwifery Dig.* 25 (2) (2015) 154–160.
- C. Reid, W. Frisby, Continuing the journey: articulating dimensions of feminist participatory action research, *Handb. Action Res.: Particip. Inq. Pract.* (2008) 93–105, <https://doi.org/10.4135/9781848607934.d12>.
- A.M. Corbett, K. Francis, Y. Chapman, Feminist-informed participatory action research: a methodology of choice for examining critical nursing issues, *Int. J. Nurs. Pract.* 13 (2) (2007) 81–88, <https://doi.org/10.1111/j.1440-172X.2007.00612.x>.
- D. Walsh, K. Evans, Critical realism: an important theoretical perspective for midwifery research, *Midwifery* 30 (1) (2014) 1–6, <https://doi.org/10.1016/j.midw.2013.09.002>.
- C. Reid, A. Tom, W. Frisby, Finding the ‘action’ in feminist participatory action research, *Action Res.* 4 (2006) 315–332, <https://doi.org/10.1177/1476750306066804>.
- N. Shimei, M. Lavie-Ajayi, Four practices for conducting feminist participatory action research with young women, *Action Res.* (2021), 14767503211036489, <https://doi.org/10.1177/14767503211036489>.
- V. Brady, J. Lalor, Space for human connection in antenatal education: uncovering women’s hopes using participatory action research, *Midwifery* 55 (2017) 7–14, <https://doi.org/10.1016/j.midw.2017.08.006>.
- D. O’Brien, M. Casey, M.M. Butler, Women’s experiences of exercising informed choices as expressed through their sense of self and relationships with others in Ireland: a participatory action research study, *Midwifery* 65 (2018) 58–66, <https://doi.org/10.1016/j.midw.2018.07.006>.
- H.E.D. Shallow, R. Deery, M. Kirkham, Exploring midwives’ interactions with mothers when labour begins: a study using participatory action research, *Midwifery* 58 (2018) 64–70, <https://doi.org/10.1016/j.midw.2017.10.017>.
- K. Lewin, *Resolving Social Conflicts; Selected Papers on Group Dynamics*, Harper, Oxford, England, 1948.
- P. Freire, M.B. Ramos, *Pedagogy of the Oppressed*, Continuum, New York, 1970.
- P. Maguire, *Doing Participatory Research: A Feminist Approach*, Center for International Education, School of Education, University of Massachusetts, Amherst, Mass., 1987.
- S.N. Hesse-Biber, *Handbook of Feminist Research: Theory and Praxis*, SAGE Publications, Thousand Oaks, California, 2012, <https://doi.org/10.4135/9781483384740>.
- J.W. Creswell, J.D. Creswell, *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*, fifth ed., SAGE Publications, Inc., Thousand Oaks, California, 2018.
- N.R. Sampson, C.E. Price, H.A. Reppond, M. DeRoche, K. Thomas-Brown, Feminist action research in response to food insecurity among college students, *Action Res.* 19 (4) (2020) 674–692, <https://doi.org/10.1177/1476750320905893>.
- H. Bradbury, *The SAGE Handbook of Action Research*, third ed., SAGE Publications, Los Angeles, 2015.
- C. Cahill, D.A. Quijada Cerecer, M. Bradley, “Dreaming of. ”: reflections on participatory action research as a feminist praxis of critical hope, *Affilia* 25 (4) (2010) 406–416, <https://doi.org/10.1177/0886109910384576>.
- P. Ponc, C. Reid, W. Frisby, Cultivating the power of partnerships in feminist participatory action research in women’s health, *Nurs. Inq.* 17 (4) (2010) 324–335, <https://doi.org/10.1111/j.1440-1800.2010.00506.x>.
- V. Braun, V. Clarke, *Successful Qualitative Research: A Practical Guide for Beginners*, SAGE, London, 2013.
- M. Fine, M.E. Torre, Critical participatory action research: a feminist project for validity and solidarity, *Psychol. Women Q.* 43 (4) (2019) 433–444, <https://doi.org/10.1177/0361684319865255>.
- D.L. Gustafson, Brunger F. Ethics, “Vulnerability,” and feminist participatory action research with a disability community, *Qual. Health Res.* 24 (7) (2014) 997–1005, <https://doi.org/10.1177/1049732314538122>.
- H. Johnson, C. Flynn, Collaboration for improving social work practice: the promise of feminist participatory action research, *Affilia* 36 (3) (2021) 441–459, <https://doi.org/10.1177/0886109920954424>.